

Family Medicine

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Appendix Table B: Exemplary Quotes for Each DEI Recruiting or Retention Activity

Restatement of activities	Representative quote
Evaluation of DEI recruiting and retention efforts	<p>We have created a Diversity, Inclusion and Equity Committee consisting of a diverse group of residents and faculty who meet regularly and provide monthly reports to the Program Evaluation Committee. This group has evaluated our resident selection process to make sure we incorporate a fair and equitable process of inviting and interviewing applicants and that we are deliberate in our process. We have also set a target to make sure our faculty is diverse. Thus far we have had a 100% retention rate for those who are considered an underrepresented minority. During our recent annual program evaluation, members felt we were close to target but could be more deliberate in our recruitment efforts. ID 190</p>
Use of data for progress monitoring and planning	<p>Diversity is evaluated on the annual program evaluation each year. The makeup of our matched resident class is compared to the diversity of the students who applied to our program so that we can adjust recruitment strategies for the following year. ID 169</p> <p>At the annual PEC meeting, the program reviews recruitment data to assess efforts of recruiting a diverse workforce, including review of the number of underrepresented minorities who applied, interviewed, were ranked, and matched into the program. In addition, the annual program evaluation completed by residents and faculty asks whether the faculty and residents feel the program supports diversity. The answer to this question is reviewed by the PEC and also included in the APE review of the program by the Institutional Review Committee at the institutional level. ID 115</p> <p>Program leaders will monitor all aspects of the program for the presence of diversity and make efforts to eliminate areas of potential discrimination and bias, including implicit bias in our recruitment, onboarding, training, daily processes, and overall culture of the program. The program leaders and committee will track both objective and subjective parameters around diversity, equity, and inclusion. Where issues are identified, action items are developed and implemented. ID 250</p>
Residents should reflect the community and its needs.	<p>During our recruitment process, we begin with a meeting in the late summer to identify the key demographics in the population whom we serve. When we screen applicants for this program, in addition to the academic requirements, we also pay close attention to candidates who are from our area and who are representative of these key demographic groups. We actively seek to select highly qualified individuals from a variety of backgrounds and to place these individuals in primary care positions within our network. ID 122</p>
DEI objectives are related to patient care.	<p>Our program actively recruits applicants of color and gender minority to provide for the patient populations we serve. We recognize that members of marginalized populations are more likely to access health care if they can work with a provider with which they can identify. ID 100.</p>

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	<p>The <name> Family Medicine Residency Program is committed to recruiting and employing diverse residents. Diversity enhances the educational experience of every resident in the program and impacts the ability of an individual to competently practice following completion of the program. Additionally, the constantly changing patient demographics, locally, nationally, and internationally, create an impetus for a future physician workforce that can understand, communicate competently, and provide care to patients of varied backgrounds. ID 488</p> <p>We are committed to a complement of faculty and residents who reflect the diversity within the population of <city>, <name> county, and the state of <state>. Therefore, our inclusion and exclusion criteria are not based on race, gender, or age. Much of our patient population comes from the diverse communities in <city>, and we are well aware of the many studies that show improved patient care if done by physicians of similar nationality and color. ID 616</p>
<p>DEI objectives are related to educational experience.</p>	<p>Residents' success depends on a supportive and inclusive environment. As such, we ensure all residents and faculty are trained in implicit bias and gain skills in providing a supportive and inclusive environment. <Institution name> has also increased institutional efforts to increase diversity at all levels as well as enhanced efforts to ensure a bias-free learning environment. The DRIVE (Diversity, Representation, and Inclusion for Value in Education) collaborative promotes a representative and bias-free curriculum across all learning environments and enhances the accuracy, representation, and inclusion of diverse populations in educational activities. To increase education across the organization regarding our LGBTQ members and patients, <Institution name> focuses on easily accessible pride celebration events and programming as well as education around challenges to health care for LGBTQ communities. <Institution name> integrates implicit bias training/anti-racism training into our community and culture. ID 206</p> <p>The program is committed to recruiting students with varied backgrounds, meaning those with a variety of personal experiences, values, and worldviews. A diverse selection of trainees is a high priority because differences in culture and circumstance help to contribute to an optimal learning environment and can bring added value to a program. We strive to match with a diverse pool of applicants, seeking those with varied intellectual and life experiences. In building a program that ensures diversity of trainees, the differences that we consider to add value to our educational environment include, but are not limited to, gender, race, ethnicity, age, religious affiliation, abilities/disabilities, educational or socioeconomic disadvantage (distance traveled), first in family to attend an institution of higher learning, personal or family experience of having limited access to health care, unique or challenging life experiences, and sexual orientation. ID 269</p>

