Summary of C-ECG Recommendations

A. **Assessment**
   1. Optimize grading practices in all clerkships*
      a. Dissociate supervising teaching faculty from assigning a grade
      b. Emphasize collection of narrative data
      c. Utilize grading committees to determine final grades informed by data
      d. Ensure that the NBME subject exam ("shelf exam") is factored into the grade in a way that does not amplify racial differences in scores
   2. Incorporate C-ECG findings into discussions regarding the future status of Alpha Omega Alpha*

B. **Equitable access to exam preparation resources**
   1. Provide resources to students to assist with standardized exam preparation and performance
      a. Provide highly regarded exam preparation materials to all students*
      b. Create video materials outlining best practices for standardized test taking strategies
      c. Sponsor workshops for standardized exam preparation
      d. Expand access to and encourage utilization of medical student learning specialists
      e. Consider the creation of an elective course within the curriculum to focus on high-stakes exam preparation

C. **Medical student curriculum interventions**
   1. Enhance curriculum content by longitudinally integrating diversity, equity and inclusion (DEI) concepts, including social identities and impact of biases on communication.
   2. Expand case-based scenarios that will enhance effective communication between people of different cultural, ethnic, racial and socioeconomic backgrounds.
   3. Provide opportunities to practice skills in mitigating implicit bias and microaggressions, and responding to patient-derived bias.
   4. Provide robust specialty-specific clerkship orientations to help students understand the culture and expectations unique to each clerkship setting, modeled after the OB/Gyn clerkship orientation

D. **Improve the learning environment**
   1. Enhance DEI training of faculty, housestaff and hospital staff
      a. Coordinate existing efforts and enhance as necessary to develop a longitudinal training program to include recognizing and interrupting implicit bias, and responding to patient-derived bias and microaggressions (e.g. upstander training) for faculty, housestaff and hospital staff(*)**

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b. Encourage the creation of Task Forces on Teamwork in Cultural Competency/Culturally Responsive Care within all clinical departments
2. Improve offensive behavior reporting mechanisms
a. Increase utilization of current reporting system by creating a trained, highly visible and diverse advocacy team that includes senior student peers*
b. Charge an oversight committee to regularly evaluate the reporting process and identify additional resources or training needs*
3. Develop mechanisms to address patient-derived bias and offensive behaviors**

E. **Faculty and Housestaff Recruitment and Retention Practices to Enhance Diversity**
1. Widely adopt strategies and promising practices to enhance diversity through faculty and housestaff recruitment
2. Encourage faculty retention and assess factors associated with faculty attrition
3. Endorse the development of the Diversity Advisor Toolkit by the Offices of Faculty Affairs and Diversity, Equity & Inclusion to facilitate the use of inclusive search practices*
4. Endorse the designation of DEI liaisons from every department to interface with the Office of DEI*

F. **Program Evaluation / Continuous Quality Improvement**
1. Use the existing PE/CQI structure to continuously monitor racial differences in clerkship grades to assess the effectiveness of adopted interventions*
2. Regularly engage the medical student body in the ongoing conversations on equity in clinical grading
3. Regularly engage peer institutions to share best practices efforts aimed to reduce disparities in clinical grading

Comments:
*activities that have already been started or proposed
**activities that would require coordination with affiliated hospitals

We acknowledge that adoption of these recommendations are not likely to eliminate disparities but we believe that this combination of efforts will mitigate the differences, and demonstrate our commitment to finding meaningful solutions.

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