

DIVERSITY AND INCLUSION

Brigham and Women’s Hospital / Massachusetts General Hospital

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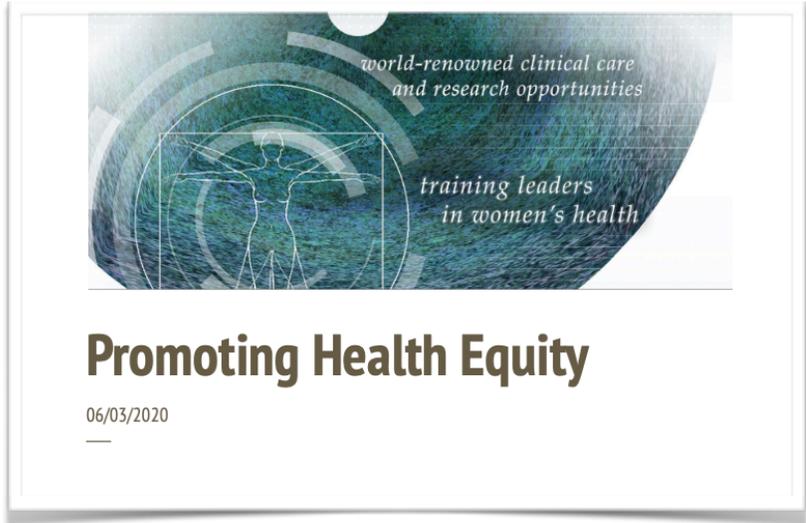
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Health Equity Proposal

The **BWH/MGH OB/GYN** house staff drafted this proposal after the senseless murders of Breonna Taylor, Ahmaud Arbery, and George Floyd. These atrocities offered a moment to reflect on the pervasive nature of systemic racism which led to their deaths and also contributes to the deaths of thousands of other Black and Brown members of our communities since the establishment of the United States. These issues do not operate in silos but also pervade the workplace and healthcare. The residency united around its conviction to actively dismantle the system of oppression that maintains the status quo. The residents pledged to listen the the experiences of Black and Brown colleagues and patients and to acknowledge the different realities they experience as a result of interpersonal, internalized, institutional, and structural racism.



Health Equity Rounds

We adopted and implemented a new quarterly case conference series to address the impact of structural racism and implicit bias on patient care. The goal will be to highlight case(s) submitted through the (In)equity Inbox or volunteered by any clinician.

Educational objectives:

1. Identify and analyze the effects of implicit bias and structural racism in clinical scenarios
2. Describe the historical context and present-day role of structural racism and its impact on healthcare systems
3. Employ evidence-based tools to recognize and mitigate the effects of personally held implicit biases
4. Use newly learned strategies to combat structural racism at the institutional level and reduce the impact of implicit bias on patient care and inter-professional relationships

Inaugural Obstetrics

Presentation: *Dr. Sarah Dolisca*

July 8, 2020

Inaugural Gynecology

Presentation: *Dr. Mackenzie Sullivan*

August 18, 2020

Upcoming MGH Gynecology

Presentation: *Dr. Alice Abernathy*

October 29, 2020

Upcoming BWH Grand Rounds:

January 6, 2020

Goals of the Health Equity Proposal

1. Increase multidisciplinary discussion surrounding inequity in our healthcare system using an open forum to discuss racism; specifically addressing indifference, minimization, veiled racism, overt discrimination and violence
2. Integrate implicit bias training, upstander training, and anti-racist action into our training program and that of our colleagues
3. Increase diversity within the resident and fellowship cohort, department, and leadership, including within the sub-specialty divisions and nursing
4. Increase support services for patients to address language, educational, financial, social, legal, cultural, and psychological barriers to access and continuation of care
5. Increase institutional support for underrepresented minority (URM) faculty, staff, fellows, and residents in order to promote professional development, leadership, and mentorship

You can check out the Health Equity Proposal [here!](#)

Inequity Inbox

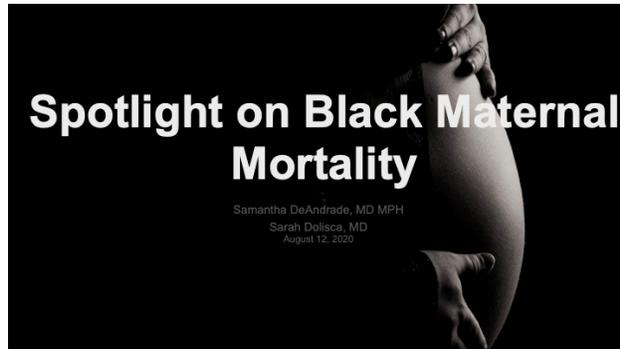
The MGH Ob/Gyn Department successfully created and implemented a bias reporting tool which aims at confronting

inequities that occur in the healthcare system but do not meet the threshold of traditional reportable events. With such a reporting tool, documentation and review of events can occur with subsequent discussion and response via Health Equity Rounds. This reporting tool can be scaled to be a repository for hospital employees and patients and families. The BWH Inequity Inbox was launched on July 22nd, and submissions will be reviewed by a multi-disciplinary committee of residents, fellows, faculty and nursing staff.



