

Self-Assessment Module

2017 ASTRO Annual Meeting

Diversity and Inclusion: Leadership Imperatives in Radiation Oncology

Drs. Deville, Lightfoot, and Winkfield

1. Evidence suggests that diversity in the physician workforce provides improved:
 - a) Access to care for the underserved
 - b) Medical student comfort in treating diverse patient populations (i.e. cultural competency)
 - c) Patient satisfaction
 - d) **All of the above**

d. is the correct answer.

Feedback:

Nonwhite physicians continue to provide a disproportionate share of care to underserved populations serving 54% of minority patients and 70% of non-English-speaking patients. Students from medical schools with more diverse student bodies report feeling more confident managing patients from different cultures. Patients managed by a physician from the same culture are more likely to be satisfied with their treatment and ability to communicate with their provider.

Location:

Slides 6-7

References:

Marrast LM, Zallman L, Woolhandler S, Bor DH, McCormick D. Minority physicians' role in the care of underserved patients: diversifying the physician workforce may be key in addressing health disparities. *JAMA Intern Med.* 2014;174(2):289-291.

Saha S, Komaromy M, Koepsell TD, Bindman AB (1999). Patient-physician racial concordance and the perceived quality and use of health care. *Arch Intern Med* 159(9):997-1004.

Denson N, Chang MJ (2009). Racial diversity matters: The impact of diversity-related student engagement and institutional context. *Am Educ Res J* 46(2):322-353.

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2. Representation of female physicians in academic radiation oncology has increased by what absolute percentage annually when averaged over the past quarter century?
- a) 0.1%
 - b) **0.3%**
 - c) 0.5%
 - d) 1.0%

b. is the correct answer.

Feedback:

In the recent study comparing gender representation in academic Hematology-Oncology and Radiation Oncology, female trainee and faculty representation were each found to be increasing 0.3% per year when averaged over a nearly 30 year period (1986-2015) and currently average approximately 27%. In Hematology-Oncology representation was found to be increasing 1% per year over the same time period and currently averaging 40-46%%.

Location:

Slide 18

Reference: Ahmed AA, Hwang WT, Holliday EB, Chapman CH, Jagsi R, Thomas Jr CR, Deville C. Female Representation in the Academic Oncology Physician Workforce: Radiation Oncology Losing Ground to Hematology-Oncology. *Int J Radiat Oncol Biol Phys.* 2017 May 1;98(1):31-33. PubMed PMID: 2858704.

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3. In a study published in 2015 by McKinsey, the authors found all *except* the following:
- Companies in the top quartile for racial and ethnic diversity are 35 percent more likely to have financial returns above the median.
 - Companies in the top quartile for gender diversity are 15 percent more likely to have financial returns above the median.
 - The unequal performance of companies in the same industry implies that diversity is a competitive differentiator shifting market share toward more diverse companies.
 - Multinational companies with greater representation of local ethnic groups perform better by financial metrics.**

Feedback:

Vivian Hunt studied financial performance of 366 companies in North America, South America, and the United Kingdom. She found that racial, ethnic and gender diversity increased the likelihood that a company performed above the median for its industry. The difference in returns between companies within a single industry suggests that diversity may provide a competitive advantage. The study did not review local ethnic group representation. So, **d** is the exception, and is the correct answer.

Location:

Slide 4

Reference: Vivian Hunt, Diversity Matters, McKinsey 2015, London.

<http://www.mckinsey.com/~media/mckinsey/business%20functions/organization/our%20insights/why%20diversity%20matters/diversity%20matters.ashx>

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4. Hospitals and health systems are among the most important trading partners of radiation oncologists and radiologists, and most have diversity and inclusion programs. The program that is **least** frequently implemented promoted by health care corporations is:
- a) A nondiscrimination policy that includes ethnic, racial, lesbian, gay, bisexual, transgender, and transsexual communities.
 - b) A performance expectation by hospital hiring managers to have met a minimum diversity goal.**
 - c) Education to all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities.
 - d) Identification of diverse, talented employees within the organization for promotion

Feedback:

Nondiscrimination policies, staff cultural education, and internal identification of employees for promotion are implemented in over 60% of hospitals. Hiring a minimum number of diverse employees was implemented in only 22% of these corporations. Therefore, **b** is the least common program, and is the correct answer.

Location:

Slide 15

Reference: American Hospital Association, Institute for Diversity in Health Management, Diversity and Disparities: A Benchmark Study of U.S. Hospitals in 2013, [http://www.hpoe.org/Reports-HPOE/Diversity Disparities 14 Web.pdf](http://www.hpoe.org/Reports-HPOE/Diversity_Disparities_14_Web.pdf)

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5. In the three-step approach to improving workforce diversity and inclusion, assessment refers to:
- a) Determining whether patients believe diversity is important and including them in decisions.
 - b) Appraising the company's current financial position to include greater reimbursements.
 - c) Checking the performance status of physicians to ensure they are seeing diverse patients.
 - d) Evaluating the look and feel of a practice to clearly understand the diversity starting point.**

d is the correct answer.

Feedback:

The three-step approach is a way to move an organization to the next level of diversity and inclusion. This is a leadership initiative that provides a way to benchmark diversity and inclusion. As with any benchmarking initiative, it is critical to understand the starting point. While patient demographics, what they believe is important, or the financial status of a practice may impact corporate decisions, they do not provide the data required to demonstrate a company's diversity starting point are therefore not part of the three-step approach.

Location:

Slide 14

References: Korn Ferry Diversity and Inclusion Organizational Assessment.

https://dsqapj1lkrkc.cloudfront.net/media/sidebar_downloads/DiversityInclusionOrgAssessment_Fact-Sheet_FINAL.pdf

Person, et al. Measuring Diversity and Inclusion in Academic Medicine: The Diversity Engagement Survey. *Acad Med.* 2015 Dec;90(12):1675-83.