

ACTION PLAN FOR ANTI-RACISM IN MEDICAL EDUCATION

Recommendations from the
Vagelos College of Physicians & Surgeons
Anti-Racism Task Force

FALL 2020

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Vagelos College of Physicians & Surgeons Anti-Racism Task Force



The Vagelos College of Physicians & Surgeons (VP&S) Anti-Racism Task Force (ARTF) was commissioned by Deans Anil Rustgi, Jonathan Amiel, and Lisa Mellman as part of a Columbia University Irving Medical Center (CUIMC)-wide initiative to confront the issues of structural racism and implement durable antiracist solutions.

The charge of the Task Force was to recommend best practices in anti-racist undergraduate medical education, focusing on:

1. Curriculum
2. Admissions
3. Student Support
4. The Learning Environment

The ARTF had nine weekly meetings from July to September, 2020. The ARTF used a rigorous, multi-pronged process for developing our recommendations, including engagement with VP&S area directors and experts, review of statements and presentations from student-led groups (White Coats for Black Lives, Asian Pacific American Medical Student Association, and the Anti-Racist Coalition), and a review of scholarly literature with a focus on anti-racist initiatives within peer medical schools.

We thank VP&S leadership, especially Deans Amiel, Mellman, and Hutcherson, for their commitment to enhancing the VP&S educational experience through an infusion of anti-racist principles. We thank our patients whom we have the pleasure to serve and who we hope our recommendations will ultimately benefit.

We thank Amita Joshua, MPH, for executing all administrative responsibilities of the ARTF and sharing her perspectives as a recent alum of the Mailman School of Public Health. We thank the students, faculty, staff, and administrators from CUIMC who have worked tirelessly to create this report.

Each focus area in this report includes (i) top recommendations annotated with an update on the status of discussion and/or implementation and (ii) the full recommendations of the ARTF.

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FOCUS 1: CURRICULUM

The Curriculum Working Group was charged with recommending best practices in anti-racist undergraduate medical education as it relates to the curriculum. Curriculum is the content, methods, and assessment of the formal teaching program. Over the course of two months, we have engaged key stakeholders, critically examined the current state of medical education at VP&S, and begun the process of envisioning what medical education can and should look like through an anti-racist lens. Below are our top recommendations on the first steps toward creating a truly anti-racist VP&S curricular experience, from pedagogy to the practice of medicine.

TOP RECOMMENDATIONS

Launch an annual summit on anti-racist principles for faculty to revisit, assess, and make recommendations for ongoing improvements to the curriculum.

Launch a new Equity & Justice committee including departmental diversity champions and students that will have representation on the Committee on Education Policy and Curriculum (CEPC).

Create and implement ongoing faculty development on race and racism for teaching faculty by individuals grounded in critical race theory.

ACTIONS

The inaugural summit is scheduled for February 2021 and is being designed by a group led by the Director of Equity & Justice in Curricular Affairs (Cunningham).

Planning for this committee is underway. We are currently aligning the scope of the committee with efforts underway in the Office of Faculty Affairs. This is being overseen by the Interim Co-Vice Dean for Education (Amiel) and the Director of Equity & Justice in Curricular Affairs (Cunningham).

NewYork Presbyterian has recently provided and required anti-racism bias training for faculty. CUIMC ARTF Committee on Professionalism and Civility recommended new Office of Professionalism to include required Code of Conduct for all faculty and staff, professionalism and anti-racism training, reporting system of unprofessional behavior for faculty and staff, and wellness activities. Training for the faculty with prominent roles in education will be overseen by the Assistant Dean for Curricular Affairs (Gordon) with the Director of Equity & Justice in Curricular Affairs (Cunningham).

TOP RECOMMENDATIONS

Share biannual updates with VP&S community on anti-racist action in the medical education program.

Add Diversity, Equity, and Inclusion (DEI) competencies to the school's medical education program objectives.

Highlight the school's Bias-Free curriculum process in orientations and at each teaching session.

Enhance simulation program with a higher representation of standardized patients of color and ongoing monitoring for disparities in student ratings.

Commission a Task Force on clerkship assessments including departmental leaders, clerkship directors, and students to enhance shared learning about grading, critically assess current practices, and jointly develop and promote best practices.¹

Explore expanded longitudinal primary care opportunities for all students to work with patients in Upper Manhattan communities.

