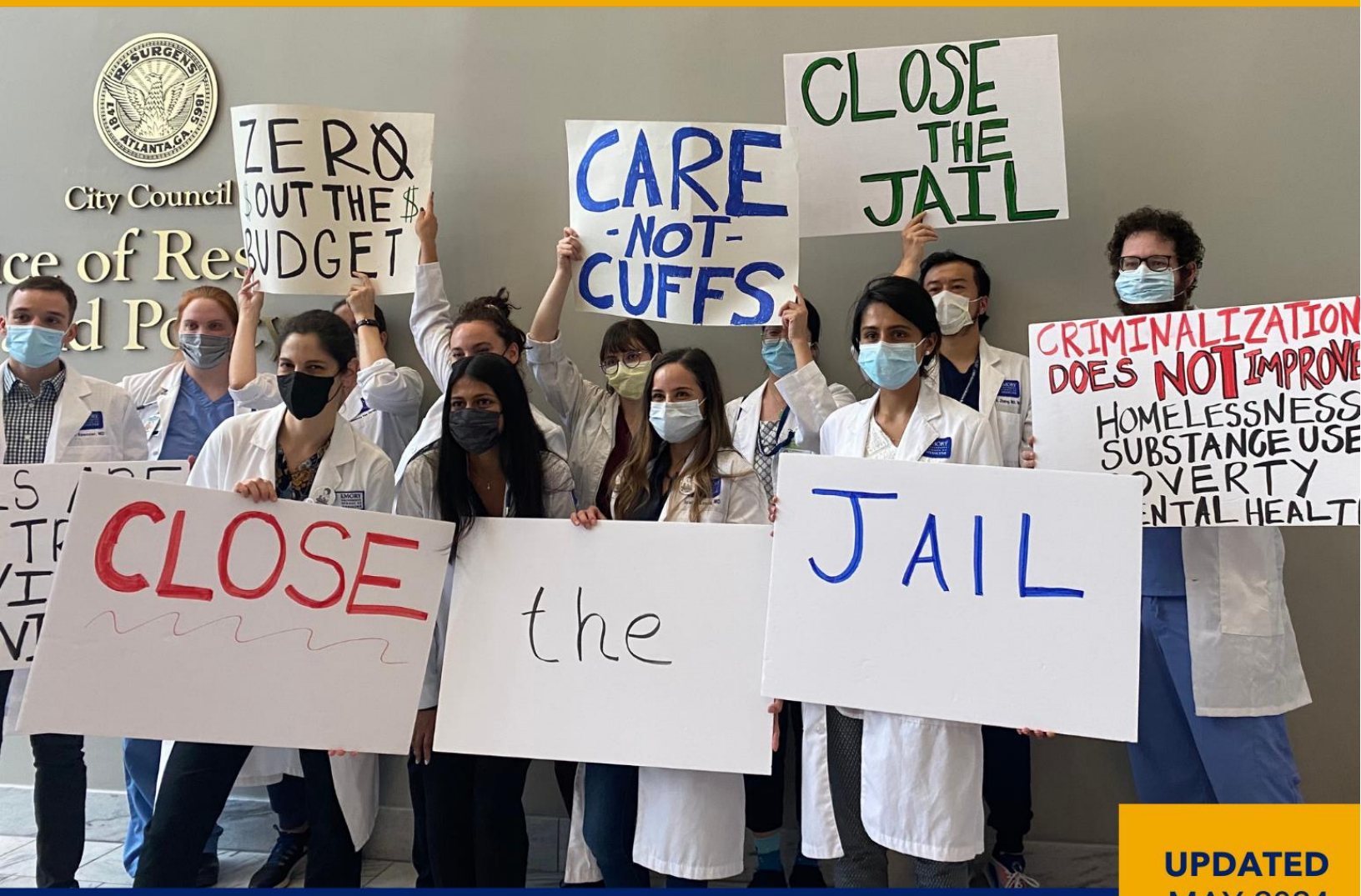
J. WILLIS HURST INTERNAL MEDICINE RESIDENCY

HEALTH JUSTICE STANDARDS

2024 UPDATE

A framework for creating a more just and equitable healthcare system within the Emory Internal Medicine Residency

A collaborative effort between the Churchwell Diversity and Inclusion Collective(CDIC), the Emory DOM RYSE DEI Council, and the Emory University J. Willis Hurst Internal Medicine Residency Program Leadership.



UPDATED
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2024 UPDATE: EXECUTIVE SUMMARY

The following report represents the first review of **the Health Justice Standards (HJS),** a commitment to health equity formally developed by Emory J Willis Hurst internal medicine (IM) residents, residency program leadership, and Department of Medicine (DOM) leadership in the spring of 2021. These standards frame how the residency program and the Department of Medicine aim to build a more equitable healthcare system and training environment. The original HJS focused on 17 standards in 5 major areas.

