

**Diversity, Equity, and Inclusiveness (DEI) Statement for Promotion**  
**David Solomon Bar-Shain, MD**  
**Application for Professor, Non-Tenure on the Service Track**

As a member of an easy-to-identify and sometimes-disfavored religious minority, I am aware of what it feels like to be an outsider. My dress, food, and calendar mark me as different from almost all of my colleagues and patients. The feeling of being an outsider gives me courage to stand up for what I believe is in the best interests of my patients and society. And it makes me work harder as a mentor, teacher, and clinical informaticist to create opportunities for people who lack some of the privileges that I have enjoyed.

**Mentoring:**

The Epic Physicians Advisory Council (PAC) Mentorship Program began with my observation that, on paper, some people from under-represented groups did not seem like strong candidates when they stood for election to Epic's customer steering boards. It seemed to me that these candidates needed coaching to build a track record and reputation before they were nominated to represent their specialty to our electronic health record (EHR) vendor, Epic Systems Corp. In addition, in discussing my own career arc with other Epic-based clinical informaticists, I learned that many did not have a clear understanding of what it would take for them to advance in their careers.

In response, I founded and continue to lead the Epic PAC Mentorship Program, which is an international, cross-institution, cross-generation, and cross-specialty mentoring program for clinical informaticists. Our voluntary participants come from a diversity of genders, races, and ethnic groups, and from different stages of their careers—some are novices, and others are healthcare executives. In its 3 years of existence, more than 170 mentees have benefited, including physicians, advanced practice providers, and nurses. Measuring the success of the program will take years, but I am very proud that one female informaticist credits the program with helping her to interview for, and ultimately be named as, the Chief Medical Information Officer of her health system. This anecdote illustrates how mentorship can foster diversity in leadership by boosting people from under-represented groups into positions where they can influence the priorities and practices of medicine.

**Teaching:**

Support for diversity and inclusiveness has been an integral part of my teaching over the past two decades. As a faculty member in the CWRU Pediatrics Residency at MetroHealth, I have taught several hundred residents from Pediatrics, Internal Medicine-Pediatrics, and Family Practice. Many have come from traditionally under-represented communities, and I am proud of my successful efforts to help them gain the clinical skills they need to care for children and families in culturally sensitive and empowering ways.

Compared with the knowledge that we gain from our successes, reflecting on our failures can sometimes provide us with even more wisdom. For example, one of the people I taught was a resident who came to our training program from a traditionally under-represented and under-served group, and who had relatively poor academic preparation and skills. Because I had been honored by our residents as a passionate teacher, the Clinical Competency Committee asked me to tutor this resident in the hopes of

improving their academic performance. Over the course of the next year, the resident and I spent a significant amount of time together trying to bolster their clinical knowledge and test-taking skills. In the end, there was not enough improvement in the resident's performance, and the Committee asked them to leave our program. Subsequently, the resident was accepted into a different residency program which they were able to complete. I learned from this experience that our educational and mentoring efforts do not always lead directly to the outcomes that we desire. However, by approaching learners with kindness, meeting them where they are, and maintaining their self-esteem, we may contribute to their eventual success and, ultimately, advance the goal of creating a more diversified workforce.

### **Clinical Informatics:**

My work in Clinical Informatics has given me powerful tools to address health disparities and systemic bias. By design, the vendor of our EHR adheres to the recommendations of the Advisory Committee on Immunization Practices (ACIP) and does not recommend initiation of the 2-dose Human Papillomavirus (HPV) Vaccine series until age 11 years. These guidelines assume ample opportunities for vaccinating adolescents prior to their potential exposure to the virus at first intercourse. However, as an urban pediatrician practicing in Cuyahoga County's safety-net health system, I became aware that our initiation and completion rates of the vaccine were lagging behind those of our more suburban and wealthier competitors. In particular, the rates for our Black and Latinx patients were below what we desired. Compared with patients from those other practices, many of our MetroHealth patients come from relatively disadvantaged, single-parent families, and lack reliable transportation and easy access to medical care. These are factors which could make it harder to complete the 2-dose series.

Realizing that the vaccine is valid after age 9, and that we might have more opportunities to complete the 2-dose series if we started earlier in life, I used my programming knowledge about how immunization forecasts are stored in the Epic EHR and built a mechanism to make patients and providers aware of the opportunity for an "HPV Early Start." My functionality allows for 1-click ordering and meshes seamlessly with the official ACIP recommendations. This experience taught me about myriad forces—like the systemic bias that comes from unfamiliarity with the health behaviors of diverse populations—which can lead to damaging assumptions, and it allowed me to enjoin colleagues in multiple disciplines to collaborate on a just and effective remedy that seemed within our grasp. I am pleased that, because of these efforts, we have seen improvements in the rates of HPV vaccination among all of our racial and ethnic groups of patients.

### **Conclusion:**

In my career, I have matured into a mentor, teacher and informaticist who addresses educational and health disparities that impact traditionally under-represented learners and under-served populations of patients. I have undertaken this work because I believe that we should create a just world where each of our patients can have providers who mirror their experiences and advocate for their protection and well-being, and so that peoples' identifiable traits like gender or race or religion will no longer serve as impediments to their joining the upper ranks of our professions and society.