

SACME EDI SURVEY REPORT SUBMITTED BY THE EDI TASK FORCE

Introduction

The preceding years of the pandemic have highlighted many opportunities and challenges for the health care community, not least of which pertain to health equity and access. In addition, there has been a reigniting of social movements in North America with calls for dismantling systemic racism and inequity.

The Society for Academic Continuing Medical Education (SACME) took this as a call to action. It began to explore these topics with its membership, first at the 2021 Annual Meeting with a panel discussion featuring Drs. Nita Mosby-Tyler, Ndidi Unaka, and Will Ross. At the conclusion of the annual meeting, it was announced that given the importance of this topic, SACME was establishing a Task Force, led by Mohammad Salhia and Edeline Mitton, to lead the society in this work.

The charge to the Task Force is to look at issues of Equity, Diversity, and Inclusion (EDI) as they related to continuing medical education/continuous professional development, its impact on the profession's responsibilities, and carefully consider how best to move forward. In the first year, the Task Force focused on gathering data directly from the SACME membership by attending regional Coffee Chats and SACME committee meetings and then leading thoughtful discussions on equity, inclusion, and diversity.

Conversations with Members

Discussions with the regional Coffee Chat groups sought to determine how EDI impacts their work, and how SACME can build on the membership experience. The discussions centered around experiences and opportunities to improve equity and access. Members were encouraged to share their thoughts on the direction SACME should take vis-a-vis EDI, utilizing the following questions to guide the conversation:

What do equity, diversity, and inclusion mean to you?

What are we doing well? What could be done differently?

What opportunities do you think we should consider as a membership-based organization?

What would be helpful to you as a member?

What is the one hope you have for SACME's EDI agenda?

Overall, the conversations provided great insights into the perspectives of the membership. Many talked about SACME as a model of best practices through identifying stakeholders and engaging all its members. There was a consensus that the role of CME should be to improve how we teach, engage, and provide a space for discussion. Engagement is seen as a gap. Participants felt that SACME needs to navigate the conversation meaningfully and rather than "check boxes" for EDI initiatives, what is desired and needed are meaningful conversations, implementable resources, and a place to share best practices. Some discussed a framework to plan CPD activities, looking at the planners' and learners' perceptions. Others mentioned the profession's diversity and the opportunity to broaden the membership of CPD. SACME needs to work on being a co-conspirator in moving to the next level. Overall, the conversations can be captured and summarized with three words—representation, engagement, and intentionality.

The Task Force team also engaged with committee chairs to understand their scope of work and opportunities to embed EDI into their work. They were asked similar questions as the participants of the Coffee Chats. When asked what success in EDI looks like, committee chairs replied that data are critical to having a supportive environment for members. The Program Committee focused on deliverables that are EDI-centric. For example, when planning an activity, they consider accessibility, language use, representation in the selection of speakers, understanding of community, and connecting people. The committee chairs stated that modeling best practices is ideal and that SACME needs to continue the conversation and provide valuable resources. Finally, there were discussions on collecting data from the members to create a benchmark on SACME membership characteristics and diversity.

Purpose of Survey

As a next step, an EDI survey was proposed and disseminated to help SACME better understand the makeup of its membership, further identify existing gaps in providing an inclusive environment to its members, and identify best EDI practices to serve its members as educators and education scholars in health care.

Approach/Methodology

The survey was drafted, reviewed, edited, finalized, and sent to 300 members of SACME in all membership categories (Early Career, Student, Trainee, Voting, and Academy) on February 21, 2022 with a deadline of Wednesday, March 9, 2022. The deadline was extended to Friday, April 15, 2022 in order to maximize responses. Following the initial announcement, four reminders were sent. In addition, several issues of Pulse Points included the link, slides were inserted into announcements at the annual meeting, and a reminder was placed on the SACME member log-in page on the SACME website.