¹ The initial recommendation from the VP&S ARTF was to implement Pass/Fail clerkship grading (see Appendix). The recommendation was broadened to launch a longitudinal, inclusive process within the school's governance.

ACTIONS

Started Fall 2020 with this report and will continue overseen by the Interim Co-Vice Deans for Education (Amiel/Mellman).

Dean Gordon and Drs. Cunningham and Canfield are currently reviewing a draft of DEI Competencies developed by the Association of American Medical Colleges. When final, these competencies will be proposed to CEPC.

Dr. Cunningham and the Equity and Justice Fellows are collecting data to enhance the process for implementation in Spring 2021.

The Jaharis Simulation Center is actively recruiting SPs of color. So far the recruitment has increased the proportion of SPs of color from 18% to 30%.

Deans Amiel and Mellman are launching this Task Force in conjunction with department chairs in January 2021. They will invite residency program directors and students and systematically meet with student groups in Spring 2021 before developing an action plan.

Dean Amiel will initiate discussions with primary care leadership at CUIMC.

COMPLETE RECOMMENDATIONS: CURRICULUM

Faculty Training, Support, and Resources

- 1 Launch an annual summit on anti-racist principles for faculty to revisit, assess, and make recommendations for ongoing improvements to the curriculum. The summit should be moderated by an outside expert in anti-racism chosen in collaboration with students.
- 2 Launch a new Equity & Justice committee including departmental diversity champions and students that will have representation on the Committee on Education Policy and Curriculum (CEPC).
- 3 Create and implement ongoing faculty development on race and racism for teaching faculty by individuals grounded in critical race theory. Including: biological race/racism in medicine and research, moderating conversations on race and racism, implicit bias (anti-oppressive curriculum), creating inclusive teaching environments, cross-cultural communication, recognizing/addressing microaggressions.
- 4 Provide financial and academic support for faculty diversity and inclusion.

Creating Community and Transparency

- 5 Host monthly anti-racism community conversations between faculty and students.
- 6 Share biannual updates with VP&S community on anti-racist action in the medical education program. Report on Bias-Free Curriculum Qualtrics submissions and response to submissions, student surveys on VP&S anti-racist experience.

Curriculum Development

- 7 Add Diversity, Equity, and Inclusion (DEI) competencies to the school's medical education program objectives. Include anti-racism thread in curricular revision practices grounded in Critical Race Theory to guide development of new VP&S Heights Curriculum and any future large-scale VP&S curricular revisions.
- 8 Highlight the school's Bias-Free curriculum process in orientations and at each teaching session. Checklist for fidelity of anti-racist instruction for all lecturers, which includes: Add slide to beginning of every presentation with Bias Free Curriculum form, Bias Free Curriculum form should be revisited at the beginning of every block/rotation, Diverse representation of images and exemplar cases in slides reflecting demographic makeup of Washington Heights/Harlem, Follow these guidelines when mentioning race.
- 9 Semesterly departmental anti-racism reports to deans detailing state of action plans generated at education summit.

Fundamentals: Foundations of Clinical Medicine Seminars

- 10 Assess engagement with summer reading and course content (e.g., ungraded quiz on material, discussion board).
- 11 Expand use of outside moderators to all sessions discussing race/racism to ensure burden of moderating and sharing experiences does not fall on students of color and ensuring discussions will be moderated by experienced moderators.
- 12 Increase curricular time for health equity and justice, including: history of exploitation of racial groups in medicine/science, trauma-informed care, disability justice, maternal health inequities, exploring racism and health.
- 13 Include police brutality as public health crisis, educate about mass incarceration as fundamental cause of health disparities, partner with the Bard Prison Initiative.
- 14 Provide students with a historical perspective on the relationship between CUIMC and the Washington Heights and Harlem communities, support community organizations participating in medical student education, conduct key stakeholder interviews with leaders from Upper Manhattan.
- 15 Create more opportunities for students to engage in work with local community-based organizations and learn about community advocacy.
- 16 Add evidence-based medicine lectures on use of race in research grounded in critical race theory.
- 17 Train students to recognize racism: provide skills building for handling microaggressions, bias, and racism in clinical settings; OSCE focused on responding to microaggressions/racism in the clinical setting.
- 18 Emphasize principles of community health and provide additional opportunities for students to work directly with the community within the clerkship program. Offer additional clerkships focused on longitudinal primary care, increase student understanding of social service agencies.

