

## Creating an Evidence-Based Roadmap to Promote Inclusion and Belonging in Academic Departments of Surgery

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Background: Diversity, equity and inclusion among faculty are strategic imperatives for Academic Medical Centers however the current climate, characterized by increasingly limited resources, clinician burnout, and increasing hostility from patients, impedes a sense of inclusion and belonging among faculty and trainees that are critical for recruitment, retention, and realizing the benefits of diversity. Many systems have largely focused on anti-racism education as an avenue for behavior change but data shows that rudeness and unprofessionalism lead to attrition in healthcare settings and negatively affect patient care.

Recommended solutions in the literature include trainings on bullying, inclusion, and related topics, building community, collaboration, and trust increasing diversity and having consequences for when set norms of civility are violated. What is less known is which interventions are most successful in reducing bullying, increasing psychological safety, and increasing professionalism in Academic Medical Centers and specifically in Departments of Surgery (e.g., OB/GYN, Orthopedics, neurosurgery, surgery, cardiothoracic surgery, etc.).

Leaders in academic medical centers would benefit from an evidence-based approach to identifying and ultimately implementing interventions to foster inclusion and belonging among diverse faculty. Many published studies are case studies of single-center interventions, examine the causes and impacts of incivility, or examine mitigating the effects of incivility.

Objectives: To create an evidence-based roadmap for academic departments of surgery to promote inclusion and belonging among diverse faculty.

Approach: 1) Conduct a systematic review of the literature to identify successful interventions towards increasing professionalism and/or reducing bullying among clinical and research faculty and trainees at Academic Medical Centers, and particularly in departments of surgery. 2) Review current policies among purposive national sample of academic health systems and hospitals to understand current structures and processes to address unprofessional and hostile behavior. 3) To conduct qualitative analysis of informant interviews with a purposive sample of Chairs of Departments of Surgery, Associate (or Vice) Chairs of Faculty Development and DEI in Departments of Surgery, Chief Medical Officers at academic health centers to appreciate their perspectives on the roles of policies, leadership, prevention, remediation, and termination in fostering inclusion and belonging among diverse faculty. 4) Create a roadmap outlining evidence-based systems and processes for promoting inclusion and belonging in academic surgical departments. Disseminate in the literature and online.

Outcomes: 1) The systematic review has yielded 2,793 abstracts and manuscripts for full text review are in process. 2) The policy review ongoing. 3) Informant interview guide will be based on systematic and policy review. 4) Roadmap will be created and disseminated in 2024.