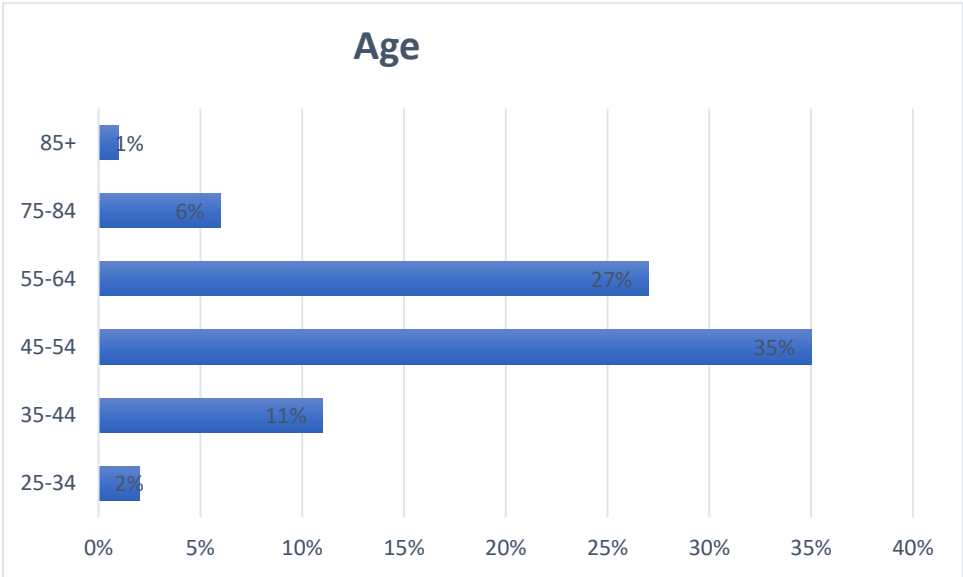
The survey consisted of five demographic multiple-choice questions followed by a request for respondents to define the terms equity, diversity, and inclusion. The next two

questions referred to EDI resources: the first, a multiple-choice question on what resources would be important for SACME to make available to its members and the second, an open-ended question requesting EDI resources that members wished to share. The final question asked respondents to describe one hope they have for SACME’s EDI work.

