DNA: Discoveries in Action Season 4 Episode 5 Transcript

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Consuelo Wilkins: I do think that we have to be better prepared for generations that won't tolerate stagnation, that won't tolerate injustices that have higher expectations for change.

Crystal Jackson: In the next five years, we want to make sure that we're preparing any individual that we're hiring today to be in a workforce that is welcoming and they feel like they belong.

Consuelo Wilkins: The million-dollar question, I think is, how can we be intentional about health equity in the medical space?

Clark Buckner: Welcome back! This is the fourth episode in our series about how an academic medical center is reshaping medicine and addressing the economic and societal pressures facing nearly every organization right now. I'm your host Clark Buckner.

In the first few episodes of this series, we've heard how visionary ideas can completely change the trajectory of an organization, how disruptors are changing business models, and how pivotal programs are re-skilling its workforce and creating pathways for the next generation of workers. If you've missed any of those episodes, you should go back and take a listen, because it's in each of those episodes we saw how people from different parts of Vanderbilt University Medical Center are driving forward new ideas with the potential to make meaningful impact. Today, we'll look at a critical component to establishing an environment that encourages experimentation, cultivating an intentional culture of belonging.

A geriatrician with expertise in Alzheimer's by training, Dr. Consuelo Wilkins is also nationally-renowned for health equity and care in research. She's a highly-funded principal investigator at VUMC, where she is senior vice president and senior associate dean for health equity and inclusive excellence. Her observations early in medical training set her on a path toward operationalizing equity and representation in research and treatment. And along her course, she took on the hard work of changing culture.

It has been an absolute pleasure to get to know her over several seasons of DNA. And longtime listeners have been able to follow her vision and work. And if you're new here, go back to season one and check out all the episodes she's been on. They're consistently among the most popular of the series. She joins today to bring us more up to date on what she's up to, where efforts are headed, and what she wants to do.

Consuelo Wilkins: My work has been cross-cutting a number of areas, in part because it starts with a broader lens that's focused on equity. So some people are thinking about specific

conditions or parts of the body, they're focused on the heart, or the brain, or diabetes. And my team, we really bring that lens of equity and justice. So our approach to the work, I think, is grounded differently. And we try and make sure we're bringing in the rigor and the methodology to ensure that it's really good science. But it's often a different approach and one that people aren't used to taking.

One example might be, in general, if we are recognizing that there are some disparities in cardiovascular outcomes. The question that's posed might be, "Why are people from this specific group having worse health outcomes?" As opposed to the question being, "Why aren't we, as a system, able to eliminate these disparities in health outcomes?" And that latter is taking more of a systems approach in thinking about, "How are we delivering care? How are we approaching problems? What are the structural, and systems, and policy issues that are embedded that continue to allow these inequities to exist?

Clark Buckner: VUMC and Vanderbilt University are launching a $17 million, multi-year transformative program, with support from the National Institutes of Health, to accelerate diversity, equity, inclusion, and belonging in the biomedical research community. What's known as V-FIRST, which is short for the Vanderbilt Faculty Institutional Recruitment for Sustainable Transformation Program, is out to recruit, hire, and provide person-centric support. V-FIRST is a groundbreaking initiative being led by Dr. Wilkins, along with Dr. Alyssa Hasty, the senior associate dean for faculty of the Vanderbilt University School of Medicine's Basic Sciences, and Cybele Raver, PhD, provost and vice chancellor for academic affairs.
This was the first I'd heard of this hiring technique. So I asked Dr. Wilkins to explain it to me.

Consuelo Wilkins: The intent of this initiative is actually to do cluster hiring of diverse faculty, and the evidence actually shows that when you hire in clusters, you're more likely to retain people and they're more likely to be successful. So, typically, we see people from historically excluded, underrepresented, minoritized backgrounds come in and they feel isolated. So you bring them in clusters and that creates this community and we have resources that will help them be successful. So Vanderbilt was fortunate to get one of these awards recently and we're just in the process of starting our Vanderbilt FIRST efforts to do our cluster hires.

