


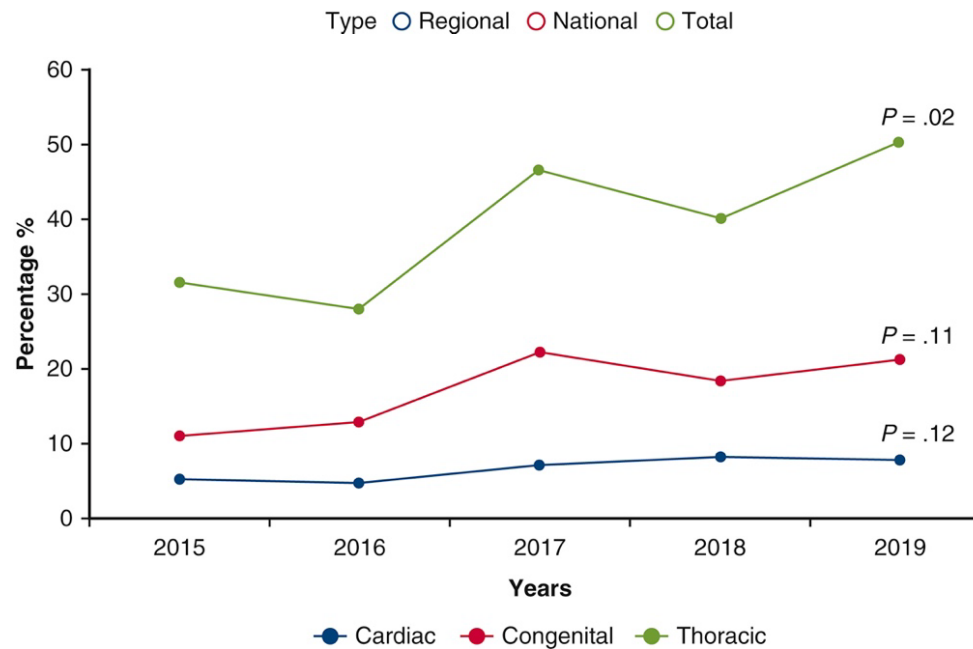
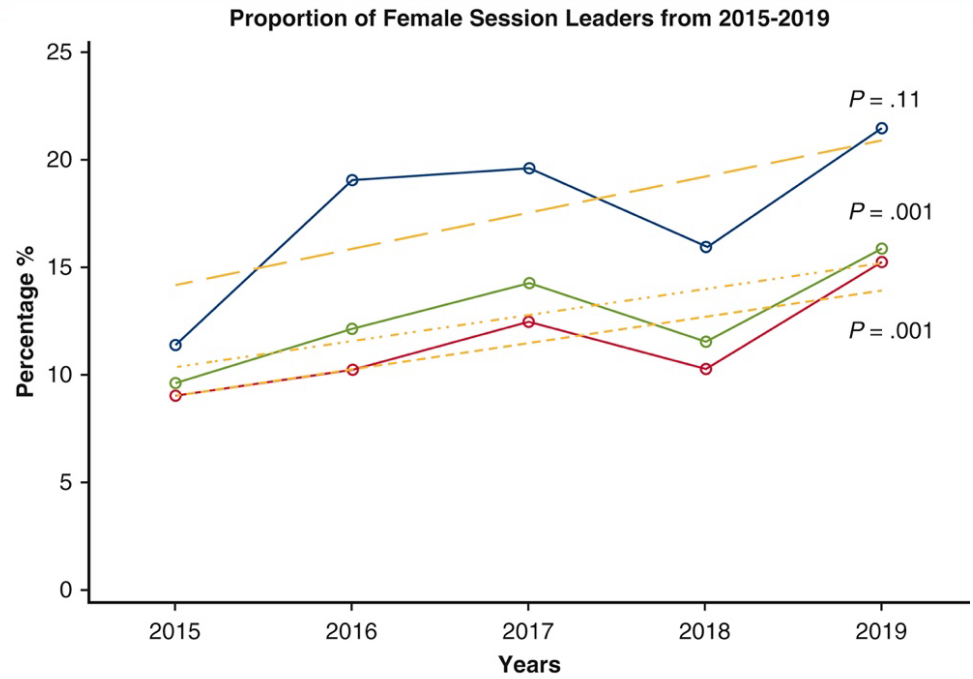
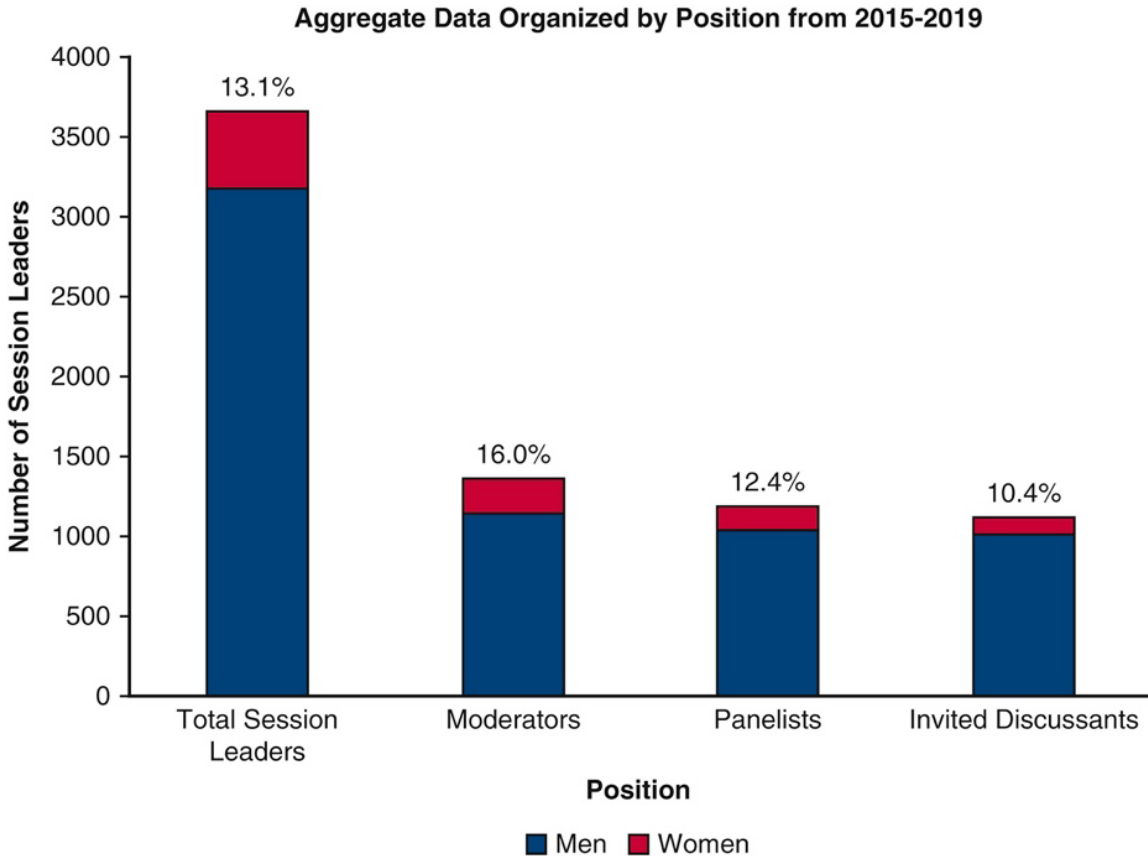
Making DEI efforts a part of your job description

Sidhu Gangadharan, MD, MHCM
Beth Israel Deaconess Medical Center



A young man with a short beard and a striped polo shirt is looking directly at the camera with a confused expression. A speech bubble is positioned to his right, containing text that plays on the acronym 'DUI' (Driving Under the Influence) and the word 'confused'.

You're talking about DUI?
You're confused?
I'm #\$%@ing confused.





There should be
more women
thoracic
surgeons

If you AGREE: text AGREE to 8RB43T63

If you DISAGREE: text DISAGREE to 8RB43T63



More women surgeons needed

Strongly disagree

5.0%

Disagree

6.0%

Neutral

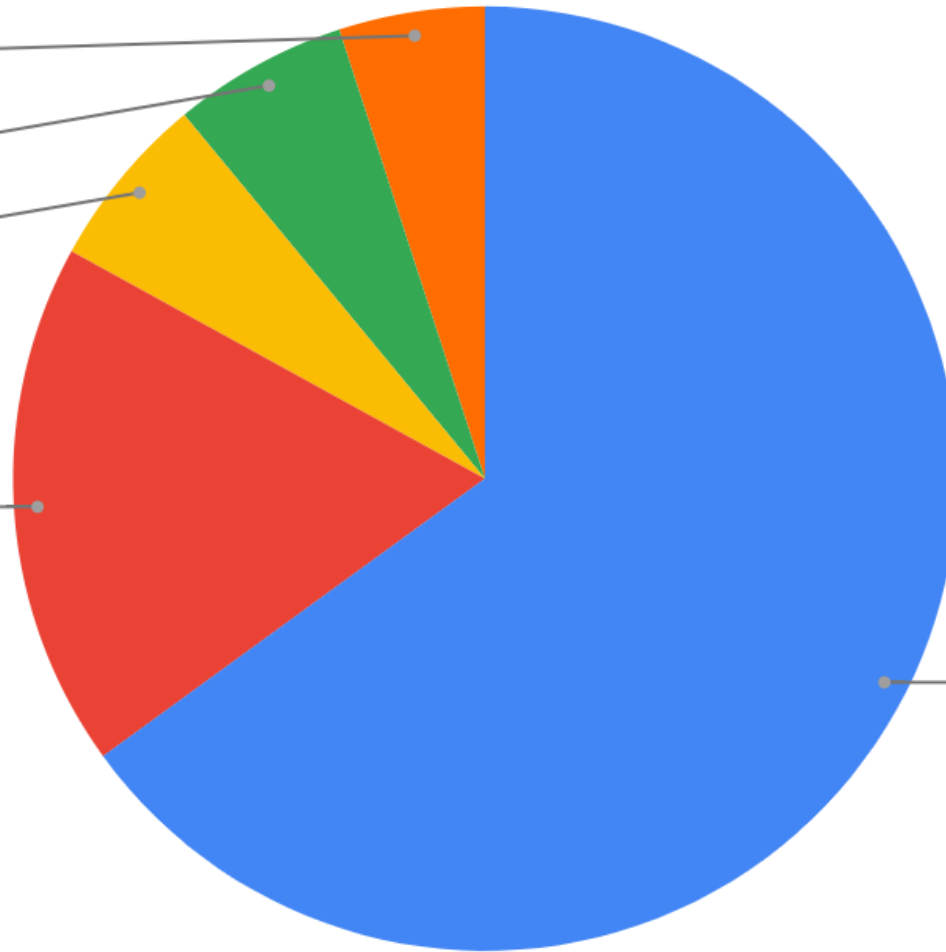
6.0%

Agree

18.0%

Strongly agree

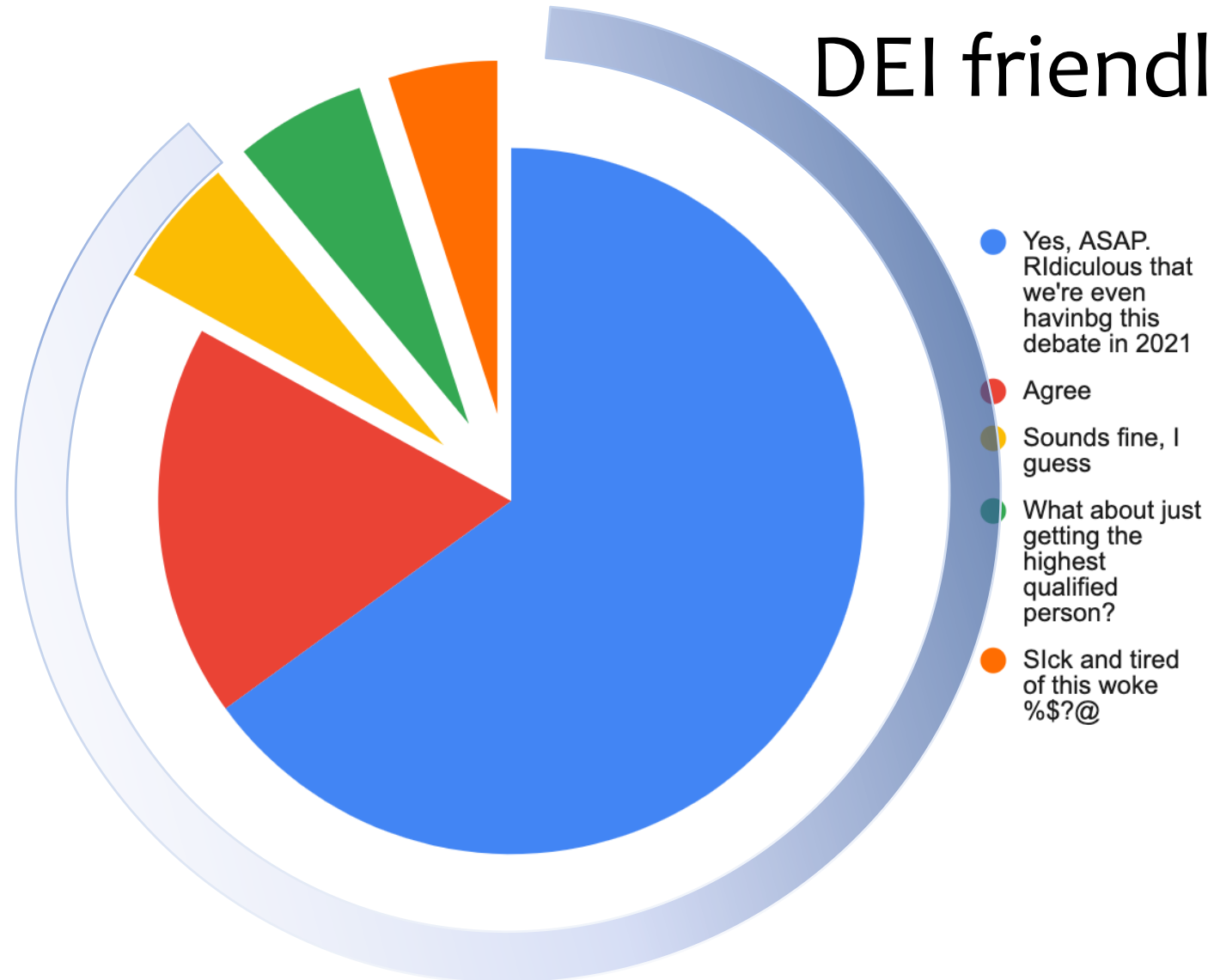
65.0%



More women surgeons needed

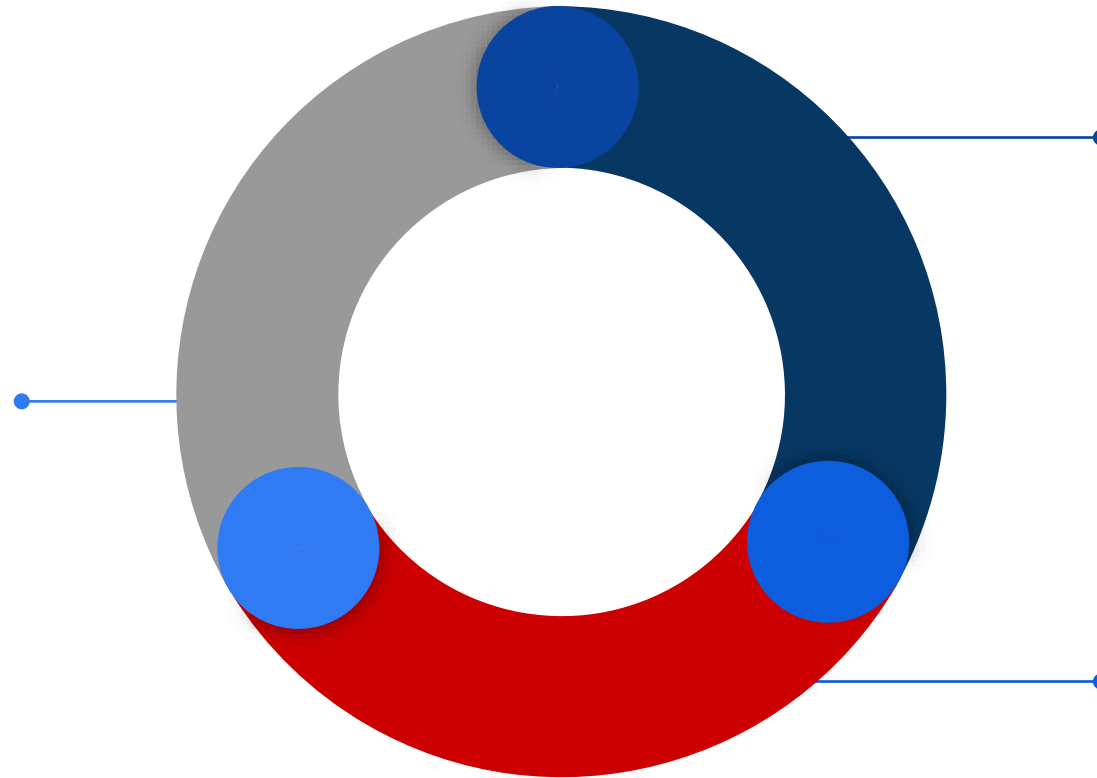
DEI friendly

DEI curious



INCLUSION

Assuring that the surgical environment promotes a sense of belonging among all its members



