We Can Do Better: Application of an Equity Lens to Faculty Development and Academic Promotion

Submission Id: 10476

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Duke University School of Medicine
Disclosures

I serve as Chief Medical Officer and Co-Founder of Synopteon, an on-line assessment tool designed to simplify high frequency, low stakes assessments to fuel the adult learner and link to ACGME Milestones. All Teach, All Learn

I will be talking explicitly about racism, systemic racism and white supremacy culture
Objectives

• Describe a framework to measure impact of work in the sphere of Justice Equity Diversity Antiracism and Inclusion to support academic promotion.

• Describe differences between mentorship, sponsorship and coaching and explore ways to assure equitable distribution of faculty support.

• Explain the concept “improvement without equity is harm”
Definitions and guiding principles

• Racism: A system of advantage based on race.
• Anti-racism or racism . . . there is no neutral
• Oppression is not the goal, it's the tool.
• White Supremacy Culture
White Supremacy ≠ White Supremacist
How's the water?

What the hell is water?
Chronic place-based inequities are not accidental – there is a system in place that propagates them

“Countering the Production of Health Inequities” Report from the Prevention Institute
There are large differences in income and wealth between racial groups in America. According to the U.S. Federal Reserve, White families have a median net worth that is almost 10x higher than that of Black households.

Additionally, White households are the most likely to hold assets of any type.

**PERCENTAGE OF FAMILIES WITH ASSET TYPE**

<table>
<thead>
<tr>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Residence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73%</td>
<td>45%</td>
<td>46%</td>
<td>54%</td>
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“I did then what I knew how to do. Now that I know better, I do better.”

- Maya Angelou
“Being Antiracist requires persistent self-awareness, constant self-criticism, and regular self-examination”
10 Principles for Racial Equity Work

• Know thyself
• Work on three levels
  • (cultural, institutional, interpersonal)
• Build and honor power at the margins
• Organizing Mind
• Think and act collectively
• Be Accountable to principles and people
• Take risks and learn from your mistakes
• Be transparent
• Set explicit goals
• Seek connection and love over fear

Ref: Tema Okun and Krista Robinson: Duke Teaching for Equity Fellowship
Work on three levels

dismantlingracism.org

**INSTITUTIONAL**

- Policies, practices

How are People of Color:
- Excluded
- Underserved
- Financially Exploited
- Oppressed/Invalidated
- Violated

How are white people:
- Included
- Served
- Financially Resourced
- Uplifted/Validated
- Protected

**PERSONAL**

- Individual acts

How are individuals reproducing or colluding with racism in their attitudes and behaviors?

**CULTURAL**

- Beliefs, values, norms

How do institutional and community beliefs, values, norms validate whiteness and invalidate People and Communities of Color?
Duke University Health System

*Moments to Movement: Advancing racial, social and health equity*

**Executive Summary**

At Duke Health, we aspire to help every patient, team member and community member have the opportunity to realize their full, healthy life potential from robust beginnings to dignified endings. To launch *Moments to Movement*, an initiative to advance racial, social, and health equity, Duke University Health System (DUHS) established a task force to plan and bring to life goals and priorities in three principle areas:

- People and Environment
- Patient Care
- Community Health
Duke FMCH mission & values

Our Mission
To serve our patients, learners, communities, and each other in pursuit of better health for all.

Our Values
• Wellness and Compassion
• Respect and Integrity
• Diversity and Inclusion
• Community and Collaboration
• Service and Learning
• Enthusiasm and Curiosity
• Equity and Justice
• Joy and Honesty

Intent ≠ Impact
FARE Subcommittee Report:  APT, Mentorship, Sponsorship & Coaching
Gerald Bloomfield, MD, Wei Jiang, MD, Christopher Newgard, PhD, Gregory Sawin, MD, MPH

Problems

• Too few URiM’s in Leadership and Full Professor level
  • 28% of SOM Class of 2024 ; 28% of PA Class of 2020
  • 14% GME Entering 2021
  • 10.2% of Assistant Professors
  • 7.2% of Associate Professors
  • 4.4% Professor (20 Hispanic (3%) and 9 Black (1.4%)) of our 663 Full Professors in Duke SOM

• APT process and criteria are opaque, confusing and inconsistently applied

• Wide variations in mentorship, sponsorship and coaching practices

• APT as “quality assurance” but no “quality improvement”
“Systems are perfectly designed to get what they get.”

- Paul Batalden, MD Senior IHI Fellow

Intent ≠ Impact
Annual Reviews: Developing a Single System

• **Aim Statement:** Develop policies, practices and structures in Department of Family Medicine and Community Health in support of equitable faculty growth and development that aligns with individual, department and division goals and has clear paths towards timely academic promotion.