Didactics

The residents are committed to acknowledging the impact that social determinants of health have on patient experience. This year we have standardized the inclusion of race, ethnicity, primary language, and insurance status **for every patient** as part of our Morbidity and Mortality and OB/Gyn Case Presentations (including but not limited to: Children's M&M, Fuller M&M, Meconium Rounds, BWH and MGH GYN M&Ms). Ex "Ms. M is a 25yo nonhispanic, black, English speaking, publicly insured G1P0 who presented with..." The dot phase (.resgynclinicheader) was generated to pull these key details in one place.



Disparities in Maternal Morbidity & Mortality



Additionally, the Diversity and Inclusion Committee has been incorporating topical discussions and presentations into the curriculum to further expand knowledge and discussion about these issues. On Wednesday August 12, 2020, Dr. Samantha DeAndrade and Dr. Sarah Dolisca facilitated an interactive, multimedia session titled **"Spotlight on Black Maternal Mortality."** The discussion introduced the topic of maternal morbidity and mortality from both an academic and lay perspective, and provided data to support the astounding disparities that fall along racial lines. The talk centered key anecdotes and stories from thought leaders including Mr. Charles Johnson's experience with the tragic loss of his partner, Kira Dixon Johnson, after a routine repeat c-section at a top hospital. The session was intended to be a clear call to action, demanding that we investigate our own practices and ways to reduce preventable maternal deaths. This talk also featured Dr Camara Phyllis Jones and her allegories about how racism operates and results in adverse health outcomes. In addition, the PBS docuseries "Unnatural Causes" was also featured, in which Dr Michael Lu explains how the allostatic stress load of racism over a life-time may increase the risk of preterm delivery.

You can access a recording of this presentation [here](#).

Links to the videos featured can be found below:

1. [Kira Dixon Johnson / Charles Johnson's Story](#)
2. [Camara Phyllis Jones's "A Gardners Tale", explaining the different levels of racism](#)
3. [Unnatural Causes, "How Racism Impacts Pregnancy Outcomes"](#)

Recruitment

The residency program remains steadfast in their desire to build a diverse physician workforce which represents and reflects the diversity of the patients we care. As such, residents devised a Strategic Plan for Recruitment of Residents from Underrepresented Backgrounds outlining our planned efforts for this academic year. The AAMC defines **Underrepresented in Medicine** as “racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.” At this moment this includes those who identify as Native American or Pacific Islander, Black or African American, and Hispanic or Latino.



Strategic Plan for Recruitment of Residents from Underrepresented Backgrounds

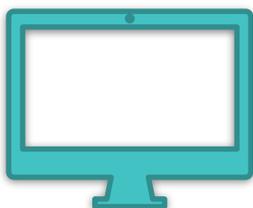
June 2020

Table 1.

	Proportion of 2019 US physician workforce	Proportion of 2019 US medical school graduates	Proportion of the US general population
Native American or Pacific Islander	0.1%	0.2%	1.5%
Black or African American	5%	6.2%	13.4%
Hispanic or Latinx	5.8%	5.3%	18.3%

Goals:

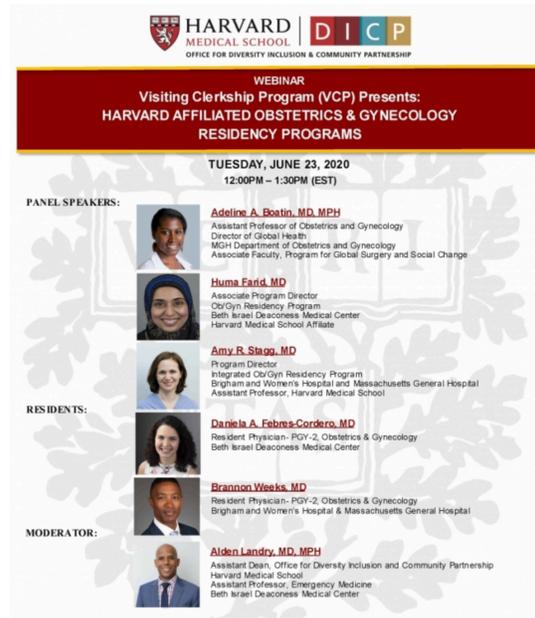
1. Increase our URM recruitment efforts, particularly before the interview season begins.
2. Bolster mentorship of URM students who are interested in Ob/Gyn within HMS
3. Increase our match rate of residents from diverse backgrounds.



Check out our new 'Diversity' page on the residency website [here!](#)

Progress:

- **July 1, 2020** - Dr. Amy Stagg, Dr. Adeline Boatin, and Dr. Brannon Weeks represented our residency program at the Harvard Affiliated Ob/Gyn Residency Webinar sponsored by the Harvard Visiting Clerkship Program. Check out the webinar [here](#).



