Educational guidelines for diversity and inclusion: addressing racism and eliminating biases in medical education

Samantha D. Buery-Joyner, MD; Laura Baecher-Lind, MD, MPH; Camille A. Clare, MD, MPH; B. Star Hampton, MD; Michael D. Moxley, MD; Dotun Ogunyemi, MD; Archana A. Pradhan, MD, MPH; Shireen M. Madani Sims, MD; Sara Whetstone, MD, MHS; Mark B. Woodland, MS, MD; Nadine T. Katz, MD

Introduction
Racism and bias are deeply entrenched in healthcare and medical education, not only affecting patients and contributing to healthcare disparities but also affecting the safety, efficacy, and wellness of our current and future workforce. Black and Hispanic people account for 13% and 16% of the US population, respectively; yet, only 5% to 6% of the physician workforce identify as Black or Hispanic. Fewer Black males matriculated into medical school in the 2020s than in the mid-1970s.1 The benefits of a healthcare workforce that reflects the diversity of the population we serve have been well-described in the literature. Patients cared for by race or ethnicity-concordant physicians report greater satisfaction with their care, are more likely to adhere to care recommendations, and demonstrate improved health outcomes.2 Eliminating racism and ending discrimination in healthcare and medical education are of the utmost priority to develop a future healthcare workforce that is reflective of and most impactful for the populations we serve.

Racism and bias contribute to healthcare disparities at a patient and population health level and also contribute to the stagnation or even regression of progress toward equitable representation in the workforce and in healthcare leadership. Medical education and healthcare systems have expended tremendous efforts over the past several years to address these inequities. However, systemic racism continues to impact health outcomes and the future physician workforce.

The Association of Professors of Gynecology and Obstetrics called for action to achieve a future free from racism in obstetrics and gynecology education and healthcare. As a result of this call to action, the Diversity, Equity, and Inclusion Guidelines Task Force was created. The mission of the Task Force was to support educators in their efforts to identify and create educational materials that augment antiracist educational goals and prepare, recruit, and retain a talented and diverse workforce. In this Special Report, the authors share these guidelines that describe best practices and set new standards to increase diversity, foster inclusivity, address systemic racism, and eliminate bias in obstetrics and gynecology educational products, materials, and environments.

Key words: education materials, graduate medical education, obstetrics and gynecology clerkship, pathway programs, systemic racism, undergraduate medical education

Methods
In 2020, the Association of Professors of Gynecology and Obstetrics (APGO) launched a call to action to achieve a future free from racism and
discrimination in obstetrics and gynecology education and healthcare. The Diversity, Equity & Inclusion Guidelines Task Force (DEI Guidelines Task Force) was created out of that initiative, which was developed by the APGO President (N.T.K.) and approved by the APGO Board. Expertise within overall APGO membership was considered when selecting task force members to ensure that the task force would have an expansive lens, comprehensive knowledge, and diversity of perspectives. All invitations to the task force were accepted by selected faculty. The task force comprised a racially and ethnically diverse group of 11 medical education leaders. Collectively, they encompass a wealth of experience in academic medicine, with roles including clerkship directors; deans of student affairs, curriculum, and admissions; residency program directors; vice chairs and deans of diversity and inclusion; vice chairs of education; department chairs; designated institutional officials; hospital executives; and a chair of a state board.

The primary charge of the APGO DEI Guidelines Task Force was to develop guidelines for educators to use to evaluate existing and future educational materials through an antiracist, justice, and equity lens. The guidelines would also be used by APGO leadership to review all existing APGO educational resources and to guide the development of new materials to ensure that all APGO materials are inclusive and promote diversity.

Before the first meeting, task force members were surveyed to solicit concepts important to DEI in medical education and their perspectives on prioritization of these DEI concepts. The task force first convened on January 28, 2021 and met approximately monthly throughout the year. References and resources related to DEI concepts used by the task force were compiled throughout the process; these are contained within the supplemental materials section. Additional identities including sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), disability, and religion and/or spirituality were considered. APGO recognizes that learners and faculty from all identities must feel supported to achieve an inclusive workspace and learning environment. Yet, the task force decided to focus primarily on racism, given the pressing need to address racism in medical education and after consideration of the scope of the effort and associated guidelines required comprehensively addressing all identities that result in bias. The task force is currently working on guidelines to address additional identities, specifically SOGIESC.