DIVERSITY

Assuring that the Department of Surgery has representation from a broad range of backgrounds and identities

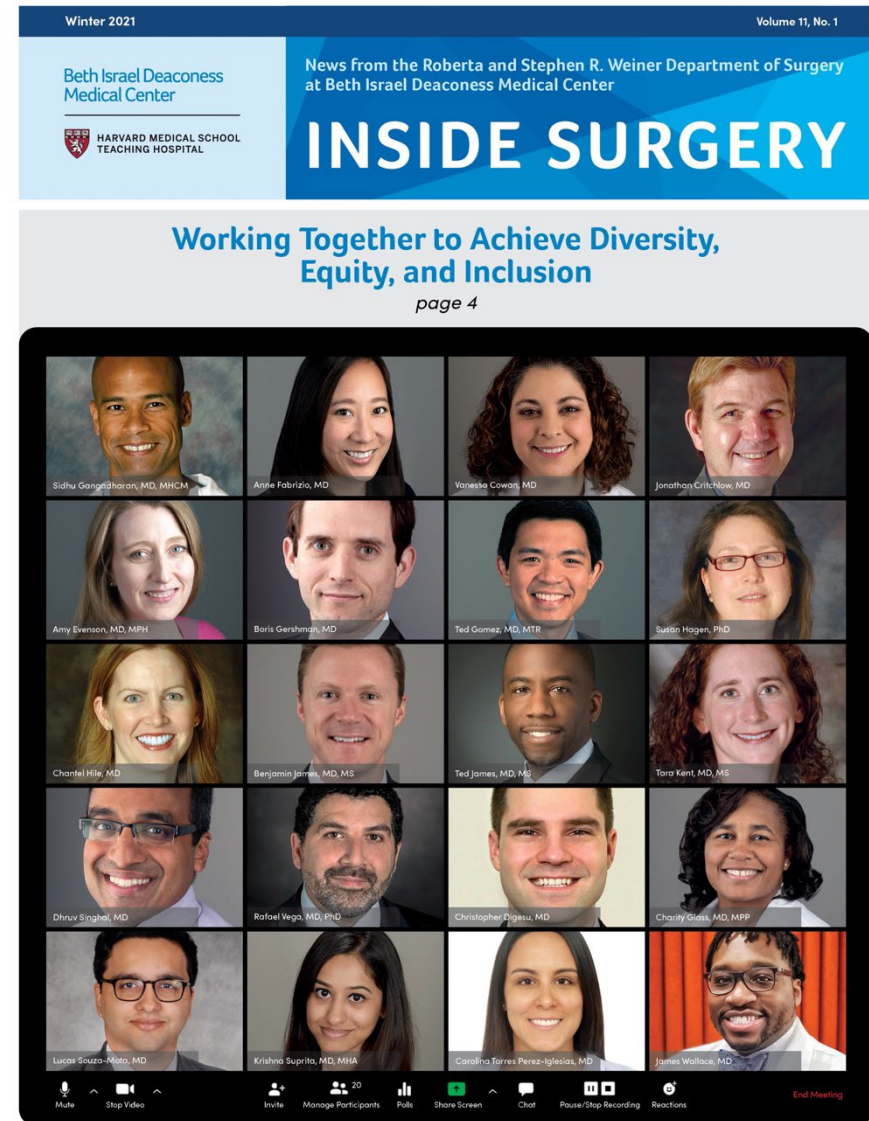
EQUITY

Assuring that the surgical community members are treated and evaluated with fairness



Committee on Diversity, Equity, and Inclusion

- Full committee meetings twice a month
 - Subcommittees and workgroups meet as needed
 - All meetings recorded on zoom
 - Minutes taken
- Membership as one-year terms (renewable)
 - Resident/fellow and faculty
 - Chair, co-chair one year terms
 - End of year review
-  slack



Committee on Diversity, Equity, and Inclusion

- Subcommittees
 - Communications
 - Community engagement
 - Education and training
 - Recruitment
 - Research, measurement, and outcomes
 - Researcher issues
 - Resident and fellow issues
- Workgroups
 - Disability inclusion
 - Parental leave
 - Liaison
 - Membership

The screenshot shows a Slack interface for a workspace named "Diversity, Equity, Inclusion Committee". The left sidebar contains a list of channels, including #general, #learn, and several project-specific channels like #proj-disabilityinclusion and #proj-parentalleave. The main area displays a message from Carolina Torres in the #general channel, dated Wednesday, August 25th. The message discusses a draft proposal for an ACS DEI anti-racism grant, mentions @Charity Glass and @Boris Gershman, and provides a Google Doc link and a website for the grant application. Below the message is a link preview for the "ACS Board of Regents Innovative Grant for DEI and Anti-Racism". The bottom of the screen shows the message input area for #general.

Diversity, Equity, Inclusion Committee

general Company-wide announcements and work-based matters

Wednesday, August 25th

Carolina Torres 10:02 AM

I'm sharing the draft I've been working on to apply for the ACS DEI anti-racism grant. It is not finished but I want to share it so that we can talk about how to integrate different projects from the committee in the same proposal. @Charity Glass and @Boris Gershman expressed interest in joining forces as a combined proposal under the DEI committee. **Deadline is 9/1.**

The link for the google doc is the following:
<https://docs.google.com/document/d/1RAaPCXfh7OzN86K3AhN62rkBqL2t8zf3IU4OmHW6wk/edit?usp=sharing>

Also, the website for the grant application is:
<https://www.facs.org/member-services/scholarships/research/dei-and-antiracism>

Looking forward to hearing your thoughts.

American College of Surgeons
ACS Board of Regents Innovative Grant for DEI and Anti-Racism
The ACS is soliciting innovative proposals and programs to improve the diversity and gender balance of our surgical workforce and its cultural competency. (234 kB)

1 reply 22 days ago

Message #general



Oxford English Dictionary makes 'Masshole' official

By **Stephanie McFeeters** Globe Correspondent, June 25, 2015, 7:59 p.m.



13



Do you look at the person that
wronged you?

What inferences do you draw?



- Age?
 - Socioeconomic status?
 - Gender?
 - Race?
-
- Are you mad at them because they are a bad driver AND they are (a) _____?



Project Implicit®

[LOG IN](#) [TAKE A TEST](#) [ABOUT US](#) [EDUCATION](#) [BLOG](#) [HELP](#) [CONTACT US](#) [DONATE](#)

Native IAT

Native American ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Gender-Career IAT

Gender - Career. This IAT often reveals a relative link between family and females and between career and males.

Asian IAT

Asian American ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Weapons IAT

Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Skin-tone IAT

Skin-tone ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Religion IAT

Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Race IAT

Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

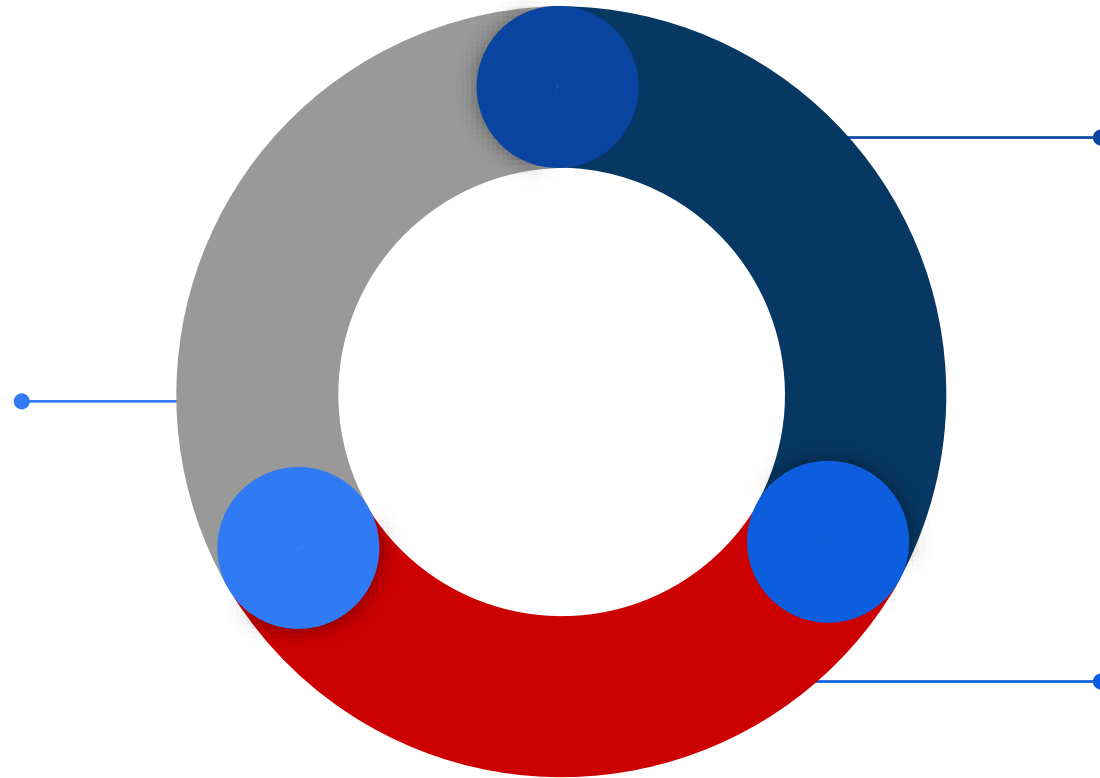


<https://implicit.harvard.edu/implicit/>



INCLUSION

Assuring that the surgical environment promotes a sense of belonging among all its members



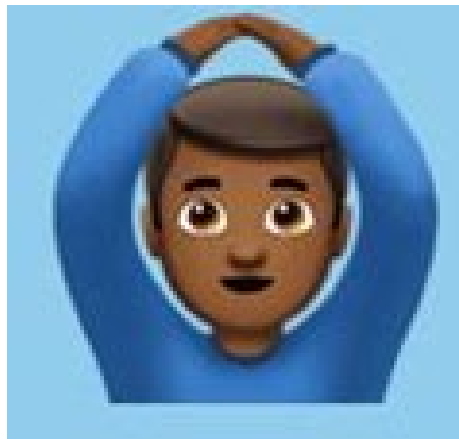
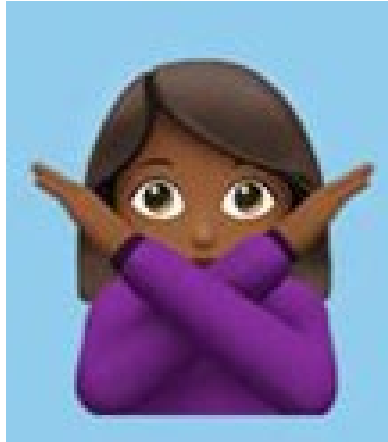
DIVERSITY

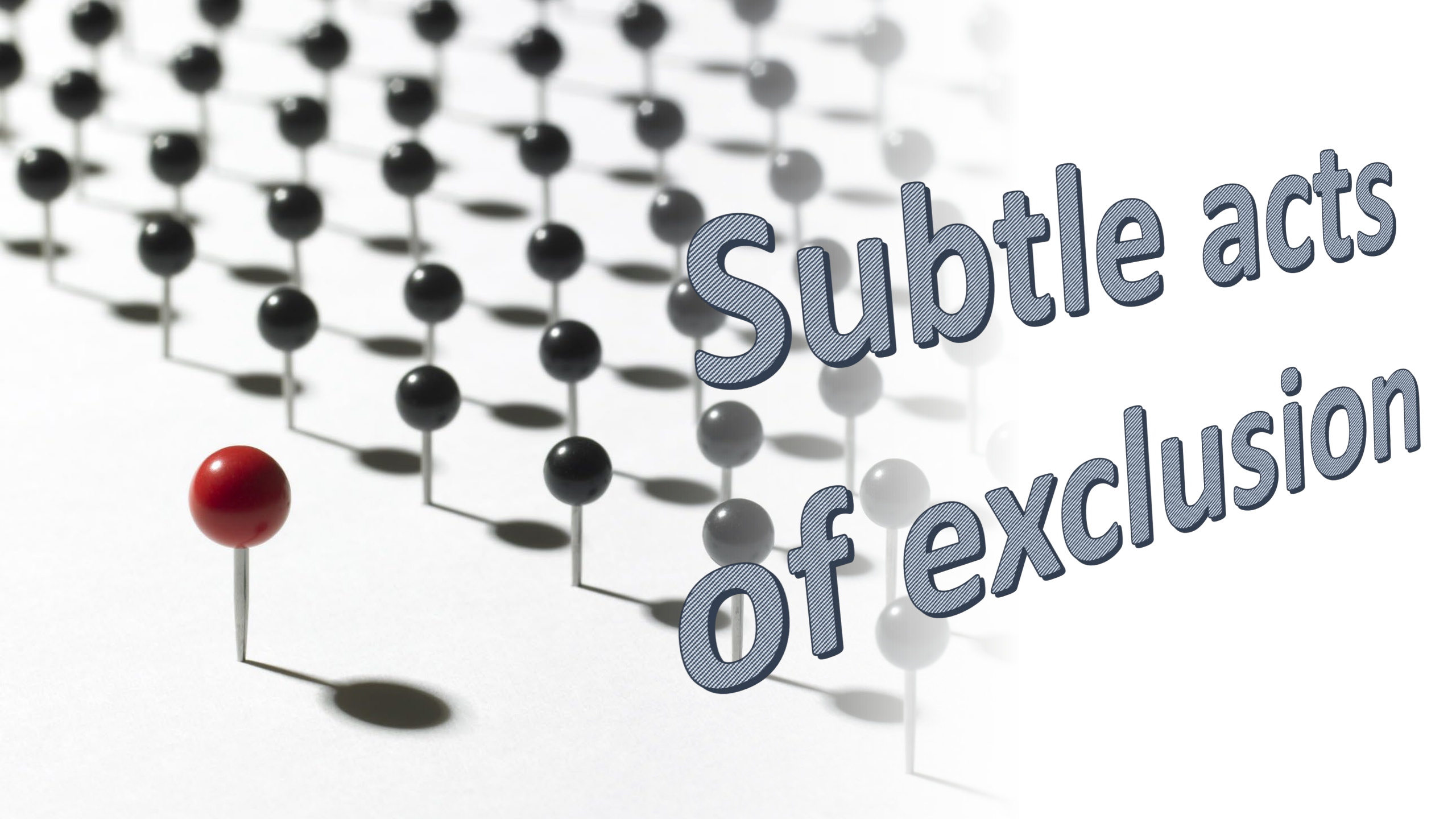
Assuring that the Department of Surgery has representation from a broad range of backgrounds and identities

