

Supplementary Data

EDI-Related Standards in ACGME Common Program Requirements

| Number | Constructs/Areas | Contents |
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| I.C | Oversight-Recruitment | The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community |
| II.A.4.a).(2) | Program Directors' Responsibilities | The program director must...design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program |
| IV.A.1 | Curriculum | The curriculum must contain... a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates |
| IV.B.1.a).(1).(e) ¹ | Educational Program-ACGME Competencies | Residents must demonstrate competence in...respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation |
| IV.B.1.e).(1).(a) ¹ | Educational Program-ACGME Competencies | Residents must demonstrate competence in... communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds |
| IV.B.1.f) | Educational Program-ACGME Competencies | Residents/fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care |

¹ Residency programs only

Lee I, Best JA. Call for collaboration: the role of accreditation in the transformation, accountability, and sustainability of education in social determinants of health. *J Grad Med Educ.* 2021;13(2):177–180.

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| VI.A.1.b).(1).(a) | Learning and Working Environment-Quality Improvement | Residents/fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities |
| VI.A.1.b).(3).(a).(i) | Learning and Working Environment-Quality Improvement | Residents/fellows must have the opportunity to participate in interprofessional quality improvement activities. This should include activities aimed at reducing health care disparities |
| VI.B.6 | Professionalism | Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents/fellows, faculty, and staff |

Examples of EDI Hidden Curriculum within GME Operations, Administrations, and Sponsored Projects

| Areas | Suggested Actions | Examples | Notes |
|----------------------------|---|---|---|
| Policies and Procedures | Closely examine all existing and proposed language with EDI lens | <ul style="list-style-type: none"> • Recruitment • Hiring • Trainee and faculty evaluation and assessment • Academic promotion • Recognition • Resource allocation | Understanding institutional history is key and including the review of all stakeholders, critical. |
| Inter-disciplinary Work | Expand traditional GME boundaries; learn from other fields (e.g., sociology, education, ethnic studies) | <ul style="list-style-type: none"> • Identification and collaboration with experts in application of EDI work to education (e.g., critical literacy, EDI evaluation) | GME will benefit from the social sciences and humanities to address EDI in medicine ¹² and medical education (e.g., curricular content and pedagogy) ¹³ |
| New EDI Projects | Leverage organizational and institutional programming to highlight, incent and coordinate EDI efforts | <ul style="list-style-type: none"> • ACGME and SI incorporation of EDI into all existing and new programs/initiatives • Creation of ACGME initiatives to enhance EDI landscape (paralleling "Back to Bedside", "Pathway Leaders" etc.) • Prioritize percentage of EDI-focused proposals for future funding cycles across ACGME initiatives | ACGME and institutional projects cultivate trainee and faculty leadership in EDI. |
| Existing Projects | | | |
| Representation and Culture | Attend internally to the EDI of organizational and institutional structures | <ul style="list-style-type: none"> • Diverse representation across: <ul style="list-style-type: none"> ○ Staff ○ Leadership ○ Councils and committees ○ Award and grant recipients ○ Invited speakers ○ Named lectures | All GME entities, including leaders and accreditors, should “engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of faculty members, senior administrative |

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| | | <ul style="list-style-type: none">• Assess culture for inclusivity, bias, harassment, discrimination• Remedy compensation and advancement disparities | staff members, and other relevant members of its academic community.” ¹⁴⁻¹⁶ |
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