

Office of Diversity, Equity, and Inclusion: Engagement and Leadership Opportunities for Trainees

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Abstract

Introduction: To achieve a healthier future for all, improving diversity through efforts such as diversifying faculty and leadership in academic medicine is imperative. Therefore, medical trainees (medical students, residents, fellows) from groups underrepresented in medicine (UiM) are encouraged to pursue academic careers and have opportunities to gain faculty leadership skills during their training. Trainees also need exposure to the leadership positions within various offices of an academic institution such as the Office of Diversity, Equity, and Inclusion (DEI). The goal of this module is to expose UiM trainees to the Office of DEI and leadership competencies that can be obtained via service and leadership opportunities with it. **Methods:** The Kern model was used in the development, implementation, and evaluation of this 75-minute workshop. The workshop consisted of a PowerPoint presentation, reflection exercises, and case discussion to raise trainees' awareness of the Office of DEI and opportunities to become engaged with and develop faculty leadership competencies through the office. **Results:** Sixty-six diverse learners across three sites completed pre- and postworkshop surveys. Ninety-five percent of participants agreed or strongly agreed that the learning objectives of the workshop had been met. **Discussion:** Overall, this interactive workshop facilitated learners' awareness of the responsibilities of the Office of DEI and opportunities for learners to develop faculty leadership competencies through engagement. Although primarily evaluated among medical students, the module can be of use to learners and faculty of other health professions programs with an Office of DEI.

Keywords:

Case-Based Learning, Diversity & Inclusion, Leadership Development/Skills, Diversity, Equity, Inclusion

Educational Objectives

By the end of this activity, learners will be able to:

1. List the role and responsibilities of the Office of Diversity, Equity, and Inclusion (DEI).
2. Describe faculty leadership skills achievable by trainees through the Office of DEI.
3. Describe opportunities for trainees to engage with the Office of DEI.
4. List the benefits of becoming engaged in leadership positions through the Office of DEI.

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Introduction

There is extensive research indicating that the attainment of a healthier future is partially dependent on diversifying medicine and academic medicine.^{1,2} Many medical schools have evolved Offices of Diversity, Equity, and Inclusion (DEI) to address this situation and, more recently, to help achieve fairly new DEI accreditation standards promulgated by the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education.³⁻⁵ Offices for DEI often implement pathway and pipeline programs for identities historically marginalized and underrepresented in medicine (UiM), participate in curriculum reform, help recruit faculty, and contribute to a number of other activities to create a positive culture and climate.⁶ As important as these Offices of DEI are, so too are the faculty and learners who help to ensure their success. Unfortunately, many medical schools lack diverse faculty and have yet to establish academic career tracks for medical students, especially tracks tailored for groups that are UiM, such as African American/Black; American Indian/Alaska Native; Latina/o/x/e, Hispanic, or of Spanish origin+ (LHS+); sexual and gender minoritized individuals; and women.⁷

Research shows that some factors that might influence the interest of medical trainees (medical students, residents, fellows) in academic medicine include opportunities for trainees to teach others, collaborate with individuals in their field of interest, participate in research, receive mentorship from UIM-identified faculty, and learn about leadership concepts and competencies.⁸⁻¹⁰ Additional factors include providing trainees with information about careers in academic medicine and opportunities to plan and develop an academic career path.⁸⁻¹⁰

In 2009, Building the Next Generation of Academic Physicians (BNGAP) was founded to “help diverse medical students and residents become aware of academic medicine as a career option and to provide them with the resources to further explore and potentially embark on an academic medicine career.”¹¹ BNGAP’s seminars and conferences are designed to support students from all backgrounds in exploring an academic career and are tailored to highlight the perspectives of UIM learners and faculty. In 2016, BNGAP developed the Leadership and Academic Medicine Seminar: Opportunities for Diverse Medical Students and Residents to help learners understand the various medical school offices, associated office responsibilities, leadership opportunities for trainees, and competencies they can develop through office engagement to help them thrive as future faculty.¹²

