

Powell—Title: LEAD (Leadership Education in Advancing Diversity) 2.0: Empowering trainees through building leadership and scholarship capacity in diversity and inclusion

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I. Specific educational aims:

1. To evaluate the effectiveness of a longitudinal leadership program in promoting diversity and inclusion efforts.
2. To assess learners' knowledge, self-efficacy, and attitudes following participation in LEAD.
3. To evaluate the impact of LEAD on the number of local, regional, and national presentations about diversity and inclusion presented by LEAD Scholars.
4. To evaluate the effectiveness and impact of the peer and faculty mentorship through LEAD.

II. Project rationale:

Our patient population is rapidly becoming more diverse, yet the healthcare workforce has continued to poorly reflect the diverse backgrounds of the patients we serve (1). The AAMC has outlined in their 2009 “Addressing Racial Disparities in Health Care” the first aim is for medical institutions to work to increase racial and ethnic diversity of the US physician workforce (2). While our recruitment efforts have enhanced at the medical trainee level, there is still a dearth of diversity amongst our medicine leadership. Academic leadership needs more representation of racial, ethnic minorities, women, and LGBTQ physicians. Empowering diverse trainees who are committed to take on leadership roles and create best practices in diversity and inclusion through scholarship should begin early in residency and fellowship training. This will strengthen the faculty pipeline and ensure that our core value of diversity and inclusion is reflected in our medical programs, culture, and leadership.

III. Approach:

This longitudinal leadership program was developed based on Kern's 6-step model of curriculum development and based on the conceptual model of Self-Determination Theory (intrinsic motivation is increased when competence, relatedness, and autonomy are increased). We pilot-tested the curriculum on 13 pediatrics residents and fellows in 2017-2018, and it was hugely successful in increasing their knowledge, self-confidence, sense of mentorship, and scholarship.

This grant will allow us to expand the LEAD Program to include residents and fellows in five additional departments (Internal Medicine, Obstetrics and Gynecology, Surgery, Anesthesia, and Psychiatry) in 2018-2019 and rigorously study it, with the goal of expanding to all of GME in 2019-2020. Stanford GME trainees in the six participating departments will be offered the opportunity to

apply to the LEAD Program. Our goal is to select 40 trainees and 20 mentors who are interested in becoming more knowledgeable in topics pertaining to diversity and inclusion.

The LEAD Curriculum was created based on literature review, expert consensus, and has been further improved based on feedback from the pilot year (3,4). The LEAD Curriculum includes topics in diversity and inclusion (Current State of Diversity and Inclusion, Implicit Bias, Microaggressions, etc) and leadership (Leadership Styles, Effective Communication, etc). This longitudinal curriculum consists of 9 two-hour sessions, held monthly over the academic year. Each session will consist of:

1. Interactive Teaching Session (60 mins; enhances “Competence” in SDT Conceptual Model)
2. Small Group Discussion (30 mins; enhances “Relatedness” in SDT Conceptual Model)
3. Small Group Workshop Planning (30 mins; enhances “Autonomy” in SDT Conceptual Model)

Speakers for formal sessions and mentors will be recruited from a wide field of interested faculty and educators across various disciplines at Stanford University.

To improve LEAD Scholars’ abilities to lead and teach others to advance diversity and inclusion, they will develop workshops in small groups over the course of the year. All workshops developed will be presented at the 2nd Annual Stanford Diversity & Inclusion Forum and participants will have the option of presenting their workshops at regional or national conferences.

Pilot Results: In 2017-2018, there were 13 participants (8 residents; 5 fellows). 100% (N=13/13) completed the pre-survey; 62% (N=8/13) completed the post-survey. 100% participants thought the LEAD Program should continue, with 100% thinking it should continue to include residents and fellows and should spread to all training programs at Stanford. There was statistically significant improvement in participants' self-confidence for all learning objectives. The LEAD scholars presented 3 local, 2 regional, and 4 national workshops stemming from the LEAD Program.

IV. Timeline and plan for implementation:

Aug 2018: Pre-Curriculum Assessment Surveys

Aug-April 2018: Implement LEAD Program

Jan-May 2019: LEAD Scholars Presentations at Conferences

May 2019: 2nd Annual Diversity and Inclusion Forum; Post-Curriculum Assessment

June-July 2019: Analyze Survey Data and Conduct Focus Groups

July-Aug 2019: Write Manuscript

Sept 2019: Submit to MedEdPortal

V. Anticipated work product:

1. Diversity and Inclusion Leadership Curriculum – will submit to MedEd Portal
2. 2nd Annual Diversity and Inclusion Forum
3. Diversity and Inclusion Workshops created by LEAD Scholars presented at national conferences

VI. Evaluation plan:

- Pre and post-survey data to assess learner satisfaction, knowledge, attitudes will include open-ended prompts to elicit qualitative free text
- Focus group of learners and mentors to assess impact of LEAD Program
- Number of local, regional, and national presentations
- Long-term: career outcomes of LEAD participants

VII. Dissemination of results:

- Manuscript Submission and MedEdPortal Submission
- National Conferences: AAMC, ACGME, SNMA, LMSA, AMEE, other educational conferences

VIII. References:

1. Fernando S. Mendoza, MD, MPH, et al "Diversity and Inclusion Training in Pediatric Departments." *Pediatrics*, Vol 135, number 4, April 2015
2. Thomas D. Sequist, MD, MPH, "Addressing Racial Disparities in Health Care: A Targeted Action Plan for Academic Medical Centers" AAMC 2009
3. Daryl G. Smith, PhD "Building Institutional Capacity for Diversity and Inclusion in Academic Medicine." *Academic Medicine*, Vol. 87, No. 11. November 2012
4. Denice Cora-Bramble, MD, MBA, et al "Minority Faculty Members' Resilience and Academic Productivity: Are They Related?" *Academic Medicine*, Vol. 85, No. 9, September 2010