

# Diversity, Equity, and Inclusion (DEI) Quality Improvement (QI) Toolbox as an Actionable Means to Effect Justice-Oriented Clinical Change

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## INTRODUCTION

- Psychiatry often fails to take into account the varied, at times nuanced & at others overt, ways that societal structures influence individual beings, instead focusing on the medical aspects
- Psychiatry often perpetuates harm, both on individual & systemic levels
- Overtime, numerous leaders have called for psychiatry to address toxic systemic factors, such as through the SVAT
- Most recently events in 2020 led to an explosion of efforts related to DEI, especially in training programs creating formal curricula
- Young psychiatrists are optimally positioned to promote paradigm shifts in pursuit of health equity
- We propose a methodology for utilizing DEI-themed quality improvement (QI) projects to promote health equity in a direct clinical correlate to DEI teachings

## OBJECTIVE



Overall, we hope that our tool will empower psychiatric trainees, clinical providers, and staff to convert learning and education on health inequity into action.

## RELATED LITERATURE

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Sudak, DM and Stewart, AJ. (December 2020). Can We Talk? The Role of Organized Psychiatry in Addressing Structural Racism to Achieve Diversity and Inclusion in Psychiatric Workforce Development. *Academic Psychiatry* 45. 89-92.

## METHODOLOGY

We created a DEI-QI Toolbox that introduces an accessible and sustainable addition to residency education in promoting a more nuanced understanding of structural determinants of health. This toolbox included:

- DEI-Related Terms Defined
- DEI QI Project Ideas
- DEI QI Toolbox: Modified from the current QI Toolbox used by the University of Maryland/Sheppard Pratt Psychiatry Residency Program to have a DEI-focused lens. Process forms completed using an example integrating the SVAT into collection of social histories.

Assessed trainees' current understanding and engagement in both QI and DEI related topics prior to disseminating the toolbox and one week after disseminating the toolbox.