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<p>Educational resources, learning support</p>	<p>In an effort to ensure our residents are on the trajectory to meet our program goals, we have developed a month-long orientation that helps assess the resident's baseline level of performance and identifies areas of need that are addressed proactively. Additionally, residents develop a learning plan to help them navigate their goals through residency. Residents are assigned faculty advisors to serve as supports and sources of answers for residents. PGY1 residents are assigned resident mentors from the senior group to also help them adjust and navigate their intern year. ID 204</p>
<p>Program offers curriculum in meeting needs of diverse patients.</p>	<p>Over the past several years, all residents have completed safe zone training to prepare them to meet the needs of our LGBTQ+ population, and this year we will begin to also include racial equity institute training for our residents and core faculty with the intention of working toward becoming an antiracist department. Formal didactics are required to include a health equity lens. Additionally, it is our goal to train a workforce of diverse, talented individuals who are prepared to provide full scope family medicine to their patients regardless of their background, lifestyle, or culture. ID 10.</p> <p>Our didactics include medical Spanish training and cultural competency lectures to educate and familiarize the residents with the local customs, which positively impact the care they are able to give to the patient population. ID 496.</p>
<p>Mentorship</p>	<p>To ensure retention of our residents, we have a mentorship program where we match residents, when possible, with a mentor of similar background and interests. ID 207</p>
<p>Recruiting diverse faculty</p>	<p>During our interview season, the diverse backgrounds of our faculty are routinely highlighted as a key feature of our program that strengthens our residents' education in family medicine. We believe this is a valuable feature of our program for multiple reasons. Faculty from a variety of ethnicities, medical schools, residencies, and other previous professions provide a rich diversity of perspectives to trainees' residency experience. We also bear in mind that a well-studied concept in education shows that students do better when they have teachers who "look like them"; this concept may well extend to medical education. We therefore find it important to draw our applicants' attention to this aspect of our program. ID 8</p>
<p>Extracurricular activities</p>	<p>To complement our supportive curriculum, our residents also participate in an annual retreat, residency team building activities, and outside social functions. ID 30</p> <p>We foster a sense of community and health equity through programs such as Reach Out and Read, community fairs, volunteering at community clinic, volunteering at Habitat for Humanity, and the optional Health Care Disparities Area</p>

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	<p>of Concentration. ID 69</p> <p>We started an optional book club for residents to partake in after hours. We also partnered with another residency program to protest recent events in our nation and organize a White Coats for Black Lives initiative at our institution. ID 145</p>
Program mission statement mentions DEI.	<p>Regarding program diversity, reverence for the sacredness and dignity of every person is a core value of <Institution name>, its affiliates, our residency program, and in the medical care we provide. We are dedicated to having a department and a training program that reflect the medical communities we serve. We are committed to inclusion across race, gender, age, sexual orientation, and religion in which all individuals feel empowered to be their authentic selves. Our learners, employees, and patients should experience an environment free of harassment, sexual misconduct, and discrimination. We will promote an inclusive culture that supports, encourages, celebrates, and shows reverence to diversity. The program will ensure that its diversity statement is visible in advertisements of our training program. We will distribute the statement to all applicants and review this along with the program mission/aims/objectives at orientation. ID 620</p>
Sponsoring organization's mission statement mentions DEI.	<p>The mission of <institution name>, our sponsoring institution, includes the education and training of underrepresented minority physicians and other health care professionals in the care of undeserved communities. In line with this, we have focused our recruitment efforts on creating a diverse resident population. This has led to the recruitment of residents from different parts of the world, who are currently in the program. ID 99</p>
Training for staff, faculty, and residents on organizational DEI policy	<p>We prepare our existing residents and create a more welcoming environment by requiring implicit bias training among all our residents, faculty, and staff. We sponsor an annual diversity 4-hour workshop that is required for all residents, faculty, and program staff. We have included race in medicine topics into our conference schedule, and we practice race caucusing. We have race reading groups during conference time, and we offer additional groups after hours. ID 422</p>
DEI senior officer	<p>Our institution has recently named a vice president of diversity, equity, and inclusion who has formed a committee tasked with ensuring diversity and inclusion throughout the organization. As a part of this organizational movement, the GME department has formed its own diversity and inclusion council made up of the program directors of each residency program, faculty, residents from each program, and medical students who spend their 3rd-year rotations on our campus. This group meets every other month to discuss initiatives within the GME department to promote diversity and to support equity and inclusion in our institution. ID 110</p>