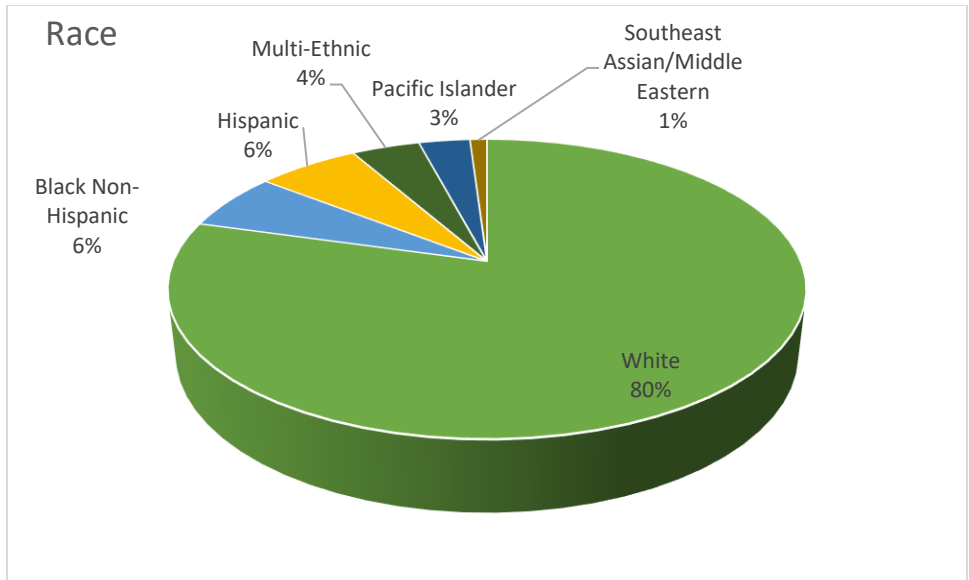
Survey Findings

Demographics

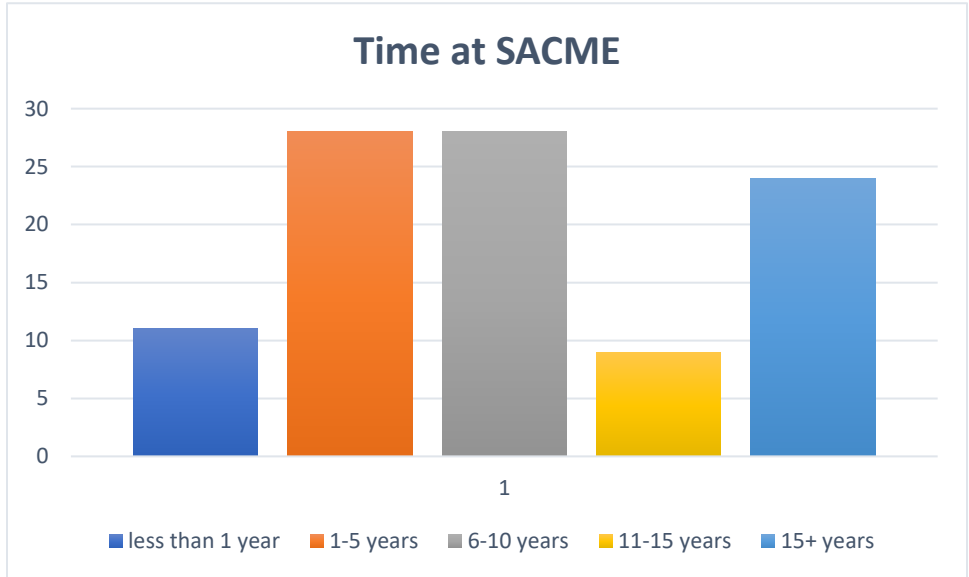
Eighty-three responses to the survey were received, yielding a response rate of 28% of the membership. Of those who responded, 72% identified as female and 28% as male. Respondents’ ages, as indicated in the chart below, were: 25-34 (2%), 35-44 (11%), 45-54 (35%), 55-64 (27%), 65-74 (18%), 75-84 (6%) and over 85 (1%).



There was a significant disparity in the race category; 77% of respondents identified as white; 6% as black non-Hispanic; 6% as Hispanic; 4% as multiple ethnicities; 3% as Pacific Islander; and 1% each as Southeast Asian, Middle Eastern, Black (African diaspora), and prefer not to specify.



Regarding degrees, 53% of respondents have a doctoral degree, 32% a master’s, 11% a bachelor’s, and 4% some college/no degree. Interestingly enough, most members who responded are not new to the field. Respondents have been members of SACME for less than a year (11%), 1-5 years (28%), 6-10 years (28%), 11-15 years (9%), and 15-plus years (24%).



Due to the low rate of responses, the Task Force recommends a future survey to capture SACME's demographics fully.

Definition of Equity, Diversity, and Inclusion

Respondents were asked to describe what equity, diversity, and Inclusion meant to them as SACME members. As evidenced below, there was a significant amount of overlap and many commonalities in the responses to all three questions.

Equity: The responses to the question “what does equity mean to you” reflected four main topics: access, fairness/equal opportunity, CPD lens, and outcomes.

In referring to access, respondents mentioned equal accessibility to education, health, career, housing, representation, resources, opportunities, and experiences. Examples of responses included “access to value-based care regardless of gender, race and other demographics”, “equal access opportunities for attendance, presenting, developing programs, and research”, and “access for all, equal opportunity to use resources, join and lead committees.”

Fairness/equal opportunity encapsulated the notions of all voices being heard, creating an even playing field for all, equal treatment, impartiality, and addressing disparities overtly in resource provision, not merely demonstrating good intentions. Examples of responses included “always looking through the lens of fairness to ensure that each learner, stakeholder and, ultimately, the intended patient population are provided/engaged at a level that enables them to participate and perform fully in accordance with their needs” and “advocating for the needs of those who are not being treated equitably”.

The CPD lens responses included designing learning that is inherently inclusive and accessible for all learners. Respondents also stated that it was important to use inclusive and respectful language, provide equal opportunity for all to participate in the planning, execution, and access of CPD, and ensure that all contributors are valued as team members. Examples of responses included “building a program that meets learners where they are and offers opportunities to build them up”, “access to CPD and opportunity to be a speaker”, and “addressing inequalities in healthcare and healthcare needs of different populations, races, ages, genders, and other ‘demographically based’ groups in every certified CME activity.”

Outcomes included improving health outcomes, decreasing disparity gaps in access to care, and addressing equity issues as a component of the curriculum. Responses included “the ability for all individuals to participate in ways that remove barriers and disparities” and “that everybody gets the same treatment, the same access, the same compensation regardless of gender, race”.

The word cloud on the following page represents the responses.



The AAMC* defines equity as follows: “refers to fairness and justice and is distinguished from equality. While equality means providing the same to all, equity requires recognizing that we do not all start from the same place because power is unevenly distributed. The process is ongoing, requiring us to identify and overcome uneven distribution of power as well as intentional and unintentional barriers arising from bias or structural root causes.”