So we're specifically looking for early-career faculty who are going to be on the tenure tracks. So they're going to be scientists, they can be any kind of scientist, they can be a basic scientist, a clinical researcher, social scientist, they can be a policy scientist, so it's a broad range of scientists. But we're really looking to increase the diversity of our scientific workforce because that's been lagging behind some of the other areas.

First of all, we have so many issues that still need to be solved, so many health conditions, so many challenges, but many of them are actually health inequities. And we do know that people who are from backgrounds that are facing more health inequities are more likely to study those health inequities. And so, that's certainly really important for the scientific workforce. And we talk about it a lot in the clinical standpoint, but it's true in the scientific workforce, as well.

But diversity of background, in general, and how we approach problem solving is important, even if it's not about solving health disparities or health inequities. We know that scientific teams that have more diversity of race, ethnicity, gender are more successful. They have higher impact discoveries. And so, it just really improves the overall quality of science and work that we're producing.

A goal I would like to have is that, we're not thinking so much about retaining a few people, because our numbers are so small. That's a big challenge that we have right now. Some groups are so underrepresented within the organization that there's this hyper-visibility and invisibility that we see. And it's something that I feel, at times, that I can walk into the room and everybody can notice me because I'm the only black woman in the room. Or no one can notice me, because I'm the only black woman in the room. And I would like for people to not have that feeling, that they're walking in and feeling isolated, or hyper-visible, and not able to really focus on the work that they do, and how they thrive.

And I know that's harder to measure than saying some specific percentage of the faculty, or the staff, or the students be from minoritized or marginalized backgrounds. But I do think that, as a person from one of those backgrounds, or several of those backgrounds, I want people to feel like they belong and can thrive.

Clark Buckner: Culture change isn't one person with a mission. It's not a one-time campaign. Culture in the workplace is like culture in the real world. It changes and evolves. And keeping up, takes constant work.

We heard about allied health and nursing DEI efforts in the previous episode. And now we're going to hear from Crystal Jackson, the senior director of nursing education and professional development, explain how anticipating the needs of people in tough jobs is essential to recruitment and retention. Crystal is passionate about making sure Vanderbilt's globally-competitive nurse residency program, and the many others she works with, are creating a culture people want to be in, and want to share it with others. Because that's a vital piece, not only helping resolve the nurse shortage, but keeping up with how fast the profession is changing. She said she wants her future colleagues to be curious listeners. And strong communicators who are charismatic with a sense of humor and a passion for caring.

Crystal Jackson: The characteristics I described and the rate of change of nursing is intertwined because you do need individuals to think differently about situations. But you also need them to think about the future. And so you do need some of those soft skills, but also, those individuals who are interested in being leaders, who are interested in really setting the tone for what the future looks like in healthcare. And so, those individuals that I would definitely say are with the rate of change, are individuals who are open to change.

Change is hard for people, but those who are open and ready to challenge themselves to

something different, because of the rate of change that we mentioned. And so, challenging yourself to something different means learning different skills such as, are we looking at different – in nursing we look at a lot of different things – and so are we looking at the right research? Are we looking at the right evidence and the best practices to implement how the rate of change is happening? And so, I didn't mention this area, but nursing research is also very popular. And so, those are things that are intertwined in the rate of change. And so, looking for that person to be willing to challenge themselves to something different, and being a leader, and a leader in their own right, but also a leader to empower others.

One of the things is really paying attention to how social impact happens. And as we help partner with these different pipelines and things like that, we want to really set ourselves up for success and be intentional with individuals. As the future of nursing, because that is truly my specialty, in the next five years, we want to make sure that we're preparing any individual that we're hiring today to be in a workforce that is welcoming and they feel like they belong.