Top Recommendation
Work Ongoing / Underway

COMPLETE RECOMMENDATIONS: CURRICULUM (CONTINUED)

Fundamentals: Foundations of Clinical Medicine Tutorials

- 19 *Enhance simulation program with a higher representation of standardized patients of color and ongoing monitoring for disparities in student ratings.*

Fundamentals: Molecular Mechanisms

- 20 *Expand discussion contrasting ancestry, race, and genetics in first-year genetics block and assess understanding on genetics test.*

Fundamentals: Psychiatric Medicine

- 21 *Include module/lecture dedicated to the history of racism in psychiatry, inequities in psychiatric diagnosis and treatment, racism in substance use disorder, trauma-informed care and mental health crises, psychiatric disorders and incarceration, the prison industrial complex, racism as social determinant of mental health.*

Fundamentals: Body in Health and Disease

- 22 *Include health inequity lecture related to diseases covered in that block in each clinical unit.*

Major Clinical Year

- 23 *Commission a Task Force on clerkship assessments including departmental leaders, clerkship directors, and students to enhance shared learning about grading, critically assess current practices, and jointly develop and promote best practices. Continue Honors/Fail grading in MCY. Support the student-led movement to make clerkship grading pass/fail, which would be one way of combatting bias in grading/evaluation. Be transparent about MCY evaluations and grades. Publicly release data on AOA induction and MCY grading by race, ethnicity, and gender and develop a plan to immediately address any inequities. Build trust among students that administration is actively investigating and combatting bias in grading. **This recommendation was broadened to launch a longitudinal, inclusive process as required by the school's governance.***
- 24 *Create Ready for the Major Clinical Year faculty-led sessions and student mentorship opportunities for URiM students.*
- 25 *Include discussion of health inequities in each rotation: pediatrics (racial disparities in asthma, environmental factors), obstetrics & gynecology (racial disparities in maternal morbidity and mortality), emergency medicine (social determinants of health), enhance existing writing prompts for MCY Foundations.*

Differentiation & Integration

- 26 *Create a Community Health track in the Scholarly Projects Program.*
- 27 *Develop electives focused on underserved populations, health inequities, health disparities, and advocacy.*

Community and Public Health Engagement

- 28 *Develop speaker series on public health issues.*
- 29 *Explore expanded longitudinal primary care opportunities for all students to work with patients in Upper Manhattan communities. Create longitudinal primary care opportunities for all students to work with patients in the Washington Heights and Harlem communities: expand Brown Scholars program, create new program dedicated to primary care and community health.*
- 30 *Provide street medic training for students interested in supporting protesters.*

Top Recommendation
Work Ongoing / Underway

FOCUS 2: ADMISSIONS

The Admissions Working Group was charged with recommending best practices in anti-racist undergraduate medical education as it relates to the admissions process. Below are our top recommendations on the first steps toward creating a truly anti-racist VP&S admissions process.

TOP RECOMMENDATIONS

Engage an external consultant to review VP&S admissions processes for alignment with anti-racist principles.

Implement anti-racism and anti-bias training for all admissions interviewers.

Ensure that the scoring rubric and comments form used for admissions interviews are aligned with anti-racist principles and further the mission of recruiting a diverse class.

Reassess the utilization of Medical College Admissions Test scores and grade point averages in admissions decisions and the role of U.S. News & World medical school rankings.

Commit to admitting and matriculating more under-represented in medicine (URiM) Black, Indigenous, and People of Color (BIPOC) students and, more specifically, African American descendants of enslaved people and Native American indigenous people.

ACTIONS

This work is underway by the Senior Associate Dean of Admissions (Armstrong-Coben).

CUIMC ARTF Committee on Professionalism and Civility also recommends training as a requirement for all faculty and staff. This work will be overseen by the Senior Associate Dean of Admissions (Armstrong-Coben).

This work is underway by the Senior Associate Dean of Admissions (Armstrong-Coben).

This work will be done in conjunction with the Dean (Rustgi) and Provost (Katznelson/Boyce).

Admissions uses American Medical College Application Service (AMCAS) and other self-identification in the admissions application to identify African American descendants of slaves and Native American indigenous people. New admissions position focuses on increasing relationships with historically Black colleges and universities. This work will be overseen by the Senior Associate Dean of Admissions (Armstrong-Coben).

TOP RECOMMENDATIONS

Commit to recruiting and admitting more students from Asian populations underrepresented in medicine (e.g., Hmong, Vietnamese).