Diversity: The responses to the question “what does diversity mean to you” reflected four main topics: inclusion/stakeholders/teams, CPD lens, mix/variety/differences, and representation. In this response, the key word was “gender”, listed 23 times.

Inclusion/stakeholders/teams referred to ensuring intentionality in efforts to engage and address a variety of perspectives and experiences; recognition and acceptance of differences across age, race, gender, ethnicity, class, perspective, and skills; and incorporating a wealth of perspectives, traditions, and world views into CPD. Responses included “have people from different backgrounds, groups, professions and communities being involved and engaged”, “inclusion of diverse patient and provider voices in educational programming”, and “individuals comprising the group roughly reflect general society.”

CPD lens responses identified creating culturally sensitive programs that include diverse perspectives from a balanced group of participants, having content specifically include how to address DEI issues, including all voices in needs assessments, and creating safe, inclusive and equitable learning environments for as many identities as possible. Examples of responses include “being able to pivot one’s positionality to consider an issue from multiple perspectives,

recognizing biases and accounting for them” and “diversity in CPD represents an opportunity to consider how our faculty, learners and communities are reflected in the leadership, teaching and learning programs in CPD.”

Mix/variety/differences responses included all voices having an opportunity to be heard, all welcome, appreciating differences and varied perspectives, balanced representation, and availability of all types of education. Responses included “adequate mix of population types” and “a well-rounded group of people that are able to share cultural experiences and personal experiences that will enrich the learning experience.”

Representation responses mentioned stakeholders, all evidence-based points of view, perspectives that come from different identities, and audience and voices of most vulnerable in the subject area being covered. Examples include “ensuring representation in programs and on committees is representative of the target audiences and populations we serve” and “that we look like the community and reflect different backgrounds and experiences.”

The word cloud below represents the responses.



The AAMC* defines diversity as follows: “refers to the identities we carry. There are many kinds of diversity, based on race, gender, sexual orientation, class, age, country of origin, education, religion, geography, physical or cognitive abilities, or other characteristics. Valuing diversity means recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity.”

achieve the agency’s objectives and mission; connects each employee to the organization; and encourages collaboration, flexibility and fairness. In total, inclusion is a set of behaviors (culture) that encourages employees to feel valued for their unique qualities and experience a sense of belonging.”

*American Medical Association, AAMC. Advancing Health Equity: A Guide to Language, Narrative and Concepts. Washington, DC: American Medical Association; 2021. Accessed Nov. 21, 2021. <https://www.ama-assn.org/system/files/ama-aamcequity-guide.pdf>

Hopes for SACME

The survey asked “What is one hope you have for SACME’s EDI work?” The intention of this question was to identify the essence of what is most valuable to the membership. Broadly, respondents are keen for SACME to engage in EDI work and believe that there is a role for the society to play in moving the dial on this front. One respondent noted, “as SACME goes, so goes CME... SACME can model many of the strategies and ideas that we can champion in our own organizations.” This statement reinforces SACME members’ role as CME leaders and the breadth of their influence in medical education circles. This notion was prominent throughout the data collected. Similarly, another participant noted, “SACME will be able to provide leadership on EDI in CPD that can result in sustainable, systemic change. There is a gap in CPD and a great opportunity for SACME to elevate this work and to drive change in EDI within the broader CPD community.”

In addition to the above, themes emerged from the overall analysis of this question. They include:

Development of tools

Respondents are eager for SACME to develop practical EDI tools to be used not only in the CPD workplace but also in their personal lives. They would like SACME to provide support, guidance, and idea sharing.

The work is embedded and inherent to SACME’s core activities

Respondents indicated that they would like to see the SACME membership reflective of the global population. They would like to see EDI become part of the fabric of the way members of the society function, part of “the way we do business.” They would like for SACME’s task forces, working groups, and committees to represent EDI and include the patient voice.

Shifting from awareness to action

Respondents are seeking outcomes that demonstrate effective ways to be inclusive and provide equality and equity to diverse populations. There is a desire to see a move from tolerance and awareness to creating a culture of co-conspirators that enhance, promote, and encourage perspectives that have heretofore not been seen in this field.

Spaces for Discussion about EDI

Other important ideas that emerged, although not ubiquitously, included diversification of SACME's leadership; being mindful of, and balancing, "cancel culture"; and that it is addressed thoughtfully in a way that does not "dominate all agendas." It was also noted that we should be leveraging the work happening at members' institutions, and there was an expressed desire for the work to not be "redundant."

