Prescribing Progress: Revolutionizing Pharmacy Residencies Through Diversity, Equity, and Inclusion Excellence

Sally A. Arif, PharmD, BCCP *(she/her/hers)*

Professor of Pharmacy Practice, Midwestern University College of Pharmacy

Clinical Pharmacist, Cardiology, Rush University Medical Center

Affiliated Faculty, Center for Community Health Equity

Founder, The Equity-Minded Collective LLC

sally@equitymindedcollective.com

Disclosure Statement

- Dr. Sally Arif, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Learning Objectives

1. Define equity-minded education and culturally responsive precepting.

2. List strategies for an equity-minded approach to an inclusive rotation environment.

3. Identify one creative, evidence-based educational activity for residents that promotes cultural competence and health equity.

Which of the following best defines inclusion and equity-minded precepting?

A. Having representation of individuals across different lines of social identities.
B. The act of creating environments in which any person or group can feel welcomed and supported.
C. The reported sentiment of a workforce which is reinforced by the culture of that organization.
D. Providing the same resources and opportunities to everyone in your program.

Defining the Work

Diversity
is a fact

Diversity is the representation of individuals within your organization and teams across different lines of Social Identity (e.g., race, gender, age, ability, socioeconomic status).

Inclusion
is a choice

Inclusion is the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. These are the actions are to build access to equity and develop programming that enables all to succeed.

Belonging
is a feeling

Belonging is the reported sentiment of the workforce, which can be reinforced by a culture that the organization purposefully creates.

Reflect

Think of a time when you felt you didn’t belong.

How did it make you feel?

As a preceptor, how do I cultivate a rotation that is inclusive, equitable, accessible, and where all of my learners feel a sense of belonging?

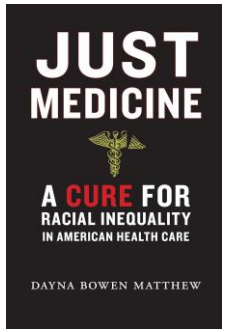
https://www.rwjf.org/en/insights/blog/2022/11/we-used-your-insights-to-update-our-graphic-on-equity.html

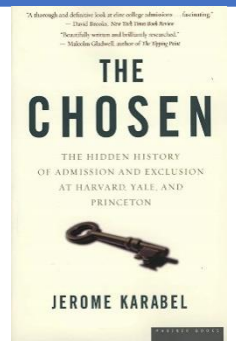
An Equity-Minded Educator:

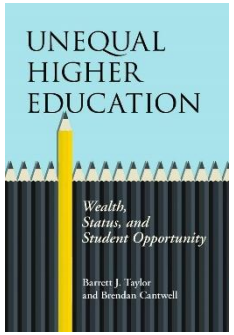
Has a perspective or mode of thinking that calls attention to patterns of inequity in learner and patient outcomes.

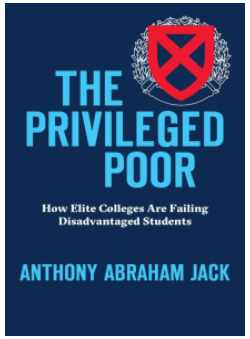
Is willing to take personal and institutional responsibility for the success of their learners, and critically reassess their own practices.

Is aware of the social and historical context of exclusionary practices in higher education, post-graduate training programs, and healthcare.









Disrupting and challenging our systems, processes, and practices will be uncomfortable

Disclaimer

Culturally Responsive Preceptors

Hockings (2010) found learners *"… value teaching that recognizes their individual academic and social identities and that addresses their particular learning needs and interests."*

- ✓ Willingness to stay curious.
- ✓ Accept there is no "rule book."
- ✓ Don't get defensive.
- ✓ Do more listening than talking.
- ✓ Practice cultural humility.

Hockings, C.S. (2010). Inclusive learning and teaching in higher education: a synthesis of research.

Cultural Humility > Cultural Competency

"…an ongoing process of self-exploration and self-critique combined with a willingness to learn from others…. with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and respecting that person for who they are."

Stubbe D. Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients. Focus; 2020; 18:1, 49-51

Learning Objective #2:

Equity-minded approaches to an inclusive rotation environment

Yang T, Linn BS, Bennis J, Incorporating diversity, equity, and inclusion concepts in pharmacy education and experiential tra ining, *AJHSP*, 2024; 81 (8): 275–278.
Avant ND, Gillespie GL. Pushing for health equity through structural competency and implicit bias education: a qualitative ev aluation of a racial/ethnic health disparities elective course for pharmacy learners. Curr Pharm Teach Learn. 2019;11(4):382-393.

