Research Workplace Ethics: Professionalism, Diversity, Equity, and Inclusion

Ayana Jordan, MD, PhD
Associate Residency Program Director
Assistant Professor, Department of Psychiatry
Addiction Psychiatrist, Attending Psychiatrist
Connecticut Mental Health Center
Principal Investigator, Jordan Wellness Collaboration (JWC)
UNDERSTANDING EDI is ESSENTIAL

- **Equity** = everyone has access to what is needed for success
- **Diversity** = institutions/organizations represent heterogeneity of its workforce/population of need
- **Inclusion** = barriers (seen/unseen) are eliminated
  - people are valued & appreciated as themselves
  - willing/able to fully be involved in decision-making
  - people feel empowered

A few other points to consider:

- **Belonging**: the individual feels fully engaged, able to thrive because there is an acceptance of who they are and they feel comfortable to be their authentic self
- **Intersectionality**: connectivity of social categorizations such as race, class, and gender, sexuality, positionality, ability

---

**JWC Leadership Statement**

Together, working through an *anti-racist framework*, JWC will operationalize *equity, diversity and inclusion* as powerful tools to leverage differences and promote *belonging*, in order to conduct innovative research that translates to, high performing systems of care for best outcomes of minoritized people with SUDs

---


Assessment of Treatment/Research Culture

An Anti-Racist Approach

Voices from minoritized communities MUST be included in the narrative

Leaders must be cultivated and involved in all stages of research development and implementation related to treatment/research

Health programs must meet the needs of minoritized by removing current & historic barriers to health

Communitycatalyst.org, Feb 20, 2019
Psychiatry Diversity Leadership in Academic Medicine: Guidelines for Success

Ayana Jordan, M.D., Ph.D., Ruth S. Shin, M.D., M.P.H., Carolyn L. Rodriguez, M.D., Ph.D., Eraka Bath, M.D., Jean-Marie Alves-Bradford, M.D., Lisa Tyler, Ph.D., Nhi-Ha Trinh, M.D., Helena Hansen, M.D., Ph.D., Christina Mangurian, M.D., M.A.S.

Dr. A, a Black woman researcher and clinician-educator in the Department of Psychiatry at a prestigious academic institution, was appointed chair of the Diversity, Equity, and Inclusion (DEI) committee in 2017, in the context of public complaints and media coverage concerning sexism and racism. Following recent high-profile murders of Black people by police, Dr. A is called upon by the department chair to develop “antiracist programming.”

As a first step, Dr. A drafts a strong message against racism and excessive police force. Despite the statement being vetted by all senior leadership, the department chair tells Dr. A, “A place only has one name on it, in case it is not well received.” Dr. A receives negative e-mails in response to the statement, with minimal support from the department. Not to be dismayed, Dr. A assembles a DEI committee to plan an “antiracist” strategy for the entire department, without financial support, protected time, or additional resources. The DEI committee progress is slowed by the lack of institutional and departmental commitment. Additionally, several well-meaning non-Black colleagues in the department organize responses to the statements—including protests, town hall events, and public statements—without concerted coordination with the DEI committee, implying that “nothing was being done.” In parallel, Dr. A is tasked with organizing and dispatching the limited number of Black psychiatrists, psychologists, and social workers in the department to deliver care to the entire Black community at her institution.

Feeling overwhelmed by the number of tasks she has been asked to initiate—while navigating a tense climate, with minimal financial or administrative departmental support—Dr. A requests a meeting with the department chair and executive committee. At the meeting, Dr. A, a tenured faculty member for the past 30 years, is addressed by another colleague’s name—the only other Black professor in the department. When Dr. A points out this microaggression, a senior colleague tells her she is being “too sensitive,” and is “overreacting.”

Despite this interaction, Dr. A highlights multiple institutional barriers, including the structural racism that minimizes the work of DEI initiatives in the department. She presents her proposal for protected time and resources to successfully execute robust antiracist programming but is told money is tight and to “scale back” and “do the best you can.”

**Box 1: Best practices to effectively support psychiatry Diversity, Equity, and Inclusion (DEI) leadership efforts**

**Structural Changes to Recognize DEI Commitment**
- **Title:** Vice or associate chair in the department, a strategic elevation of the role to clearly state the importance of the role.
- **Leadership team:** Departmental cabinet and/or executive committee membership.
- **Endowed chair:** Strongly consider a named endowed chair to afford academic prestige and the financial support/statutory that the position deserves.

**Financial Support**
- **Sabbatical support:** This is critical, with an ideal range of 25%–100% reflective of effort, with very explicit management of expectations given effort. Funding via a named endowed chair or endowed stipend would ensure stability of support.
- **Discretionary funds:** DEI leaders will require discretionary support for implementation of policies, amounting to at least $50,000 renewed annually.
- **Staff:** A full-time administrative assistant and/or program manager is critical for this role. In addition, we recommend at least 10% of time for a data analyst, as structural accountability requires data management and infrastructure.

**The Role**
- **Job description:** The roles and responsibilities of the DEI position should be clear when the position is first presented to potential candidates, with responsibilities commensurate with financial effort provided.
- **Reporting structure:** We recommend dual reporting to both the department chair and the DEI leader of the School of Medicine’s Dean’s Office (or the hospital/institution).

**Diversity Committee:** Create a diversity committee, led by the DEI leader, that includes members represent missions across the department. These members should ideally be diverse in terms of race/ethnicity, gender identity, sexual orientation, site, and role (faculty, trainees, staff). This committee will implement the majority of the work under the vision of the DEI leader.

**Selection:** The selection should follow current departmental process for all vice chairs. The DEI leader should be an internal (or external) selected position with a search committee reflective of the diversity of the department. Selection of DEI leaders should not be held to higher standards than other vice chairs.

**Professional Development:** DEI leadership position is complex and requires leadership skills training. The discretionary funds should be allowed to be used for professional development activities for the DEI leader.

**Evaluation:** As with all leaders, we recommend term limits for this role. We recommend evaluation at 5 years, with a 10-year maximum term. Evaluation of the leader should follow the current departmental processes for all other vice chairs at the institution.

**Overall Considerations**
- All DEI decisions, actions, and statements should come jointly from the department chair and the DEI leader under the leadership of the entire executive committee leadership, to avoid scapegoating and to ensure accountability of the entire leadership team.
- Inclusive excellence should be part of the breadth and heartbeat of the entire department. It should be woven throughout the clinical, research, and educational missions.
- DEI leaders thrive with peer communities. Chairs should intentionally connect their DEI leaders to university and national DEI communities for support and sharing of best practices.
WE MUST DISMANTLE WHITE SUPREMACY

https://www.benjerry.com/about-us/media-center/dismantle-white-supremacy