And you need a lot of different types of brains to make it work, to really fit the holistic person. And so, if you are that person that loves to be in leadership and loves to lead teams, then being a nurse manager would be for you. Also, if you're not ready to be a nurse manager, you may say, "I just like to be in charge the day of," and so you can be a charge nurse for the day of. If you really have a passion for programs and projects, there is project managers that specifically specialize in different projects such as our program directors that help with those. And that helps achieve our magnet accreditation. And so, that is an opportunity to be more expansive.
You have opportunities to be in different specialties. So I mentioned it can be a renal clinic. If you love to really work in allied health. Nursing is not limited to a one-size-fits-all, is what I would say.

Clark Buckner: We've had several guests talk about why it's vital to see colleagues as people with aspirations, interests that change, and life circumstances that can seep into their work life. So I asked Crystal, how do you keep nurses feeling like they're growing and evolving?

Crystal Jackson: I love that question. So I think that one of the things to think about it is a stepping stone. And with the nursing, it's my passion, so you probably can hear it in my voice, but you can do so much in nursing. And so, I started here at Vanderbilt in the clinics. And so, that's a hidden world, but it has so many opportunities. And so, one of the things that I'll always talk about and speak about is the learning opportunities and the way that you can evolve in different spaces. And so, I love to talk about this topic because I like to empower others to know that it is not only just that direct patient care, but you can also do indirect patient care, too, right? And so, you mentioned supply chain, that's indirect patient care. And so, that is something that you can work your way up.

But, I also think about different specialties. And so we have so many specialties in nursing, and it's a way that you can evolve, and a stepping stone in your career ladder. And so, opportunities to change careers is also important. And what I mean by that is, change, like your trajectory of

your profession of nursing.

So there is nursing education. And that is my passion and that is where I live. And so my experience was really being a preceptor for a new nurse. I love that. I love to see the light bulb go off. And so I was like, "Oh, well, what can I do with that? What else can I do with being a preceptor?" And I said, "Oh, well, I can get my master's in nursing education."
And so I got my master's in nursing education and I said, "Well, I don't want to go teach at a university just yet. I love the hospital setting, so what can I do with that?" And so just brainstorming and getting good mentors to really plant seeds and me to say, "Maybe you should be an educator." So I did that and was a nursing educator. And so, that led me to my path as a nursing educator.

And the clinics, the clinics, different world. You have different settings, different specialties. They have opportunities to advance in a professional ladder. I say all that to say that nursing is an area where you can really use your imagination, and be adventurous, and choose your own path.

Clark Buckner: Shaping the culture of an organization in a way that yields years of growth and welcoming is as complex a project as building landmark genomic and biomedical informatics expertise. People have to tackle disparities and inequity and brainstorm solutions across all pockets and offices.

A couple of weeks ago, Dr. Lola Chambless, a neurosurgeon, published a study in JAMA Surgery with colleagues at another institution that looked at seven years of Medicare payments to more than 6,000 neurosurgeons, to identify a pay gap between female neurosurgeons and their male counterparts. There's no one solution and it's not overnight. Balancing decades and decades of baked-in discrimination and bias takes enormous effort.

For instance, Dr. Wilkins, who we're about to hear from again, worked on a tool designed to be an ongoing gauge perception of trust and distrust and biomedical research for over a decade before it got funded. She and countless others at VUMC, and across the country, keep at projects like that because formalizing the process of equity, inclusion, and representation is necessary and right.

\The scale called Perceptions of Research Trustworthiness, or PORT, focuses on the trustworthiness of research and the investigators. For so long, patients and research participants expected to have at least a latent trust in science, even when they had little reason to trust. Organizations have to demonstrate their trustworthiness to their workforce, just as researchers need to carry the burden of being trustworthy, rather than participants. We're in an era that has a complete rebalancing of the historical approach to trust in science and medicine.

Consuelo Wilkins: I think our biggest levers for change are going to be at the systems level or structural level. So having an impact on an individual, without changing the system, is

problematic. We have to have policies that are in place and enacted, new systems and structures to support whatever it is that we're developing for, at the individual level. And so, thinking about that from a individual person-centered, person-driven, culturally-responsive approach that is also still embedded in the system.