Publish demographics of students by race/ethnicity and gender on admissions website.

Continue to recruit and admit capable students from historically Black colleges and universities and enhancing representation from non-Ivy/high-ranked schools.

ACTIONS

Admissions uses AMCAS and other self-identification in the admissions application to identify students from underrepresented in medicine Asian populations. This work will be overseen by the Senior Associate Dean of Admissions (Armstrong-Coben).

This work is underway by the Senior Associate Dean of Admissions (Armstrong-Coben).

This work is underway by the Senior Associate Dean of Admissions (Armstrong-Coben).



COMPLETE RECOMMENDATIONS: ADMISSIONS

General

- 1 Engage an external consultant to review VP&S admissions processes for alignment with anti-racist principles. Utilize and fund outside anti-racism admissions consultants for admissions processes including recruitment, screening, and selection.
- 2-3 Consider seeking outside counsel with specific relevant expertise and advocate in conjunction with peer schools for changes in regulations where legal or administrative barriers to recommended antiracist changes are identified.
- 4-5 Create a long-term committee that can monitor antiracist effort beyond the lifetime of the ARTF. Develop specific goals with timelines and benchmark to ensure accountability of these efforts alongside standing committee.
- 6 Implement anti-racism and anti-bias training for all admissions interviewers. Utilize evidence-based anti-racist bias training as well as check-in sessions facilitated by anti-racist experts to help recognize/re-assess each member/interviewer's biases/contexts).
- 7 Produce a document for dissemination (perhaps a commentary, after checking in with the greater ARTF) to outline.
- 8 Ensure that the scoring rubric and comments form used for admissions interviews are aligned with anti-racist principles and further the mission of recruiting a diverse class. Create an objective applicant scoring rubric to be utilized by all members of the admissions committee in an effort to reduce the impact of unconscious bias.

Institutional Values

- 9, 11 Reassess the utilization of Medical College Admissions Test scores and grade point averages in admissions decisions and the role of U.S. News & World medical school rankings.
- 10 Create a public, written commitment to anti-racist, diversity, equity, and inclusive admissions practices.

Redefining Diversity

- 12-14 Commit to admitting and matriculating more URiM Black, Indigenous, and People of Color (BIPOC) students and, more specifically, African American descendants of enslaved people and Native American indigenous people. Commit to continuing holistic review regarding diversity and provide disaggregated data on URiM BIPOC students. Maintain and potentially increase scholarship opportunities for applicants from historically disadvantaged backgrounds to aid in matriculation.
- 15-18 Commit to recruiting and admitting more students from Asian populations underrepresented in medicine (e.g., Hmong, Vietnamese). Review the recruiting and admission practices of AAPI students to ensure there is holistic review and students are not disproportionately admitted based on high MCAT and GPA scores. Do not reduce the representation of AAPI students given perceived overrepresentation in medicine in our efforts to increase recruitment and admission of URiM students. Provide disaggregated data on AAPI applicants and accepted students.
- 19-20 Continue to recruit and admit capable students from a variety of schools including non-Ivy/high ranked (top 20-30) schools and historically Black colleges and universities.

Transparency and Accountability in Admissions

- 21 Ensure communication between student affairs and admissions continues in the event an admissions committee member's behavior is being reviewed.
- 22 Share distribution of MCAT scores and GPAs and re-evaluate the significance of these numbers in the context of anti-racist ideals.
- 23 Share breakdown of students by race/ethnicity and gender.
- 24 Share the demographic breakdown of the admissions committee.
- 25 Internally assess admitted students by demographics and who interviewed them to improve interviewers' awareness of practices and potential implicit and explicit biases when interviewing and ranking applicants.
- 26-27 Evaluate the role of Junior Admissions Committee (JAC) members and clarify selection of the JAC, faculty committee, interviewers.
- 28 Continue to obtain feedback from non-matriculating URiM students to understand rationale for attending other institutions.

Top Recommendation
Work Ongoing / Underway

FOCUS 3: STUDENT SUPPORT

The Student Support Working Group was charged with recommending best practices in anti-racist services that support student engagement, inclusion, health, well-being, and safety. Over the course of two months, we have spoken with key stakeholders, critically examined the current state of student support services and issues around inclusion, health, well-being, and safety at VP&S and CUIMC, and begun the process of envisioning a truly supportive, inclusive and anti-racist campus in which all students can thrive. Below are our top recommendations on the first steps toward shaping CUIMC and VP&S to meet vision.

