**FG 3**

Emory is a great reputable institution

Code: ● Emory is a great reputable institution Weight score: 2

Focus group transcript 3.23.22 Position: 8 - 8

diverse clinical sites, the training.

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 8 - 8

perfect combo of great program and great city…aside from Emory.

Code: ● Emory is a great reputable institution Weight score: 2

Focus group transcript 3.23.22 Position: 8 - 8

diverse clinical sites, diverse populations

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 9 - 9

Grady

Code: ● diverse clinical sites, the training.\Grady Weight score: 2

Focus group transcript 3.23.22 Position: 9 - 9

diversity of clinical experience

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 10 - 10

public hospital, private, and VA, and so, I will be well trained after graduation.

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 10 - 10

underserved population

Code: ● diverse clinical sites, the training.\Grady Weight score: 2

Focus group transcript 3.23.22 Position: 10 - 10

Grady was a big reason why I came down to train at Emory.

Code: ● diverse clinical sites, the training.\Grady Weight score: 2

Focus group transcript 3.23.22 Position: 10 - 10

breadth of experience that you would get like specifically, ECT and some of the more procedural aspects

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 11 - 11

exposure to but didn’t realize how good was here was the therapy component. That wasn’t super important to me as an applicant, but I think that after being here I am really happy with the exposure we get, even though I don’t think that I will do a significant amount of therapy as a part of my career

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 11 - 11

I don’t know if there was a formal introduction at Emory that I missed it, I don’t recall actively formal introduction.

Code: ● no formal introduction Weight score: 2

Focus group transcript 3.23.22 Position: 13 - 13

integrated into a lot of our clinical experiences, which perhaps is great and maybe even a goal better rather than an hour lecture of here’s an introduction.

Code: ● integrated Weight score: 2

Focus group transcript 3.23.22 Position: 13 - 13

, it went especially very integral into the clinical experience. I think that after our first year or so, you know, I started noticing more of like the didactics for example that were DEI.

Code: ● integrated Weight score: 2

Focus group transcript 3.23.22 Position: 15 - 15

diverse, you known, I guess, clinical experience. Not just limited to didactics.

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 15 - 15

It seems throughout a lot of my attendings, talking about diversity issues, cultural issues, you know here I’ve been not only trained in the biopsychosocial model but also the cultural component as well. So it’s very well integrated throughout my clinical experience inpatient and outpatient.

Code: ● integrated Weight score: 2

Focus group transcript 3.23.22 Position: 15 - 15

for my intern year, I really appreciated like, you know what the experience is like, you know, seeing severe psychosis, seeing such a diverse population, and you know, it’s really incredible.

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 17 - 17

I think that as I’ve gone through residency, that appreciation and kinda of that thought process, has become more prominent. I think now moreso than earlier on residency, now that I’ve seen the outpatient perspective, I think it’s so hard because in the first couple of years, you are very much in this inpatient admit, discharge, you know, PES, in the ER that you are discharging people and you don’t get the full dimensional pictures, even psychosocially what individuals are like. In the outpatient world, I really feel that your able to see people for a long term basis and really appreciate what their psychosocial situation is like and kinda really think about the social determinants of health.

Code: ● integrated Weight score: 2

Focus group transcript 3.23.22 Position: 17 - 17

especially with the ACT team, PSTAR, where we work with chronic persistent psychosis, those attendings in particular, have a high emphasis on biopsychosocial model. So I feel like those attendings I feel like have helped to integrate my understanding of socioeconomic status and race play into patient care, I’d say moreso than some of my inpatient attendings from my intern year.

Code: ● integrated \integrated experience by attendings Weight score: 2

Focus group transcript 3.23.22 Position: 19 - 19

probably more than the attendings, the social works and therapist, have a really good grasp of these things, and so I felt like moreso than the attendings on 13A for me was like having discussions with other providers who can help kinda create a wholistic understanding of the patients.

Code: ● integrated \integrated team Weight score: 2

Focus group transcript 3.23.22 Position: 19 - 19

daily meetings with the whole team. Which includes all these other providers which I think is really wonderful and is my favorite part of working on 13A.