I definitely think that it's progress for decades. And the next seven, 10 years, it may look like incremental change. And just like our work and investments around the EHR and BioView, we have to plan for success taking a long time. There will be some things that we'll be able to celebrate. We'll see increases in numbers, we'll see more grants. But it may not look as demonstrable or big as what we're seeing, of course, with BioView now.

And I think we've got to track, understand, try, and measure all of those things, including the culture change. And we're trying to build that out. We have a new evaluator, we have different systems of tracking that. And we're hoping to be able to test the waters, or measure the culture in the water, what's changing and how is it different? And some of that will be more qualitative data, which I'm hoping we can get people to think differently about, that words are big, and they don't have to be counted to be big. And recognizing that that has a lot of power, as well.

Clark Buckner: An example of the structural change is a new Certificate in Health Equity for students at the Vanderbilt University School of Medicine. The idea was hatched by students. And they've continued to push for more and more change over the years, leading to homegrown initiatives that wow alumni. Let's listen along as we see how the student becomes the teacher again and again.

Jillian Berkman: Hello, my name is Jillian Berkman. I am an assistant professor in neurology and also am appointed in the Office of Health Equity. I am a brand new faculty member, which is very exciting for me and hopefully, also the Office of Health Equity.
My two main jobs right now will be, one, helping direct the Foundations for Health Equity course for the medical students. And then two, we're really excited, but we have a new certificate for residents and fellows in health equity. So I'm going to be a co-director with Dr. Consuela Wilkins for that certificate.

I think that people are surprised to know that there's not more equity education. Back in early 2000s, I think it was, the Institute of Medicine actually put out these pillars of what expectations are for physicians. And it includes having this knowledge on health equity that it's taken many, many years since the early 2000s for us to have any kind of formal curriculum.

And I still don't think it's a requirement by ACGME, either like the medical school, the medical student or resident-level governing societies to have formal education, though, I do think that's changing. Definitely feel that COVID has really shined a light, or maybe I should say, magnified this issue of health disparities in our hospitals, in our communities, and made, really, all stakeholders in health pay more attention to health equity. And therefore, there's been more and more emphasis on making sure our trainees have the education they need to be the best

physicians possible and make sure that we're creating a more equitable environment for our patients.

So I think Vanderbilt, specifically, our pathway actually predates COVID, I'm proud to say. But not proud that it still took us a long time to have a formal curriculum. So when I was a medical student back in, maybe, I'm going to guess 2015 or 20 16, two other students and I got hold of an article that was ranking medical schools by their social mission. We had never heard about this. We were medical students. We thought we could change the world. And we did some good things.

The first step was that we realized the medical school needed a social mission statement. So if there was a statement saying the medical school has this goal of teaching physicians how to be leaders, advocates, aware of social determinants, creating a more just environment for their patients, that then, we could ask the school to do other certain measures, as long as it aligned with the mission. And so to create the mission statement, we contacted stakeholders like Dr. Bonnie Miller, leaders in the medical school who helped us get a bunch of important folks in the room, students, nurses, leadership in the medical school and medical center to have a workshop on writing a social mission statement.

Actually, everyone agreed that it was important. That wasn't the hard part, it was just agreeing on what the mission statement should be. Since then, so that, I think, finalized my last year of medical school. Since then, that has really grown more than I could have imagined at the medical school here. And their social mission committee is quite large and does a lot of many more tasks than, like I said, I could have imagined. So, I'm really proud of what Vanderbilt Medical School is doing.

Consuelo Wilkins: I'm grateful for that. The students in particular pushed us a lot. I certainly recall having to grapple with some of their challenges myself, when the students were asking, "Why are we using this equation for kidney function that includes race? Isn't that racist?" And, "Why haven't you done something about it?"

And it requires us to take a step back and really think about, "Well, why didn't we challenge that? Why are we just moving so quickly and accepting things the way they are without challenging them? Or even recognizing that they need to be challenged?