Approach #1: Learn the diversity of your residents

- Conduct Social and Professional identity Activities (30-60 mins)

EQUITABLE TEACHING
UNIVERSITY OF MICHIGAN

- Rotation planning:
  - Pre-rotation questionnaire to learn about challenges, expectations, learning styles, and how you can support the resident's success.
  - Mid-rotation check-in… *How are things going? How do you see your personal identities intersecting with your professional identity formation as a pharmacist?*

Approach #2:
Psychological Safety and Bias Intervention

"Teaching with compassion means understanding their stories and taking the time to know yourself as we check our biases and lead with inquiry."

-Victor Pereira, Harvard Graduate School of Education Professor

- Psychological safety means we allow our residents to bring their whole selves to the learning process without fear of retribution.
- Creating affirming environments means addressing any cultural barriers and knowing where to go for resources when we are lost (e.g., financial assistance, food security, housing, disability, language supports, digital fluency, etc.)

Onboarding Statement

Example:

I would like to create a learning environment for my trainees that supports a diversity of thoughts, perspectives and experiences, and honors your identities (including race, gender, class, sexuality, religion, ability, etc.)

To help accomplish this:

- Please share what name you would like to be called and pronouns you use.
- If you feel your performance on my rotation is being impacted by your experiences outside of clinical duties, please don't hesitate to come and talk with me. I want to be a resource for you. If you prefer to speak with someone outside of my rotation, I can help you connect with the right person.
- I am still in the process of learning about diverse perspectives and identities. If something is said on my rotation (by anyone) that makes you feel uncomfortable, please talk to me about it.

What if bias occurs with patients?

During my internal medicine rotation…a patient called me a "colored girl" three times in front of the attending physician. The doctor did not correct the patient, nor did she address the incident with me privately. Despite all the other positive interactions I had with this teacher, her silence in this circumstance diminished my presence. I wondered if she thought of me as a "colored girl," too.

-anonymous medical student

Wheeler DJ et al. (2019) Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner. *Med Teach* 41(10):1112–1117.

Bias/discrimination from patients

- Preceptor has the **“duty of care”** to intervene
- Residents are vulnerable—lower professional status and social power.
- Pro-active planning to prepare for potential patient bias should be initiated by the preceptor during on-boarding

  “Neither of us can predict if or when a patient will express bias against a clinician. I am responsible for your safety, so I’d like to co-create with you a response plan: for instance, how to signal to me if you want me to address it. If you want to address it, I will back you up. If it gets worse, you can walk away. I can’t promise I will be skilled or effective, but I will try. If something occurs when I am not present, I ask that you let me know as soon as possible. How would you like us to proceed?”
- Debrief to confirm that tolerating discrimination is never acceptable and that the preceptor is vigilant in their duty of care.

Sue DW. (2015) *Race Talk and the Conspiracy of Silence: Understanding and Facilitating Difficult Dialogues on Race*. Hoboken, NJ: John Wiley & Sons, Inc.
Wheeler DJ et al. (2019) Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner. *Med Teach* 41(10):1112–1117.

"OWTFD" Method to Respond to Bias

Participant	Component	Example Dialogue
Observer	Observed fact (O)	Hi. I observed that interaction my PGY1 Resident Suzy where you said, "Patient is doing very well, he is so nice, well maybe not to you, but he is very nice."
(Preceptor)	Why (W)	What did you mean?/Why did you say that? (pause for answer).
	Think (T)	I think that Suzy may not have perceived it that way.
	Feel (F)	I feel that probably didn't come across the way you intended.
	Desired action/request (D)	Perhaps you could talk it over with Suzy.
Person directly receiving the comment	Observed fact (O)	Hi. Earlier you told me, "Patient is doing very well, he is so nice, well maybe not to you, but he is very nice."
	Why (W)	Why did you say that? (pause for answer)
(Resident Suzy)	Think (T)	I understand now, just so you know—initially I didn't take it like that.
	Feel (F)	It felt very personal when you stated that "he is so nice, well maybe not to you...."
	Desired action/request (D)	I have to be honest, it made me question my trust for a bit. Could we talk more about this? Or maybe consider, as a group, how do we support each member of the team?