Prior *MedEdPORTAL* publications have highlighted how medical trainees can serve and develop competencies through engagement in the Office of Medical Education,¹³ Office of Student Affairs,¹⁴ and Office of Admissions,¹⁵ but none have looked at opportunities available through the Office of DEI, which include involvement with diversity advisory committees, community engagement, holistic review, pipeline/pathway programs, medical Spanish initiatives, and participation in policy, leadership, and scholarly electives (see Appendix A for a list of Office of DEI opportunities).^{8,13-15} Similar to those other *MedEdPORTAL* workshops,¹³⁻¹⁵ we designed a workshop focused on trainee leadership opportunities but, this time, centering on the Office of DEI and highlighting the potential attainment of seven competencies found to be critical for faculty success. Exposing learners to these competencies early in their professional development could help to positively influence their trajectory towards an academic career and career progression.¹⁶ In addition, the 3Cs of change model (communicate, collaborate, and commit) was introduced to help learners better understand how to lead change when designing and implementing DEI activities.¹⁷

Methods

Development

The creation of the module followed Kern’s six step approach to curriculum development to engage medical trainees (medical students, residents, fellows) with the Office of DEI.¹⁸ For steps 1 (problem identification and general needs assessment) and 2 (targeted needs assessment), we conducted a comprehensive literature review of the roles and responsibilities of the Office of DEI, the characteristics of DEI leaders, and the skills needed to effect change. For step 3 (goals and objectives), BNGAP developed the goal and objectives for this workshop as a part of its Leadership and Academic Medicine Seminar; the goal and objectives were subsequently refined by the authors. For step 4 (educational strategies), the module included reflection exercises, poll questions, a Microsoft PowerPoint presentation, and case discussions. For step 5 (implementation), the module was implemented at three different sites: Weill Cornell Medicine Medical College, University of Oklahoma College of Medicine, and McGovern Medical School. For step 6 (evaluation and feedback), pre- and postworkshop surveys were provided as an assessment method to inform revisions of the workshop.

Implementation

The workshop featured a PowerPoint presentation (Appendix B) with direct instruction that described the role and responsibilities of the Office of DEI, faculty leadership skills achievable for medical trainees through engagement with the Office of DEI, Office of DEI opportunities available for trainees, and the benefits of engaging in leadership opportunities through the Office of DEI. The educational strategies included a didactic section, reflection exercises, poll questions, and case discussions. Participants also received a preworkshop resource (Appendix A) outlining the purpose of the workshop and topics that would be discussed. The case discussion (Appendix C) involved two cases that allowed participants to explore opportunities to engage with the Office of DEI in order to facilitate change as well as to achieve faculty leadership competencies. The case discussion section included a small-group discussion (with four to five participants) followed by a large-group discussion with all the participants guided by the facilitator(s).

The workshop was led by one to two facilitators with leadership experience with the Office of DEI who spent at least 3 hours reviewing the material from the facilitator guide (Appendix D) before implementing the workshop. The facilitator guide provided detailed instructions that allowed the facilitators to successfully lead the workshop. The guide included not only directions for

each slide in the PowerPoint but also the purpose of the slides and suggested scripts for most of them.

The following steps were taken prior to the workshop:

- Appendix A was sent electronically to participants to review prior to the workshop. This appendix outlined the workshop's purpose and topics discussed, including the role of the Office of DEI, the relevance of medical students being engaged in DEI, faculty leadership competencies achievable through DEI, and examples of Office of DEI leadership opportunities available for trainees.
- For a live presentation, Appendices C and E were printed and given to participants. Pens were available so participants could fill out the pre- and postworkshop surveys. AV equipment was secured for the PowerPoint presentation.
- For virtual presentations, in addition to Appendix A, Appendices C and E were also sent electronically to participants prior to the workshop. Instructions on where to return evaluation forms were provided to the participants. Facilitators were able to share their screen to display the PowerPoint presentation. Also, virtual breakout groups were set up to accommodate for four to five participants per group. For slide 9 of the PowerPoint, a poll question was created electronically.