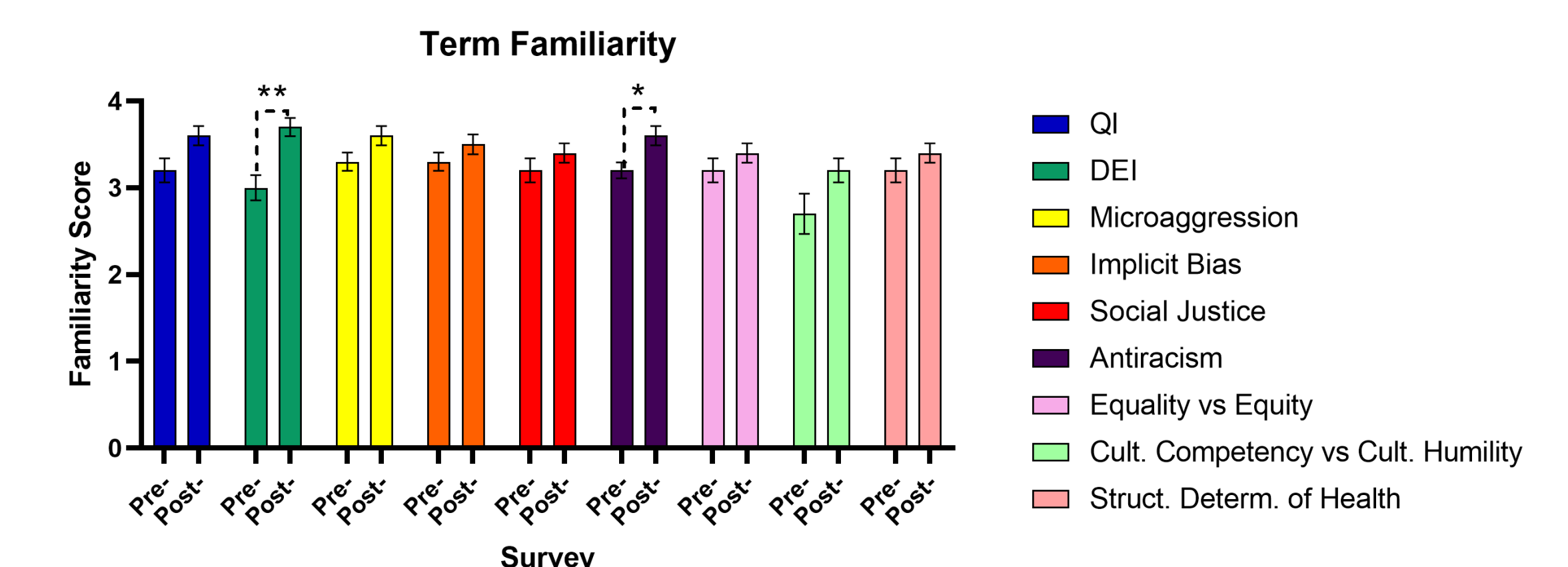


## DISCUSSION

DEI curricula face a challenge in accessibility for trainees with a wide range of interest in and prior experience with the topic. Because antiracism efforts within psychiatry have been relegated to fringe status, trainee interest levels range from uninterested, possibly interested, to passionate about DEI topics. This engenders variability in background and familiarity, which influences trainees' willingness to be changemakers. Without integration of these topics into standard psychiatric curriculum, many trainees who might become advocates and pioneers of change remain in a precontemplative state where they are unsure or unconfident in their ability to spark change. Our project materials were developed to be accessible to trainees with a limited familiarity with antiracism in psychiatry, which we hope broadened this material's utility; however, it likely limited levels of engagement for individuals already passionate about this work.

## ANALYSIS

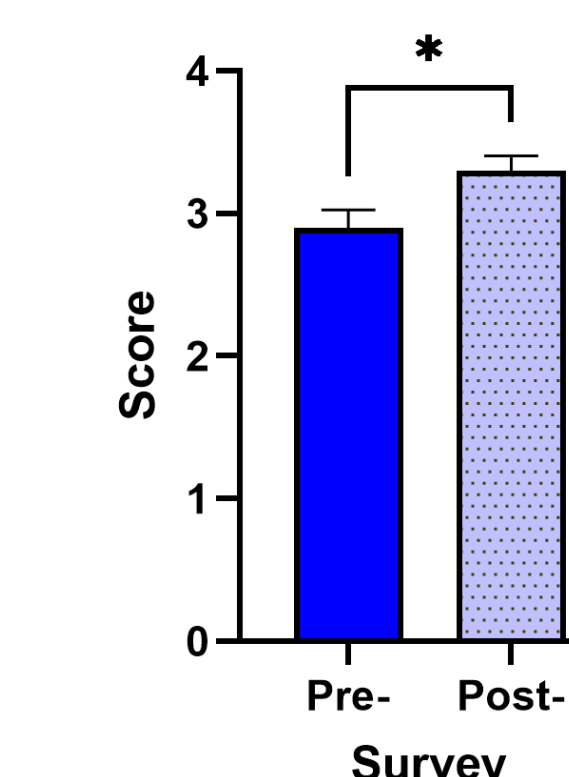
**Pre-survey data** showed that trainees' initial, basic understanding of DEI terms was consistently high, supporting our belief that trainees bring versatility and understanding to topics related to health equity and DEI at large. **Post-survey data** showed the same positive trend in trainee's understanding of terms. There was a statistically significant increase in trainee's understanding of the terms "DEI" and "antiracism."



Change in familiarity with terms using the Mann-Whitney Test (a nonparametric t-test comparing rankings). "DEI" and "antiracism" showed statistically significant increases in term familiarity. DEI;  $p = 0.0011$ ; antiracism:  $p = 0.0225$ .

There was an increase in trainees' belief that a DEI-themed QI project is likely to engender structural change after viewing our project materials.

## Effectiveness of DEI-focused QI project on patient outcomes



Using the Mann-Whitney test, there was a significant increase in agreement on effectiveness;  $p = 0.0376$ . Overall, however, our data was underpowered. Special thanks to Dr. Sarah Clark for analyzing our data using GraphPad Prism (v. 9.3.1).

These data indicate that dissemination of our materials made these types of projects more accessible for trainees, who felt empowered as changemakers after reviewing our materials.