November 2023

Observances

- Native American Heritage Month, Diabetes Awareness month
- 11/11 | Veterans Day (An American holiday to honor those who have served in the armed forces)
- 11/12 | Diwali (The Festival of Lights, celebrating the triumph of good over evil for Hindus, Jains, Sikhs, and some Buddhists)
- 11/23 | Thanksgiving (American festival for gratitude and feasting and a national holiday)

Events

- 11/10-11 | The Regional Medical Education Conference by the Student National Medical Association [click here to learn more and register]
- 11/11 UVM Diwali Celebration

Missed an event? [Visit our video library]

Join the Gender Equity Listserv!
Want to keep up to date on Gender Equity events and initiatives? Join the [Gender Equity Listserv]

Become a Faculty Mentor to a Medical Student
The [LCOM Mentors] program pairs medical students who are members of groups underrepresented in medicine with faculty members and/or residents who have common interests and goals. This relationship can support the medical student (the mentee) to become familiar with institutional expectations, networks, and practices that are relevant to productivity and advancement at the Larner College of Medicine (LCOM).

For more information contact Eileen CichoskiKelly ([eileen.cichoskiKelly@uvm.edu]) or to sign up, please [fill out this short form].
Office of Diversity, Equity, and Inclusion (ODEI) News

2nd Annual Health Equity Summit a Success!

The University of Vermont, the Larner College of Medicine, the College of Nursing and Health Sciences and the University of Vermont Health Network hosted the 2nd annual Health Equity Summit on 10/29-10/30, bringing together a wide range of members of our community to discuss and learn more about issues around health disparities and outcomes. Presenters included faculty, staff, students and community partners actively engaged in a variety of initiatives designed to address health equity in our communities.

Larner College of Medicine DEI

Surveying Medical Students' Attitudes Toward Disability in Medical Professionals
People with disabilities (PWD) are unique among minority groups in the extent to which their lives are tied to the medical system. Most PWDs must engage with doctors for the management and treatment of their disabilities, and they cannot receive accommodations from schools or employers, or receive disability benefits from the government without a diagnosis or recommendations from a physician. Therefore, doctors are often the direct arbiters of a disabled person’s wellbeing, yet, people with disabilities experience disproportionately worse healthcare outcomes than people without disabilities.

It is clear from the literature that, generally, physicians lack confidence in treating PWDs and have negative attitudes towards them. This may be partly due to the lack of disabled physicians working in healthcare. In fact, groups like the World Health Organization have predicted that increasing the number of disabled physicians would improve health gaps and recommend working towards that goal. However, there is widespread discrimination against PWDs in the healthcare workforce. The literature suggests there is an openness to increasing the number of physicians with disabilities, but it has been difficult to quantify. To help fill this knowledge gap, Chris Pham a second-year medical student at LCOM, with coauthors Michael Shor from the University of Vermont's Center on Disability and Community Inclusion, and Anne Dougherty, from the LCOM Office of Diversity Equity and Inclusion, surveyed UVM students on their attitudes towards working with PWDs. The team developed a 21-question survey and conducted a factor analysis on the 85 complete responses. They found that students generally support the inclusion of PWDs in medical education and that medical schools and residency programs should be responsible for accommodating them. However, they thought there were major challenges to disability inclusion and they expressed concerns about the feasibility of full participation for PWDs. One student was quoted saying “…there’s a massive variety of disabilities...if I lost a leg and became an amputee, I think I could still be a fine physician, but if I suddenly became blind, I probably wouldn’t be able to graduate.” Additionally, respondents who had a disability themselves or knew disabled people well were more likely to support inclusion than those who were less closely affiliated with disability.

In light of these findings, it is clear that medical students want medicine to be inclusive, and in fact, the vast majority of respondents described themselves as allies. Therefore, the study authors recommend that LCOM should create a task force to develop disability-inclusive admissions policies and educational criteria. LCOM should also routinely review its accommodation structures to ensure students are able to readily request and receive accommodations. One student said “As a medical student with a disability I am very comfortable with and understanding of those in healthcare who also have disabilities. But I do worry about myself moving forward and if I will be able to make it through third year and residency.” The authors also recommend that curricula related to disabilities should go beyond treating patients and should include working with disabled
colleagues. These findings were presented at the Student Summer Research Symposium last week and will be presented at the Student National Medical Association's regional meeting this weekend.