EQUITY

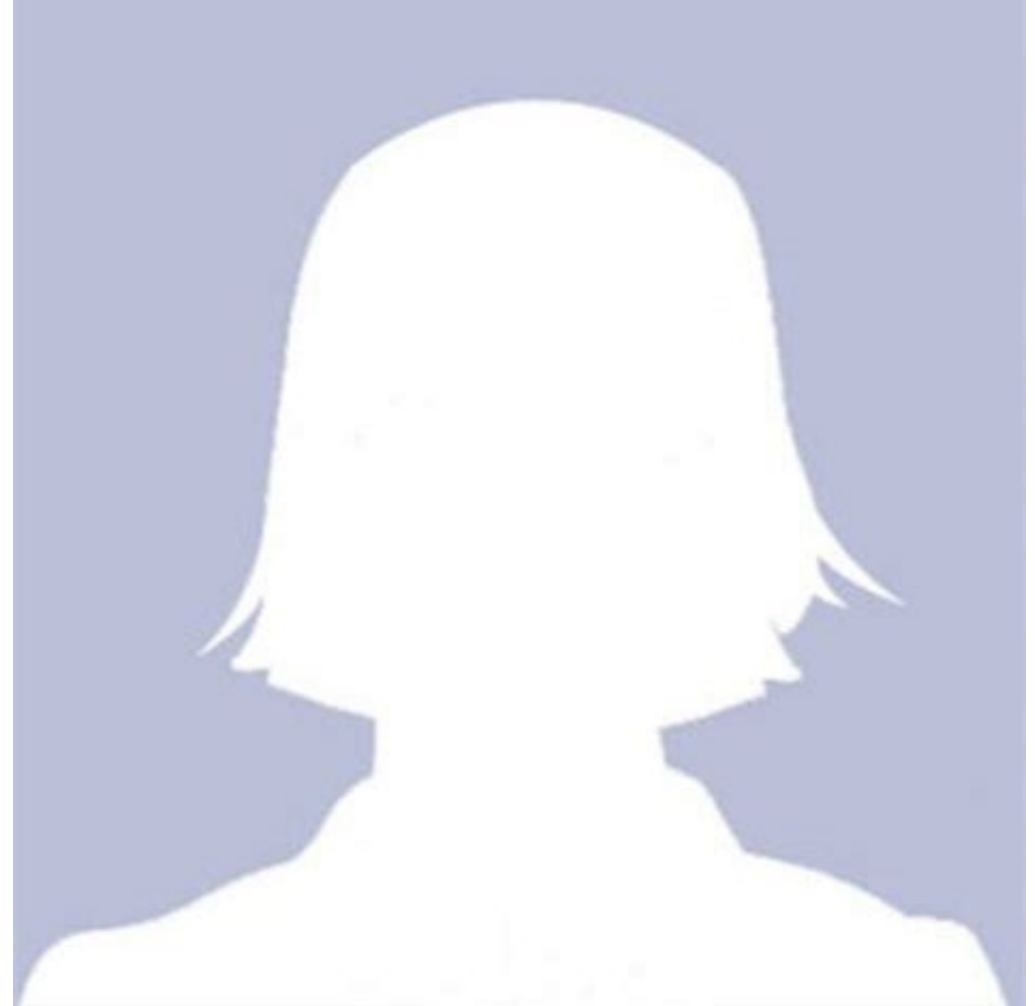
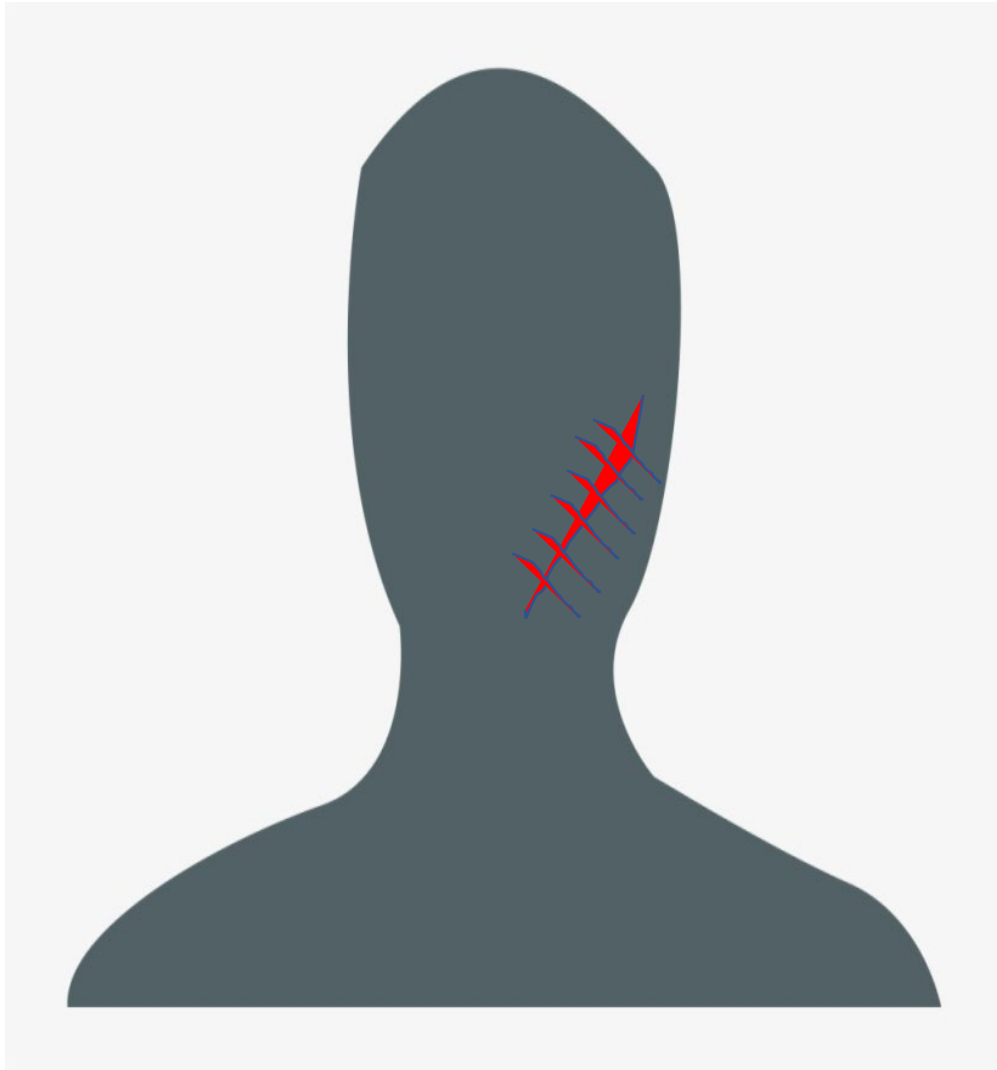
Assuring that the surgical community members are treated and evaluated with fairness





A 3D molecular model of a crystal lattice, likely representing a diamond or silicon structure. It consists of a grid of black spheres connected by thin grey rods. In the lower-left foreground, a single red sphere is attached to the same grid, standing out from the rest of the black spheres. The entire structure is set against a plain white background.

Subtle acts
of exclusion



Perceptions of the Impact of Negatively Valued Physical Characteristics on Social Interaction

Robert E. Kleck and Angelo Strenta
Dartmouth College

Individuals were led to believe that they were perceived as physically deviant in the eyes of an interactant. Following a brief discussion, they commented on those aspects of the interactant's behavior that appeared to be linked to the deviance. The experimental arrangements were such that the interactant did not, in fact, perceive them as deviant. Persons who thought that they possessed

Your perception of someone's behavior towards you is influenced by how you think they see you

the expectancy and the demand explanations were plausible. Study 3 used a new set of instructions explicitly devised to permit a test of the competing explanations. In addition to replicating the important findings of Study 1, the results of Study 3 in combination with those of Study 2 strongly undermine a demand interpretation of the original results. In a fourth study, persons who had observed the behavior of the interactants in Study 1 via videotape also perceived greater reactivity to an imputed negative form of deviance than to a neutral one. Data from this last study support the notion that the results of Studies 1 and 3 reflect the operation of an expectancy/perceptual bias mechanism and tend to rule out a self-fulfilling prophecy dynamic.

Table 1
Mean Ratings of the Confederates on the Dependent Measures in Study 1

Dimension	Type of disability		
	Allergy	Epilepsy	Scar
Liking	10.25	8.87	9.75
Patronization	1.87	3.25	4.12

Note. Ratings were made on 14-point scales; the higher the number, the higher the attributed level of the characteristic.



Nurse doctor



Microaggression Response Toolkit

Herrick "Cricket" Fisher, MD MPhil; hnfisher@bwh.harvard.edu

This toolkit is a collection of strategies designed to help you if you want to respond to a microaggression. In deciding whether and how to respond, each person must weigh the risk and benefits in each situation, and the following strategies can be combined and adapted as needed. The toolkit draws on published literature from microaggression, bullying, harassment, discrimination and professionalism fields (see reverse)¹⁻¹¹. The strategies can be used if you are the target or witness of a microaggression. Please use the blank spaces to fill in other strategies that are effective for you.

Response Strategy	Description	• Sample language
Prepare yourself and your team	Practice your responses, set expectations, and solicit preferences	<ul style="list-style-type: none"> • "In our work together, we will likely encounter microaggressions. How would you like me to respond to be most supportive?" • "Please let me know when microaggressions occur so we can respond as a team."
Practice MicroAffirmations	Communicate respect and promote someone using their highest title	<ul style="list-style-type: none"> • "Provider X is an exceptionally trained medical professional and we are lucky to have them on our team. I would trust them to take care of me or my own family" • "I'd like to listen to what Dr. X was saying."
Buy Time	Use phrases to buy time to prepare a response	<ul style="list-style-type: none"> • "Interesting." • "Pardon me? I didn't quite catch that."
Interrupt and redirect	Shift the focus to a different person or topic	<ul style="list-style-type: none"> • "Let's shift the conversation to _____. I'd like to focus on how we can get you better." • "I'd like to hear what others have to say."
Use humor	Comically diffuse while addressing the offense	<ul style="list-style-type: none"> • "Luckily for you, I am old enough to be a doctor!" • "Dance for you? Do you dance where you work?"
Reflect back	Repeat back verbatim or paraphrase	<ul style="list-style-type: none"> • "I think I heard you say _____. Is that correct?" • "It sounds like you believe _____."
Get curious	Inquire about someone's perspective or intent	<ul style="list-style-type: none"> • "I'm curious. What makes you say that?" • "Can you help me understand what you meant by that?"
Assume best intent	Acknowledge best intent plus address the impact	<ul style="list-style-type: none"> • "I think you intended _____, however that comment can also imply _____." • "I know you really care about _____. Acting in this way undermines those intentions."
State your take	Describe your experience clearly, unapologetically	<ul style="list-style-type: none"> • "When I heard you say _____, I felt _____ because _____." • "I was so shocked by that remark that I stopped being able to think about your treatment plan."
Set respectful boundaries	Set a clear limit while preserving the relationship	<ul style="list-style-type: none"> • "I care about you as a person, but I will not tolerate offensive behavior." • "Please don't make that type of comment. We are here to give you the best medical care possible, which requires us to work together respectfully."
Refer to institutional values, policies	Refer to established expectations around offensive behavior	<ul style="list-style-type: none"> • "At this institution we value diversity, inclusion, and respect for everyone." • "Our mission is to provide the highest quality of care to all people, no matter where they come from or how they identify."
Disengage	Extract yourself from a toxic situation	<ul style="list-style-type: none"> • "This is not a productive conversation. I will return later when we are calmer." • "I don't feel comfortable, so I am going to leave now."
Debrief	Discuss with others after the event	<ul style="list-style-type: none"> • "Let's take some time to talk about what just happened." • "That was a difficult situation for me. Would anyone like to share their experience?"
Revisit	Return later after you reflect and prepare	<ul style="list-style-type: none"> • "I want to discuss something that happened yesterday." • "I have been thinking about your comment last week. I wanted to say _____."
Escalate	Raise the issue with a supervisor or manager	<ul style="list-style-type: none"> • Contact your supervising clinician, Ombuds Office, or other professionals for guidance, and consider formal reporting systems
		•
		•

Announcing upcoming UPSTANDER TRAINING

A brief, virtual, interactive workshop to develop skills
in cultivating an inclusive environment



What is an "upstander"?

Many of us have observed disrespectful behavior as bystanders but didn't know what to say. Being an upstander means you are ready to speak up for yourself or others in an effective and respectful way.

- Do you want to make a positive impact on creating an inclusive environment?
- Upstander training will provide TOOLS and PRACTICE to develop your awareness and skills for speaking up for yourself and one another.
- All BIDMC faculty, fellows, and residents will be asked to participate.



WHO IS THIS TRAINING FOR?

WHO?

- All faculty, fellows, & residents at BIDMC

WHAT?

- 75-90-minute workshops

WHERE?

- During regularly scheduled faculty meetings or didactic sessions (for residents and/or fellows)

WHEN?

- You will be notified by your chair/chief/admin (faculty) or Program Director via email

WHY?

- To cultivate a safe, inclusive culture for clinical care and teaching/learning

WORKSHOP FACULTY & STAFF



Session facilitators:



Daniele Ölveczky
MD, MS



Huma Farid,
MD



Cricket Fisher,
MD, MPhil

Project Director
Christine Beltran, Ed.M

Faculty Sponsors
Carrie Tibbles, MD
Amy Sullivan, EdD
Alexa Kimball, MD, MPH
Gyöngi Szabo, MD, PhD

Supported by Carl J. Shapiro Institute for
Education & Research

SURVEYS

Be on the lookout for pre- and post-surveys to assess the impact of this training! All IRB-approved surveys will be anonymous & analyzed in aggregate as to not identify specific individuals. Data will be used to evaluate the effectiveness of the training.



For questions or concerns,
please contact:

Christine Beltran
Project Director
cbeltran@bidmc.harvard.edu

Daniele Ölveczky MD MS
dolveczk@bidmc.harvard.edu



How to Report and Handle Misconduct

Department of Surgery

Small interpersonal conflict (i.e. kept late at work)

Concerns about program

- Chief resident
- Program director (Dr. Tara Kent) or assistant program directors (Drs. Anne Fabrizio, Chas Parsons, Ben James)
- Peer supporters (Seema, Ana-Sofia and Praachi)
- Anonymous reporting [link](#)

- GME Office
- Carrie Tibbles
- ACGME [Office of Complaints](#)

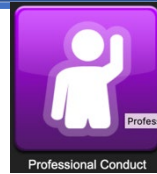
Hospital-Wide

RL6 (link)

(Internal reporting system – HR, department quality officers, etc)

- Patient safety
- Errors
- Unprofessional misconduct

Reported issues filtered to appropriate system



GME office

- <https://www.bidmc.org/medical-education/graduate-medical-education>
- Carrie Tibbles (ctibbles@bidmc.harvard.edu)

Ombuds Office (link)

- Career management
- Work environment
- Research issues (i.e. authorship)
- Fair treatment
- Discrimination

- Coaching
- Mediation
- Group facilitation
- Shuttle diplomacy
- Training

Speak Up Hotline (link)

- **Third party external** reporting system
- Completely **anonymous** and **confidential**
- Follow-up with in 48hours

- Racist, homophobic, sexist, etc. behavior
- Workplace bullying
- Privacy violation
- Conflicts of interest
- Sexual harassment
- Retaliation

The Speak Up Hotline

To report a concern confidentially, with the option to remain anonymous (not share your name), 24 hours a day, 7 days a week:

- Speak Up Hotline: 1-888-753-6533
- Online: <https://bidmcompliance.alertline.com>

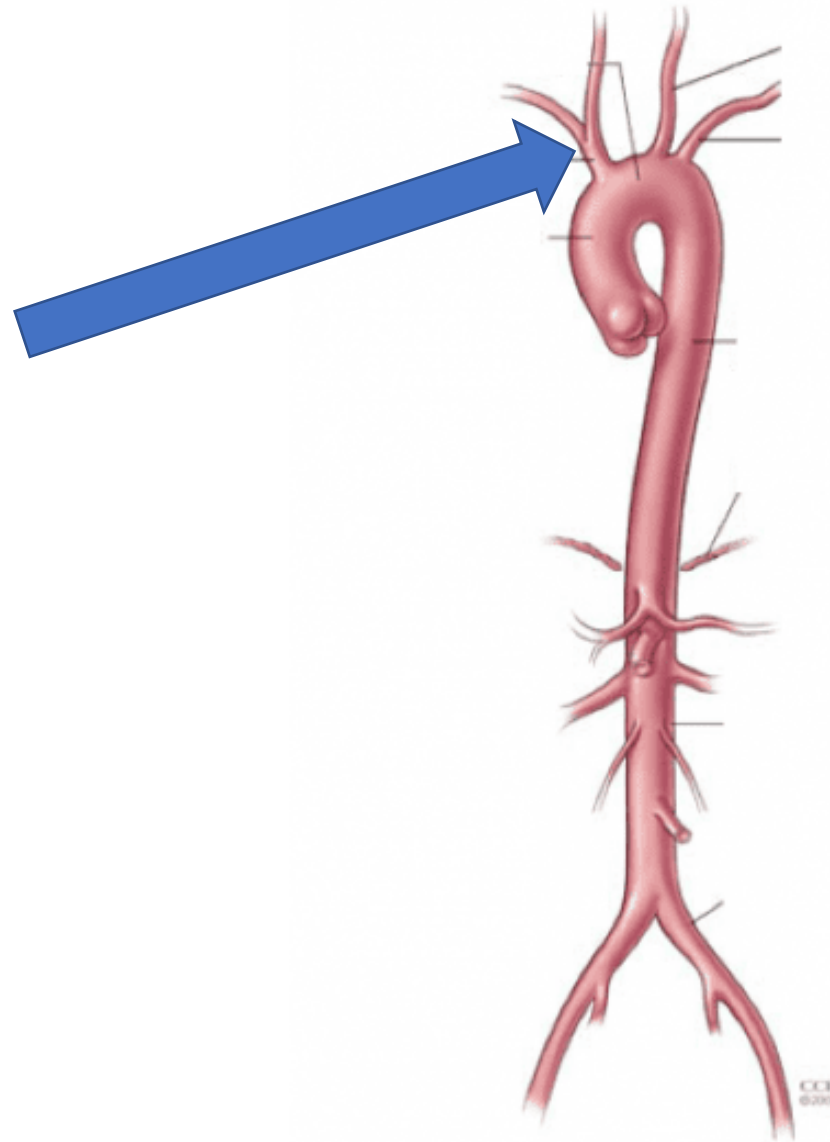
Information is here to help you:

- Report a concern;
- Ask a question; or
- Learn more about the Hotline.