Resources

Approximately 41% of respondents provided a response to the question, "If you have used, or are aware of, any EDI resources you would like to share, please include the citation." Eleven respondents provided a link to online resources. Many of them are university websites that included frameworks, implicit bias tests, and toolkits. Several other citations were provided as well as offers to share experiences. Before posting these responses to the SACME website, consideration should be given to how to validate the links and resources for availability, utility, and appropriateness.

Recommendations to SACME

Based on the inquiry conducted over the last several months, the following recommendations consolidate areas of immediate action for SACME.

1. **Mission and Vision Statements.** Incorporate EDI concepts in SACME's mission and vision statements. This will ensure EDI is not considered an after-thought but part of how decisions are made and provide a basis for accountability. In addition, develop a clear mission statement for the EDI implementation task force with clear and measurable outcomes.
2. **Embed EDI Practices into SACME's Operations.** EDI must be intentional in SACME's framework and be supported by policies, administrative protocols, organizational structures, and committee structures and charges.
3. **Diversification of Membership.** This includes not only diversity from the perspective of race, ethnicity, religion, sexual orientation, and gender identity but also professional identity; that is, what other additional professional groups can participate in SACME? How can SACME become more of a multi-professional organization? Consider expanding the theme/scope of the annual meeting to reflect different members of the interprofessional health care, research, and education teams. How can SACME obtain more patient and stakeholder perspectives?
4. **Curation of Tools and Resources.** SACME can begin curating high-quality and reliable tools, frameworks, and resources to make available to members.

5. **Data Collection.** What is SACME’s baseline on membership demographics? Are members given the opportunity to adequately identify themselves upon membership registration (initial and renewal), and when, for example, registering at the Annual Meeting? It is recommended that SACME begin collecting relevant demographic data from its members. This may not be as easy as it seems. One of the original goals of this survey was to gather demographic data of members so that SACME could have an accurate picture of the make-up of its membership. This was not achieved due to the response rate (28%).
6. **Spaces of Continued Dialogue and Shared Learning.** Members are keen to have safe spaces to have discussions about EDI. Consider special sessions of coffee chats, virtual journal clubs, guest/invited lectures, and sharing/spotlighting members’ work in this area.
7. **Scholarly Approach to EDI:** SACME should develop and incorporate a data driven approach to all its activities to ensure a positive impact on the Society and its members. In addition, research opportunities should be developed to generate new knowledge to promote EDI in CPD. This work can form collaborative projects focusing on knowledge generation and mobilization of grant opportunities.
8. **Monitoring:** The effectiveness of SACME EDI initiatives should be monitored and evaluated on an ongoing basis.

References

1. Battalia Winston. (2015). The State of Diversity in Nonprofit and Foundation Leadership. [White paper].
https://www.battaliawinston.com/wp-content/uploads/2017/05/nonprofit_white_paper.pdf
2. Buse, K., Bernstein, R. S., & Bilimoria, D. (2016). The influence of board diversity, board diversity policies and practices, and board inclusion behaviors on nonprofit governance practices. *Journal of Business Ethics*, 133(1), 179- 191.
3. Castillo, E. A. (2018, November 20). Why Are We Still Struggling with Diversity, Equity, and Inclusion in Nonprofit Governance? Retrieved from <https://nonprofitquarterly.org/why-are-we-still-struggling-with-diversity-equity-and-inclusion-in-nonprofit-governance/>

4. National Council of Nonprofits. (2020, May 8). Why diversity, equity, and inclusion matter for nonprofits. Retrieved from <https://www.councilofnonprofits.org/tools-resources/why-diversity-equity-and-inclusion-matter-nonprofits>
5. Phillips, K. A., & Neale, M. A. (2010, October 1). Better Decisions Through Diversity. Retrieved from <https://insight.kellogg.northwestern.edu/article/better-decisions-through-diversity>
6. The Center for Effective Philanthropy. (2019, September 5). Reflecting on Leadership Diversity in Today's Nonprofit Sector. Retrieved from <https://cep.org/reflecting-on-leadership-diversity-in-todays-nonprofit-sector/>
7. Thomas-Breitfeld, S., & Kunreuther, F. (2017). Race to Lead: Confronting the Nonprofit Racial Leadership Gap.
8. Building Movement Project. <https://racetolead.org/race-to-lead/>

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