**Women Leaders Impact Promotion Success for Women Faculty**

Though great strides have been made towards gender equity in medical education, women continue to be underrepresented at higher faculty ranks. However, this is not universal. Some departments, such as the Pathology department at the Larner College of Medicine have been able to achieve rank equity, or the number of men and women is equal, even when the data are broken down by rank. The chair of that department, Dr. Debra Leonard conducted a study to explore the prevalence of rank equity among Pathology Departments across the country and to determine what factors enable this achievement.

A survey was sent out to 135 Pathology Departments and 64 chairs responded. Of the responding departments, 34% had achieved gender rank equity, defined as a less than a 4% difference in women and men professors in Pathology Departments as a percent of the total faculty. These departments had several attributes in common that may have contributed to their success. These departments generally had more tenured and tenure-track women than departments without rank equity. They also had a greater percentage of women in leadership positions. This could mean that women are better able to get ahead when they have role models and mentors to help them. It also may help to have a precedent in place for leadership success when facing the challenges women often face in these roles such as balancing work with family responsibilities.

It also appears as though the department Chair plays a significant role in impacting the demographics of their department. Departments who had achieved gender rank equity generally had chairs that were intentionally working towards gender equity and were less influenced by goals set by Deans or Institutions than less equitable departments. Unsurprisingly, Chairs who had achieved rank equity were more likely to be women, however, almost 40% were men. Interestingly, these chairs were more likely to have served less time, meaning gender equity efforts may not require incremental progress, they may just need the right people in the right roles.

This study suggests that the best way for departments to achieve rank equity is install the right chairs who intend to work towards equity, rather than relying on established chairs to carry out institutional goals. It is also advisable to ensure women occupy high ranks, not only so rising women academics can have role models and mentors, but so that future women leaders can gain experience in leadership roles. This research was presented this past weekend at the AAMC Annual Meeting in Seattle, WA.

**Announcements**
From the AAMC

**AAMC Accepting Applications for the Healthcare Executive Diversity and Inclusion Certificate**
This six-month program beginning January 22nd, 2024 is an opportunity for healthcare leaders to develop and implement their own plan related to diversity equity and inclusion while learning the skills to collaborate with institutional stakeholders, apply current research to their own institution’s strategic plan, and link DEI to measurable goals. Applications are due at 11:59 on November 29th.

[Read More](#)

**AAMC Fee Assistance Program Expanding to Include Residency Applications**
This program provides reduced or waived fees for the MCAT as well as prep materials and other related exams. Over the past six years, they have awarded over $110 million in benefits. This year, they are expanding the program to provide fee relief to residency applicants using ERAS who previously qualified for MCAT fee relief. This way those who need financial relief will continue to get it, even after medical school.

**Applications open for AAMC MedEdSCHOLAR Program**
The AAMC is accepting applications for the second cohort of its MedEdSCHOLAR Program. This program offers mentorship in medical education scholarship for minoritized early career faculty or for those who are new to medical education research and scholarship. The goal is to help mentees gain exposure to the scholarly editorial process, build networks with medical education scholars, and increase visibility within the academic medicine community. The program's flexible activities allow participants to align their involvement with their interests and availability. The deadline for applications is Nov. 15.

[Read More](#)

**Unlocking Success: Strategies for Effective Grant Writing**
Please join us for an exciting webinar discussion on **November 30, 2023 at 1:30 PM ET**. Speakers will offer invaluable insights into effectively preparing grant proposals and navigating the complex grant application process with both grantee and funding agency perspectives represented. Panelists from two institutions, Baylor College of Medicine and University of Washington School of Medicine will share their approaches and experiences to applying for grants to sustain their educational outreach and health career pathway initiatives. This panel will also include representatives from two funding agencies, National Institutes of Health (NIH) and Health Resources and Services Administration (HRSA) who will highlight their grant programs related to pathway initiatives and provide insights into what distinguishes successful applicants in this competitive landscape. To register for this webinar, please email...
pathways@aamc.org to join the AAMC Pathway Programs Consortium and receive registration instructions.