• **Goal:** Every faculty member in our department should feel fiercely claimed and supported in their professional development by their unit, division, and our department.
Goals of FDS/Annual Conference Update

- Consistency across divisions and “single system” for easier administration and oversight
- Tool to support “stickier” on-line environment that gets used longitudinally to interact with goals and process
- Process clarification/standardization
  - Mentorship/Sponsorship/Coaching standards
  - Annual Academic Promotion Conversation
- Continuous improvement of the process
  - Modification of FDS v Other system
- JEDAI engagement
Four Questionnaires

• Mentorship, Sponsorship, Coaching and Needs
• Thinking back/Looking forward (traditional accomplishment/goals review)
  • Universal JEDAI goal.
• Intellectual Development Statement entry
• Burn-out check-in
Equity is everyone’s business

• What are your JEDAI (Justice, Equity, Diversity, Antiracism & Inclusion) goals for the upcoming year?

• Added to Annual Review form in 2021
"Improvement without equity is HARM."
- John Whittington

**Primum non nocere**
Mentorship Sponsorship & Coaching

- **Mentorship**: Relationship oriented over long periods of time. Supports development of skills beyond current job and tasks. Less formal and structured than coaching.

- **Sponsorship**: Network oriented, garners resources, shares and introduces to social networks, conferences, and research and career opportunities.

- **Coaching**: Task oriented, formal, structured way of collaboration over a period of time (often limited for season or period). Focuses on getting to destination through empowerment and purposeful support of growth of skills and performance.

- **Summary**: A coach will talk to you. A mentor will talk with you. A sponsor will talk for you.

- **Supervisor = Advisor**: person who performs the annual review and has responsibility for sponsorship and may or may not also serve as a mentor but probably not coach.
Mentorship Sponsorship & Coaching Evaluation FY2022

<table>
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<tr>
<th>NEED:</th>
<th>Mentorship</th>
<th>Sponsorship</th>
<th>Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (n=55)</td>
<td>9% (n=5)</td>
<td>11% (n=6)</td>
<td>16% (n=9)</td>
</tr>
<tr>
<td>Women (58%)</td>
<td>80% (n=4)</td>
<td>83% (n=5)</td>
<td>78% (n=7)</td>
</tr>
<tr>
<td>UrM (11%)</td>
<td>0%</td>
<td>0%</td>
<td>11% (n=1)</td>
</tr>
<tr>
<td>PoC (29%)</td>
<td>0%</td>
<td>17% (n=1)</td>
<td>44% (n=4)</td>
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Acknowledging broader Expressions of Scholarship

• “Duke University School of Medicine (SOM) embraces scholarship in the domains of Justice, Equity, Diversity, Antiracism, and Inclusion (JEDAI) as promotable activities”

• Also created promotion frameworks for
  • Advocacy
  • Digital Scholarship
  • Team Science
Promoting ALL of our Values

School of Medicine Values
• Excellence in education, research, and patient care
• Respect for and inclusion of people from all backgrounds
• Commitment to service, solving real world problems
• Sense of urgency in transforming discoveries into improved human health
• Professionalism and integrity in all aspects of performance and effort

Duke University Health System Values
• Caring for our patients, their loved ones and each other
• Excellence
• Safety
• Integrity
• Diversity
• Teamwork
*Justice, Equity, Diversity, Antiracism, and Inclusion (JEDAI): Justice is the guiding principle and rationale for equity, with diversity and inclusion being strategies (amongst others) to increase equity and justice. Antiracism names the specific sphere of work addressing the egregious and problematic inequity of systemic racism. Words are important, with the name of this sphere of work projecting the Aim and ultimate goal, a **Just Culture**. It invites inclusive consideration of tactics, strategies, projects, efforts, and output in this area to be recognizable, measurable, and promotable activities in their impact to bend the arc of history towards justice. The recommendations herein aim to embed these principles into the APT process.
Work on three levels

dismantlingracism.org

How are People of Color: Excluded Underprivileged Financially Exploited Oppressed/Invalidated Violated

How are white people: Included Served Financially Resourced Uplifted/Validated Protected

INSTITUTIONAL
policies, practices

PERSONAL - individual acts
How are individuals reproducing or colluding with racism in their attitudes and behaviors?

CULTURAL
beliefs, values, norms
How do institutional and community beliefs, values, norms validate whiteness and invalidate People and Communities of Color?
Equity and Empowerment Lens

**Purpose**
- **People**
  - Who is positively and negatively affected by this issue and how?
  - How are people differently situated in terms of the barriers they experience?
  - Are people traumatized or retraumatized by your issue or decision area?
  - Consider physical, spiritual, emotional and contextual effects

- **Place**
  - How are you or your issue or decision accounting for people's emotional and physical safety, and their need to be productive and feel valued?
  - How are you considering environmental impacts as well as environmental justice?
  - How are public resources and investments distributed geographically?

- **Issue/Decision**
  - What are the barriers to doing equity and racial justice work?
  - What are the benefits and burdens that communities experience with this issue?
  - Who is accountable?
  - What is your decision-making structure?

- **Process**
  - How are we meaningfully including or excluding people (communities of color) who are affected?
  - What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?
  - Are there empowering processes at every human touchpoint?
  - What processes are traumatizing and how do we improve them?

**Power**
- What are the barriers to doing equity and racial justice work?
- What are the benefits and burdens that communities experience with this issue?
- Who is accountable?
- What is your decision-making structure?