Code: ● integrated \integrated team Weight score: 2

Focus group transcript 3.23.22 Position: 21 - 21

Helping new residents to understand what the team aspect means and really get the skills and expertise of everyone on the team effectively, takes time. I think most people get with time but there was never a direct or indirect focus that I thought was instilled on me and sorta developed as I realized that “hey this person is awesome” and everything they are doing I should maybe read their notes more carefully or maybe talk to them.

Code: ● integrated \integrated team Weight score: 2

Focus group transcript 3.23.22 Position: 22 - 22

I think that it’s sorta natural but it’s one more thing that takes time to learn on a busy high acuity unit. That ultimately if we are there to help our patients it’s probably the most effective thing we can do because they are spending hours every day with the patient.

Code: ● integrated \integrated team Weight score: 2

Focus group transcript 3.23.22 Position: 22 - 22

DEI curriculum is a particularly challenging thing to do in a didactic format just because, I think that part of it is a lived experience.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 24 - 24

Like if I were to have DEI curriculum and didactics I’d want it to be more interactive and more conversation based and to really talk…I mean I think one of the one’s that does standout was Dr. White lead one about microaggressions my PGY2 year. It was very interactive, I felt very heard, I felt it was a process group of sorts.

Code: ● interactive teaching Weight score: 2

Focus group transcript 3.23.22 Position: 24 - 24

I don’t know that like, teaching wise, I’ve had any that I can think of off the top of my head what those lectures have been during my time in residency. I don’t know.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 24 - 24

when youre asking about the DEI curriculum, and I’m trying to think back on lecture that are like labeled DEI, none of them like really stuck out to me. I don’t remember;

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 26 - 26

the places I’ve learned most, and I guess I’m kinda far…I’m thinking about my 4th year and 3rd year experiences and not as much about my first year. I think my supervisor like brings that in

Code: ● integrated \integrated experience by attendings Weight score: 2

Focus group transcript 3.23.22 Position: 26 - 26

and that’s where I learn a lot about different perspectives, not as much about in didactics unfortunately.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 26 - 26

I think it’s hard, I think that a lot of the DEI classes were about discussions about very particular patient encounters and may apply to specific cases…very multi layered and there are a lot of different aspects that contribute to a patient’s presentation that gets a little more nuanced and complex. Not as much as something that can be said on a powerpoint for example.

Code: ● interactive teaching Weight score: 2

Focus group transcript 3.23.22 Position: 26 - 26

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Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 26 - 26

s gave us one about power and privilege which I remember this one b/c she made it much more interactive and I remember reflecting on our own backgrounds

Code: ● interactive teaching Weight score: 2

Focus group transcript 3.23.22 Position: 27 - 27

the other set are more power point based I think are harder to recall.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 27 - 27

Thinking of, in the past we have the most diversity of attendings you know working with different people.

Code: ● diverse clinical sites, the training. Weight score: 2

Focus group transcript 3.23.22 Position: 29 - 29

evidenced based, psychiatry is a little different for many reasons. And I would say that if we want to be part of this evidenced based community, then we sorta need evidence and having evidence from papers that are peer reviewed and published to help guide us may be useful. That’s wildly needed when we talk about DEI. Some of the lectures that we have had circle back…I think it’s exceedingly difficult. One of the, I remember was essentially someone, I think it was a LGBTQ lecture and it was a wonderful woman, and a lot of what she was saying was her personal experience. Which is good, and then balancing a lecture with this is my lived experience and I have a lot of it vs this is what the evidence says and on a population more macro level is established

Code: ● evidence based DEI Weight score: 2

Focus group transcript 3.23.22 Position: 29 - 29

didactic setting for residents who are ultimately becoming a psychiatrist and pass boards and be effective, this is quite tricky.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22 Position: 29 - 29

there is a dichotomy between research and uh DEI. And like for example, like you know even with grand rounds, they are separated into the research grand rounds, or this is the DEI, you know, but like I don’t…I’m hoping to have two together. Why can’t we have DEI curriculum that is informed by research by evidence based.

Code: ● evidence based DEI Weight score: 2

Focus group transcript 3.23.22 Position: 30 - 30

But you know, more along the lines of what the literature is saying and having guidance, and how do we read the literature with the scope and the lens of considering DEI. Like for example, a lot of the of evidence based literature research, recruits participants that are not really diverse. And we don’t often take that into consideration when we look at you know our treatment for our patients. There is this huge gap between the science and the literature vs implementation.