This report reviews the progress made thus far. It was written collaboratively by residents, faculty, and program leadership. In the report we highlight areas of success and areas of ongoing work. This report is intended to serve as a living document that is consistently updated, as we work to honor and improve the aims of the original health justice standard commitment.

We divided the standards into those that the residency program can directly implement, and standards that require cooperation with external offices – such as the office of graduate medical education (GME) or health system leadership -- to complete.

For those standards under the direct control of the residency program, we assigned ourselves a grade for the sake of transparency:

- **Achieved:** areas in which substantial progress has been made, and the goal now is to maintain progress.
- **Within reach:** areas in which progress has been made, but additional work can be done to achieve the full intent of the standard.
- **Not achieved**: areas in which additional health justice investment is needed.

We did not assign a grade to those standards beyond direct residency program control, however we still narrate the positive steps taken in those areas as well as what additional work needs to be done.

It is important to note that these grades are the subjective interpretation of the group of residents and faculty who wrote this report. Nonetheless, it is only through honest assessment of our progress that we could achieve the intentions of the original HJS report: mitigating the history of racism and bias in medicine and medical education to improve health outcomes for all patients.

STANDARDS UNDER DIRECT PURVIEW OF IM DEPARTMENT AND RESIDENCY PROGRAM

Standard	Report card
STANDARD 1: Programs should endeavor to recruit residency classes that reflect population parity, meaning that the racial, ethnic, and gender composition of each class should be similar to the population we serve. This data should be published on their websites along with transparency in our recruitment efforts and plans to increase Under Represented in Medicine (URiM) representation. A comprehensive approach should be taken to achieve this goal, including: recruiting and admitting undocumented and URiM residents, ensuring that standardized (USMLE) exams are not the primary drivers of admissions decisions, compensating URiM residents who participate in recruitment, and ensuring that activism for equitable, just treatment of all people regardless of race, gender, gender identity, sexual orientation, disability, etc. will not negatively impact an applicant's consideration for interview or ranking.	The department recognizes that patients are best treated by a workforce that includes diversity across race, sexual orientation, gender, socioeconomic status, and a variety of lived experiences. The department is committed to conducting a holistic review of each resident and fellowship candidate to achieve this diversity. The department has hosted specific programs to recruit diverse applicants for both residency and fellowship positions, e.g., the RYSE Virtual Clerkship Program and RYSE Fellowship Applicant Experience (RYSEFAX). These opportunities are open to all individuals. The program is mindful about the historic "minority tax" imposed on historically underrepresented residents when it comes to recruitment. Participation in recruitment is completely voluntary, and the program collaborates with residents to ensure they are not burdened by recruitment requests. Participation in formal evening recruitment sessions is optional; all resident participants receive a complimentary meal. LGBTQ+ applicants and allies can also attend GME wide (i.e., all Emory residency programs) sessions to connect with LGBTQ+ residents and faculty throughout the institution. There is a GME wide LGBTQ+ group, which receives funding directly from the GME office. The residency program is working to find additional ways to highlight LGBTQ+ experiences for applicants during the application process. We are working with department staff to assure data regarding the RYSEFAX and RYSE programs are consistently displayed on the website. **Summary** • **Major success: ongoing commitment to RYSEFAX and RYSE Virtual Clerkship** • **Work in progress: regularly updating RYSE and RYSEFAX data on departmental websites** • **Final grade: within reach**

STANDARD 2:	
Programs should endeavor to recruit faculty that reflect population parity, meaning that the racial, ethnic, and gender composition should be similar to the population we serve. This data should be published on our website along with transparency in our recruitment efforts and plans to increase URiM representation. A comprehensive approach should be taken to achieve this goal, including active recruitment of URiM faculty, greater transparency in the qualifications for faculty positions, compensation transparency and equity, career development support for URiM faculty, formal acknowledgement of racial justice-related labor (mentorship, recruitment, committees, etc.), more diverse senior faculty, and a commitment to advocate for more diverse leadership of Emory University School of Medicine.	The DOM is notable for its support of two funded roles dedicated to DEI initiatives, a vice-chair for DEI and an associate vice-chair of education. The department's DEI efforts are currently spearheaded by a nationally recognized expert in medical education and health equity, Dr Kimberly Manning, the vice-chair of DEI. The department's website details several initiatives dedicated to health equity. Some notable initiatives include a DEI council composed of internal medicine faculty committed to health equity and the internal medicine's department annual health equity day. All incoming faculty must also undergo bias mitigation training. The gender and racial composition of department faculty is tracked annually and publicly available to any individual affiliated with Emory. **Summary** • **Major success: new DOM DEI council** • **Work in progress: conduct regular roundtables between administration and residents so that progress on DEI initiatives is more readily shared.** • **Final grade: achieved**