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Financial assistance	During our residency recruitment season, we give careful consideration to URM applicants, including giving them priority for interview slots and some financial assistance with travel expenses. ID 370
Confidential complaint reporting, ombudsman	If a resident feels that they have been treated unfairly due to a diversity/inclusion reason, this can be discussed with the program director, DIO, or human resources department because this is a form of workplace harassment, and <Institution name> has zero tolerance for these kinds of behaviors. ID 246
DEI advocate at program level	As of October 2019, we have hired a core-faculty member with the title Faculty Lead for Diversity, Equity, and Inclusion, whose role involves applying a lens of DEI to all program practices, policies, and procedures. In addition, our program successfully motioned for the GMEC to launch a diversity, equity, and inclusion task force. From the work we are doing within our program, it is clear that we must also effect positive change at the larger institution to have impactful, far-reaching, and long-lasting effects. ID 448
DEI advocate other than senior officer	<p>The sponsoring institution formed a Diversity and Inclusion Planning Committee in 2019, which was comprised of GME leaders, residents, faculty, human resources, and other key stakeholders. The efforts of the committee resulted in education sessions with human resources regarding interviewing, a microaggressions survey added to the institutional survey that is conducted on an annual basis, and review of survey results for our program during the Annual Program Effectiveness Meeting. The GME has developed and implemented a mandatory education session on implicit bias in the workplace for residents and faculty. ID 111</p> <p>Our institution employs a director of minority affairs. Among her responsibilities is the oversight of a medical student clerkship opportunity for minority students, with a goal of exposing them to and recruiting them to our residency programs. ID 299</p>
DEI Committee-program	Our faculty attended diversity, equity, and inclusion training. Our program has developed a committee on DEI. The committee's goals are to create a strategic DEI plan, collect diversity data, conduct DEI climate surveys, and create mechanisms for reporting DEI issues. ID 16
Pathways, pipelines	The program has a long history of recruiting underrepresented physicians and sustaining a pipeline for college and medical students into the health professions. This starts with creating opportunities for interactions with our local high school and local colleges and continuing through medical school. Our pipeline program has been in place for more than 25 years and has had more than 700 participants; some of current faculty participated in the program as college students. This connection to the high school has been fruitful for the residents and students because they develop a mentorship relationship. This mentorship exposes mainly

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	<p>students of color to health care fields and encourages them to pursue further educational opportunities. ID 70</p>
<p>Recruiting efforts, campus visits</p>	<p>We have two recruitment events offered through the institution specifically focused on underrepresented minorities. <Name of recruitment event> is an opportunity for medical students who are beginning the residency application stage and interested in learning more about <name of Institution> and residency programs offered. We have resident and faculty representation at this event to meet with and answer questions for students interested in our family medicine program. Even in the setting of the pandemic, this event will be hosted virtually as we continue to work to introduce URM students from across the country to <name of Institution> and specifically to our Department of Family Medicine. The second recruitment event is geared toward those underrepresented minorities who interviewed at <name of institution> and are thinking about residency selection. The program director, program manager, and residents meet with these students and answer any lingering questions. This program has been a huge success for our department. ID 10</p>
<p>Recruiting efforts, attending conferences and meetings</p>	<p>Conference attendance by core faculty and residents for recruitment include AAFP, STFM, SNMA, AMSA, and National Boricua Medical Society. We have outreach to medical school deans of minority education. We invite interested candidates for family medicine elective and subinternship experiences, and psychology externships in our department. We continue to support and expand engagement with minority student health education pipeline programs at <institution name> and elsewhere. ID 280</p>
<p>Sub-I experience</p>	<p>We did intentional outreach to the medical schools in the United States with the highest percentages of URM students to advertise subinternship opportunities. We now offer scholarships for free housing and travel to URM subinterns to decrease barriers to applicants accessing this experience with our program. ID 326</p>
<p>Second language</p>	<p>During interview seasons, we use an applicant scoring system that prioritizes commitment to the underserved, fluency in another language, and previous/current ties to our community. This aligns with our mission to train primary care physicians who mirror the surrounding community and facilitate employment, after residency, among this multicultural and often economically disadvantaged population. ID 204</p> <p>We have a very diverse patient panel that attracts diverse residents to work with them. Spanish-speaking resident recruits are desirable in support of our patient population as well, so this filter is one used with applicants. ID 580</p>