- **August 8, 2020** - Dr. Sarah Dolisca, Dr. Sam DeAndrade, Dr. Alix Williams, Dr. Marie Bangura, and Dr. Brannon Weeks hosted the first Virtual Meet & Greet for prospective applicants. The event was advertised to medical schools throughout the country with specific aim of connecting with URM medical students. Approximately 70 medical students tuned in, 80% of whom identify as URM. The session received tremendous feedback. One applicant expressed concern that this year’s virtual interview format would make it challenging to get to know residents, but stated “... this event gives me a lot of hope. You all seemed very genuine and I'm hoping other programs are able to replicate what you all did here”. Since we launched our event, many peer institutions have hosted similar virtual sessions with prospective applicants.



- **September 12, 2020** - Dr. Sarah Dolisca, Dr. Marie Bangura, Dr. Alix Williams, and Dr. Amy Stagg represented our residency program in the annual Harvard-Affiliated Residency Showcase, which adopted a virtual format this year.

Clinical Experience

Part of the Health Equity Proposal advocates for facilitating clinical opportunities for residents to work with underserved patient populations. One such example is the opportunity to get involved with the asylum clinics at BWH and MGH. Both are non-clinical programs that provide medical, psychological, or combined med-psych evaluation for asylum seekers in the US. These evaluations are used to write affidavits which support legal cases for asylum in the United States. For more information, please see the Physicians for Human Rights (PHR) website. These cases come from the PHR Asylum Program, the Harvard Law Immigration and Refugee Clinic, Boston law firms, local detention centers, and other programs.

Trained clinicians (typically faculty and residents/medical students) see cases together, objectively documenting the sequelae of torture and trauma that asylum-seekers present with using international forensic standards. These affidavits make a big difference: for example, the MGH clinic has a success rate of 97% versus the regional average of 20-30% receiving asylum. Each case involves a 1-1.5hr evaluation and then several iterative processes of writing the affidavit in discussion with supervising faculty and each individual's lawyers. This work is critical now more than ever, given the government's recent actions against immigrants and refugees.

Both clinics allow you to indicate how many cases you would like to be involved in. If you are interested in participating, please see descriptions and follow-up information for each clinic below.

BWH Asylum Clinic: "The clinic will pair trained faculty and residents and medical students to see cases together, objectively documenting the sequelae of torture and trauma that asylum-seekers present with using international forensic standards. Cases are currently via Zoom in the COVID-19 era." If you are interested: <https://forms.gle/VxQ35eHzbVNtbQ3m8>

MGH Asylum Clinic: "We operate a twice-monthly clinic at MGH staffed by volunteer clinicians and are currently completing virtual evaluation. A training is required before you are able to shadow and conduct asylum evaluations independently. We provide ongoing education and mentorship to volunteers. If interested please email the MGH Asylum Clinic Director, Dr. Matthew Gardland, at

MGARTLAND1@partners.org

Participating requires formal asylum network training (usually take place on a weekend day), with a few upcoming ones here;

- Society of Refugee Healthcare Providers | [October 24th & October 25th, 2020](#) **[Sign up here.](#)**
- SUNY Downstate Asylum Clinic | [November 15th, 2020](#). Save the date, link to come!

Please email Dr. Samantha Troung (strong@bwh.harvard.edu) if you have any questions about this opportunity!

Accountability

With the engagement of residents, faculty, and administration, the 2020-2021 Diversity and Inclusion Committee has created an ambitious strategic plan for the academic year. We are committed to being transparent about our progress, and we strive to ensure that momentum is maintained in pursuit of our stated goals. The following are ways that we are holding ourselves accountable to the Health Equity Proposal:

Progress Tracker Key:

(Task)	Completed	Ongoing	Not started
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Health Equity Rounds

Obtain faculty sponsor(s)		Ongoing	
Plan first Health Equity Rounds	Launched July 8th		
Include sociodemographic modifiers in all M&M presentations		Ongoing	

Structural Competency Curriculum

Upstander training 11/18 10-12 @ BWH 12/3 7:15-9 @ MGH		Ongoing	
Didactic schedule for the year			Not started
Obtain faculty sponsor/D&I Chief	Dr Pocius		

- **Monthly meetings** occur among resident and fellows who sit on the D&I Committee
- **Monthly meetings** with D&I Co-Chairs, Ob/Gyn Program Leadership, and BWH / MGH Administrators: Dr. Jeffery Ecker, Dr Robert Barbieri, Dr. Nawal Nour, Dr. Amy Stagg, Dr. Katherine Pocius, Dr. Mobolaji Ajao, Dr. Adeline Boatin, Dr. Samantha DeAndrade, and Dr. Sarah Dolisca
- **Activity Progress Tracker**, a live document with clear delineation of completed, ongoing, and inactive/not started projects
- **Newsletter** highlighting and disseminating news on committee progress.

Thank you for taking the time to read through this newsletter, and we appreciate your continued support!

Contact Information

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