**FG 3**

integrated experience

Code: ● integrated Weight score: 2

Focus group transcript 3.29.22, Pos. 7

diversity of the clinical sites like Grady versus a Wesley Woods, like a very, very wide variety of patient populations.

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

Focus group transcript 3.29.22, Pos. 7

diversity in the clinical sites in terms of the patient populations.

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

Focus group transcript 3.29.22, Pos. 10

public safety net hospital

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

Focus group transcript 3.29.22, Pos. 10

Emory at the time was kind of just starting this global mental health track

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

Focus group transcript 3.29.22, Pos. 10

really liked that Emory seemed kind of as an institution connected to like CDC connected to, you know, like public health, like Rollins is obviously like one of the most, I guess public health schools in, in the world. Um, and so I, I thought that there would probably be opportunities, in the future hoping to work kind of like part-time in the public health realm and part-time clinically. So for me, those were important pieces.

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

Focus group transcript 3.29.22, Pos. 10

And then I also wanted to be in a city, like a big city, um, with all the diversity that comes with big cities

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

Focus group transcript 3.29.22, Pos. 10

I got to know a lot of the attendings and I respected them as clinicians. I also felt that the program had sort of a perspective on psychiatry that I also believed in. Um, it's more biologic, I think, in its training, but, you know, I just liked that there was like a lot of neuroscience, um, um, like a lot of, you know, I don't know, like empiric evidence and research basis for the treatments, but also, you know, an awareness of psychosocial factors and the importance of, um, having therapeutic alliance, just, it was a nice balance for me.

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

Focus group transcript 3.29.22, Pos. 11

I wanted to live in Atlanta.

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

Focus group transcript 3.29.22, Pos. 11

I'm on the research track and my research just aligned a lot with the work that's already being done at the program.

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

Focus group transcript 3.29.22, Pos. 12

I think, you know, we've, we definitely have seen a lot worked with a lot of, um, patients from kind of all across the board, um, in terms of diverse experiences, especially at this point, having rotated at Emory, the VA, um, and Grady sites now.

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

Focus group transcript 3.29.22, Pos. 14

major ones is just resources for patients.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 16

like the PES and thinking about connecting patients to care and, you know, like giving somebody a sheet with a 10 Park Place address on it and walk in hours. And it just doesn't feel like we're doing much when there's so many needs that patients have.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 16

seeing like how decisions are made, like decisions about admission and discharge, for example, that there's so much variability between sites among attendings. Um, and I think in some senses it was, it was hard to see like the disparity, um, among sites and among populations and just among experiences.
So I think that was, that was hard.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 16

the more sort of incidence of, uh, incidences of, um, like somewhat resistance to change, I would say that the program directors are like very eager to improve and, you know, like willing to make, you know, big change to the point where it makes people uncomfortable, you know, but they're like always looking for ways to make things better.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 17

it's almost like a, sort of an accepted level of dysfunction, um, that people are like willing to just sort of go along with, and everyone has the same opinion, but nothing gets done.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 17

I think it, it can be an exhausting, like as if, as these instances keep happening to speak, say something or escalate issues that as JE and JU was saying, that is cool. It's just been in place for so long at, at some point it just feels easier to just keep, put your head down and say the course.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 19

Grady the most, I think.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 21

I think that at Grady, we see like the most severe social circumstances, the most severe psychiatric illnesses, the severe untreated medical problems. So it's like for those reasons, you know, in a way you would like of need everything to be at its best. And so I feel like we notice it more at Grady. I can't necessarily say it's not at other sites mm-hmm but, um, but yeah, I definitely think Grady is the experience that can be like somewhat soul crushing.

Code: ● challenges with system issues Weight score: 2

Focus group transcript 3.29.22, Pos. 25

I'll say that typically, you know, it's not as though we like know like, okay, on these days, at this time, this is going to be like the diversity series.

Code: ● no formal introduction Weight score: 2

Focus group transcript 3.29.22, Pos. 29

we may or may not have encountered those lectures. I also, like, wouldn't be able to tell you what the sequence is, you know, in terms of like one topic being continuous with the next, I don't think there is any continuity. It's just sort of like these one-off lectures that we get throughout our training.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 29

I think it was a two part, um, series and it was in first year and it was kind of a discussion on looking at the historic kind of racist roots of psychiatry, um, and also kind of like aspects where psychiatry was very biased, discriminatory, sexist, racist in certain ways. And that was conveyed through, you know, like media or advertisement of medications or ways that I think we had talked about, um, like the concept of protest psychosis and hysteria and those kinds of things. And I thought that was a valuable discussion I think is, is helpful. And it's also, I think, important to understand like the roots of the field that we're practicing in, um, and understand issues that are in the field and in the past and, and continue to be in, in different at ways. Um, so I think that was helpful.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 31

some like evidence about like more recent research, kind of like looking at disparities and diagnosis of like psychotic disorders versus bipolar spectrum, for example, um, that I think also was helpful.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 31