Code: ● evidence based DEI Weight score: 2

Focus group transcript 3.23.22 Position: 30 - 30

I think that it exist and that you exist and that it’s something that is being discussed is a strength that is something that shouldn’t be ignored.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 34 - 34

I think that there is um a lot of topics, that I think are really important that are covered. A lot on culture, disparities, social determinants, um lectures related to racial disparities and in particular structural racism. Um…so a lot of the topics in and of themselves, I think are really important.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 36 - 36

sometimes the order of them doesn’t make as much sense to me. Like we spend most of our first year at Grady and then at least that I am seeing here is that one of the second year lectures is Grady and gun violence. Um…like that lecture seemed like it’d be more powerful if they are given when we are in the space when they are most relevant.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 36 - 36

I wonder if some consistent image, or would it tell people this is part of the DEI curriculum, like on the slide. Because a lot of these I do actually remember now but they didn’t occur to me when you asked about lectures. I don’t know if its good or bad or whatever that means. But clearly we are getting more hours than I remembered.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 38 - 38

were making gains to be more emphatic about the importance of this, and the relevance of these things and trying to incorporate it more actively. And our curriculum and the way about we approach our patients and the way that we are physicians.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 40 - 40

But I think that, you know, and this is not meant to be, but we’re here on Wednesday and people have different commitments in all these things. You know we’re a program of at least about 50 people and there are 4 of us here talking about this today. And I think it’s just curious to think, what is behind you know? Is there concern about coming to this for personal reasons? Is it not emphasized enough? Is it not, you know, what is playing into some of these things, that you know… I don’t know.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 40 - 40

serving as the co-DEI chiefs next year. And this is something that has come about as I’ve advanced in my residency. It wasn’t around during my intern year.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 40 - 40

I think that we’re changing our vision of you know, what, you know, how to incorporate DEI into a program, into our curriculum. But I think that it is still a work in progress and we are still trying to find ways to make that emphatic with our peers and as a program.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 40 - 40

What is the vision? And what are we trying to accomplish? Because of course you know, clearly there is going to be a couple of years of trying to gain ground on what do you want this position to look like because it’s so new.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 42 - 42

So you know it’s kinda one of those things this position had been advertised for some time, for rising 3rd years and 4th years, and really um… for some time, no one really applied or looked into the position. And I don’t know was it because of that, the uncertainty of what this position will look like or some people expressing a view from a specific demographic they felt uncomfortable taking on this position

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 42 - 42

I think the biggest things we are looking at is recruitment, and looking at under represented minorities and looking at the applications and insuring we are being a part of the process when the applications go out.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 42 - 42

DEI chiefs is recruitment related

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 43 - 43

we’re hoping to maybe do is improve the uh residents’ involvement just more broadly in DEI related efforts. Because it seems it’s siloed into individual efforts and that’s not usually very sustainable. And trying to get more involvement in residency program interest

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 43 - 43

Um one thing that I think is a positive with a position is there is a dedicated ½ day. So there is funding for the position and it’s not all just a volunteer basis and I think that is something that is more unique to the Emory program that not other residency programs has this position

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 43 - 43

we started with two faculty members who are advisors and I think they are trying to improve communication last year from what we heard.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 45 - 45

And in this position having more transparency and expectations I think it kinda remains to be seen for me. In July we will see what peoples actual expectations and support of us will be. I’m optimistic but also recognize that there have been a lot of issues in the past especially with filling this position.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 45 - 45

we will see what peoples actual expectations and support of us will be.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 45 - 45

introduction to the DEI curriculum. And being clear about what like the mission or the goals are.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 47 - 47

I like don’t really have a clear sense of what this is.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 47 - 47

I think establishing it as what we want it to be and making it…which can be, I think it’s a really difficult thing. But having, and I think it’s whatever we want it to be.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 47 - 47

I think the other part of it is having attendings we work with be on board. I think that this is such a big thing. If attendings are modeling these types of conversations that’s huge b/c we look up to our attendings. Especially as interns and 2nd years like we don’t really question we really follow that physician. You know having other people who are higher up and who are really passionate and for it I think that can be helpful.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 47 - 47

senior residents and definitely attendings some of who are more passionate about teaching than others help bring that to be perhaps less hidden. You know why did we prn with this person, why do we prn with this choice, what are other choices we could have used. I tend not to be the shyest resident and sometimes when I ask questions it is received as a challenge and so I internalize ask less questions cause less problems. Um that’s a bummer.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 49 - 49