Sotto-Santiago S, Mac J, Duncan F, Smith J. "I didn't know what to say": responding to racism, discrimination, and microaggressions with the OWTFD approach. MedEdPORTAL. 2020;16:10971.

Approach #3: Include Reflective Practices

- Create intentional time and space for residents to reflect on personal experiences and how they intersect with their growth as culturally sensitive providers:
  - *What are my own cultural beliefs and biases that might influence my interaction with patients?*
  - *What cultural misunderstandings have I witnessed today? This week? This rotation?*
  - *What are my personal/professional goals around inclusive patient care?*
  - *What resources do I feel I need to better advocate for my patients who are culturally or linguistically diverse?*
  - *How would I address behaviors that are cultural insensitivity within my team?*

Which of the following equity-minded strategies is most effective for assisting residents in addressing bias in the moment?

A. Teach and encourage utilization of the “OWTFD” method.
B. Conduct a social identity mapping exercise at the beginning of the rotation.
C. Include a “DEI” statement in your orientation process.
D. Provide a reflective prompt to consider after experiencing or observing a situation of bias.

Learning Objective 3:

Educational activities for residents that promote cultural competence and health equity

Oath of a Pharmacist

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow: I will consider the welfare of humanity and relief of suffering my primary concerns. I will promote inclusion, embrace diversity, and advocate for justice to advance health equity. I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients. I will respect and protect all personal and health information entrusted to me. I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness. I will hold myself and my colleagues to the highest principles of our profession's moral, ethical, and legal conduct. I will embrace and advocate changes that improve patient care. I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists. I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

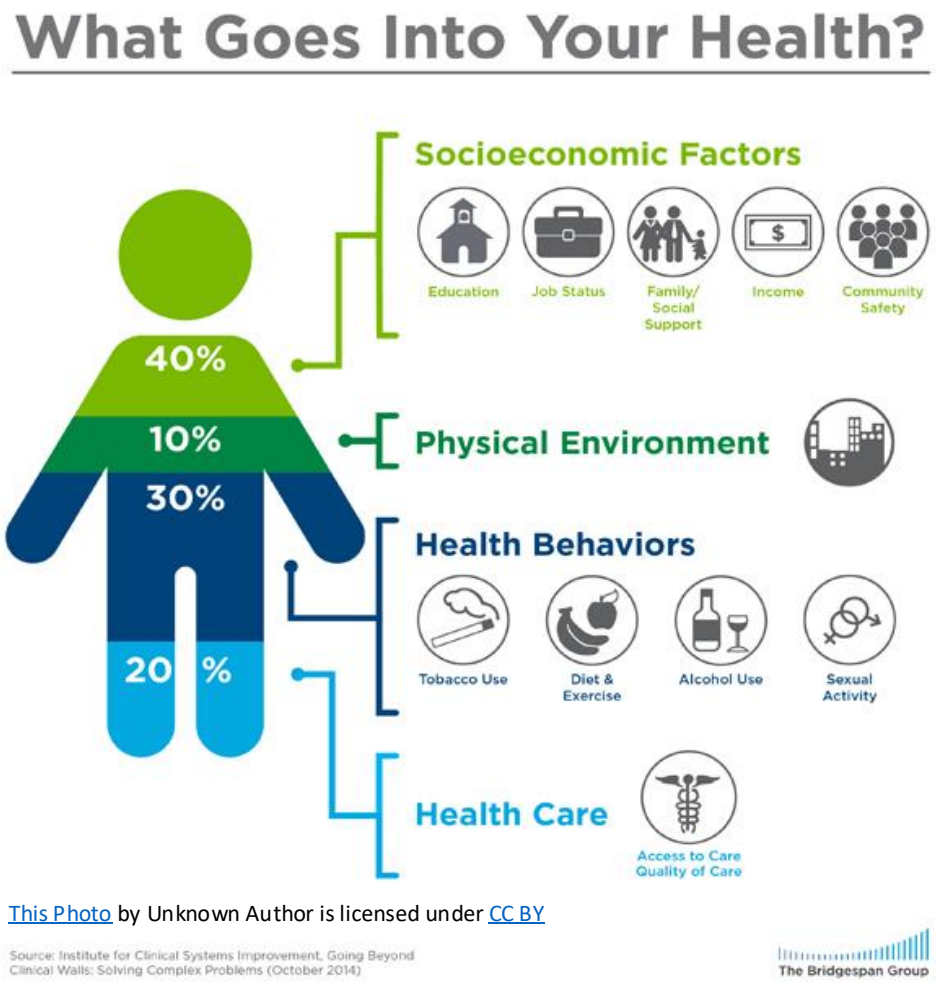
Pharmacy organizations update Oath of a Pharmacist. News release. American Pharmacists Association; December 16, 2021.