**Speak Up
Hotline**
It matters

- **Psychiatric and physician well-being services offered:**
- Pam Peck (ppeck@bidmc.harvard.edu) – Free individual and group therapy sessions
- Ritika Parris





Words don't matter

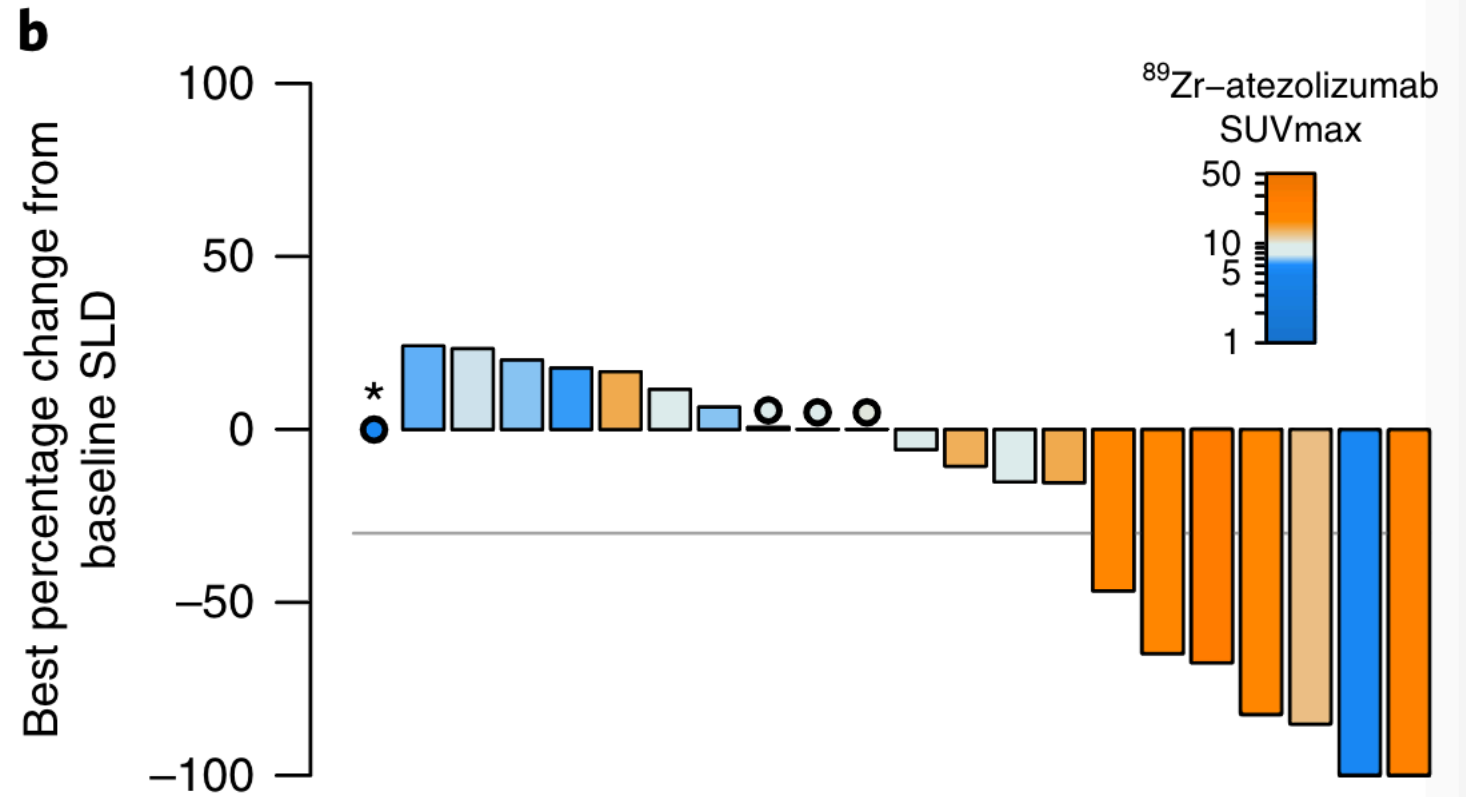
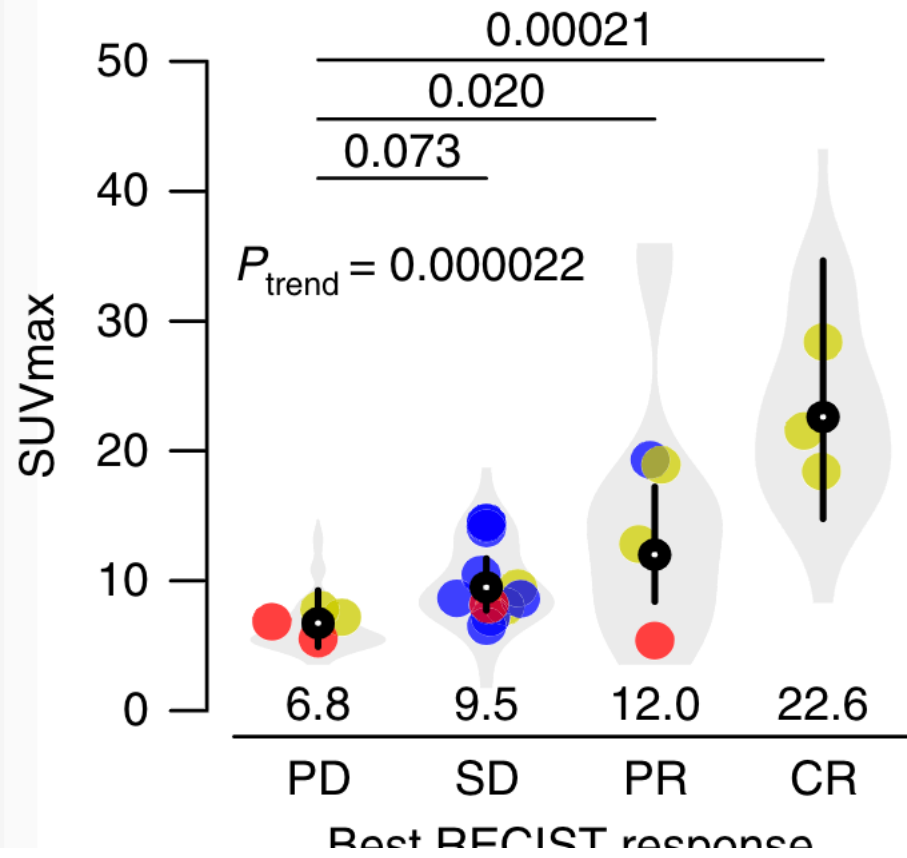


LGBTQIA
LESBIAN • GAY • BISEXUAL • TRANSGENDER • QUEER • INTERSEX • ASEXUAL

shutterstock.com · 1942385947

Words matter







It is not a work of art made of black stone or granite. She is Sudanese model Nyakim Gatwech. The most beautiful among the black beauties. She is in the Guinness Book of World Records for having the darkest skin ever seen on earth. She is also known as the QUEEN OF DARK.



Jeffrey A. Lieberman
@DrJlieberman

...

Whether a work of art or freak of nature she's a beautiful sight to behold.



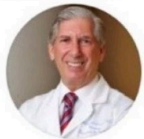


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Jeffrey A. Lieberman @... · 3h ...

TWEET DELETED. My sincere apologies for any offense taken and indiscretion. Living and learning.



Sonia Simone @son... · 4h

Replying to @DrJLieberman

Um. She's neither. She's a normal, certainly beautiful, human being.





National Survey of Burnout and Distress among Cardiothoracic Surgery Trainees

SURVEY OF US CARDIOTHORACIC SURGERY TRAINEES



>50%
REPORT SIGNS OF BURN OUT

Beth Israel Deaconess
Medical Center



**44.4% Screened Positive
for DEPRESSION**



**>50% Dissatisfied with
Work-Life Balance**

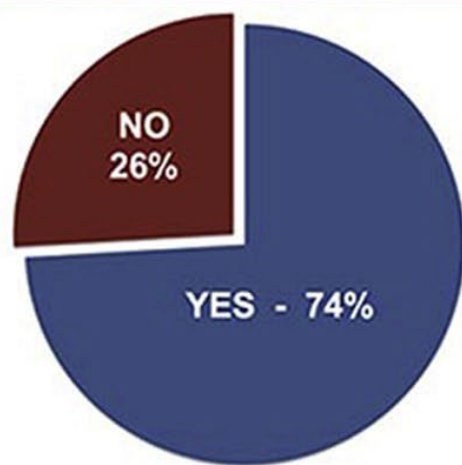


**>50% Consider Leaving
CTS Training**



**QOL Measures Lower for
Female Trainees**

**>25% Would NOT Choose
CTS Training Again!**



THE ANNALS OF
THORACIC SURGERY

Official Journal of The Society of Thoracic Surgeons and the Southern Thoracic Surgical Association

Chow et al



@annalsthorsurg #TSSMN
#VisualAbstract #AnnalsImages



CULTURAL COMPLICATIONS CURRICULUM

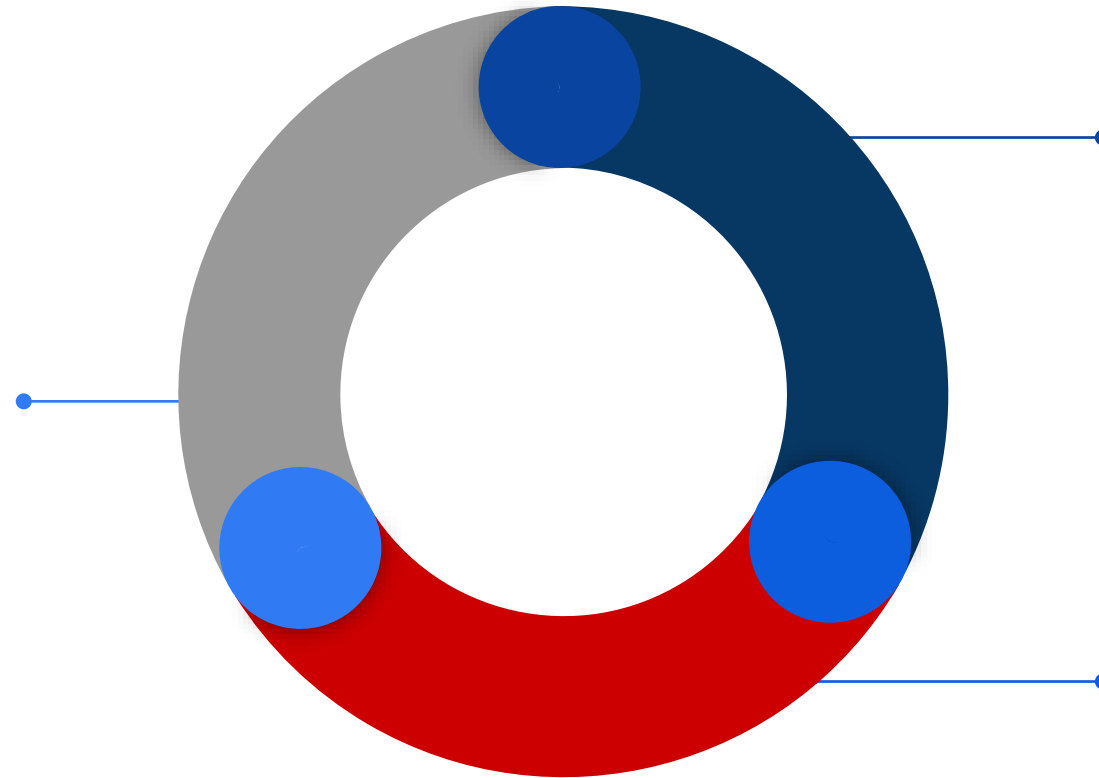
LEVERAGING MORBIDITY & MORTALITY CONFERENCE TO ADVANCE CULTURE

- Case-based modules to be presented during M&M conferences, covering a variety of DEI curriculum
- Developed by University of Michigan and University of Maryland



INCLUSION

Assuring that the surgical environment promotes a sense of belonging among all its members



DIVERSITY

Assuring that the Department of Surgery has representation from a broad range of backgrounds and identities

EQUITY

Assuring that the surgical community members are treated and evaluated with fairness



FIRST OPINION

Gaslighting of Black medical trainees makes residency something to 'survive'

By Shenelle Wilson March 10, 2022

[Reprints](#)



ADOBE



← **Tweet**



Autefeh Sajjadi, MD

@autefeh

...

The awkward moment when you're a surgical resident completing a DoorDash delivery on your "spare time" to the hospital you work at, and everyone kind of stares... tell me the system isn't flawed. [#MedTwitter](#)

Plz share recommended side hustles for residents/can't moonlight.

12:08 PM · Mar 7, 2022 · Twitter for iPhone

346 Retweets **47** Quote Tweets **5,064** Likes







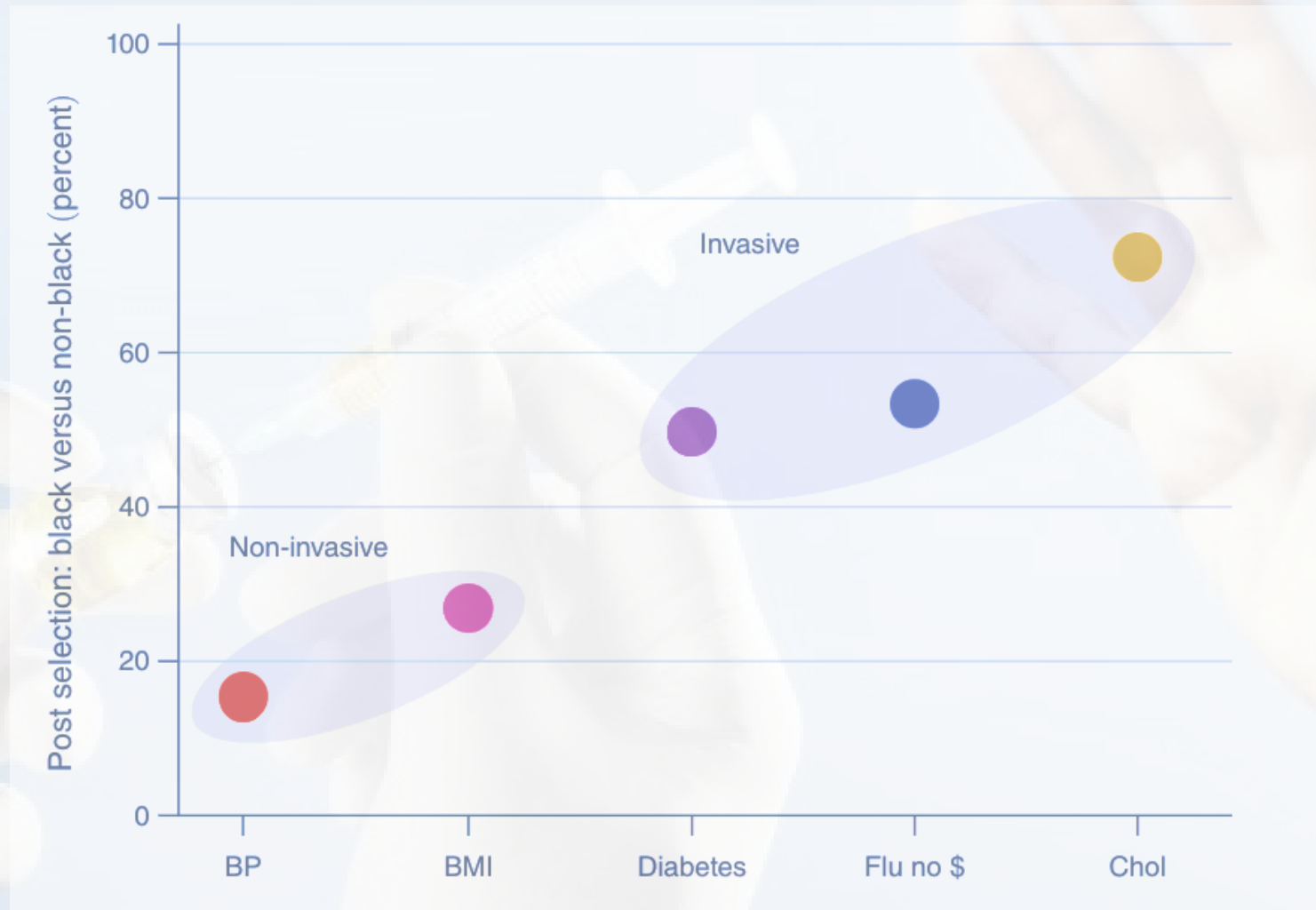
You can feel the tension ease the moment I walk in the room

They've seen nothing but white doctor after white doctor, and finally, someone who looks like them. Who grew up in their neighborhood. Who understands the struggle.