STANDARD 3:	
Resident educational spaces should acknowledge the contributions of diverse alumni and other physicians of color (through plaques, statues, portraits, and building names). Named awards and conferences, presenters chosen to lead "expert" conferences, and processes for selecting chief residents should prioritize diversity.	The program has re-arranged several public spaces, most notably the photos displayed at the conference room at Emory University Hospital, to better reflect the diversity within the program's history and present. The program has also recognized notable diverse past alumni and faculty by naming the collaborative "houses"(aka groups) to which residents are assigned after these faculty and alumni. Examples include Dr Kenneth Leeper, a world-renowned Black pulmonologist at Emory and winner of numerous teaching awards and Nanette Wenger, a world renowned female cardiologist who has practiced at Grady for over 50 years. As detailed below, noon conferences now include a monthly session about a health equity topic as part of the CDIC run health justice curriculum. These sessions have included presentations from community organizations in Atlanta, who are compensated for their time by the department. The program has not yet developed a formal tracking method of the faculty representation that regularly delivers conferences; this is a potential area of future growth. Currently, the main way to report concerns about noon conference topics or lecturers is by reaching out to chief residents/ program leadership or through an end of year survey. We are working with the current chief residents to create additional methods for noon conference feedback. The selection of future chief residents includes direct input from current residents as well as program leadership, and adheres to the mission of the program and its priorities for general resident recruitment, including racial, cultural, and socioeconomic diversity. You can read about our current chief residents here. **Summary:** • **Major success: renaming and rearranging of public spaces and awards** • **Work in progress: tracking noon conference speakership** • **Final grade: within reach**

STANDARD 4: URiM residents should have access to opportunities for affinity group spaces and support staff. The program should routinely (at least annually) survey URiM residents about their satisfaction with this support and create a follow-up plan to address deficiencies.	The residency program has established The Churchwell Diversity and Inclusion Collective, a resident run organization that cultivates a safe and welcoming space for diverse and URIM residents. The department provides CDIC with logistical and financial support. For instance, CDIC has held bimonthly social gatherings at POC-owned business and semiannual service events. The department also supports the GME LGBTQ+ affinity group. Members of CDIC are invited to participate in monthly DEI council meetings. The program has access to some data about resident views of diversity in the IM residency program. These data include responses from the national ACGME residency survey, in which the Emory IM program generally exceeds the national average in responses to diversity-specific questions. The program also has access to health system and university wide survey data about diversity and inclusion on campus. The residency program itself has not routinely gathered data about resident perception of diversity in the program within the last two years; residency leadership is considering incorporation of these questions into the annual program survey and PGY3 exit survey. **Summary:** • **Major success: favorable ranking in national survey highlights program commitment to DEI efforts** • **Work in progress: specific IM residency surveys to better ascertain needs of URiM residents in this program** • **Final grade: within reach**
STANDARD 6: All resident physicians should receive a badge from their program that makes their role as a physician clear to avoid the frequent misidentification of female and URiM residents as non-physician staff. This badge should be legible from several feet away.	All residents now have badges that clearly identify them as physicians. The resident planned evaluation of this project did not occur due to time constraints. **Summary:** • **Major success: badges acquired** • **Work in progress: ensure supply going forward** • **Final grade: achieved**

STANDARDS THAT REQUIRE INPUT FROM MULTIPLE STAKEHOLDERS

Standard	Report card
STANDARD 7: The program should ensure that resident compensation is sufficient, and all residents have access to high-quality medical care. Health insurance coverage should not disproportionately impact pregnant residents or residents with disabilities or chronic medical conditions. The program should also advocate for similar policies for all healthcare and program staff.	Resident salary is determined by the Graduate Medical Education (GME) Office, not the IM residency program. Inflation and a lack of corresponding cost of living increases have meant that Emory's salary has become less competitive over the last two years due to inflation. This problem has plagued many employers nationwide. Residents are working with GME to rectify this, and GME has announced an additional 3% raise in resident salary for 2023-2024 (though this does not match the current inflation rate). We are committed to remaining transparent about how resident salary at Emory compares with similar programs in the region. The IM residency program provides additional benefits for IM residents in an effort to offset/alleviate resident salary concerns by providing food at two-three weekly noon conferences, increasing the amount of food vouchers residents receive, and providing free access to coffee at all sites. This means residents rarely spend their own money on food during the workday. The program also provides some financial support for attending research conferences and for funding research projects. Parking does not incur an additional expense. Step 3 expenses are not reimbursed by the program or the GME office. Regarding time off: residents have three regular vacation weeks and one week over the holidays. Additionally, Residents have four flex half days to utilize for personal needs including doctors' appointments, car maintenance, etc. With appropriate communication with leadership, any resident that requires time off for regular doctors' appointments or mental health appointments can receive accommodations for such. Residents may receive extra flex days if called to cover long jeopardy shifts. **Summary:** • **Major success: access to free/ subsidized food** • **Work in progress: competitive salary**