I totally agree with Haley’s observation that there are 4 people here today out of 50…that’s unfortunate. For something that will effect everyone, will affect your career, your patient care…I mean it’s just a reality of life right, I don’t have the same experience of anyone I’ll be taking care of. Even if he grew up as my neighbor. We’re different people, and doing better to me is be realistic…especially when we’re somewhere at Emory with all the resources at all the sites…and there’s four of us.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 51 - 51

For something that will effect everyone, will affect your career, your patient care…I mean it’s just a reality of life right, I don’t have the same experience of anyone I’ll be taking care of.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 51 - 51

making it more willingness to have these complicated conversations. Especially intern year at Grady would be really helpful with out inpatient unit and the psych ER.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 52 - 52

One thing I think just looking at the curriculum is interesting, so much of it almost all of it is centered around our patients but nothing really about diversity and value of it academia or in resiendcy programs and having like a time to um have that sort of conversation would be helpful.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 52 - 52

Yeah looking at the curriculum there’s nothing about disabilities like working with hearing impaired visually impaired um people with other physical disabilities and I had something about that in med school and that was something that was practically very helpful.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 54 - 54

the conversations the attendings could integrate into our like there own um patient care when we’re working with people with different disabilities. But a lot of the time work is so busy that it doesn’t get fully discussed.

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 54 - 54

ust a sense of organization

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 55 - 55

There is a lot of confusion about what the curriculum is, what objectives if there are any should be achieved, and you know a lot of times when, you know it’s a big question during residency interviews. There are the questions at the interview dinners what are the programs of the DEI initiatives.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 55 - 55

More recently there are things we are working on like we just filled these chief positions, we have an elective, we are trying to be more mindful of you know this incorporation

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22 Position: 55 - 55

but I think a lot of if there’s just a sense of disorganization or a lack of knowledge of what this really is. And so when we talk about it we’re all kinda like well it’s here but there is no structure way of communicating that because our knowledge of it it’s kinda of its present but it’s limited…I don’t think its necessarily due a a lack of being present or the lack of progress we’re making. A lot of its just the lack of organization, or being transparent, or it really being emphasized to us.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 55 - 55

just um communication in general is the weak spot.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22 Position: 57 - 57

I personally struggle with it immensely b/c the more that I learn about the problems I didn’t use to see but now do I feel inept to solve them because I’m not a social worker, I’m not a case manager, and I’m not moving in to help you deal with all of these.

Code: ● insufficient method to address Weight score: 2

Focus group transcript 3.23.22 Position: 60 - 60

You know there are infinite problems for people in Atlanata that I’m trying to deal with money, homelessness, and I think seeing them is one step and then I have a deep desire to do more. There was a patient that we kinda discharged from clinic after the consult was done and has immense psychosocial needs and not really any specific psychiatric problems and palliative care and I talked for like an hour yesterday b/c she’s got problems and none of them are changeable by medication.

Code: ● insufficient method to address Weight score: 2

Focus group transcript 3.23.22 Position: 60 - 60

I would have to say I’ve found my experiences to be frustrating when I didn’t understand some of the social determinants of health and kinda struggling with dealing with burn out first year but learning more about and hearing more about, I learn these are much bigger issues of what I’m capable of…this is my role as a clinician, you know I’m appreciating and understanding some of the structural issues has been helpful in understanding why I’m feeling the way I’m feeling and the frustration.

Code: ● insufficient method to address Weight score: 2

Focus group transcript 3.23.22 Position: 65 - 65

I think it’s helpful to understand these things and medication is not everything. We are only limited to what we can know. And I think that’s where I’ve become more passionate about research and doing more social determinants of research. Looking at neighborhoods b/c I think there is room, there is hope, but it’s interdisciplinary and I think it involves different perspectives.

Code: ● insufficient method to address Weight score: 2

Focus group transcript 3.23.22 Position: 65 - 65

I feel strongly that the answer to that is yes. I think you have to look at it at 1% to have productivity but I’ve never asked for help finding things and have someone to say no.

Code: ● support from program Weight score: 2

Focus group transcript 3.23.22 Position: 67 - 67