The APGO DEI Guidelines Task Force recognized the need to define terminology to ensure consistency and commonality in terms used to evaluate educational materials. Consequently, the Task Force created a Definitions Document, which is available on APGO’s website. The Guidelines are divided into 4 distinct yet complementary domains—each with several subcategories (Box) —and they are further described and supported in this document. Teams of task force members were assigned as primary, secondary, and tertiary reviewers for each subcategory; each team consisted of 4—5 task force members. Primary reviewer teams were responsible for an exhaustive review of the literature related to their assigned subcategory and for creating initial guidelines for the subcategory. The references and draft guidelines for each subcategory were then shared with the secondary reviewer teams who edited and contributed additional resources if needed. This was repeated with the tertiary review team for each subcategory. Progress was discussed collectively at each task force meeting led by the primary reviewers for each subcategory. Once the subcategory guidelines were finalized, the task force cochairs edited the entirety of the guidelines with an eye on minimizing redundancy and ensuring a consistent format.

The guidelines are intended to be used widely by medical educators to increase diversity, foster inclusivity, and eliminate bias and stereotypes in educational materials and approaches. Within APGO, all committees will be required to use these guidelines when developing new educational materials and courses. In addition, APGO leadership has assigned committees to review all existing APGO educational materials to flag and update those that are not in compliance with the guidelines. A checklist summarizing these guidelines has been developed to assist in these surveillance efforts (Figure); it is also available on APGO’s website.

The complex and dynamic nature of the factors that contribute to inequity requires that these guidelines are written in a flexible format. Therefore, interested parties are encouraged to provide additional feedback to APGO, so the document will evolve with our understanding. APGO is committed to reviewing and updating the guidelines to meet the needs of our community.

<table>
<thead>
<tr>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>The APGO Educational Guidelines for Diversity, Equity, and Inclusion</td>
</tr>
<tr>
<td>1. Learning environment</td>
</tr>
<tr>
<td>1. Inclusive language</td>
</tr>
<tr>
<td>2. Antiracism education</td>
</tr>
<tr>
<td>2. Grading and Assessment</td>
</tr>
<tr>
<td>3. Pathway programs</td>
</tr>
<tr>
<td>1. Pathways</td>
</tr>
<tr>
<td>2. Recruitment, retention, and promotion</td>
</tr>
<tr>
<td>4. Metrics</td>
</tr>
<tr>
<td>1. Organizational vitality</td>
</tr>
<tr>
<td>2. Education and scholarship</td>
</tr>
<tr>
<td>3. Climate and culture</td>
</tr>
<tr>
<td>4. Recruitment and retention</td>
</tr>
</tbody>
</table>

The Association of Professors of Gynecology and Obstetrics Guidelines for diversity, equity, and inclusion in medical education

The learning environment

Inclusive language

The language and tone we use to discuss patients and each other are key factors in making learners feel seen, respected, and included. Language should not discriminate based on race, ethnicity, sexuality, gender, ability, or socioeconomic status, and should be respectful, accurate, unbiased, and consistent with the preferences of the individuals and communities who are being discussed. Attention to the language being used is one of the first steps in addressing both implicit bias and systemic racism.

Guidelines for Inclusive Language:

- Use person-first language and/or person’s preferred name to emphasize the humanity and wholeness of a person rather than their diagnosis, condition, or any one characteristic.5–7
- Use patient-centered, structurally competent, and nonjudgmental communication during patient case presentations.8,9
- Use only patient characteristics that are important to the diagnostic reasoning process and/or culturally sensitive care within case vignettes and in clinical care discussions.
- Avoid use of patient characteristics associated with patient stereotypes.10,11

Antiracism education

Existence of a learning environment that enables all to thrive is the core of diversity statements by schools, workplaces, and national organizations. Institutions must be proactive and intentional in helping to improve inclusion, equity, and diversity in the clinical learning environment. Implementation of antiracist coursework is recommended as a means to achieve this objective.