STANDARD 12:	
Programs should provide training for all residents and faculty on the rights of the incarcerated patients under their care. Contact information for hospital legal departments should be provided to everyone who cares for incarcerated patients in case there is concern about a violation, and training should be provided on how and when to advocate for compassionate release. Residents and faculty should be able to educate incarcerated patients on their rights based on this training. We should also receive basic education about the history of racism and incarceration rates in the United States, the difference between jail and prison, the impact of cash bail on incarceration prior to being convicted of a crime, and ways to optimize care coordination for incarcerated patients.	Through resident and faculty efforts, we have held several noon conferences and grand round talks about the healthcare of incarcerated patients and the connection between the carceral system and healthcare. Several members from the DOM (residents, fellows and faculty) are volunteering with the Medical Justice Alliance and the Georgia Human Rights Coalition to advocate for better healthcare on behalf of incarcerated patients in Georgia. CDIC residents are working closely with emergency medicine faculty at Grady to formalize guidance about the care of incarcerated patients at Grady. To date, Grady has not yet published formal policies specifying the rights of incarcerated patients to receive the same standards of healthcare as non-incarcerated patients. Of note, Grady has appointed its first Chief Health Equity Officer, and the residents are working with them on formalizing this guidance. Grady takes care of most of the incarcerated patients seen in the across the 4 training sites. This is why our efforts have focused on enacting change at Grady. These goals, however, apply to all 4 sites and the remaining hospitals will be the focus of future efforts. **Summary:** • **Major success: multiple lectures and formal discussions about health and incarceration** • **Work in progress: partnering with Grady on policies regarding healthcare of incarcerated patients. This will be followed by partnership with the other three hospitals in which we work towards similar objectives**

STANDARD 16: Programs should advocate to our subspecialty colleagues to eliminate racial bias via the use of race correction in clinical algorithms. The four most relevant to internal medicine are the race-corrected AHA HF Risk Score, eGFR, PFTs, and Kidney Donor Risk Index. Programs should establish a standard that race should not be included in a patient's 1-liner or HPI on rounds or in educational conferences.	Emory and Grady have eliminated race from their eGFR calculation, and the department of medicine held a grand rounds lecture by Dr Nwamaka Eneanya on race and eGFR. Dr Eneanya is now the Chief Transformation Officer at Emory University. There are ongoing discussions with other divisions within the DOM about eliminating race-based corrections in their calculations (e.g., pulmonary function testing). **Summary:** • **Major success: elimination of race based eGFR at Grady and Emory sites** • **Work in progress: elimination of other race-based calculators**

STANDARD 17:	
Researchers that operate within our universities and hospitals should aspire to a framework where studies that evaluate race include its consideration as a sociopolitical construct and examine observed differences as a product of racism, whether through differential health access, economic inequality, etc. If scientists aim to study the effects of geography or other demographic variables on health and disease, they should clearly state these intentions and carefully gather their data in a scientific manner. There is a long history of racist ideology perpetrated under the guise of research/science. Given the history of abuse of people of color in scientific research, institutional review boards (IRBs) and all research governance should specifically delineate protections for research subjects of color and prioritize diversity and representation in human subject studies.	Through advocacy by residents and faculty, the **Emory University Institutional review board (IRB) Implemented the change in January 2022**. The Emory IRB now requires all biomedical study protocols to define racial and ethnic classifications they plan to use, state whether they are describing or explaining differences between groups, and to provide justification for any use of racial or ethnic group variables as covariates. This antiracist IRB intervention, helped by Emory IM residents, is an example of how research institutions can help ensure the scientific validity of studies involving race and ethnicity to avoid unscientific reification of race as an inherent biological concept. (See section 12 of biomedical protocol at this **link**) Additionally, there was an Emory DOM Town Hall on this topic on April 26, 2022, an Emory DOM grand rounds was on this topic on October 4th, 2022, the division conference for Emory Renal Division was on this topic on December 13, 2022. **Summary:** • **Major success: IRB requires protocols to define how they intend to use race and ethnicity within the study** • **Work in progress: continue to work with the IRB and DOM about ongoing research**