**Examples of Racial Justice Equity Impacts**

1. **Equity and Social Justice Initiative**
   - King County, WA
   - The county government recently adopted an Equity Impact Review Tool to proactively consider the implications of equity in the development and implementation of key policies, programs, and funding decisions.

2. **Race and Social Justice Initiative**
   - Seattle, WA
   - City departments are using a Racial Equity Analysis framework to identify policy developments and budget impacts.

**Minority Impact Statements**

-少数群体的影响力声明

- 在某些情况下，少数群体的立法所选例子体现了对少数群体的歧视性影响。少数群体的政策发展和预算支出。

**Proposed Racial Equity Impact Policy**

- 建议的种族公正影响政策

- 如果通过这项提案，一项种族公正影响政策将要求相关人员在制定和实施政策时考虑少数群体的影响。少数群体的政策发展和预算支出。

**Racial Equity Impact Assessments**

- 阐明了通过实施少数群体政策对政策发展和预算支出的影响。少数群体的政策发展和预算支出。
How will we know that a change is an improvement?

• **Commit to evaluation**
  • Culture pulse surveys
  • “how’s it going” and burn-out surveys
  • Diversity
  • Querying our reporting systems
  • Contacts to Ombudspersons
  • 360’s
  • Exit interviews
  • Retention interviews
  • Time at rank analysis
  • Sub-analysis of your quality metrics
Diversity Engagement Survey

Total mean scores for DES categories by all and position

*Likert scale: Scale options were between 1 and 5 where 1=Strongly disagree and 5=Strongly agree

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean</th>
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<tbody>
<tr>
<td>Access to Opportunity</td>
<td>3.97</td>
</tr>
<tr>
<td>Appreciation of Individual Attributes</td>
<td>3.92</td>
</tr>
<tr>
<td>Climate and opportunities</td>
<td>3.76</td>
</tr>
<tr>
<td>Common Purpose</td>
<td>4.22</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>3.8</td>
</tr>
<tr>
<td>Equitable Rewards and Recognition</td>
<td>3.53</td>
</tr>
<tr>
<td>Respect</td>
<td>3.98</td>
</tr>
<tr>
<td>Sense of Belonging</td>
<td>3.91</td>
</tr>
<tr>
<td>Trust</td>
<td>3.7</td>
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‘Culture eats strategy for breakfast’
- Peter Drucker
Experiential Workshops: Restorative Practices in the School of Medicine

Thursday, May 4, 1:30-4:30pm and Wednesday, May 10, 9:00am-Noon

- AAMC Restorative Justice in Academic Medicine (RJAM) Collaborative
- Restorative Practice can be used to
  - respond to harm
  - proactively build community
Civility Champions

• Expanded Pilot from Internal Medicine Department with Macy Foundation Grant

• Built on Restorative Justice principles and Non-violent Communication

• “commitment to learning about, modeling, and championing diversity, equity, inclusion, and a psychologically safe environment for learning and improving the culture”

• Six Departments participating: Pediatrics, Family Medicine & Community Health, Emergency Medicine, General Surgery, Neurosurgery, and Otolaryngology
Leadership Competencies

Alexis Kirk, Ph.D
Implementation Scientist
<table>
<thead>
<tr>
<th>OPTIMAL</th>
<th>DEVELOPMENTAL</th>
<th>UNACCEPTABLE</th>
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| Proactively invites new ideas and seeks ways to improve current practice. Remains open and curious when presented with tough feedback; persistent in the face of challenges and past failures. Acknowledges power differentials and risk.  
  • “What have you noticed in the clinic this month that is an emerging need and how can we address it using innovative approaches?”  
  • “We’ve tried something like that in the past and it didn’t work as planned, but that doesn’t mean I’m not open to a follow-up conversation. Maybe as a next step we can discuss why this hasn’t worked in the past and how we might be able to overcome those challenges this time?”  
  • “This is a process we’ve used for a long time, and I even had a hand in developing it! I realize that may have made it hard to suggest an improvement, but you spoke up anyway, not knowing how I’d respond. I appreciate you taking that risk. I’d love to hear more when we meet next.” | Mostly open to new ideas when brought up, but doesn’t proactively seek innovation and disruption. May give initially supportive feedback, but never take action OR be quick to jump to ways new ideas won’t work. May not always address power differentials.  
  • “Thanks for sharing that idea.” (but never circles back and doesn’t acknowledge risk person took to speak up)  
  • “That’s a good idea, I’m just not sure it’s going to work, we’ve tried something like this before and didn’t get a lot of support.” | Gets defensive and dismisses ideas quickly. May get angry or shut down new ways of thinking. Reinforces power differentials.  
  • “I don’t see any evidence that this process is no longer working. I don’t think we need any new ideas.”  
  • “You can give me your idea, but I’ll need to be the one to present it to leadership.” |
What are your bright spots of growing equity?

Discussion: Q&A
Evaluation

Please evaluate this presentation
In the STFM App

gregory.sawin@duke.edu
Thank You