And that in particular was challenging for me because, "Wait a minute, I am about equity. They are coming for me. What is really happening?" And I had to say, "You know what? You're right. I should have paid more attention. I should be noticing that." And, "What am I going to do differently now? How am I going to be prepared for this in the future? And what systems can we put in place so that we can start to de-implement some of these other race-based algorithms?" So I welcome the challenge. And I think that, we as an organization, as organizations, have to think differently and be more deliberate about showing change.

Jillian Berkman: I remember being told when I was younger in my training that because I had this passion for helping others, and wanting to do this kind of work, that I needed to go into primary care, and that was the only specialty that I could do that in. And I just thought, "How is that the case? There are these disparities that exist in every single specialty. We have to have advocates in every specialty." And really, we all should be really great physician advocates.

I think that that's also an underlying piece and why I like to be a part of this education for trainees and residents, because they don't all have to be emergency medicine or primary care, which I think have traditionally been the specialties that people associate with this kind of work. Because if we all care, then maybe we'll all be a little bit more mindful in our patient visits. Maybe we'll have that little extra impact on that patient. And we'll have that domino effect that we were talking about earlier.

And not every trainee is going to go have this amazing health equity project or innovation. They don't need to. Some of them will, and that will be amazing. But some of them will just be really great physicians for their patients.

Consuelo Wilkins: Fascinating because Dr. Berkman, when she was a fourth-year medical student, was one of the students who was knocking on my door, loudly and often, for us to start the Certificate in health Equity Program for the Medical Students. So even though she was on her way out the door, as a fourth-year student, she was saying, "Listen, we need this. We need more education in training and health equity. We need to learn about social determinants of health. And I've been told you're the person who can do it to make it happen."

And I was like, "I don't think that's my job," or, "I have other things to do." And she just kept pressing along with others. And she's like, "Okay, sounds like you've gotten this far. What else is left to do? What else do you need done? Let's keep going. Let's keep going," and just really pushing.

And so, when we got the Certificate in Health Equity approved initially, it was summer of 2019. And I was excited. We got over this hurdle. The students can get off my back, like, "Listen, we have this approved and now we have a year to plan it and get us started."

But no, the students were knocking on the door. So literally, "We heard that the certificate got approved, and so, when are we starting?" And I was like, "No, it's not starting right now, it's next year." And then they just kept knocking it. And I said, "Okay, we've got to do something because they're not going to stop."

So we actually launched the Certificate in Health Equity program early because of the student demands for it. And they were vital to it getting launched. I was like, "Okay, if you want it to start, then this is what I need. You got to help us do these. We got to build these things out." And they just jumped right in. And so now, Dr. Berkman is teaching in the certificate program that she helped to create.

Clark Buckner: During our conversation, Dr. Berkman shared the experiences that led her to stand up for a more just future for everyone, so they don't have to hide or try to blend in.

Jillian Berkman: So I personally got into this space many moons ago, I think. I grew up in Nashville, Tennessee. I am Jewish. I unfortunately, had some experiences with antisemitism growing up. And things have changed. Everything's great here. But, at the time, it just made me much more aware of that part of my identity. And then also aware that it was something I could hide, that I could pass as a Christian, White person living in Nashville, whereas, there were many people around me who maybe couldn't hide their differences.

And taking that knowledge into college, into medical school, where I noticed and learned so much more about how people who looked differently than me were not getting the same care that I was getting. And that made me want to change it and do what I could to make it more equitable environment. So that dates all the way back, really, from high school, doing some work on genocides; in college, doing some work with Amnesty International and Physicians for Human Rights, and that continuing into medical school.

The intentionality piece. So the million-dollar question I think is, how can we be intentional about health equity in the medical space? So I think there are different ways to look at this. As a provider, how can I be intentional with the patients I'm taking care of, making sure that they can afford the medications that I'm prescribing? That they have a safe environment to walk and do the exercise that I'm telling them they need to do for stroke prevention? How can we be intentional about recruiting the kind of residents that are going to care about equity, and patient care, and health disparities? How can I be intentional about what I'm trying to teach or who I am trying to teach?