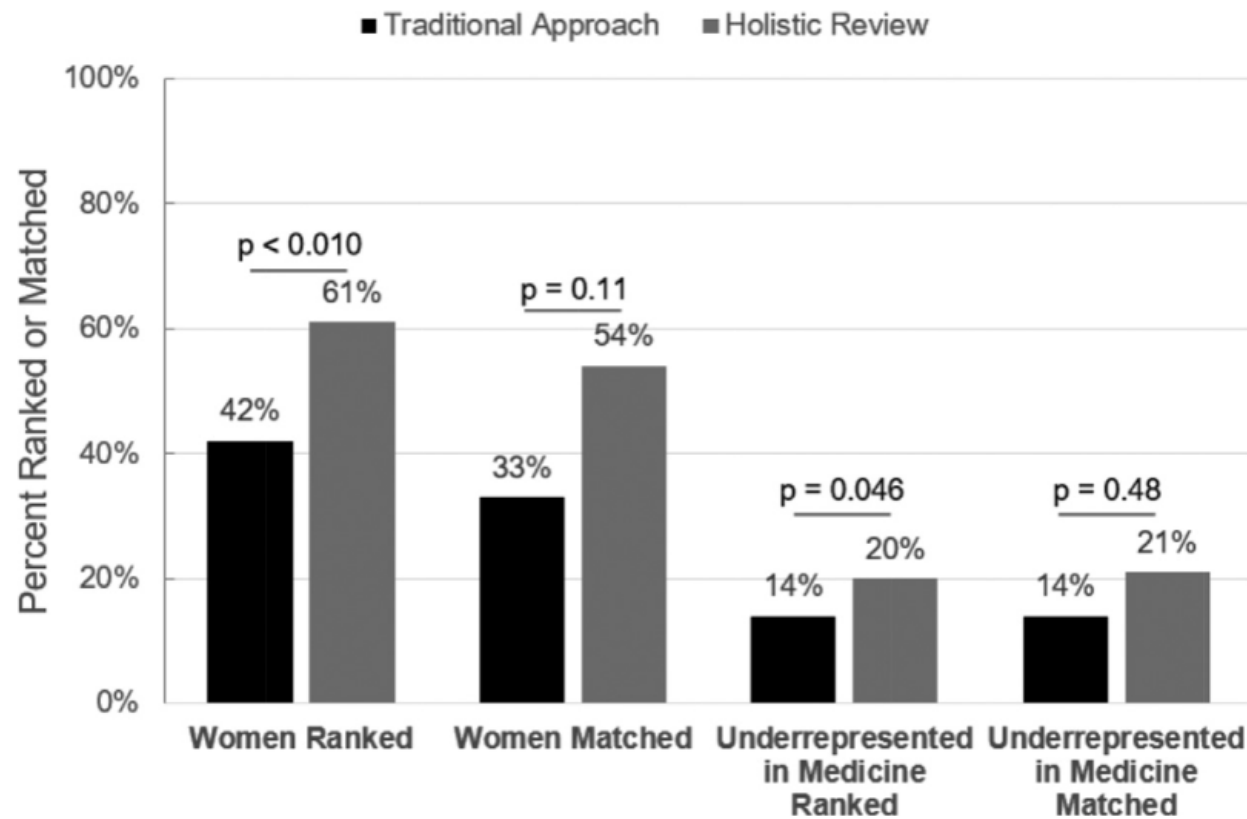
They don't have to worry about sounding uneducated, or dumb, or anything negative. Cause I know that's just how we talk in the Bronx. My patients trust me.





Sometimes I'll be waiting for the parking attendant and a fellow doctor or nurse will hand me their ticket. Without a word. That's happened twice or three times. It makes it so hard to not see my colleagues as barriers. They're the gatekeepers. They're the ones who approve the applications, and give the interviews. They've closed the door in my face so many times. Because my SAT score was too low. Or they thought my reading score was a reflection of my potential. They didn't know my mom only finished third grade. Or how scared I was sometimes, just going to school. They don't know that I was beat up on my first day of third grade. They don't know how that changed me. They don't know how hard it was for the rest of us. Because all they've ever known are the people who look like them, who grew up with them, and who made it here with them.





	Traditional Approach	Holistic Review	p Value
Median USMLE Step 1 Scores Ranked Applicants (IQR)	250 (241-247)	250 (241-247)	0.81
Range USMLE Step 1 Scores Ranked Applicants	209-275	197-275	
Median USMLE Step 1 Scores Matched Applicants (IQR)	250 (245-259)	249 (241-255)	0.32
Range of USMLE Step 1 Scores Matched Applicants	218-271	228-269	





Explicit and Implicit Preference Measures From the Black-White IAT for 140 Admissions Committee Members, Ohio State University College of Medicine, 2012-2013 Admissions Cycle

Committee member category	No. (%)	Explicit measure, mean effect size ^a	P value ^b	Implicit measure, Cohen's <i>d</i> (95% CI) ^c	P value ^b
Females	67 (48)	0.042	NS	0.321 (0.080–0.562)	.01
Males	73 (52)	0.080	NS	0.697 (0.463–0.931)	< .001
Medical students	97 (69)	0.087	NS	0.379 (0.176–0.582)	.003
Faculty	43 (31)	0	NS	0.820 (0.515–1.130)	< .001

Post-IAT survey

- 71% response rate
- 67% valuable/helpful to reduce bias
- 48% conscious of their own bias next cycle
- 21% knowledge of their IAT results impacted their decisions next cycle

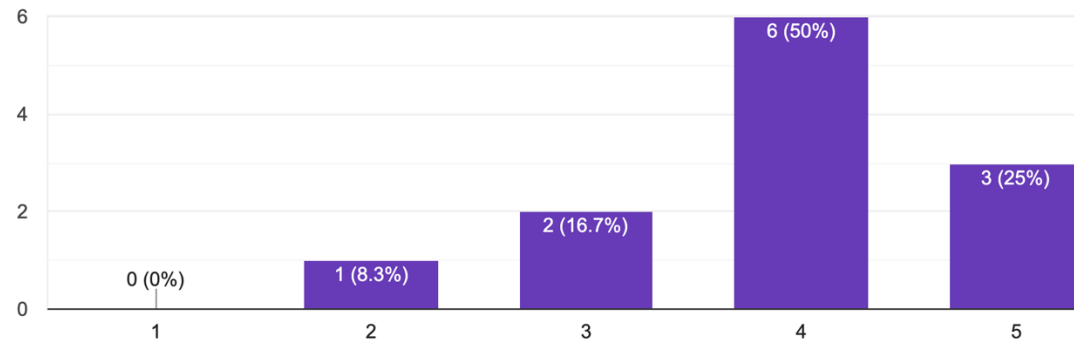
Underrepresented in Medicine (URM) Admissions Statistics From the 2011-2012 and 2012-2013 Admissions Cycles, Ohio State University College of Medicine (OSUCOM)

Admissions cycle	URM applicants, no.	URMs interviewed, no. (%)	URMs offered acceptance, no. (%)	New URM matriculants, no. ^a	URM yield (matriculants/offers × 100), %	URMs in entering class, no. (%) ^a
2011-2012	876	173 (20)	56 (32)	24	43	30/178 (17)
2012-2013	1,038	200 (19)	57 (29)	31	54	37/188 (20)

Interviewer Training

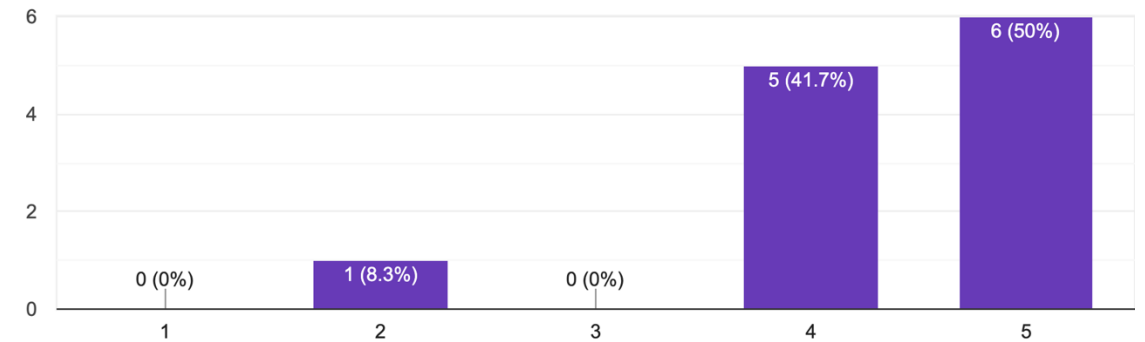
The readings and IATs affected my approach to interviewing candidates

12 responses



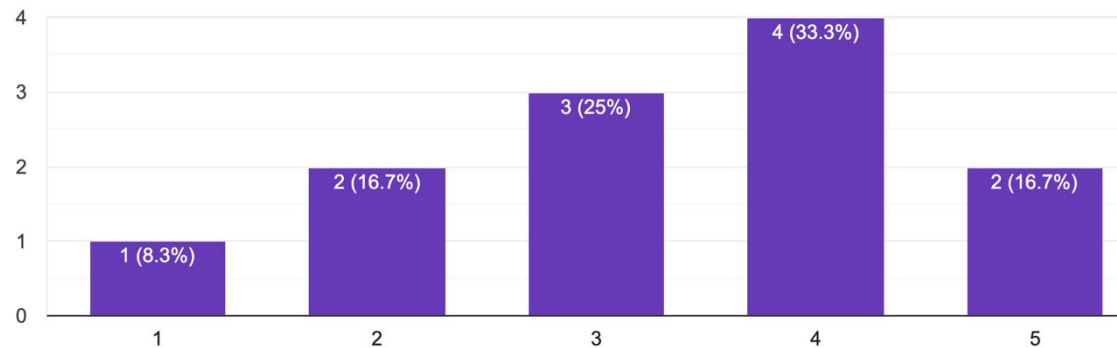
I was more conscious of diversity, equity and inclusion issues when interviewing candidates

12 responses



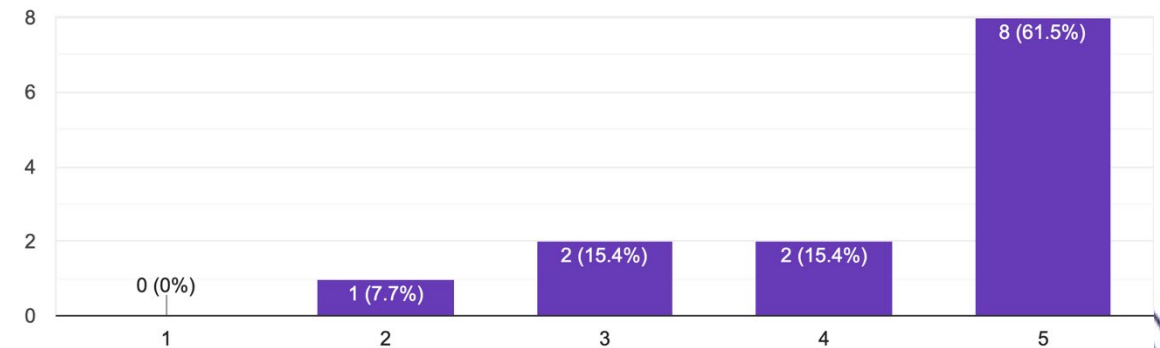
Pre-interview training affected how I rated applicants

12 responses



I think that IAT training is important prior to interviewing

13 responses



2021

- 120 Interviews (60 % Women: 72)

	N	Men	Women	%
White	50	30	36	41.7%
Black/Afro/Caribbean	22	7	15	18%
Latinx	10	4	6	8%
Pacific Islander	2	0	2	1.7%
Asian	32	13	19	26.7%

28.3% interviewees UIM (34 applicants)

3 did not self identify

1 identified as Middle Eastern

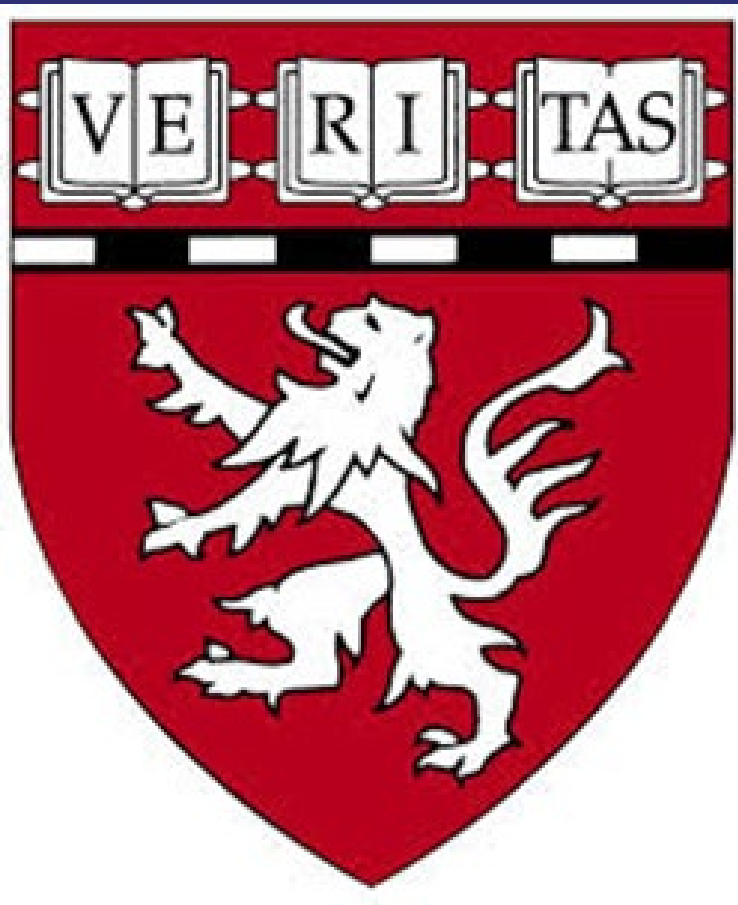
16 indicated more than one (6M, 10W)



So WHAT can YOU do?

- Check your bias
- Be an upstander
- Educate yourself
- Own your errors
- Use your privilege





THANK YOU

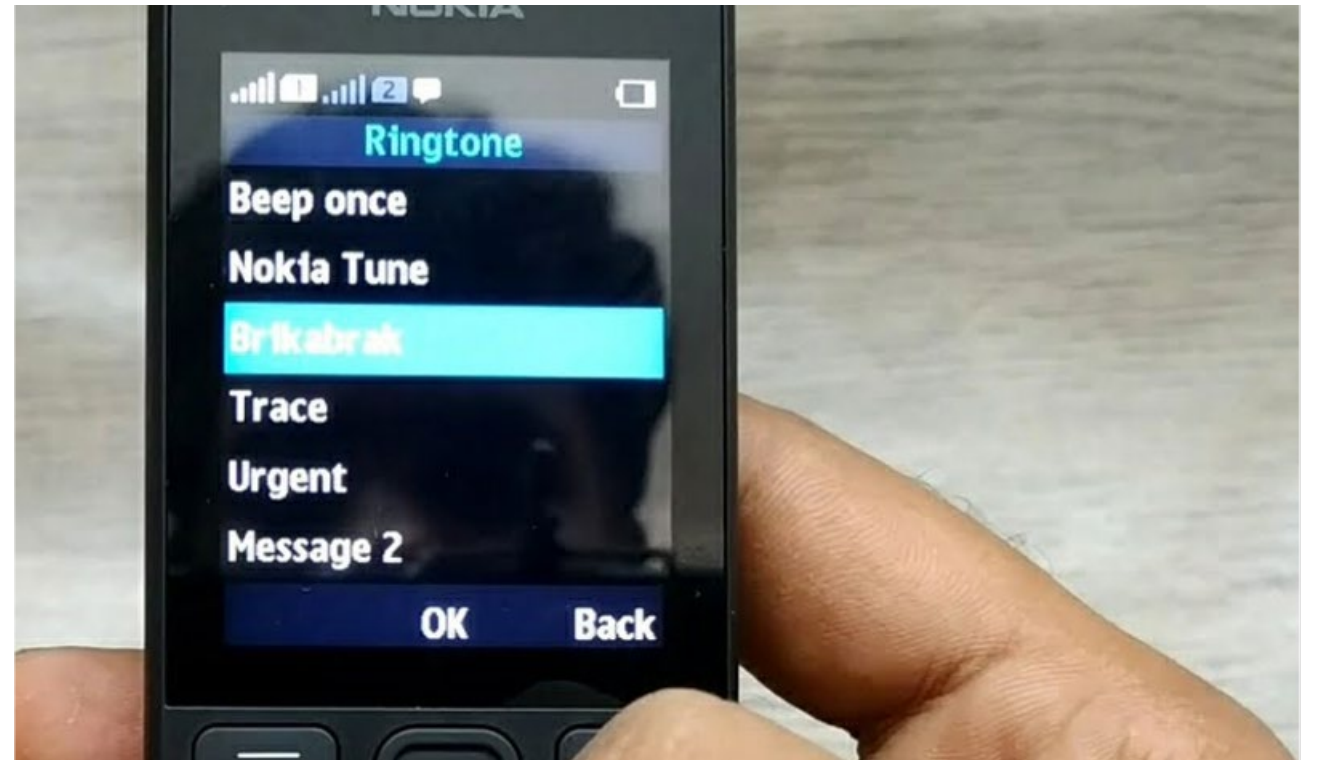
sgangadh@bidmc.harvard.edu

 [@SidhuGang](https://twitter.com/SidhuGang)