I'd say that's a strength that the program is at least having these discussions and incorporating them in the curriculum.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 32

they do a good job of talking about the, the first step, like the discrepancies of schizophrenia diagnoses, for example, in black versus non-black populations.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 32

Um, but sometimes I feel like it kind of stops with that and there's less discussion about how to address those discrepancies or how to think differently. I I've, we've had a number of lectures where the bulk of it is the prevalence of these discrepancies and less, so the discussing interventions, maybe that's something we'll get third and fourth year. I'm not sure

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 32

I think I have maybe a unique sort of opinion that I feel that, um, a lot of, sort of like social justice and, you know, disparities, you know, work in, um, so psychiatry in terms of the education needs to be more experiential and more through conversation and exploration rather than lecture

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 33

you know, I think like really learning from our peers, learning and questioning our perspectives individually and as a group and like challenging our cells to sort of grapple with our beliefs, our thoughts, our behaviors, I think that's gonna be like the, to me make the most difference.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 33

while I do feel like the lectures have been good, um, I still feel like you can come out of this program, um, without, like with a very big missed opportunity.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 33

Like we have an incredible opportunity to learn not only from the Grady population, but from the VA population as well as the Emory population, but like those two in particular, I mean, I like consider it like a sponge that is just like soaked with water that like, we were just getting one little drip.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 33

so, you know, I would love what I would love to see is actually like maybe more of a, again, rather than like one topic being sprinkled throughout having maybe again, like core blocks where for a period of weeks, like the Wednesdays are like this short course, you know, and then it could go into psychopharm, and then to the next thing, you know what I mean?
But like, we're able to sort of say like, okay, I, I received something complete as it relates to, um, cultural psychiatry, disparities work, et cetera. Um,.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 33

one reason why I wanted to be chief at Grady this year was so that I could like provide some of that education in my like teaching opportunities and interactions with the interns. And it's like really rewarding to sort of hear like actually an intern came to me today after presenting a patient, um, during what we call walk rounds. Um, and he was like, you know, I remember you telling me X, Y, and Z one morning. And he's like, and that really resonated with me. And so I've been challenging myself ever since then to like do differently.

Code: ● residents incorporate in their clinical experience Weight score: 2

Focus group transcript 3.29.22, Pos. 34

I personally haven't experienced much kind of in that realm in terms of attendings incorporating, um, like relevant teaching kind of on the subject area. There's only, there's only, I think outside of like a lecture context and like, just thinking about like clinical work kind of day to day, I can think of like one attending, only one attending like comes to mind that actually, like I remember like they kind of specifically addressed, um, like topics related to, to DEI and like thinking about our patient encounters and our approach and our interviews and things like that.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 37

I think Emory's credit is I person have felt like across all of the sites I've seen like a consistent, like honoring of patients and respect, um, you know, regardless of, you know, if they're coming in soiled and loud and angry, like I think modeling, you know, that level of like professionalism, I, I think has been really good

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 37

like in terms of sort of being sort of vocal in like talking about and thinking about these DEI considerations. Uh, I don't, I don't know that I can remember too much of that from attendings.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 37

it would be nice. And again, we try to do this with the interns this year to have some sort of like consistent integration of like cultural formulation into how we think about our patients. Um, so that, so it's like an automatic, you know, when we're presenting, when we're, you know, evaluating, it's like something that we always stop to think about

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 39

So I feel like being taught how to do that and being, you know, having models of how that happens would be great. Um, and then again, like I'm, I really do feel what I would love to see, and I've been trying to get this person to come talk about this, but would be like a, again, a much more experiential like interactive curriculum.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 39

but basically it's like these group, like sort of organized interactions where for example, um, you'll be broken up, um, into groups based on one sort of identity, say it's like sort of, you know, gender identity, for example. And then, um, you have a conversation within your group about certain like specific questions and each group will do that. And then that, then you share as a group and there's like an opportunity to talk about either like experiences, uh, in your shared identity group or assumptions, another group. Um, but it sort of like it like sort of forces you to like, look at your identities, look at your assumptions about others and then like actually engage in dialogues about, about it.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 40

but like in didactics, I would say the only thing that maybe I don't love, about the lectures that we do have is that in times, at least in my class, like if it's challenging topic, you know, the people who are not in involved in DEI, it's just like radio, silence, no interaction, no sharing, no reflection. It's like they sit through it and almost feels as though it's like, okay, I'm just gonna get through it. You, um, and it makes me question and wonder, like, you know, is this resonating <laugh>, you know, like, you know, and maybe it is, I don't know, but I feel like it maybe like sort of an interaction will challenge people more than just listening silently.