Activity #1: Amplify Health Equity in Teaching and Patient Discussions

- Identify gaps:
  - *Where are health disparities mentioned with no context?*
  - *Where can health equity principles be further amplified?*

- Discuss provider bias and influences on patient care and treatment
- Discuss the intersection of social determinants of health (SDOH), marginalized identities, and supporting evidence-based information (e.g., clinical trial data, patient pharmacogenomic profile)

Health Disparities & SDOH



Address health context:

- Unhealthy default decisions (food and pharmacy deserts, smoking/substance abuse)
- Toxic environments (lead contamination, trauma, etc.)
- Risk for injury, violence, and suicide

- **Access to quality healthcare:**
  - Limited health literacy
  - Lower levels of insurance coverage
  - Marginalization: low physical access to healthcare institutions and resources
    - Distant neighborhoods, rural areas
    - Crumbling infrastructure
    - Underfunded healthcare systems

Fiscella K, Williams DR. *Acad Med*. 2004;79(12):1139-1147. - Williams DR et al. *Health Psychol*. 2016;35(4):407-411.

Activity #1: Amplify Health Equity in Teaching and Discussions

- **Grand rounds/Case Presentations:**
  - *What are the disparities around the disease state you selected?*
  - *What are the social drivers/determinants that fuel the disparity? How did this show up in your patient's care?*
  - *What are potential solutions?*
  - *How could clinical trials have been more diversified?*

- **Patient monitoring and discussions:**
  - Adding social determinants of health into data collection and discuss how these factors should be integrated to create a culturally competent treatment plan.

- **Patient Medication History:**
  - Integrating patient questions: "What barriers have you experienced when accessing your medications prior to your hospital admission? What can we do to better support your getting to your health goals?"

- **Research Projects:**
  - Encourage residents to investigate how health inequities impact their interventions.
  - What are ways to promote equity?

Activity #2: Community Engagement & Advocacy

- **Service-Learning/Volunteer Projects**
  - Collaborate with community organizations on projects that address health inequities near clinic or health institution.

- **Visualize the Problem: Tools to Measure Health Disparities**
  - Health literacy maps
  - Social Vulnerability Index (SVI)
  - Neighborhood Atlas/Area Deprivation Index (ADI)
  - "See the City You Serve" Field Trip-Community Assessment

- Participate in **advocacy campaigns** to address health inequities at a local, state, or national level.

Hoyer D, Dee E, O'Leary MS, Heffernan M, Gelfand K, Kappel R, Fromknecht CQ. How Do We Define and Measure Health Equity? The State of Current Practice and Tools to Advance Health Equity. J Public Health Manag Pract. 2022;28(5):570-577. Chang AY, Bass TL, Duwell M, Berger JS, et al. The Impact of "See the City You Serve" Field Trip: An Educational Tool for Teaching Social Determinants of Health. J Grad Med Educ. 2017 Feb;9(1):118-122