The workshop began with the participants completing the preworkshop evaluation (Appendix E) to assess their knowledge of the Office of DEI prior to the workshop. The pre- and postworkshop surveys also served as a tool for improving the workshop. The next 25 minutes were spent viewing slides 1-23 (Appendix B). During this time, the facilitators gave an overview of the roles of the Office of DEI, the leadership competencies, and the benefits of engaging with the Office of DEI. Starting at slide 19 (Appendix B), students were encouraged to refer to Appendices A and C to review leadership competencies achievable through DEI, leadership skills needed to promote change, and leadership engagement opportunities available. Next, participants reviewed cases (Appendix C) in a small group for 15 minutes. Students discussed cases that featured an example of a DEI activity initiated by a trainee. During the case discussion, the participants (1) focused on three Cs of change strategies (communicate, collaborate, commit) to gain support for the initiative, (2) selected and reviewed a student engagement activity highlighted in the case, and (3) recognized skills (from the seven faculty competencies) achievable through the selected student engagement activity.^{16,17} After the small-group discussion, participants transitioned to a large-group

discussion of the cases for another 15 minutes (7 minutes per case). The last part of the module highlighted opportunities for trainees to be engaged with the Office of DEI as well as the importance of scholarly activities. After questions had been asked, participants received the postworkshop evaluation to complete. The workshop took approximately 75 minutes to implement, with the following timeline:

- Preworkshop evaluation: 3 minutes.
- Slides 1-23: 25 minutes.
- Slides 24-25—small-group case discussion: 15 minutes.
- Slides 26-32—large-group case discussion: 15 minutes (7 minutes per case).
- Slides 33-35—professional journey slides: 10 minutes (5 minutes per presenter).
- Slide 36—conclusion: 1 minute.
- Slide 37—questions and answers: 3 minutes.
- Postworkshop evaluation: 3 minutes.

The Institutional Review Board at Rutgers University Health Sciences approved the implementation and evaluation of this workshop (Pro20150001934).

Results

The workshop was implemented at three different conference sites: Weill Cornell Medicine Medical College, University of Oklahoma College of Medicine, and McGovern Medical School. There were 87 workshop participants, and 66 attendees submitted a matching pair of pre- and postworkshop surveys. Four individuals facilitated the three workshops: Single facilitators implemented two workshops, and a pair of facilitators implemented one workshop. All four facilitators were associate professors, two were associate deans for diversity and inclusion, and one was a senior associate dean for faculty affairs.

Of the 82 attendees who completed the preconference survey, 65 identified as medical students, seven as residents, three as fellows, and seven as other professions related to health care. Among the 82 respondents, four identified as Native American, Alaska Native, or Native Hawaiian or other Pacific Islander; 15 as Asian; 26 as Black or African American; 19 as LHS+; 25 as White; and three as another race/ethnicity. Thirty-five identified as male and 47 as female. Seventy identified as straight/heterosexual, five as gay or lesbian, and six as bisexual.

Sixty-three attendees responded to the question "How knowledgeable are you in identifying leadership opportunities for trainees to become engaged through the Office for Diversity

and Inclusion?” In response, 23 attendees (36%) replied, “not knowledgeable”; 28 (44%) replied, “somewhat knowledgeable”; nine (14%) replied, “knowledgeable”; and three (5%) replied, “very knowledgeable.” In assessing background experience, attendees were asked to indicate if they had “participated on a committee or taskforce overseen by the Office of Diversity and Inclusion or its equivalent” during several time periods. Fifteen (24%) reported experience prior to medical school, 21 (33%) during medical school, two (3%) during residency, and two (3%) after residency.

