

Diversity, Equity, and Inclusion Competency Milestones

Developed by the Association of Family Medicine Residency Directors' Diversity and Health Equity Task Force
February 2021



Curriculum				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Images and cases portray individuals of varied gender, sexual orientation, age, ethnicity, skin color</p> <p>Standardize use of judgment free terminology (e.g. transgender vs transsexual, intellectual disability vs mental retardation")</p> <p>Include lectures on social determinants of health, community medicine.</p> <p>Identifies that DEI are an important component of patient care</p>	<p>Use inclusive language across all curricula</p> <p>Avoid use of value-laden terminology</p> <p>Training in unconscious bias and role in clinical decision making</p> <p>Identifies that DEI are an important component of family medicine education</p> <p>Knowledge of system to report bias and microaggressions</p> <p>Addresses social determinants of health</p>	<p>Addressing issues of bias involved in race as a risk factor</p> <p>Discuss systemic racism in medicine</p> <p>Active participation in discrimination reporting process</p> <p>Integration of non-clinical staff in DEI education</p>	<p>Utilization of Anti-racism and anti-oppression curriculum</p> <p>Address use of race-based clinical algorithms</p>	<p>Curricula in inclusion, antiracism, structural oppression is integrated longitudinally throughout the entire curriculum</p> <p>Develop content/serve as a model for health system related to DEI</p> <p>Engage community partners to develop curricular content</p>
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Resident Evaluation Process				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Residents are evaluated by faculty members from multiple specialties in multiple settings</p> <p>Evaluation processes are transparent and equal for all residents</p> <p>Demographic information is not included in evaluation forms or materials</p> <p>Evaluations assess residents' ability to provide care that acknowledges bias</p>	<p>Resident evaluations are based on individual performance and not based on comparisons to other residents</p> <p>Evaluations provide specific examples of observed competencies and why feedback given</p> <p>Residents are encouraged to provide feedback on the program's evaluation processes</p> <p>Evaluations assess residents' ability to assess SDOH factors for patients</p> <p>Core faculty participate in bias training annually</p>	<p>The unique learner needs of each resident are identified and addressed</p> <p>Individualized learning plans are developed when areas of need are identified</p> <p>Evaluations assess residents' ability to address SDOH factors for patients</p> <p>Regular review of milestones to assess for bias in scoring</p>	<p>Leadership Development tool used in conjunction with mentor meetings for residents</p> <p>All evaluators participate in bias training annually</p> <p>Evaluations assess residents' ability to assess SDOH factors within the community</p> <p>Learning plans are developed to ensure absence of bias</p>	<p>Specific faculty and/or university members are involved to address deficiencies in the performance of residents related to equity</p> <p>Evaluations annually assessed for themes of bias related to gender/race/ability</p> <p>Cultural humility is a component of assessments for residents and faculty</p> <p>Evaluations assess residents' ability to advocate for health equity within their communities on a local and/or national scale</p>
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Institutional				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Acknowledges the importance of diversity, equity and inclusion for patient care and medical workforce training</p> <p>Issues statements supporting the importance of diversity and equity</p> <p>Identifies the ways in which the institutional workforce (administration, faculty, residents, and staff) is or is not reflective of the community it serves and the US population at large</p>	<p>Has a diversity, equity and inclusion task force or committee, with a mechanism to report and address acts of discrimination or inequitable treatment</p> <p>Has diversity and inclusion trainings focused at individual level (bias, micro-aggressions)</p> <p>Starts to pursue inclusiveness efforts such as recruiting persons of color to committees</p>	<p>Develops a long-term diversity, equity, and inclusion plan with measurable goals, with yearly self-assessment</p> <p>Engages in anti-racism trainings and institutional development focusing on systemic and institutional racism.</p> <p>Employs hiring policies and practices to support the recruitment and retention of a more diverse workforce</p>	<p>Seeks feedback from and is accountable to staff and communities served around how well diversity, equity and inclusion goals are being met</p> <p>Commits financially to the goal of eliminating oppression and disparity in the wider community</p> <p>Continuously engages in restructuring institutional workforce to support diversity and inclusive decision-making at all levels of the institution, and to ensure representation and participation of all stakeholder groups</p>	<p>Partners with the community in the anti-racism and equity work in the community/ population served</p> <p>Actively works in larger communities (regional, national) towards eliminating oppression and health inequities</p> <p>Administration, faculty, residents, and staff reflect the diverse make-up of the community served, with full participation and shared power in determining its mission, policies, and practices</p>
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Adapted from: Continuum on Becoming An Antiracist Institution. Crossroads Ministry, Chicago IL; original concept by Bailey Jackson & Rita Hardiman



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Personnel and Pathway: Residents				
Level 1- Recruitment	Level 2- Community	Level 3- Mentorship	Level 4- Retention	Level 5- Leadership
<p>Data tracking of diversity of applicants to program</p> <p>Holistic Review of applicants</p> <p>Best practices to reduce bias in interview and rank process</p> <p>Integration and recognition of systemic oppression in rank process</p>	<p>On-boarding including diversity training</p> <p>Institutional and retaliation- free system of reporting and addressing micro-aggressions, implicit bias, and other forms of racism.</p> <p>Assessment of all non-core faculty teachers and preceptors to ensure their DEI practices.</p>	<p>Visible and accessible URiM faculty membership</p> <p>Spaces for both informal and formal mentorship around DEI specific issues</p> <p>Anti-Racism reflection/explorations for all residents</p>	<p>Critical assessment and redesign of observation/probation policies through the lens of DEI work (See Evaluation Milestone)</p> <p>Recognition of DEI work as equivalent value to other clinical and scholarly responsibilities</p>	<p>Diversity present in senior management and when important programmatic decisions are made</p> <p>Clear department benchmarks/goals for diversity in the workforce</p> <p>Program leadership works actively with GME leadership/DIO to advance DEI initiatives</p>
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Personnel and Pathway: Faculty				
Level 1- Recruitment	Level 2- Community	Level 3- Mentorship	Level 4- Retention	Level 5- Leadership
<p>Clear department benchmarks/goals for diversity in the workforce</p> <p>Intentional recruitment process</p> <p>Best practices to reduce bias in review and interview of applicants</p> <p>Integration and recognition of systemic oppression in interview and hiring process</p>	<p>On-boarding includes diversity training</p> <p>On-going required DEI faculty development</p> <p>Supported opportunities for community and/or student pathway engagement</p>	<p>Formal mentorship process for URiM junior faculty</p> <p>Training on mentoring across difference for all faculty</p> <p>Integration of DEI participation into annual reviews</p>	<p>Integration and recognition of systemic oppression in compensation package</p> <p>Recognition of DEI work as equivalent to other clinical duties (funding, FTE, support)</p>	<p>Diversity present in senior management and when important programmatic decisions are made</p> <p>Program leadership works actively with Institutional Leadership to advance DEI initiatives (See Institutional Milestone)</p>
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