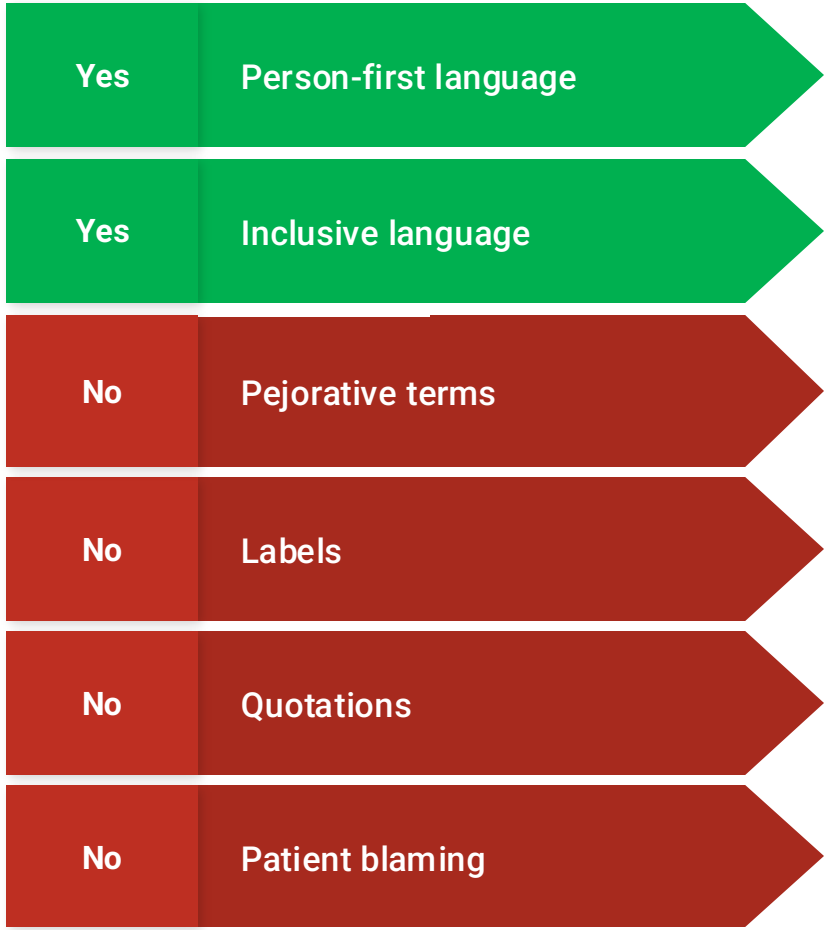
Activity #3: Use “Race-conscious” instead of “Race-based” Clinical Approach

- Avoid enforcing and assessing learners on race-based clinical guidelines/measurements and move towards race-conscious clinical care. (e.g., eGFR, BMI, hypertension guidelines, ASCVD)

	How race is used	Rationale for race-based management	Potential harm
eGFR	eGFR for Black patients is multiplied by 1·16–1·21 the eGFR for White patients, depending on the equation used	Black patients are presumed to have higher muscle mass and creatinine generation rate than patients of other races	Black patients might experience delayed dialysis and transplant referral
BMI risk for diabetes	Asian patients considered at risk for diabetes at BMI ≥23 *vs* 25 for patients of other races	Asian patients are presumed to develop more visceral than peripheral adiposity than patients of other races at similar BMI levels, increasing risk for insulin resistance	Asian patients screened for diabetes despite absence of other risk factors might experience increased stigma and distrust of medical providers

Cerdena J, Plasimine M, Tsai J. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *Lancet.* 2020; 396 (10257): 1125-1128.
DA Vyas, LG Eisenstein, DS Jones. Hidden in plain sight–reconsidering the use of race correction in clinical algorithms. N Engl J Med. 2020; 383: 874-882
Cleveland Manchanda EC, Aikens R, De Maio F, et al. Efforts in Organized Medicine to Eliminate Harmful Race-Based Clinical Algorithms. *JAMA Netw Open.* 2024;7(3):e241121.

Activity #4:
Implement Inclusive Language in Clinical Care



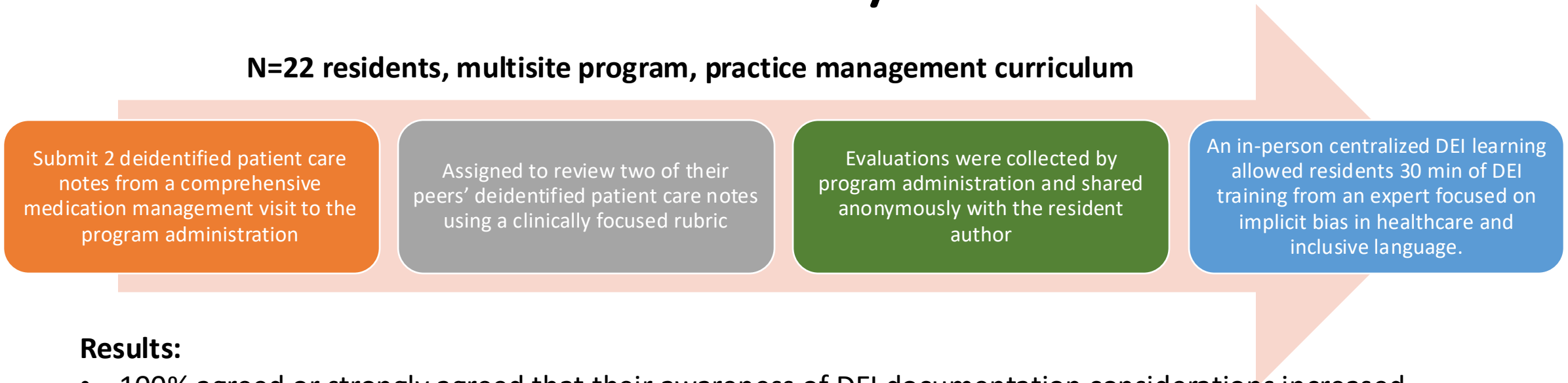
- *Critical reflect on written & verbal communication practices*
  - Do I use person-first language and/or destigmatizing language?
  - Do I use inclusive language for disabilities?
  - Do I use outdated nomenclature for race (e.g., White vs. Caucasian, Black vs. African American)
  - Do I use outdated nomenclature for sexual and gender minority individuals? (e.g., transgendered vs. transgender; female to male vs. transgender male, sexual preference vs. sexual orientation)