On the pre- and postworkshop surveys, participants were asked to indicate their level of confidence in their ability to “list duties of diversity and inclusion officers” on a Likert scale (0 = *no confidence*, 4 = *complete confidence*). Preworkshop mean and median values were 2.5 and 1.0, respectively; postworkshop mean and median values were 3.4 and 3.0, respectively. In applying the Wilcoxon signed rank test, we found a statistically significant difference in pre- and postworkshop survey responses for the question at $p < .001$.

Additionally, efficacy of the workshop was determined by asking attendees, “To what extent do you agree that the workshop learning objectives were met?” For all four objectives, over 95% of attendees either agreed or strongly agreed that the objectives had been met.

Participants shared several comments describing what they liked most about the workshop. Many complimented the speakers for being “transparent about their own career journeys,” “motivational,” “inspirational,” and “empowering.” Several participants mentioned the value of slide 9 in contrasting and clarifying the terms *inclusion*, *exclusion*, *segregation*, and *integration*. The cases helped students understand how to get involved and to engage in “goal-setting.” The infographics on slides 19 and 22 were also noted as “clearly relating important faculty leadership competencies.”

In terms of improving the workshop, participants made several recommendations. Although participants appreciated the cases, especially in describing opportunities for engagement and leadership, several requested specific details of upcoming opportunities at their respective institutions. As a result, we have included slide 35 for facilitators to note opportunities at their institution. To further facilitate discussion, one participant recommended asking participants to share their own goals or challenges in working with the Office for DEI. Another student stressed the importance of reminding participants about balancing extra responsibility with academics and about the

resources available to help them succeed as leaders (e.g., advisors and mentors). Lastly, another participant mentioned inviting various representatives from the Office of DEI to share, in person, roles and responsibilities.

Discussion

Through a didactic presentation, case discussions, and reflective exercises, this workshop was effective in achieving its learning objectives by informing trainees of the role and responsibilities of the Office of DEI, the benefits and opportunities available from engaging with the Office of DEI, and faculty leadership competencies obtainable through these opportunities. The workshop was created for medical trainees (medical students, residents, fellows, etc.) but could also be educational for early career professionals or other allied health professionals (nursing, dentistry, physician assistant, etc.) who train or work within a school of medicine or academic health center.

Based on participants’ feedback, learning about the facilitators’ journey was a highlight of the workshop. Facilitators are encouraged to share any DEI activities they have been involved in during their medical or health professions training (slide 33). Such narratives illustrate not only examples of DEI activities that trainees can be involved in during their medical education but also how the facilitator has been able to obtain faculty competencies and, ultimately, a leadership position through these activities. A second revision based on feedback is the addition of slide 35 to allow facilitators to share trainee and faculty DEI-related opportunities at their institution. The final workshop update consists of providing instructions in the facilitator guide on modifications to consider when implementing the workshop virtually rather than in person.

This workshop has several limitations. Though most DEI offices have common roles and responsibilities, there is variability across the 150+ allopathic medical schools in the U.S. that is not fully captured in our slide set. Facilitators should modify the slides to highlight the structure and responsibilities at their own institution. The sample of learners was relatively small and primarily consisted of medical students. Caution should be taken to not overgeneralize the effectiveness of this module, especially among residents and fellows. Lastly, the evaluation is limited to perception and does not include knowledge-based questions or questions assessing long-term impact of the workshop on learners’ career decision-makings.

Future directions for this workshop include allowing trainees to share their goals and start to work towards a plan to execute these goals during the workshop. Additional research

could also be conducted to assess potential challenges that impact trainees' ability to work with the Office of DEI. To further assess the impact of the workshop, participants could be followed to assess whether they continue to a faculty appointment or leadership position in academic medicine.

Appendices

- A. Preworkshop Resource.docx
- B. Presentation.pptx
- C. Case Discussion Handout.docx
- D. Facilitator Guide.docx
- E. Evaluation Forms.docx

All appendices are peer reviewed as integral parts of the Original Publication.

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Ethical Approval

The Rutgers University Health Sciences Institutional Review Board approved this project.

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