TOP RECOMMENDATIONS

Increase funding, resources and staffing to support expanded functions of the VP&S Office of Diversity and Multicultural Affairs (ODMA).

Enhance mentorship programs pairing under-represented medical students and faculty (e.g. Black, Latinx, Indigenous, first-generation and low-income students).

Develop a sustainable CUIMC-wide plan to celebrate the history and culture of minority physicians and students.

Maintain funding for school-supported study resources, including for United States Medical Licensing Examinations, for all students and enhance equitable access to study materials.

ACTIONS

New coordinator recruited and new faculty advisor positions planned to support and mentor Black, Latinx, AAPI, South Asian, and LGBTQ+ students. This work will be overseen by the Interim Co-Vice Deans for Education (Mellman/Amiel) and Associate Dean for Administration and Finance (Giovannelli) in conjunction with the Senior Associate Dean for Diversity and Multicultural Affairs (Hutcherson).

Mentoring program for Black and Latinx students is established with ODMA and Alumni Office. Mentoring program for other groups will be planned with ODMA, Alumni Office, and proposed expansion of ODMA faculty and staff.

This work will be done in conjunction with the Vice Dean for Student Services (Centeno), CUIMC Deans of Student Affairs, and CUIMC Deans of Diversity and Multicultural Affairs.

This will be monitored by the Interim Co-Vice Deans for Education (Amiel/Mellman) and the Associate Dean for Administration and Finance (Giovannelli).

TOP RECOMMENDATIONS

Monitor URiM and Asian American and Pacific Islander (AAPI) students' needs and satisfaction with the Student Health on Haven Counseling Service.

There are currently one Black woman psychiatrist, one Latinx woman psychologist, and four AAPI providers.

Student Health on Haven Counseling Service provides short-term mental health care, group support and referrals.

Students needing long-term care are connected to an in-network provider in the community. Co-pays are waived by Aetna through the end of 2020.

Provide students with guidance about academic/career consequences of participating in peaceful protests.

Enhance transparency for Public Safety policies, protocols for filing complaints, staff training (including de-escalation), and remediation for CUIMC community members who erroneously or inappropriately report BIPOC and/or AAPI people to Public Safety.

ACTIONS

This will be monitored by the Director of the Student Health on Haven Counseling Service (Haiman) in conjunction with the Senior Associate Dean for Diversity and Multicultural Affairs (Hutcherson).

Email supporting students participating in protests sent in Summer 2020 will be enhanced and re-issued by the Interim Co-Vice Deans for Education (Mellman/Amiel).

The University's Task Force on Public Safety is expected to issue its report in December 2020. Current policies and protocols for filing complaints and for public safety officer training are on the Public Safety website. Students are also encouraged to report any mistreatment incidents by public safety officers in the VP&S Learning Environment mistreatment reporting system. This work will be done in conjunction with the University's Executive Vice President for Student Life (Goldberg).

TOP RECOMMENDATIONS

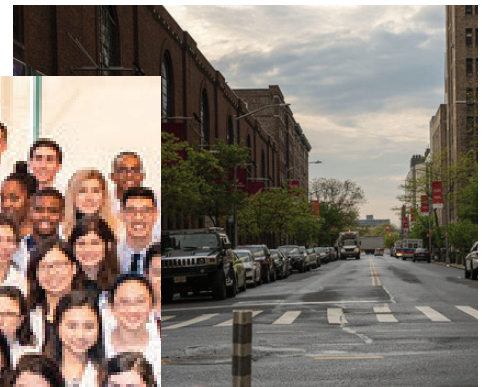
Increase support of local minority-owned businesses, expanding their inclusion on the Approved Vendors List.

Recruit more BIPOC faculty and appoint more as core curricular faculty, leaders, and Advisory Deans.

ACTIONS

This is a priority of the CUIMC ARTF Committee on Community Programs and Relations and will be done in conjunction with the Vice Dean of Academic Affairs (Taylor), the Associate Deans for Community Service (Lantigua/Williams) and CUIMC's Deputy Vice President of Government and Community Affairs (Frommer).

This is a priority for search committees and for the CUIMC ARTF Committee on Recruitment, Retention and Promotion of a Diverse Workforce. Several appointments in the Office of Curricular Affairs are complete and additional appointments in ODMA are in process. This work will be overseen by the Vice Dean of Academic Affairs (Taylor) and Interim Co-Vice Deans for Education (Amiel/Mellman).