617.632.8252





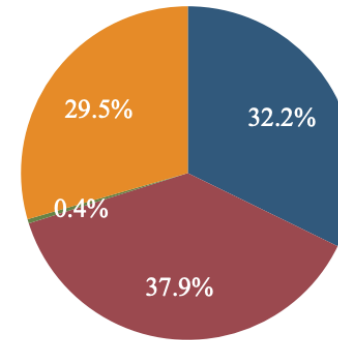
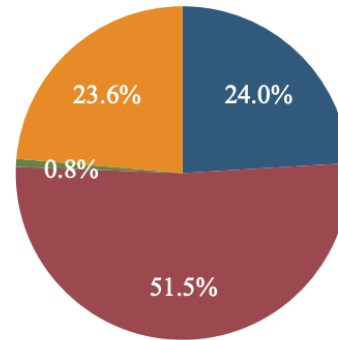


(B)

Treatment by Race in 2004

Caucasian

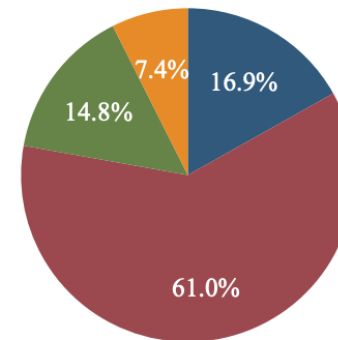
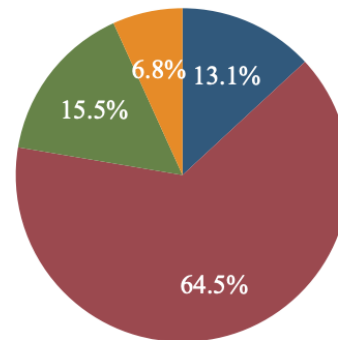
African American



Treatment by Race in 2015

Caucasian

African American



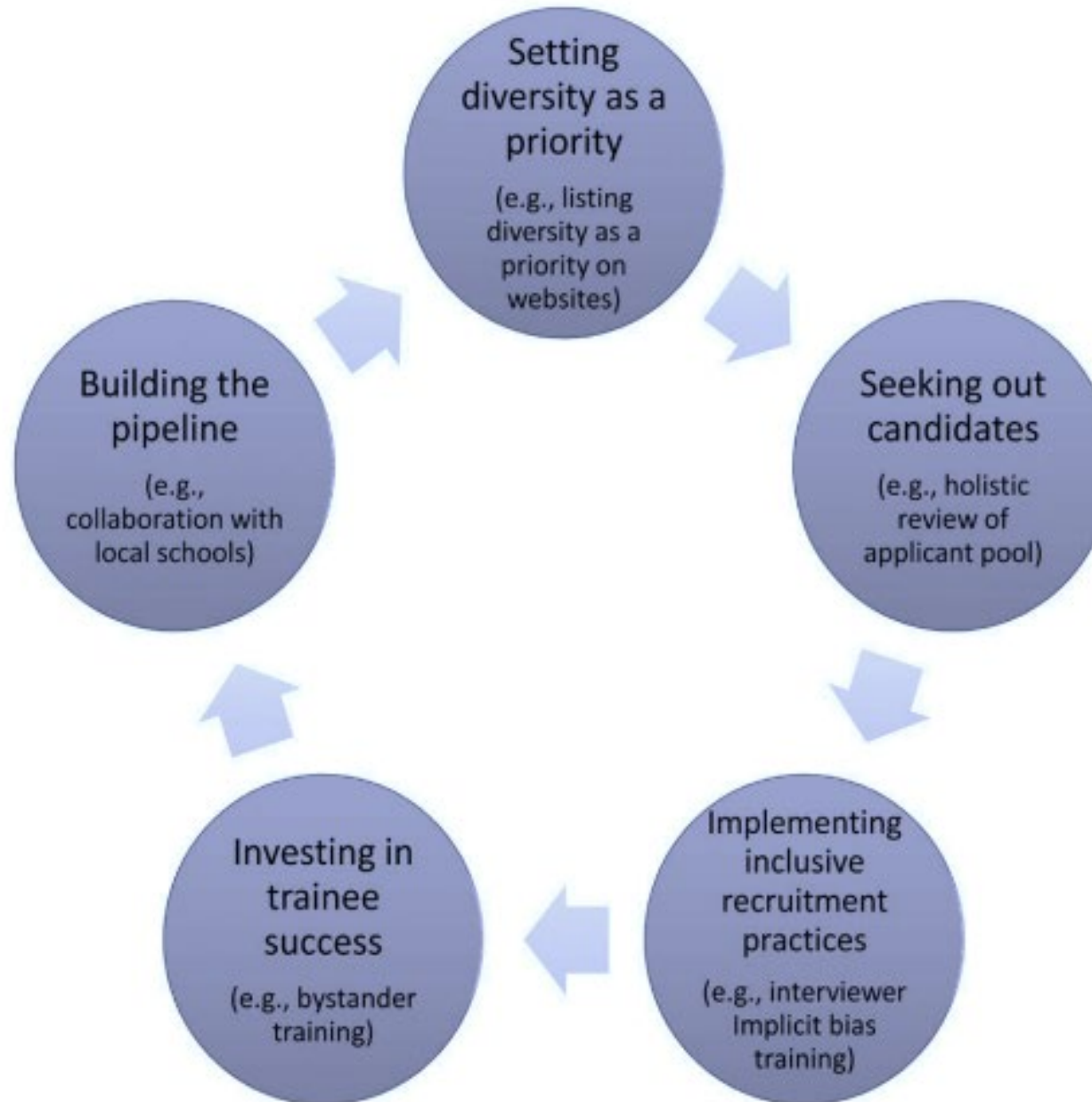
■ No Local Therapy ■ Stereotactic Ablative Radiotherapy
■ Surgical Resection ■ External Beam Radiation Therapy



In the end, I think the email did more harm than good and though I may be the only person to speak out about it, I am confident that other Jewish staff and faculty will feel the same way. My suggestion is, in the future, to stick to your core mission of promoting diversity within BIDMC and leave the broader issues alone. After 2000 years of persecution, Jews know how to deal with this incessant bigotry.

Thanks for reading.





Virtual Surgical Rotation

BIDMC Department of Surgery Diversity, Equity,
and Inclusion Committee

Course Directors:

Martina Stippler, MD and Sidhu Gangadharan, MD, MHCM



Rationale

- Exposure to BIDMC limited due to COVID
- Department needs concrete plans to improve diversity



3 objectives

- Improve the educational reputation of BIDMC Surgery on a national level
- Increase UiM and otherwise underrepresented student/resident applicants to BIDMC surgical residencies and fellowships
- Facilitate better residency and fellowship matches across the Department of Surgery
 - vet applicants more thoroughly based on their performance during the rotation and
 - provide applicants some exposure to the culture of the program to which they might apply.



Required elements

- Didactics
- Overview (program/Division/Department)
- Time with current trainees
- Mentorship opportunity (i.e. 1:1 time with a faculty member)



Structure

- Each division or service creates its own curriculum
- Things to decide
 - Length of time
 - Duration per day
 - Topics to cover
 - Modes of teaching
 - Which faculty
 - Which learners



Other considerations

- Recruitment
 - DEI will help coordinate outreach and marketing
 - Choose a limited number of learners from larger number of applicants
- Timeframe
 - Based on your training program's application schedule
 - Calendar will need coordination across specialties
- HIPAA issues



What do you do next

- Identify willing faculty
- Create a draft curriculum
- Identify potential dates for your VSR
- Submit your draft curriculum and potential dates to DEI committee and Vice Chair of Education Dr Tara Kent for review



Operationalizing VSR

- Recruitment coordinated via DEI
 - Twitter
 - email
 - student affairs at Howard, Meharry, Morehouse,
 - LMSA, SNMA, SBAS, AAS, AWS, MSPA
 - Your med school/UIM group
 - *Instagram*
 - *Website*
 - *Word of mouth-- prior VSR students*



Specific issues

- Duration
 - 1 week
- Timing
- HIPAA
 - emailed names to Office of Compliance (Catherine McDonough); \$40
- Types of teaching sessions
- Types of mentorship sessions
- Types of informational sessions
- Clearing faculty schedules
- Zoom set-up and oversight
- Distribution of prep material



We are delighted to offer a series of virtual surgical rotations within the Department of Surgery at BIDMC, a teaching hospital of Harvard Medical School.

This experience was created to allow students to virtually rotate in the Department of Surgery, who may not otherwise have access to our program. Take this opportunity to gain exposure to the clinical and educational environment and culture of our general surgery residency.

Within this curriculum, you will be provided with an overview of our program, time with current trainees, and be given the opportunity to experience some of what we can offer in terms of didactics and mentorship with current faculty.

Priority will be given to applicants who are underrepresented in medicine and applying in the 2021 match. However, all who are interested are welcome to apply.

Click <https://bit.ly/BIDMCsurgery-virtual-rotation> to apply.

Tara S. Kent, MD, MS
Vice-Chair of Education

Sidhu P. Gangadharan, MD, MHCM
Chair, Committee on Diversity, Equity, and Inclusion

Anne C. Fabrizio, MD

Co-Chair, Committee on Diversity, Equity, and Inclusion





BIDMC Department of Surgery Virtual Surgical Rotation Registration

The objective of the BIDMC virtual surgical rotation (VSR) is to give underrepresented medical students who will be applying to surgery residency an opportunity to participate in an online, video conference-based one week educational experience where otherwise a visiting sub-internship or clerkship might have been sought.

The goal of the VSR is to give students a sense of the culture and teaching environment at BIDMC, to provide students mentorship from attending surgeons who are all Harvard Medical School faculty, and to allow us to learn more about you as potential applicants. The curricula are designed to give learners a concentrated exposure to main clinical concepts of each surgical subspecialty.

contact info: afabrizi@bidmc.harvard.edu (617) 667-4159

First name *

Short answer text

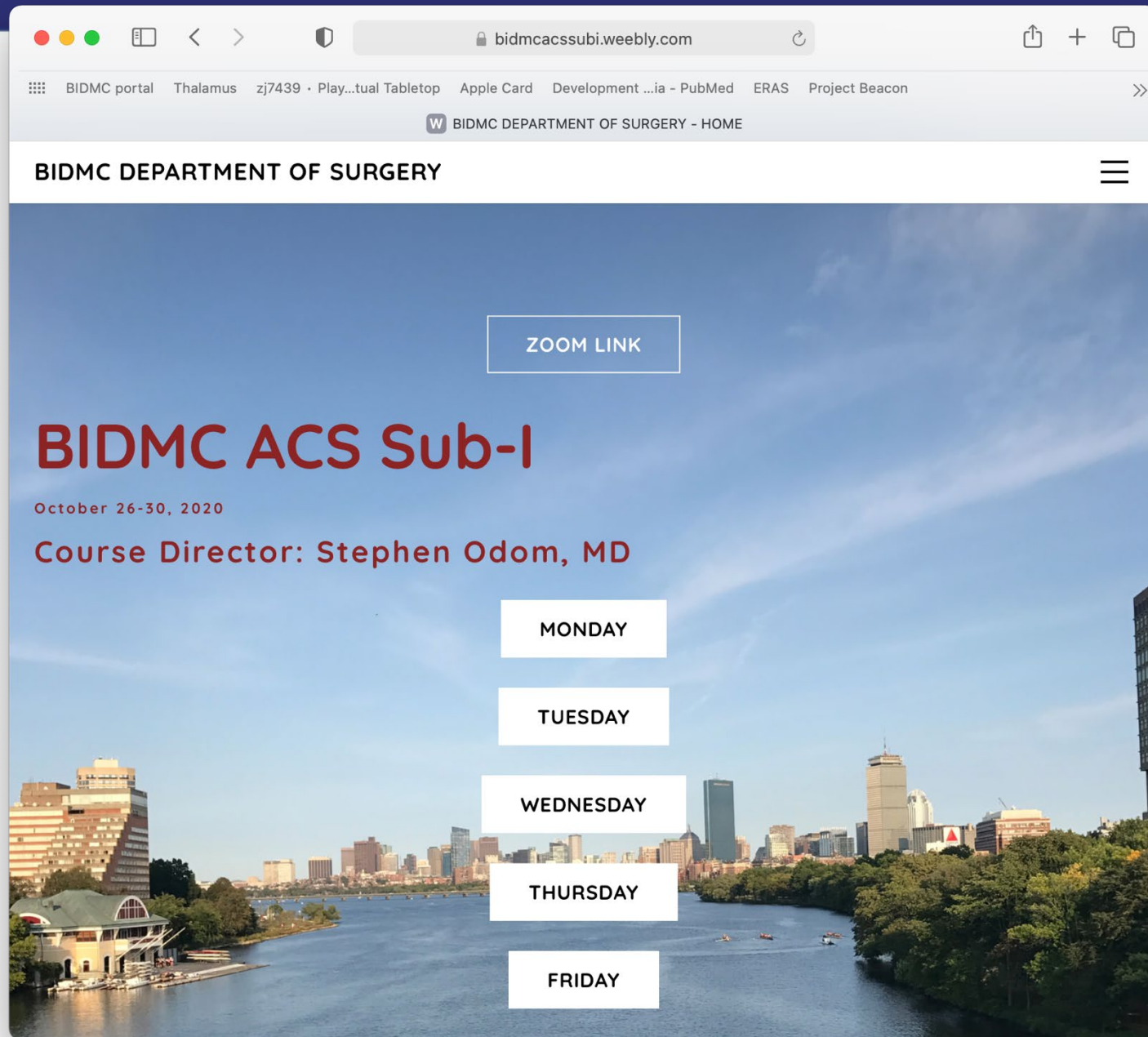
Last name *

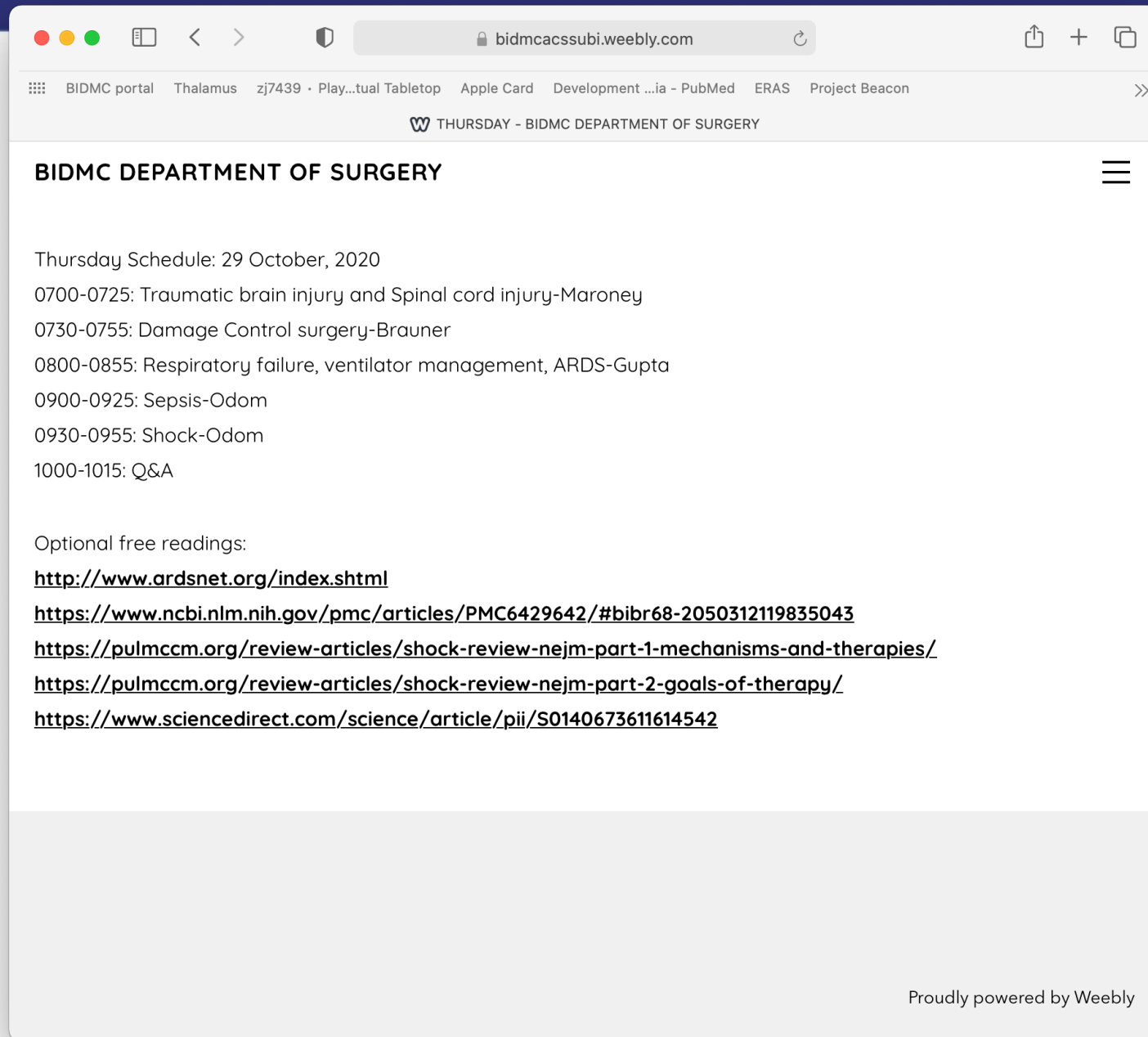


Virtual Surgical Rotation

- Prioritize UiM
- 88 applicants
- Approximately 10 selected for each weeklong rotation (HPB, CRS, Thoracic, & ACS/Trauma)
- Didactics + mentorship