Guidelines for Antiracism Education:

- Incorporate reflective learning including the following concepts:
  - Levels of racism (structural, institutional, interpersonal, or individual)12,13
  - History of racism and oppression in medicine, health, and science
  - Impact of racism on individual or population health
  - Concepts of racism such as privilege, guilt, implicit bias, micro/macroaggressions, inequities, intersectionality, social injustice, or colorblindness
- Involves anti-racist concepts:
  - Race as a social construct rather than biological property
  - Health equity, racism, and structural or social determinants of health
  - Critical race theory
- Materials are anti-racist:
  - Diverse identities are represented in cases, images, and/or questions
  - Race is contextualized and distinguished from biology or genetics

Assessment

- Faculty creating, reviewing, and/or presenting the material has undergone bias training
- Faculty responsible for evaluation include diverse members
- Evaluation system provides standards or criterion for mastery
- Assessment materials and systems have been reviewed/audited for systemic bias
- Processes are in place for students to request reappraisal or appeal of evaluation decisions

*Person-first language puts the individual before the descriptor, whether related to race, gender, medical diagnosis, social circumstance, or disability. Examples of person-first language include “person with a disability” rather than “disabled person,” “individual experiencing homelessness” rather than “homeless person,” or “person with diabetes” rather than “diabetic.”

References


• Race should be contextualized and distinguished from biology or genetics
• Address the social and structural forces that lead to health disparities and social determinants of health
• Invite and be receptive to feedback
• Educational programs should examine potential sources of educational inequity. These include diversity of teachers, micro- or macro-aggressions, mistreatment from patients, blind spots to experiences of others, and power imbalances. The following measures should be taken:
  • Participate in self-study and create action plans to highlight potential educational inequities in medical curriculum, assessment, and programming
  • Ensure equitable representation of racially and ethnically diverse educators, including invited panel speakers and lecturers
  • Consider community-based medical education principles to increase opportunities for alignment between communities’ health needs and students’ learning objectives and activities.

Grading and assessment
Underrepresented in medicine (URiM) learners are defined as such because they are underrepresented in medical schools and graduate medical education (GME) in comparison with their representation in the general population. Current thinking suggests that “Historically Excluded from Medicine” or “Historically Marginalized in Medicine” may be more historically accurate descriptors of how racism has affected the demographics of today’s physician workforce. Regardless of the descriptor used, these learners matriculate at lower rates in medical schools, experience bias in grading, narrative assessments, and letters of recommendation compared with non-URiM learners. Reasons for this include discrimination and bias of evaluators and unwelcoming learning environments and microaggressions, interfering with learners’ abilities to perform to their full potential. Strategies around grading and assessment should reflect the belief that all learners are capable of success and mastery in the academic and clinical environment.

Guidelines for grading and assessment:
• Faculty and assessors should have continued training in implicit and explicit bias, antioppression (discrimination), and antiracist education and clinical care.
• Train evaluators to ensure that programs and organizations evaluate, recognize, and address bias in their narrative assessments and letters of recommendation.
• Standards-based grading rubrics and mastery-based grading with specific criteria are associated with less biased assessment than expectations-based scales.
• Objective structured clinical examinations (OSCEs)—particularly with trained, experienced examiners using clear standardized evaluation criteria—are associated with less bias than traditional clinical evaluation based on workplace performance.
• Assessment processes and outcomes should be routinely evaluated for systemic bias.
• Medical schools should have clear processes to allow reappraisal of student performance and for Medical Student Performance Evaluation (MSPE) letters for students requesting reevaluation.

Pathway programs, recruitment, retention, and promotion in the health professions
Pathway programs
Pathway programs focus on intervening in the educational continuum to enhance opportunities for students underrepresented in medicine to enter careers in the health professions and health sciences and to increase the availability of science, technology, engineering, and mathematics (STEM) education programs. The Liaison Committee on Medical Education (LCME) requires that all medical schools have a very specific pathway process.

