



A Novel Approach to Fostering Diversity in Graduate Medical Education: Chief Residents for Diversity and Inclusion

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To the editor:

Many medical residents identify with minority groups on the basis of one or more factors, including ability, age, ethnicity, gender, race, religion, and sexual orientation. Academic department leadership does not always address these shifting demographics. The number of underrepresented minorities in faculty positions has increased only slightly in the last 20 years, from 7 to 8% [1]. This demographic discrepancy and the power differential inherent in medical training can make it difficult for trainees to bring up concerns related to diversity and inclusion. But, if left unaddressed, these issues can cause harm to the trainees and institutions by leading to stress [2], anxiety and depression [3], low self-esteem, decreased life satisfaction [4], and diminished organizational commitment.

To tackle some of these critical issues in one residency program, one of the authors (ALT) suggested the creation of a Chief Resident for Diversity and Inclusion (CRDI) position. Prior to the creation of the CRDI, the psychiatry residency leadership already included two Program-Wide Chief Residents and other Chief Resident positions related to clinical or professional interests (e.g., inpatient unit, research, and education). However, none of these leadership roles proactively addressed diversity concerns or obtained formal diversity training. Therefore, the CRDI position was a much-needed extension to the existing leadership infrastructure.

To establish the CRDI, a group of interested residents developed a position description which included the need for two culturally sensitive senior residents who would work to improve the diversity and inclusion climate by creating spaces where trainees could report issues related to harassment or discrimination, advocating for policy changes related to issues

of diversity, increase education efforts on diversity, and participating in recruitment efforts. After review and approval by the Department's Graduate Education Committee and Executive Committee, two CRDI positions were created. CRDIs were self- or peer-nominated and selected after an interview by a committee composed of the Program Directors, the Assistant Chair for Diversity, and (in future years) outgoing CRDIs. CRDIs obtained supervision every 2 weeks with the Program Director and the Department's Deputy Chair for Diversity.

In its inaugural year (2017–2018), the CRDIs had several notable accomplishments including the following: (1) addressing resident concerns about the learning environment (including issues related to sexual harassment, gender, power dynamics, and disabilities), (2) organizing Departmental Open Forums for trainees and faculty on topics related to diversity and inclusion, (3) developing an ongoing Women's Forum for trainees and faculty to have informal lunch conversations about the challenges women face in the Department, (4) advocating for concrete improvements to the climate for diversity (i.e., increased resident parental leave and the need for private rooms for lactating mothers), (5) recruiting a highly diverse group of interns, (6) creating faculty and trainee Diversity Awards to highlight diversity efforts in the Department, and (7) organizing the first trainee-led Departmental Grand Rounds showcasing the work of trainees and faculty in areas of diversity, inclusion, and community engagement.

Several of these deserve additional comment. Although residents had the opportunity at the end of clinical rotations to provide written feedback on issues of harassment, diversity, and inclusion, many reported feeling uncomfortable writing down their complaints out of a fear of misunderstanding or retaliation. The CRDIs were able to help several residents navigate concerns regarding sexual harassment and discrimination by patients and staff, which also required sensitivity about confidentiality and potential Title IX infractions. The CRDIs also worked with ombudspersons to provide training around Title IX reporting and sexual harassment.

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Separately, the Diversity Open Forums organized by the CRDIs were a particularly effective method to foster a sense of inclusion by creating “safe spaces” to discuss difficult topics. For example, in the Diversity Open Forum about immigration, faculty, and residents on visas were able to share the effects immigration changes had on them and their families. Residents and faculty also discussed the effect of the changes had on their patients and learned about immigration resources from an immigration attorney. Many of the Diversity Open Forum discussions were emotionally charged and the structures and parameters that the CRDIs developed and enforced (e.g., having a didactic component, emphasizing the importance of each person having the right to be heard) were important in ensuring a productive conversation.

An unanticipated outcome of the CRDIs was developing leaders in diversity and inclusion. The position had supervision with the Psychiatry Residency Program Director and the Psychiatry Department’s Assistant Chair for Diversity where the CRDIs had the opportunity to learn leadership skills, learn to navigate complex situations relating to harassment and title IX, become active and successful advocates, and work in teams and collaborative spaces. We believe this position provides a structure to develop the skills necessary to navigate a diverse workforce and succeed in future academic and leadership positions.

In their first year, the Chief Residents for Diversity and Inclusion were able to achieve a wide range of goals. In the coming years, we hope to have a more formal evaluation of the CRDI position’s impact. Even though the Department of Psychiatry has a strong commitment to diversity and inclusion, developing and implementing the CRDI position was not straightforward or intuitive. One of the biggest challenges was creating a position independent enough that trainees

could make anonymous comments, but connected enough to the department so that change could be fostered. We hope this report might inspire others to use this innovative model to foster diversity and inclusion in their residency programs.

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