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<p>Holistic (cultural competence) review, merit review</p>	<p>We adhere to holistically reviewing the entire application, including personal statement, letters of reference, and community service, in addition to reviewing standardized measures such as USMLE scores. We search for candidates who want to be lifelong learners and family physicians, providing care to a range of patient populations, encompassing newborns to geriatrics. We are dedicated to recruiting applicants that illustrate the same diversity as that of our patient population. ID 109</p> <p>The selection committee has included several attributes of candidates to ensure diversity. Candidates with backgrounds in fields other than medicine and demonstration of jobs with service experience are weighted in the selection process. Second language fluency is also weighted by the selection committee. The selection committee had made a commitment to disregard gender, race, and sexual orientation in the selection process. The initial applicants that meet the minimum selection criteria are sent to the committee members without standardized test scores and transcripts. This is to ensure that the committee can focus on the overall experiences of the candidate. ID 210.</p>
<p>Recruiting committee composition</p>	<p>The members of the selection committee have a common understanding that diversity includes but is not exclusive to ethnicity, race, gender orientation, socioeconomic, and rural vs urban life. Our selection committee, as closely as possible, reflects the diverse populous we are recruiting. Awareness of our implicit/unconscious biases are acknowledged via validated testing. As per our policy, implicit bias training is mandatory at the beginning of residency and at least once for all members of our residency team, as well as our administrative leadership/personnel. ID 261</p>
<p>Blind recruiting</p>	<p>During the application screening process, we retain the default ERAS settings to block display of age, photograph, race, and gender demographics to comply with EEOC regulations; however, we track this information after completing the ranking and matching process to follow trend outcomes and look for areas to improve. ID 24.</p> <p>Our screening criteria for ERAS blinds reviewers to most EEOC sensitive areas, including photos of the applicants, identified race, age, and languages spoken. ID 196.</p>
<p>Legal compliance</p>	<p>Our residency program does not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, gender identity or expression, veteran status, or any other applicable legally protected status. We maintain a diverse faculty and staff to best serve our patient population, which also reflects the importance of diversity to our applicants and residents. ID 95</p>
<p>Merit recruiting</p>	<p>Our screening of applications is based on performance in medical school, board scores, and time out of medical school. Our human resources department worked</p>

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with us to develop our screening, interviewing, and selection process, and scrutinizes our processes to ensure that they are free from discrimination. ID 39

While we use measures such as academic credentials and test scores to measure preparedness for residency training, we do not have a strict cutoff for scores or attempts. This allows us a broader selection of qualified applicants who have demonstrated aptitude, communication skills, motivation, and integrity for family medicine specialty training. ID 97

Applicants are considered based on their own merits and whether their professional goals align with the goals of the program. Selection and ranking of residency candidates is a collaborative effort between faculty and residents. Each faculty member and resident builds their own rank list, the results are compiled, and a master list is then constructed. This process ensures that everybody has a voice and is heard. ID 342

Abbreviations: DEI, diversity, equity, and inclusion; ERAS, electronic residency application service; PEC, patient engagement collaborative; APE, annual program evaluation; PGY1, postgraduate year 1; GME, graduate medical education; GMEC, graduate medical education committee; DIO, designated institutional officials; STFM, Society of Teachers of Family Medicine; SNMA, Student National Medical Association; AMSA, American Medical Student Association; USMLE, US Medical Licensing Examination; EEOC, Equal Employment Opportunity Commission