COMPLETE RECOMMENDATIONS: STUDENT SUPPORT

Financial Support

- 1 Provide additional resources during periods of financial challenges like moving to New York, finding housing, and preparing for the Major Clinical Year.
- 2-3 Create equitable access to study materials and a plan to identify additional needs that will help support first-generation, low income students.

Mental Health + Wellbeing: Services

- 4-7 Hire more BIPOC and AAPI psychiatrists and/or psychologists to work in Student Mental Health Services based on assessed student needs. Subsidize therapy pursued with BIPOC and AAPI therapists outside of the university until more BIPOC and AAPI practitioners are hired. Provide insurance coverage without copay for routine preventive dental care. Add coverage for vision care.
- 8-10 Reaffirm the role and function of the Office of Diversity and Multicultural Affairs (ODMA) and the populations served by the office without compromising the original mandate. Reconsider the structure, funding, and resources of ODMA so that they can better support the needs of BIPOC, AAPI and other marginalized groups on campus. Increase staffing and funding to support expansion efforts.

Belonging + Inclusion: Impact of Grading System (Recommendations 11-13 moved to Curriculum Recommendation 23)

Belonging + Inclusion: Mentoring

- 14-17 Enhance mentorship programs pairing under-represented medical students and faculty (e.g. Black, Latinx, Indigenous, first generation and low-income students). Recognize faculty for mentoring efforts through compensation and/or academic credit toward promotion. Dedicate curricular time for students to meet with mentors.

Belonging + Inclusion: Representation

- 18 Hire more BIPOC faculty and promote more to core curricular faculty, leadership roles and Advisory Deans.
- 19 Develop a sustainable, funded CUIMC-wide plan to celebrate the history and culture of non-white physicians/students. Intentionally counter the erasure of BIPOC people and histories especially as it relates to medical education and professionalism.
- 20-21 Integrate diversity initiatives into the campus calendar across schools and programs. Allow faculty and staff to choose for which holidays they want to use paid time off.

Belonging + Inclusion: Community

- 22 Contract with locally-owned businesses for services, including putting more local Black-owned restaurants on the Approved Vendors List.
- 23 Work with community organizations to create working alliances.
- 24 Provide historical perspective on the relationship between CUIMC and the Washington Heights and Harlem communities.
- 25 Provide comprehensive information about the history of the community to increase student commitment to working to improve the community.

Safety + Security

- 26 Provide information and support for students on potential consequences of protesting racism/police brutality and other social justice issues on a student's academic career (e.g. access to financial aid, residency applications, Medical Student Performance Evaluation).
- 27 Develop and publicize specific, consistent, and transparent policy and protocol for filing complaints about Public Safety officers.
- 28 Require anti-racist training for all Public Safety Officers that includes de-escalation techniques.
- 29 Consider a policy modeled after state legislation that establishes remediation for students, staff and faculty who erroneously or inappropriately call Public Safety on BIPOC or AAPI persons.

Top Recommendation
Work Ongoing / Underway

FOCUS 4: LEARNING ENVIRONMENT

The Learning Environment Working Group was charged with recommending best practices in anti-racist undergraduate medical education as it relates to the learning environment, including the treatment of students in curricular settings, referring to clinical and classroom environments. Below are our top recommendations on the first steps toward creating a truly anti-racist VP&S learning environment.

TOP RECOMMENDATIONS

Improve interdisciplinary and interdepartmental professionalism.

Make anti-racist and cultural sensitivity trainings mandatory for all educators, including MCY educators, and emphasize that discriminatory behavior is unacceptable and punishable for even the most senior faculty members.

Collaborate with health system leaders to target areas in which the hospital's allocation of resources shape/structure the environments and staff-experience that inform students' experience.

ACTIONS

CUIMC ARTF Committee on Professionalism and Civility recommended new Office of Professionalism to include required Code of Conduct for all faculty and staff, professionalism and anti-racism training, reporting system of unprofessional behavior for faculty and staff, and wellness activities.

CUIMC ARTF Committee on Education recommended required trainings for all faculty. This work is underway by the Vice Dean for Faculty Affairs (Taylor).

Discussions will be initiated in conjunction with the CUIMC ARTF Committee on Professionalism and Civility.