Code: ● didactic format not good Weight score: 2

Focus group transcript 3.29.22, Pos. 40

AC G M E requirements for are certain hours of lectures on topics, um, unrelated to DEI. So basically saying there's no time.

Code: ● support from program Weight score: 2

Focus group transcript 3.29.22, Pos. 41

small groups is a great forum for that. Cuz part of my, I suspect people are often hesitant to speak as they're afraid of saying something wrong or not saying something, uh, correctly. And I think a smaller groups would maybe foster that. Um, <affirmative> people to challenge themselves more.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 45

I guess like bedside, um, teaching seminars, because I think the issue of in general of, of like bedside education has come up, um, and something that, you know, we need to prove on this is,

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 46

So I think it could be very helpful to have either like seminars or some sort of, some sort of way to help give faculty who are directly interacting with residents. Like give them some tools to know how to, how to be a able to approach it. Um, if they feel, and, and also to understand kind of like where they're at, like, do they have completely no idea about how to incorporate it or do they have ideas, but something else gets in the way of, of bringing it up or what's kind of there and then how do we actually do that?

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 46

Rotation reviews or something, but like asking about, did you know the attending you work with, did this person do any education related to DEI, because we, we specifically like do reviews for individual faculty that we work with and so that question could be added.
It would maybe give some kind of, I guess, metric to look at, um, to see if it's being implemented.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 46

I feel like so sexual identity, gender identity, um, you know, I don't know. I don't feel like it's consistently integrated.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 49

I don't know that there's anything that I was taught in the program. That's changed things for me, it's been independent study.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 56

it hasn't happened many times, but the times that patients have come to our didactics and shared their own experiences, like those have been incredibly eye opening,

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 60

interns to patients home to do homes, to do follow up visits, to like really be able to see what, like what the community, um, looked like, you know, that we were treating and I have always felt like that would be really, yeah, like very educational to have experiences like that, or even just having more of patients to learn from formally.

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 60

Some of that is part of ACT. I know, I think our year we didn't because of COVID we didn't really get to go and actually physically gonna be on site. Um, but maybe actually expanding that option or like having it as an option to do the conduct community week to have it all be ACT

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 62

I think like a weakness of diversity education as well as recruitment is that we don't have a diverse, uh, faculty though, you know, it's like, again, I'm not saying that they don't have the knowledge or the background, you know, when you have like a number of conversations or lectures about like race and discrimination and they're all taught by White women, you know, I do feel like there has to be some limitation to their experience. And again, I'm not just speaking about like racial, um, diversity in our faculty. Like I think there's like a general lack of diversity and it's a weakness.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 62

Like for implicit bias to be more talked about earlier and more frequently? I know, I think there was a talk that um, when within September I think there was, there was a resident wide seminar on that, which I thought was very useful and being more of that more consistently

Code: ● improvements Weight score: 2

Focus group transcript 3.29.22, Pos. 65

I don't feel like there's been very much at all on like religious diversity and I think that's incredibly important, especially in psychiatry, just thinking about people's belief systems and where they, you know, find hope and, and support.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 66

Religion, sexual orientation, national origin, um, family constellation geography. I mean, for example, like I've learned a lot from certain attendings about rural culture.

Code: ● strengths of DEI curriculum Weight score: 2

Focus group transcript 3.29.22, Pos. 70

Emory is a great reputable institution

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

Focus group transcript 3.23.22, Pos. 8

diverse clinical sites, the training.

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

Focus group transcript 3.23.22, Pos. 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, Pos. 8

diverse clinical sites, diverse populations

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

Focus group transcript 3.23.22, Pos. 9

Grady

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

Focus group transcript 3.23.22, Pos. 9

diversity of clinical experience

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

Focus group transcript 3.23.22, Pos. 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, Pos. 10

underserved population

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

Focus group transcript 3.23.22, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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: ● didactic format not good Weight score: 2

Focus group transcript 3.23.22, Pos. 26

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Code: ● interactive teaching Weight score: 2

Focus group transcript 3.23.22, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 42

DEI chiefs is recruitment related

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 54

ust a sense of organization

Code: ● improvements Weight score: 2

Focus group transcript 3.23.22, Pos. 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, Pos. 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, Pos. 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, Pos. 55

just um communication in general is the weak spot.

Code: ● weakness of DEI curriculum Weight score: 2

Focus group transcript 3.23.22, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 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, Pos. 67