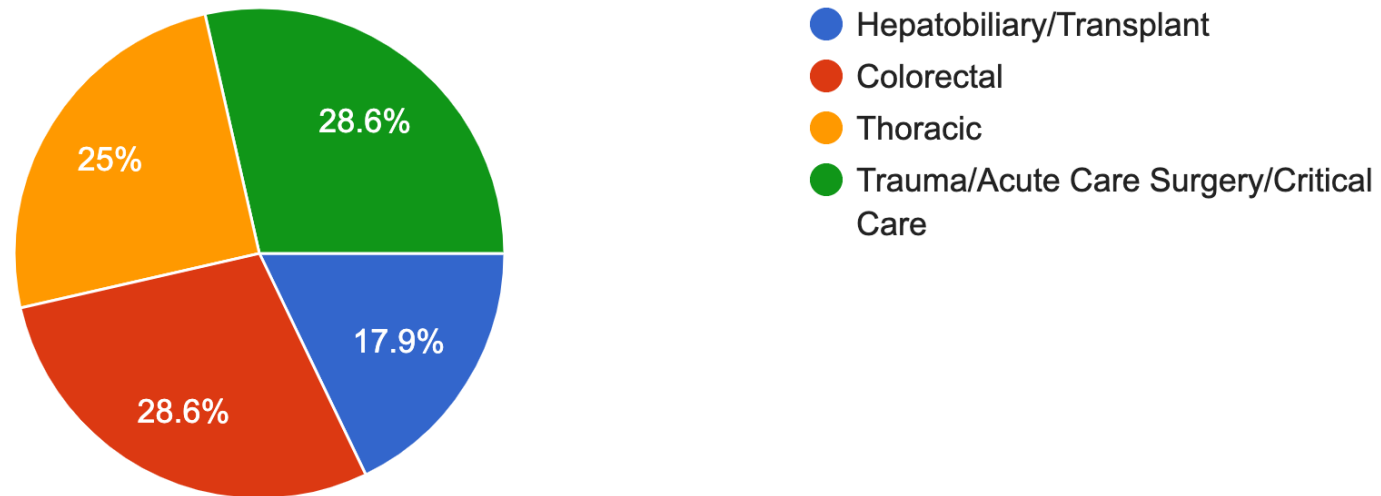




Post VSR student survey

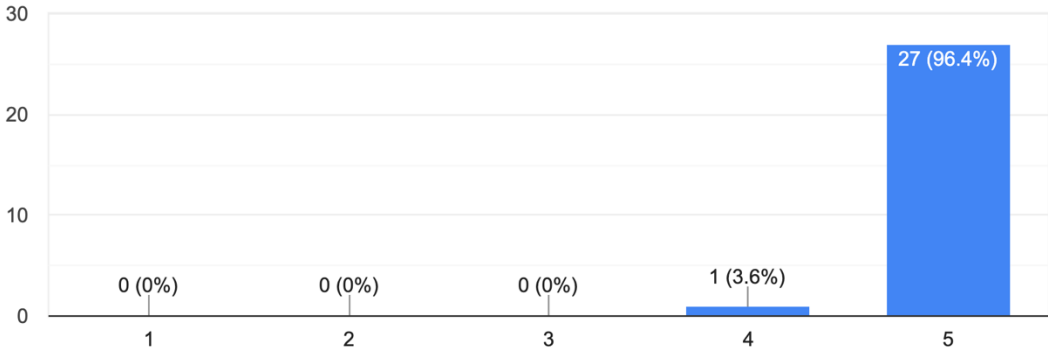
Which rotation did you participate in?

28 responses



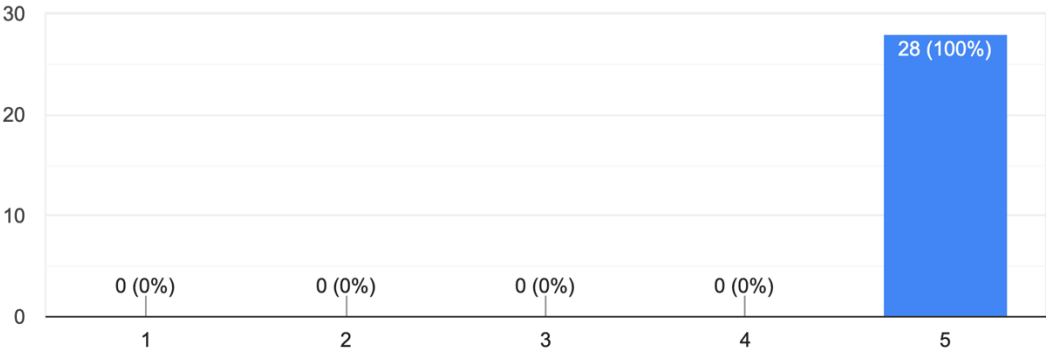
The virtual rotation was a worthwhile experience

28 responses



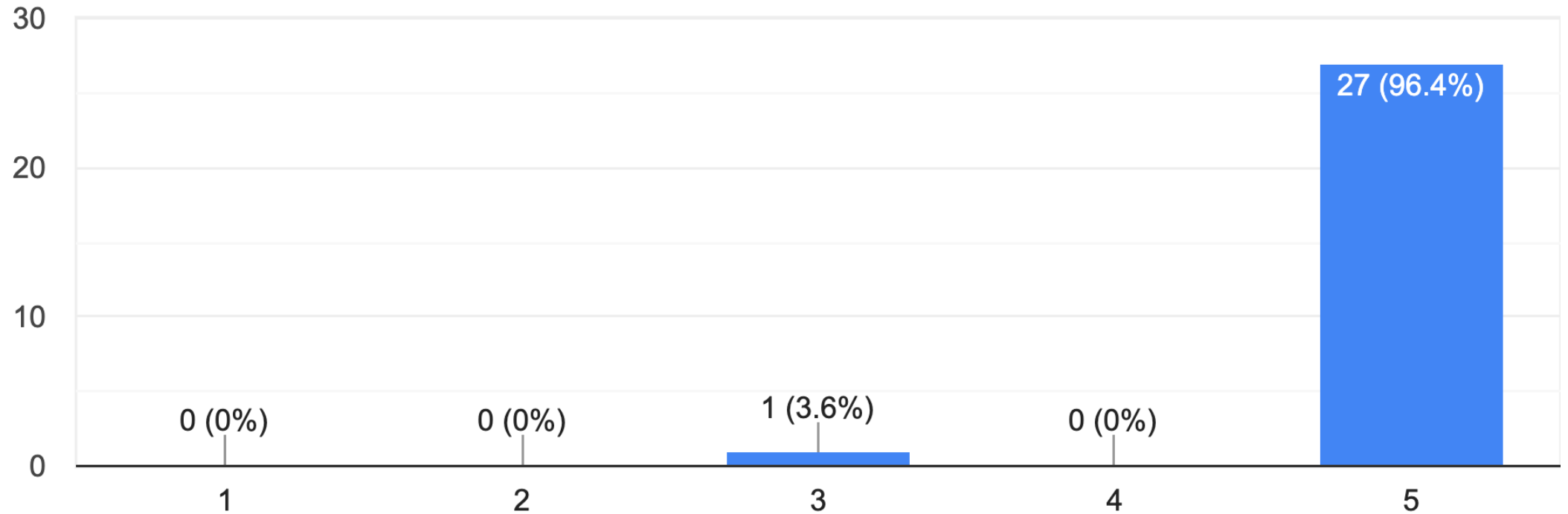
The virtual rotation enhanced my understanding of surgical care and disease management

28 responses



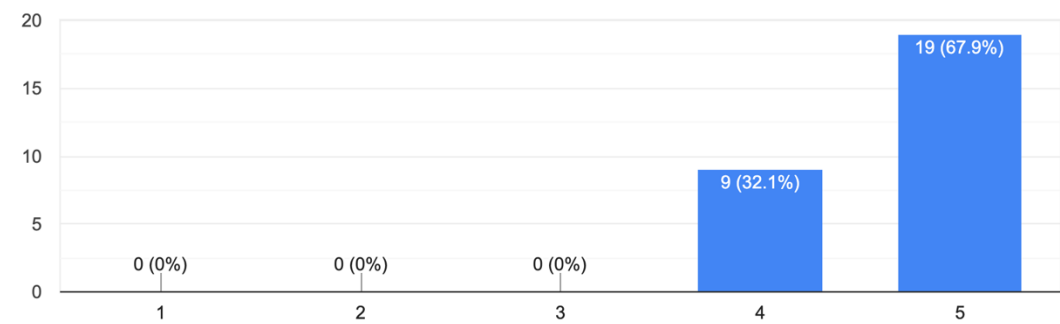
I would recommend a virtual rotation to other students

28 responses



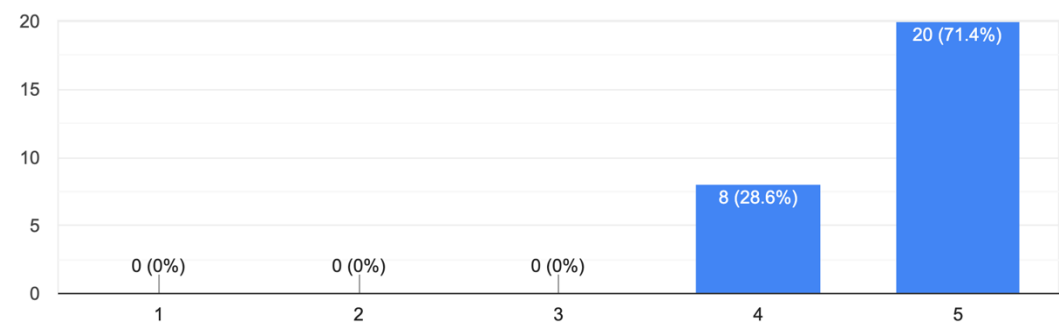
The virtual rotation helped inform me about the culture of BIDMC Surgery

28 responses



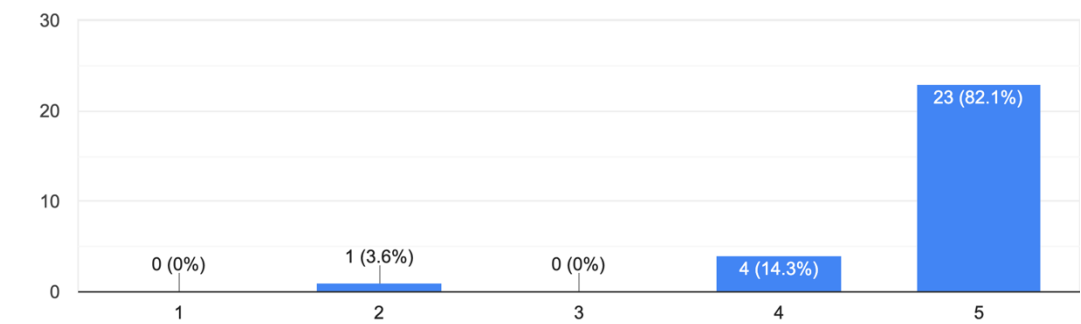
After participating in the virtual rotation, I have a good understanding of the educational culture of the BIDMC Surgery Residency program

28 responses



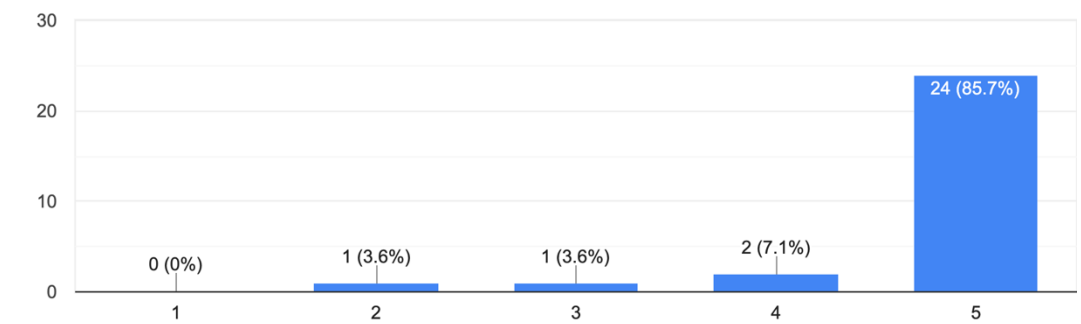
The virtual rotation affected my impression of BIDMC Surgery

28 responses



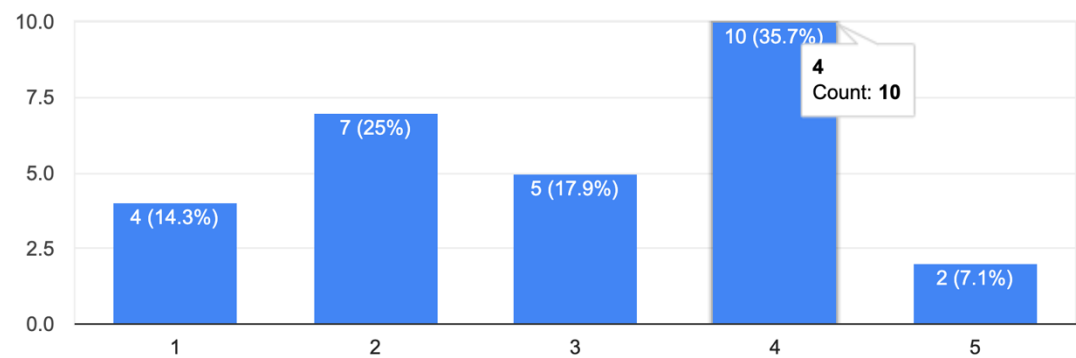
This rotation made me more/less likely to apply to the BIDMC Surgery residency

28 responses



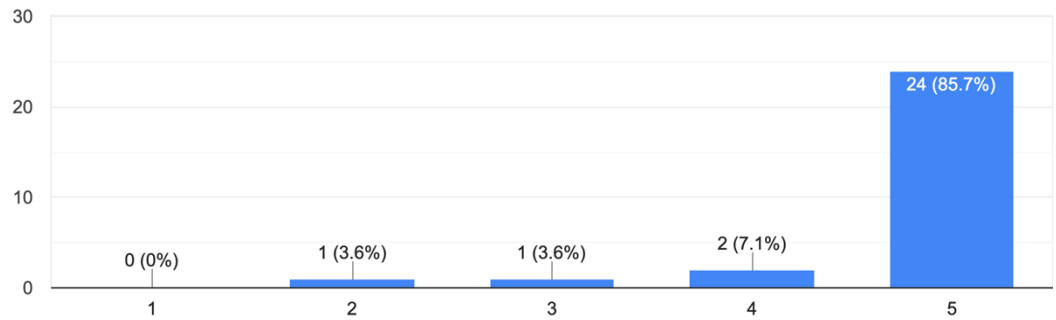
Prior to my virtual rotation, I was familiar with the BIDMC Surgery Program

