

## Key Action Items

### Institutional Environment

- 1. Increase diversity in hiring:** Many of the concerns raised by respondents could be addressed through attention to diversity in hiring and development of training programs that support individuals from diverse backgrounds. Retention of diverse faculty, trainees, and staff is another essential aspect of assuring a diverse workforce that is reflective of the patients and families served by Lurie Children's. This has been an area of focus at Lurie Children's in recent years and should continue to be a priority moving forward.
- 2. Continue to focus on EDI education:** Bias, inclusion, and anti-racism training has been a top priority since 2020. Respondents spoke highly of these opportunities and would like additional resources and skill building sessions to develop competency to address EDI in the workplace. Respondents also highlighted the need for training in how to respond to and mitigate bias perpetrated by nurses and by patient and families. All clinical staff would benefit from tools, phrases, and strategies for addressing bias in the moment. Additionally, faculty and nursing staff could benefit from training on how to respond to patient and family bias against trainees, specifically trainees underrepresented in medicine.
- 3. Ensure inclusive and intersectional approaches to diversity:** Lurie Children's has prioritized initiatives on a journey to become an anti-racist organization with educational programs to increase awareness of the experience of Black Americans. This is an important part of a multipronged response to centuries of oppression of Black persons in this country, including our faculty, trainees, staff, patients, and families. There is an urgent need to continue institutional efforts to eliminate racism. In addition, respondents highlighted the importance of simultaneously addressing the needs of other marginalized groups, especially individuals who are members of sexual and gender minority populations and persons with disabilities, and to address intersectionality more comprehensively.
- 4. Improve psychological safety in the clinical environment:** It is critical to foster respect and trust among trainees, faculty, and staff working at Lurie Children's. Psychological safety is imperative to create an environment where individuals bring problems to leaders. A culture of safety would be promoted by leaders admitting when they are wrong. Trainees indicated higher feelings of psychological safety than faculty in survey items but witnessed examples suggest a major area of concern was inequity and intimidation that trainees experienced. Psychological safety is fundamental to achieving Lurie Children's goal of becoming a High Reliability Organization.

## Faculty and Trainee Experience

5. **Advance benefits and compensation through an equity lens:** Faculty and trainees in the Department of Pediatrics called out many instances of inequities related to benefits and compensation at Lurie Children's. Addressing pay equity and parental leave policies should be front of mind for the Department of Pediatrics leaders. Novel compensation strategies were suggested such as stipends for trainees who are underrepresented in medicine or from disadvantaged backgrounds and higher pay rates for bilingual faculty, trainees, and staff. Ensuring compensation for EDI activities is vital to reduce the burden of the "minority tax" on the underrepresented in medicine faculty and trainees who are engaging in this work on behalf of the Department and Lurie Children's.
6. **Elevate the profile of women in pediatrics:** The workforce at Lurie Children's is largely made up of women and survey respondents illustrate that sexism is perpetrated against women in subtle and overt ways. Examples of sexism ranged from microinsults (e.g., individuals not using the title of doctor when introducing women) to macroinsults (e.g., leaders commenting publicly that pregnant faculty cause stress on their division) to inequities (e.g., nurses treating female trainees with disrespect and male trainees with admiration). Changes are needed from the bottom to the top and could include skill building to address bias against women and increasing representation of women in leadership positions. Experiences of sexism are amplified at the intersection of race and gender.
7. **Raise awareness of tools for reporting bias:** Additional effort is necessary to make faculty and trainees aware of the reporting systems that exist (e.g., Northwestern University, McGaw, Lurie Children's) and how to access the available reporting systems. Clarity is needed about when to complete a report, which reporting system to use, to whom the report is routed, and what the reporter can expect following submission of a concern. Identifying ways to make the reporting process clearer, simpler, and more efficient, and communicating those improvements to faculty and trainees, would address common barriers to reporting.
8. **Implement a transparent process for response to reports of bias:** Over half of respondents felt there are no consequences for the use of disparaging language or behaviors toward others. Only one third felt problems brought to leaders get solved. The department would benefit from a uniformly defined and transparent chain of events that initiates following the completion of an EDI report. Communication about processes used to review and remediate bias events is essential, as many individuals who made a report were unsure if anything was done in response to their concern. Anonymous reporting and confidentiality pose challenges for closed loop communication on actions taken.

## Patient Centered Enhancements

- 9. Invest in caring for families with limited English proficiency:** Respondent reports of inadequate staffing for interpreter services, poor quality phone interpretation, and reliance on trainees and families to interpret were persistent throughout the quantitative and qualitative responses. These observations are a call for an investment of resources. The extra time needed to provide equitable care to families with limited English proficiency should be incorporated into clinic scheduling templates and rounding timelines. Addressing these challenges could alleviate some of the stress and moral distress experienced by those caring for families of limited English proficiency. These changes are essential to improving patient care, shared decision-making, and patient satisfaction.
- 10. Expand EDI training in the context of patient care:** Cultural competency training focused on different beliefs and behavioral norms in diverse communities is needed. There were misconceptions about different cultural practices and concerning stereotypes related to patients from different backgrounds. There is a need to bring attention to the impact of stereotypes on the delivery of clinical care. Faculty and trainees would benefit from EDI training that promotes understanding of diverse cultural practices related to health and illness.