**AAMC News: ‘6% is not enough.’**
Just 6% of U.S. physicians are Latino, despite 19% of the U.S. population identifying as Latino. A coalition of physicians aims to change that. Read More

**AAMC News: Why I Stay in Medicine: Tony Phan**
Working as a medical technician in the U.S. Air Force, Tony Phan was inspired by the doctors who demonstrated the human side of medicine. Now, he’s on his own journey to become a physician. Read More

**‘Beyond the White Coat’ podcast in conversation with Ted Shaw**
On a new episode of “Beyond the White Coat,” constitutional law expert Ted Shaw, JD, and AAMC Chief Legal Officer Frank Trinity, JD, discuss the Supreme Court’s recent ban on race-conscious admissions. Shaw is a civil rights attorney and director of the University of North Carolina Center for Civil Rights, one of two institutions at the center of the court’s decision. Previously at the University of Michigan, he helped initiate a review of the university’s admissions policy that was later upheld by the Supreme Court. In this candid conversation, the two legal experts discuss anti-diversity, equity, and inclusion legislation, the use of standardized tests in college admissions, and why it’s important to have hope in times of adversity. Listen Now

**AAMC joins amicus brief opposing Florida ban on under 18 gender-affirming care**
The AAMC joined the American Academy of Pediatrics and more than 20 other health organizations in an amicus brief filed Oct. 13 focused on ensuring that all adolescents, including those with gender dysphoria, receive the optimal medical and mental health care they need. The brief urges the court to affirm the district court’s preliminary injunction in Doe v Surgeon General, State of Florida, which involves rules promulgated by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine that prohibit health care providers from providing patients under 18 with medically necessary treatment for gender dysphoria. The filing details the professionally-accepted medical guidelines for treating adolescents with gender dysphoria, the scientifically rigorous process by which the guidelines were developed, and the evidence that gender-affirming care is effective and saves lives. Read More

**CME credit available for ‘Academic Medicine Podcast’ listeners**
Listeners of the “Academic Medicine Podcast” can now claim up to 5.25 hours of AMA PRA Category 1 Credit™. This is an annual activity, so credits can only be claimed once between now and July 31, 2024. The list of included episodes eligible for CME credit will be updated each year and additional credits will be available at that time.
AAMC webinar on helping students navigate critical junctures of medical education
The AAMC will host a webinar on Nov. 15 from 2-3 p.m. ET, “Junctures and Journeys: Helping Students Navigate Critical Junctures of Medical Education,” focused on the development of a framework for holistic student support. This interactive webinar will explore the core principles that drive holistic student support and highlight a framework to help medical educators and student affairs professionals work with students to successfully navigate these junctures. The workshop is open to all. Questions about webinar registration can be directed to aamc@commpartners.com, and general questions can be sent to holisticreview@aamc.org.

AAMC webinar on medical education after COVID
When COVID-19 shut down in-person teaching and learning operations, medical school faculty, staff, and learners pivoted to virtual experiences for the preclinical curriculum. Through this process, the academic medicine community has learned important lessons about teaching and learning in both virtual and in-person environments. While most schools have returned to in-person learning, anecdotal feedback and metrics indicate that medical student attendance and engagement in the preclinical curriculum looks different today than it did in the past. The AAMC will host a free webinar on Nov. 28 at 4 p.m. ET to explore student engagement, what it looks like now, and opportunities to better engage learners.

Articles of Interest
Insulin can be stored at room temperature for months without losing potency, study finds
By Dan Gray, Medical News Today
The 37 million Americans with diabetes rely on regular insulin to stay alive and healthy, yet it can be expensive, especially for the uninsured. Though the Biden Administration’s $35 price cap has done much to alleviate problems, it remains a significant burden to impoverished diabetics, especially as its prevalence is correlated with poverty. One barrier to proper treatment has been the recommended storage guidelines which suggest that insulin that is not refrigerated will become significantly less effective after 28 days. However, a new study indicates that Insulin may not lose its potency even after months above 4 degrees Celsius.

Health Equity for Abenaki Indigenous People: Improving Access to Quality Mental Health and Substance Use Services
By Maria Mercedes, Christine Begay Vining, Joshuua Allison-Burbank, and Christine Velez

A tan exploratory qualitative study using focus groups to learn about the Abenaki community's access to, beliefs about, and knowledge of mental health and substance use service supports. “It’s important that ... the Vermont Department of Health or any other agency that’s trying to work with the Abenaki people ... have some general knowledge of the Abenaki, their culture ... the historical trauma we all are part of.”