Pathway program guidelines:
• Strategies usually incorporate a combination of mentorship, academic support and enhancement, apprenticeship, academic partnerships, professional opportunities, research experience, and/or financial support in the form of stipends or scholarships to students
• Programs focus on multiple levels along the health education pathway from K-12 through postbaccalaureate students
• Develop fourth year medical student electives with scholarships and stipends to URiM students
• Consider the following in development and implementation of a pathway program:
  • Monitor the diversity matrix of current learner demographics, compare with community demographics, and set diversity goals and target recruitment populations
  • Obtain the support of administration including financial support for the program
  • Determine the mentoring, educational, research, shadowing, and financial components
  • Develop a team of faculty, medical students, residents, and staff who are committed to participating in Pathway programs
  • Partner with the local K-12 schools, community colleges, 4-year colleges, and other community educational organizations
  • Determine outcome and process measures to evaluate success and impact of pathway program

Recruitment, retention, and promotion
Mentorship has been identified as a mechanism to reduce the disparities associated with low numbers of URiM trainees and physicians, and measures should span the time frame from cradle to career. Ensuring a welcoming workplace and/or learning environment and instilling a sense of belonging are similarly crucial to support, retain, and promote URiM learners and faculty.
Guidelines for Recruitment, Retention, and Promotion:

- Identify barriers to successful mentoring programs such as logistics, mentor matching, and protected time and develop strategies to overcome identified barriers
- Align with institutional goals and resources
- Tailor recruitment, retention, and promotion programs to specific institutional needs to optimize available resources
- Partnerships with Historically Black Colleges and Universities (HBCUs) can be mutually beneficial
- Mentorship of URiM medical students should start ideally at the time of admission offer
- Identification of a diverse group of mentors is important to avoid minority tax and will require faculty development around mentoring and sponsorship across differences
- Use a holistic review process when evaluating medical school and residency applicants, assessing nontraditional students, first generation medical students, distance traveled, life experiences, experience with underserved communities, and community engagement activities
- Include diverse representation in admissions groups and resident and fellowship recruitment committees
- Admission groups, residency, and fellowship selection committees focus on tracking of URiM applicants throughout the process
- Develop affinity groups, leadership opportunities, and support to URiM members of the educational community

Metrics

APGO supports goals to increase inclusivity and eliminate racism within learning environments and in educational materials and programming. Tracking outcomes is crucial to ensure that efforts create the desired effect, and importantly, do not inadvertently exacerbate bias or entrench discrimination. Examples abound where good-intentioned efforts to reduce bias were not only in vain but worsened the situation they were meant to improve.\textsuperscript{34,35} As such, metrics are as important an aspect of change as change itself.

Metrics for measuring diversity and inclusion efforts in academic medicine can be considered in 4 domains that build on an already established framework for increasing diversity and inclusion at an organizational level.\textsuperscript{36}

Organizational Vitality

Educational programs should commit to being antiracist organizations and to fostering diversity, equity, and inclusion within their program mission statement and objectives. This includes fostering an inclusive learning environment that instills a sense of belonging among learners. The commitment should be supported by measurable goals and outcomes that are assessed regularly and are publicly disseminated.

Organizational Vitality Metrics Guidelines:

- Program mission statement explicitly commits to diversity, equity, and inclusion
- Programs have a diversity and inclusion action plan including measurable items such as faculty diversity that are tracked and shared publicly
- Educational programming regularly focuses on diversity, equity and inclusion, antiracism, implicit bias, and antioppression

Education and Scholarship

Educational materials should adopt an antiracist approach that includes at minimum a concept of race as a sociopolitical construct rather than a genetic or biological construct and are encouraged to include historic explorations of racism in medicine that have ongoing effects on communities of color and contribute to persistent healthcare disparities.\textsuperscript{37}

Learners often seek opportunities to engage in research or participate in other scholarly activities with faculty. URiM and other marginalized learners should be offered opportunities for mentorship and sponsorship to ensure equitable access to research and scholarly productivity. Support should be given to URiM and other marginalized learners for personal growth and networking. Academic medical centers should support research and scholarly work in health equity.

Education and Scholarship Metrics Guidelines:

- The educational program has a system for reviewing educational materials at a regular frequency suggested to be no less than every 3 years and ideally should occur annually
- The educational program has a system for real-time flagging of content deemed biased and/or for feedback and suggestions to increase diversity and inclusion by learners
- The educational program has a system to pair URiM learners with faculty conducting scholarly activities in the learners’ area of interest
- Number of disseminated research or scholarly works focusing on health equity, diversity, and inclusion
- Number of dollars dedicated to financial support and/or as seed funding for research or scholarly work focusing on health equity, diversity, and inclusion
- Number of dollars dedicated to financial support of URiM and other marginalized learners to engage in educational conferences and/or networking

Climate and Culture

Routes for reporting bias or discrimination in the educational and/or workplace setting should be available and should allow for anonymous reporting, support for learners reporting these aggressions, and provide feedback to learners about actions taken in response. GME or LCME reporting on learners’ sense of belonging should be tracked and publicly available.