COMPLETE RECOMMENDATIONS: LEARNING ENVIRONMENT

Improve interdisciplinary and interdepartmental professionalism

- 1 Each department should review all medical student rotations, map out who is on each rotation, and to which individuals from each discipline students should be introduced, and their role.
- 2 Each department should develop a curriculum through the chief residents on how housestaff role model professionalism when interacting with other disciplines.
- 3 Each department should develop recommendations that address the specific issues of physician professionalism, communication and relationship-building as it relates to patients, inter-departmental colleagues and inter-disciplinary professionals, including across disciplines.
- 4 Each department, in collaboration with the GME office, should develop 360 evaluations of faculty, house staff, students and staff. The system should be able to report in real-time concerning issues of professionalism, especially when related to patient safety.
- 5 The departmental initiatives should include skills development training on how to receive and utilize feedback, and on wellness for faculty, residents and staff.
- 6 Each department should create and implement a trigger protocol prompting intervention (e.g., faculty development, disciplinary action) for repeated instances of learning environment reports.

Increase transparency about the racial and gender distribution of grading by releasing de-identified data on Major Clinical Year evaluations and metrics, such as the number of honors students receive and number of students inducted into prestigious honor societies, such as Alpha Omega Alpha

- 7 Analyze clerkship grading outcomes compared with other scoring metrics (Step 1/2 scores, pre-clinical scores, MCAT scores) by race/ethnicity. Release findings with a full breakdown of the results.
- 8 Share findings of the newly formed committee to determine the best practices surrounding clerkship grading.

Make anti-racist and cultural sensitivity trainings mandatory for all educators, including MCY educators, and emphasize that discriminatory behavior is unacceptable and punishable for even the most senior faculty members

- 9 Mandate anti-racist and cultural sensitivity trainings for all educators, including Major Clinical Year educators, and emphasize that discriminatory behavior is unacceptable and punishable for all faculty members regardless of academic rank or title.
- 10 Require that everyone at CUIMC completes unconscious bias/anti-racism training and integrate the training into recruitment, orientation, and/or annual hospital training.

Partner with health system leaders to target areas in which the hospitals allocation of resources shape/structure the environments and staff-experience that in-turn inform students' experience

- 11 Establish a liaison with NewYork Presbyterian's Dalio Center for Health Justice and Office of Graduate Medical Education to serve as a known, protected source to report real-time issues related to racism experienced or witnessed by students on clinical rotations.

Top Recommendation
Work Ongoing / Underway

COMPLETE RECOMMENDATIONS: LEARNING ENVIRONMENT (CONTINUED)

Increase transparency regarding policies and procedures for handling of reported incidents of racism and discrimination across departments and consider establishing a standard

- 12 Familiarize faculty and students with the current process for learning environment reporting.
- 13 Explore whether changes can be implemented that would allow increased frequency of sharing results of learning environment reports with clerkships/electives that would allow for real-time fixes.
- 14 Develop a standardized process across departments regarding how learning environment reports are handled/remediated. Identify individuals that will receive learning environment report for each rotation. Suggested schedule: clerkship directors (bimonthly), division chiefs and medical directors (quarterly), vice chairs for education (biannually, optional), and department chairs (annually). Timing should coincide with period when division chiefs are reporting faculty annual reviews to chairs. Define a process for remediating learning environment complaints (corrective actions) and provide training to individuals who will be discussing/remediating complaints.
- 15 Provide students and faculty with periodic overview of the status of the learning environment.

Empower students by providing education around structural and institutional challenges that contribute to the disparities they witness in health systems

- 16 Create a collaboration between the Office of Curricular Affairs and NewYork Presbyterian's Dalio Center for Health Justice to implement education on disparities and related structural and institutional barriers to overcoming disparities.
- 17 Develop scholarly projects studying health disparities with an emphasis on regional factors.

Review policies to determine how student group composition is established

- 18 Convene focus groups with URiM students in each current VP&S class to discover the appropriate balance within a small group. Questions should focus on determining the choice between (i) creating an equal distribution of underrepresented students in each group, creating a microcosm of the class as a whole, to ensure that there are no students who are left as the sole representative of a larger group (e.g., that there is not only one Black student within any clerkship group) or (ii) disregard the balance of students within a group, allowing other factors to determine the group compositions (e.g., determine student groupings by preference lottery only). Following these focus groups, there should then be an official policy made to be explicit about how small groups are created, with a potentially different policy for different types of groups. These policies should be made available to all students on the VP&S website and should be reviewed and perhaps adjusted periodically.

Work Ongoing / Underway

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