



FOCUS ISSUE – Celebrate Diversity with the AUA

Creating Systemic Change in GME



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As a country, we have experienced the most significant declaration of racial, political and social unrest since the 1950s and 1960s Civil Rights era, which led to the important catalyst for passing the Civil Rights Act of 1964 and the Voting Rights Act of 1965. Martin Luther King, Jr. once said, “Now is the right time to do the right thing.” It is that time to create better equity, diversity and inclusion for our community of learners and our patients.

According to the Accreditation for Graduate Medical Education (ACGME), residents and fellows should be trained so that they can appropriately care for *all* patients. As the Designated Institutional Official (DIO) for the University of Washington School of Medicine (UW SOM), I have a responsibility—especially as one of the few African American academic leaders in the US—to build a learning environment that is alive with Dr.

King’s message. It is the responsibility of everyone in the clinical learning environment, and the core of this responsibility is aligned with the mission of our academic medical center.

Our mission is to Improve the Health of the Public—a singular and ambitious mission, but one that we have not yet achieved, even at our world class health care center. As such, it is important to determine exactly how we could achieve the goal of training residents and fellows in social justice and health care equities and hold ourselves accountable. So began the Equity, Diversity & Inclusion (EDI) subcommittee of the Graduate Medical Education (GME) Committee of University of Washington School of Medicine—the sixth largest GME program in the country.

In 2015, we published the UW Medicine Equity Blueprint—an arc that bends toward an opportunity for our academic medical center to serve *all* people with equity, humility and grace. But, since then, it has lingered on our website without much recognition or forward movement.

The premise of this subcommittee on Equity, Diversity and

Inclusion is to collaborate with the consortium of hospitals and be a part of a better learning environment—one that is free from anti-Black and anti-racist practices, one that is more equitable for our patients, students and employees; and one that holds itself accountable with definable outcomes and deliverables, which was the aim of our Equity Blueprint.

The importance of this moment in our history is too significant to delay a movement to make our world better. This is why we triangulated the interests of the trainees with the ACGME’s Common Program Requirements (CPRs) and the Clinical Learning Environment Review (CLER) to move our hospitals into necessary action. The 2011 CLER initiative emphasizes quality, holding all sponsoring institutions to a standard for training residents and fellows in health care disparities. With these requirements and our own Equity Blueprint, we have begun our journey.

Over the next 3 years, we hope to see changes in our 20 clinical departments which comprise over 190 clinical training programs. Our new EDI subcommittee plans to 1) require departments to have an EDI committee so that all residents and fellows will have the opportunity to network and collaborate

around EDI efforts; 2) encourage programs to increase recruitment and improve retention of under-represented house staff; 3) develop an EDI curriculum for house staff, including goals to change our EDI culture for a shared community experience and metrics to measure improvement; and 4) establish EDI awards and recognition for individuals who or programs which produce initiatives, projects, research, or scholarship that promotes a culture of equity, diversity and inclusion.

We can’t blink our eyes and hope for the best. We must work at changing culture with all our conviction and intentionality.

We have just formed our GME EDI subcommittee and I hope this brief description will inspire other GME programs to do the same. We have an opportunity to create a learning environment that teaches us about others who may be different from us. We have an opportunity to lessen the health disparities gap. The time is now to discover ways to allow all people to feel that they belong. And, perhaps from our little corner of the world we will see improvements that will be felt in *all* corners of the world. I am hopeful. ♦