Climate and culture metrics guidelines:

- Learners and faculty serving on key educational committees including but not limited to Admissions, Curriculum, and Promotions Committees should be reflective of the diversity of the learner and faculty body that the
institution aims to achieve, suggested to reflect the diversity of the communities served by the institution as outlined in the APGO Pathway document or bundle.

- Learners and faculty serving on key leadership committees in GME including but not limited to Clinical Competency Committee, Program Evaluation Committee, and Administrative Chiefs should be reflective of the diversity of the learner and faculty body that the institution aims to achieve
- Admissions Committee has representation from community members within Committee policy guidelines
- Routes for reporting discrimination or bias in the educational or workplace setting should be clear, easily accessible, allow for anonymity, and provide support and follow-up to learners; GME or LCME measures of learners’ sense of belonging should be tracked and publicly available, with suggestion to use the LCME Graduate Questionnaire metrics and the ACGME annual questionnaire DEI metrics

Recruitment and retention

More diverse classrooms lead to greater diversity in the workforce and allow for improved diversity of thought and perspectives as learners learn from and about one another in the classroom. Learners and faculty serving on key leadership committees in GME including but not limited to Clinical Competency Committee, Program Evaluation Committee, and Administrative Chiefs should be reflective of the diversity of the learner and faculty body that the institution aims to achieve. Admissions Committee has representation from community members within Committee policy guidelines. Routes for reporting discrimination or bias in the educational or workplace setting should be clear, easily accessible, allow for anonymity, and provide support and follow-up to learners; GME or LCME measures of learners’ sense of belonging should be tracked and publicly available, with suggestion to use the LCME Graduate Questionnaire metrics and the ACGME annual questionnaire DEI metrics.

Recruitment and Retention Metrics Guidelines:

- Learners from URiM groups should be matriculated in alignment with the composition diversity in the patient population in the communities served by the institution
- URiM faculty should be proportional with the compositional diversity of the patient population in the communities served by the institution
- URiM learners and faculty serving recruitment or retention roles should be permitted an offset of other noneducational obligations and/or compensated fairly
- Speakers for educational series (e.g., Grand Rounds), courses, or events should reflect at minimum community representation of racial diversity
- Academic performance and accomplishments, including scholarly work and presentations, selection for honor societies, graduation awards, probations, dismissals, and years to graduation, are measured and tracked for all learners to ensure equitable assessment and opportunity
- Rate of URiM faculty promotion and retention is tracked and compared with that of non-URiM faculty
- Number and/or percent of URiM applicants to training positions and faculty positions offered interviews, accepted interviews, and ranked to match or offered positions is tracked
- Once suggested metrics are in place and tracked, review of metrics should be completed annually and made publicly available; action plans should be developed to address areas of concern or deficiency to continue meaningful and impactful change

Conclusion

The APGO DEI Guidelines Task Force’s mission is to support educators in their efforts to create and identify educational materials that augment antiracist educational goals. Although the charge may have seemed narrow—focused simply on medical education materials in Obstetrics and Gynecology—the insidiousness of racism within medical education and population health at large required a wide lens. That is, one can create educational materials that are antiracist; yet, unless the faculty that deliver the lessons, the patients that our learners care for, and the students that matriculate into our classrooms are themselves diverse—thriving and achieving professional and health goals within a just society—simply creating antiracist educational materials is insufficient. Consequently, the scope of the guidelines became more expansive and ambitious.

It is our hope that healthcare professionals and educators across specialties find these DEI Educational Guidelines useful in their personal and organizational efforts toward a just, antiracist workplace and learning environment.

ACKNOWLEDGMENTS

The authors would like to thank Kate Mewhinney, BA, from APGO for her support and assistance during the creation of these educational guidelines.

REFERENCES

7. The Warren Alpert Medical School of Brown University. Faculty professional development. 2021. Available at: https://www.brown.edu/