28 responses



This rotation made me more/less likely to apply to the BIDMC Surgery residency

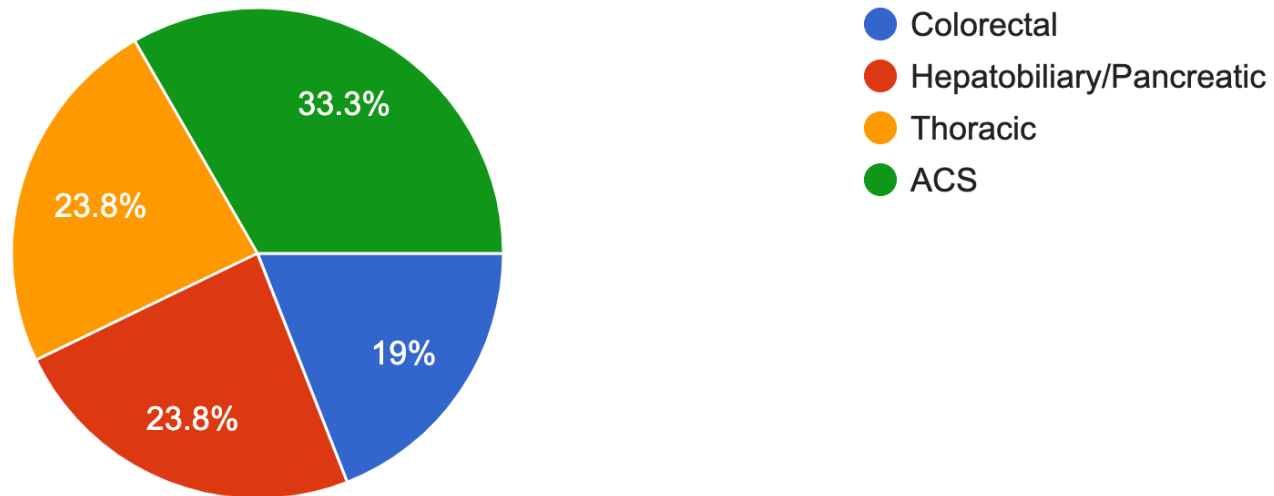
28 responses



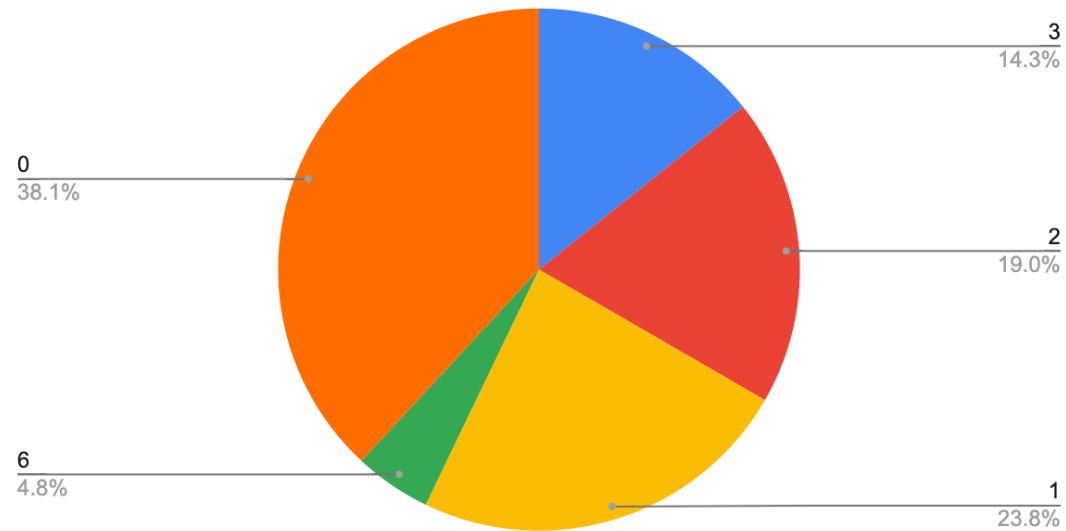
Post VSR faculty survey

In which course were you faculty?

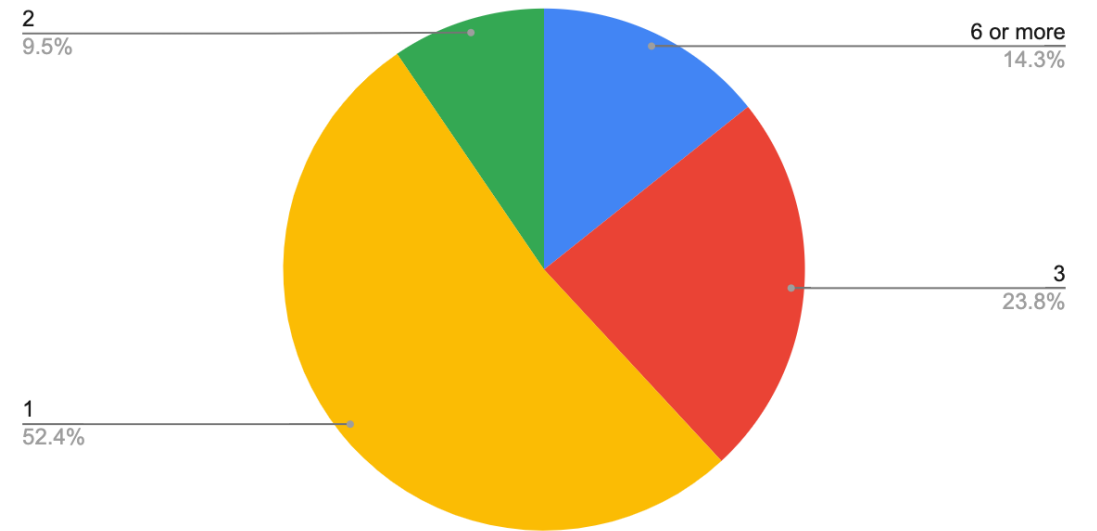
21 responses



How many mentoring-type sessions did you participate in (1:1 meetings, CV review, general Q&A, etc)?

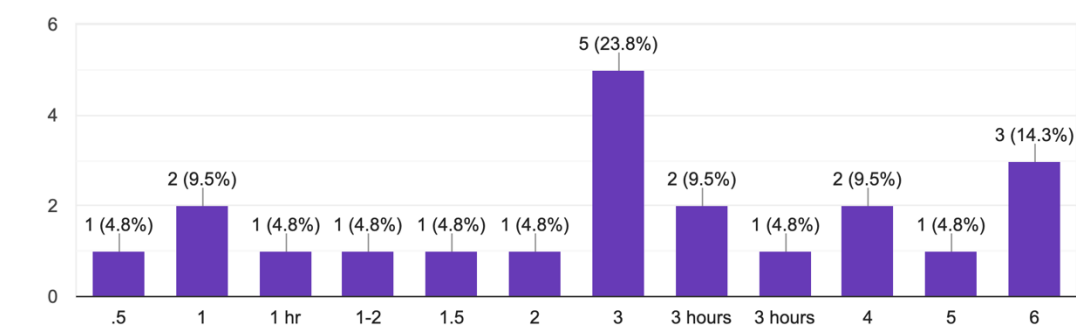


How many didactic sessions (lecture, case-based discussions, video review, etc) did you teach?

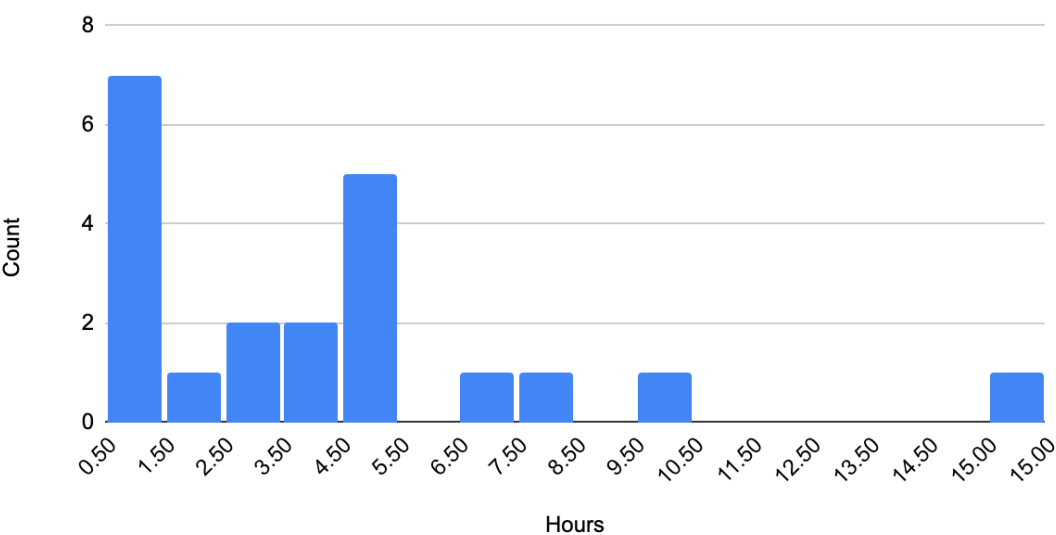


How many total hours did you spend preparing for the VSR sessions you were involved with (i.e. not during the actual session(s))?

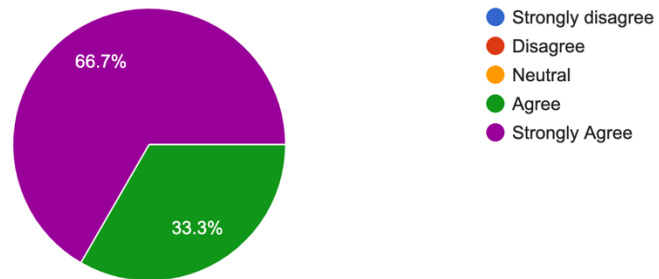
21 responses



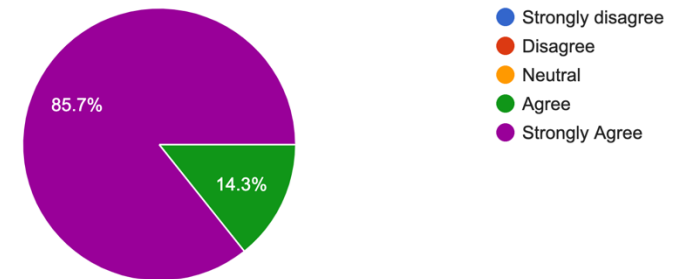
How many hours did you spend interacting with students during the week-long VSR (teaching, mentoring sessions, etc)?



Overall, I thought the VSR was a worthwhile experience for the students to participate in
21 responses

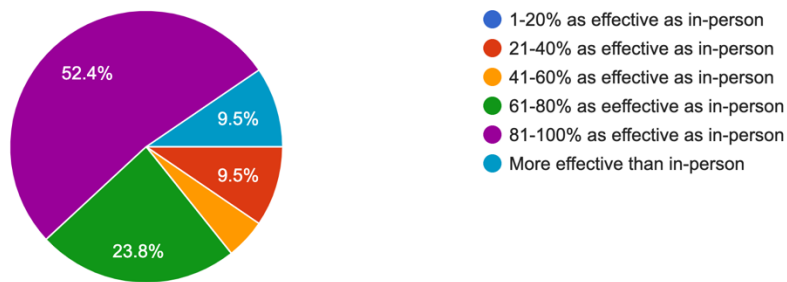


Overall, I thought the VSR was a worthwhile experience for faculty to participate in
21 responses



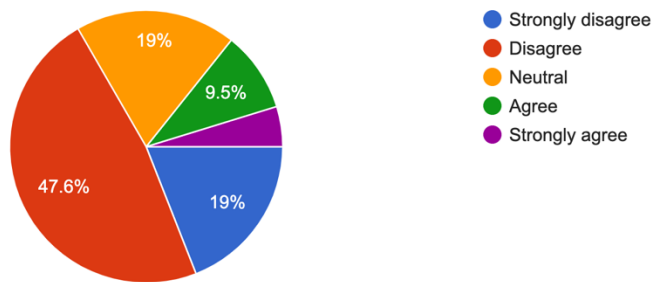
Rate your effectiveness as a teacher compared to what it would have been if this had been an in-person one-week curriculum

21 responses



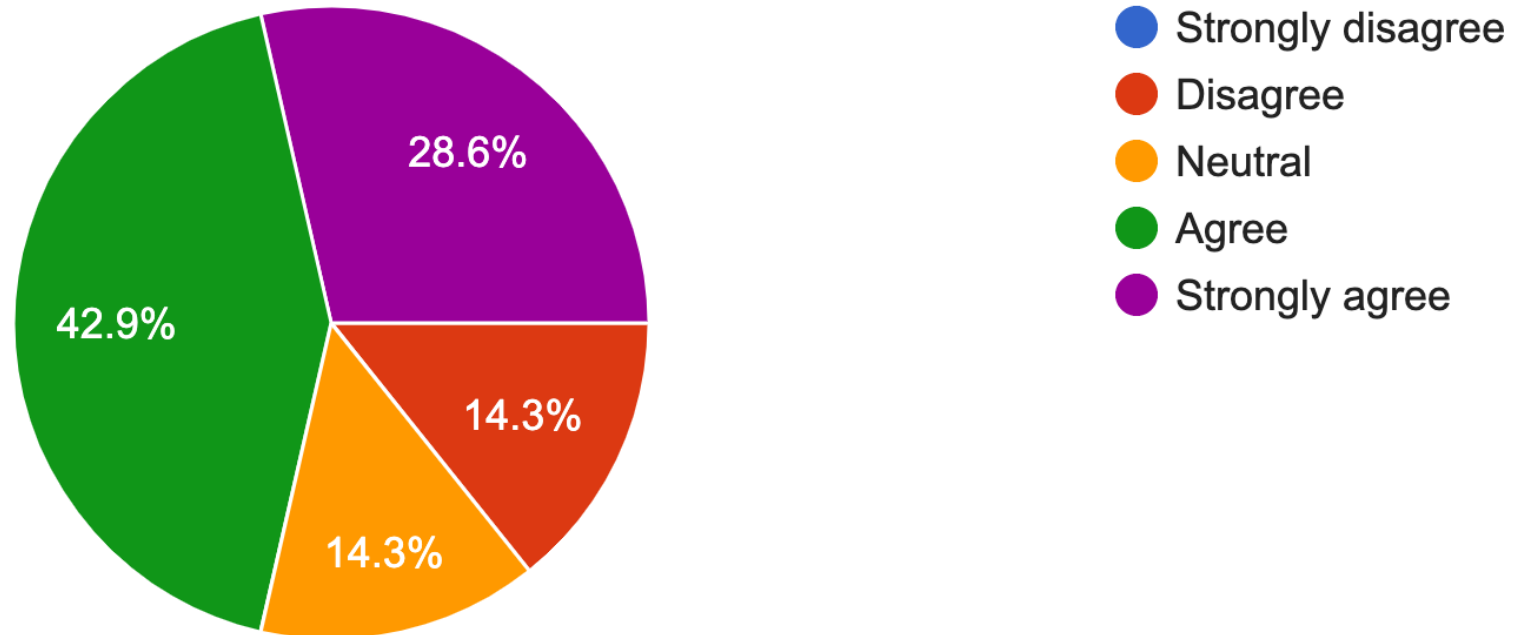
My ability to evaluate the students' performance in the online format was equivalent to what it would have been if this had been an in-person one-week curriculum

21 responses



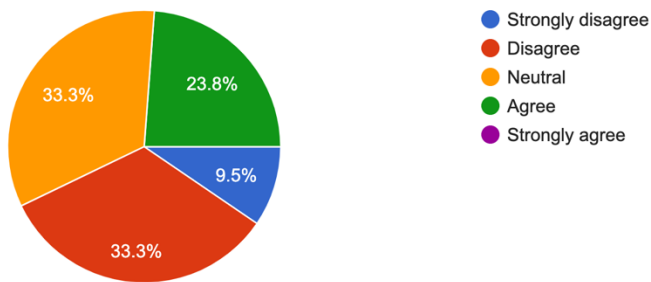
The students learned as much in this on-line course as they would have with a similar or curriculum that was delivered in-person

21 responses



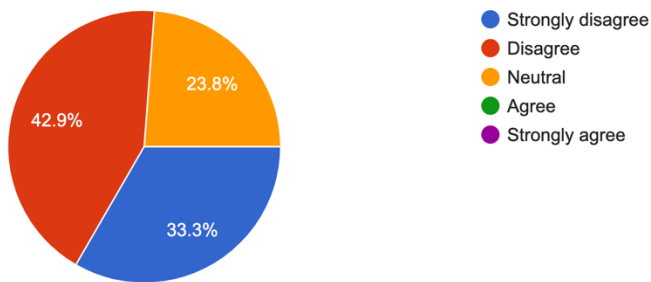
At the completion of the VSR I felt comfortable assessing whether a student who participated would be a good fit for the BIDMC general surgery residency program

21 responses



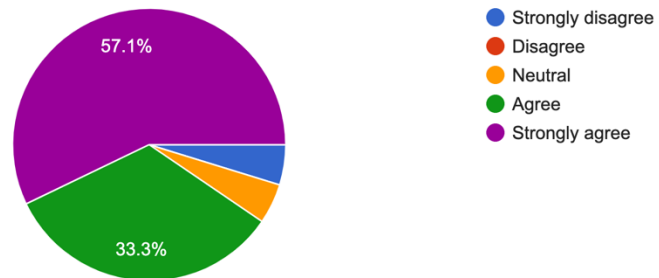
I would feel comfortable writing a letter of recommendation for a student whom I taught in this program

21 responses



I think that the VSR is an effective tool to increase recruitment of students who come from groups who are underrepresented in medicine

21 responses



I think that participating in the VSR would make a student more likely to apply for a residency position at BIDMC

21 responses