- *Clinical Documentation…consider:*
  - Does it cast blame?
  - Does it reinforce a stereotype?
  - Does it include extraneous details?
  - Does it contain pejorative language?
  - How would my patient feel if they read this note?

Healy et al. J Gen Intern Med. 2022;37(10):2533-40.

Inclusive Language Peer Review DEI Documentation Activity

N=22 residents, multisite program, practice management curriculum



Results:

- 100% agreed or strongly agreed that their awareness of DEI documentation considerations increased
- 83% would document their submitted notes differently following activity.
- Most felt they gained new knowledge, increased self-awareness, and intended action of using more neutral language and mindfulness in documentation.

- 12 residents completed a 3-month post-activity survey that included themes of increased self-awareness in patient-centered vs. Clinician-centric language and changes in note-making convention.

Moon J, Okoro O, Lounsbery J, et al. Promoting diversity, equity and inclusion awareness in clinical documentation through postgraduate year one training, *CPTL*. Volume 16, (7), 2024,102096.

Inclusive Language Guides

- **American Medical Association and Center for Health Justice**. Advancing health equity: a guide to language, narrative and concepts. https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf.
- **American Psychological Association**. Equity, diversity and inclusion inclusive language guidelines. https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf.
- **Northwestern University**. Inclusive language guide. https://counseling.northwestern.edu/blog/inclusive-language-guide/
- **U Health University of Utah.** A quick guide to inclusive language. https://accelerate.uofuhealth.utah.edu/equity/aquick-guide-to-inclusive-language

Activity #5: Implement Longitudinal DEI training

- 9 individual monthly seminars
- Internal staff-led presentations (open to only residents) and external speaker presentations (racial diverse backgrounds and compensated)

- Goals to enhance awareness, learning, and vulnerability
  - 41 residents (100%) attended at least 1 seminar
  - Greater than 70% of participants responded favorably about the impact on their awareness, resources provided, and ability to apply to practice.

DEI Seminar Area	Topics Covered
Race/ethnicity	• Social identity • Implicit and explicit bias • Race and economics • Racial representation in health professions training • Micro and macroaggressions • Racial equity institute training
Gender/gender identity	• Definitions and interpretations around LGBTQI + individuals • Safe zone project training • Health disparities for transgender individuals • Gender-based differences in healthcare experiences and health professional training
Religion	• Dispelling myths and confirming truths around religion-driven medical decision making
Social determinants of health	• Healthcare disparities targeting the following marginalized communities: Incarcerated, homeless, immigrant, low socioeconomic status

Tillman F, Liu I, Lovince J, et al. Healthcare Equity and Leadership: Implementation of Diversity, Equity, and Inclusion Training for Pharmacy Residents. *Journal of Pharmacy Practice*. 2024;37(2):422-428.

Which activity would most effectively enhance a resident's understanding of social determinants of health?

A. Utilizing clinical calculators with a "race-based" over a "race-conscious" approach.
B. Exploring tools like the Social Vulnerability Index (SVI) to visualize health disparities.
C. Implementing inclusive language into clinical documentation and patient discussion.
D. Discussing the impact of provider and recruitment bias within clinical trials.

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Key Takeaways

DEI efforts must lead to a true sense of belonging.

Equity-minded preceptors own their role in learner success and address inequities.

Culturally responsive educators know their learners and practice humility.

Understanding resident diversity and creating safe spaces improves support.

Integrate DEI through training, engagement, inclusive care, and language.

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