I think that we don't have all of the answers to that yet. That, for me, it has to start on an individual level. That I have to believe that, if I can help change or teach one resident or trainee, that person will then potentially have the impact on many more, let's say, patients because I'm focused more on patient care. And that, hopefully, that that will have a domino effect, that it can affect multiple, many, many people. If you want to have a higher impact, then we have to think about policy change. We have to think about education change at the resident level.

This past spring, I was able to be a part of the Foundations for Health Equity course for the medical students. And these are students who have chosen to take this as an elective, so they're spending a little bit of extra time in this course. And I felt so much optimism, hearing how they critiqued different situations, how they were thinking critically about their patients, and what they were seeing out on the wards, and how things could be better. And was an interpreter used appropriately? How are we thinking about health for Native Americans? How are we thinking about our homeless populations?

And that gave me so much hope that there's so much energy, and passion, and focus on this

subject. And the trainees, more and more, are coming into medical school with this desire to help people. I'm going to hopefully, be learning from them just as they're learning from me, or our community partners, people doing things at Vanderbilt, because we're all forever learners. And especially, I think, in this space.

Wow, hopefully someday, right, you don't need a special, separate curriculum because this is so interwoven into what trainees are learning about, that there's not an extra certificate, because it's expected from everyone.

Clark Buckner: These four episodes have been such an intriguing peek behind the curtain, at least for me, to get to hear from people conceptualizing and hustling to find ways to push toward a better place, and conditions they didn't create, is inspiring.

A takeaway for me is the imperative to foster an intentional sense of belonging that takes root. This is so vital to the well-being of us – that health, and equity, and well-being are one and the same. And the creativity that goes into making good health accessible is the responsibility of everyone. It really takes all of us. Because doing great science and making astounding strides in how we provide medicine, takes all kinds of people, and brains, and experiences, right?

Consuelo Wilkins: We definitely have an incredible amount of number, percentage of researchers, faculty, and talent just here, doing amazing discoveries. I think that we have been successful in leveraging that talent and supporting it, but there's so much more work to do. We have an engine and many platforms to do scientific discoveries that's just waiting for researchers to come with their ideas to help us solve problems. It would be amazing if we could just have that utilized to the fullest capacity. There's so many strengths here.

I would love to be in a position to do my own science and not think about diversity. I've said to people in the past, "Part of the work that I'm doing around inclusive excellence is out of necessity and not necessarily something that I would've signed up to do."
I mean, first of all, it's hard work. It's challenging. It can be traumatizing and re-traumatizing to have to deal with some of the policy issues. But that's not why I came into science. That's not why I'm in academic medicine. I'm here because I want to be involved in discoveries and have an impact on health outcomes.

Being able to be in a position where I don't have to do that, because we've meet this minimum threshold where now we have an environment that it is self-reinforcing, and nurturing, and appealing for people from different backgrounds to want to come and be a part of.
My call to action is that we should all be thinking about how we're going to leave this place, these places, different. An important part of being different, now, right now, in this day and age, and time is recognizing the systemic inequities that continue to exist. And we have to decide, are we going to be bystanders and not involved in the process because we think it doesn't apply to us, we didn't create it, we weren't responsible for it?

Or, are we going to recognize that, if those who are lagging behind, those who've been historically excluded, minoritized and marginalized, aren't thriving, then none of us are thriving, and we've got to get on board and take some responsibility in our actions.

Clark Buckner: Thank you so much for joining us on this journey, as we uncovered the ingrained characteristics helping VUMC carve a path against the backdrop of decades of astonishing changes in technology, economy, and society.

Until next time, Vanderbilt Health, making healthcare personal. As a reminder, Vanderbilt Health DNA: Discoveries in Action, isn't meant to replace any form of medical advice or treatment. If you have questions about your medical care, consult a care provider.