

The Importance of Diversity

Diversity in medical education:

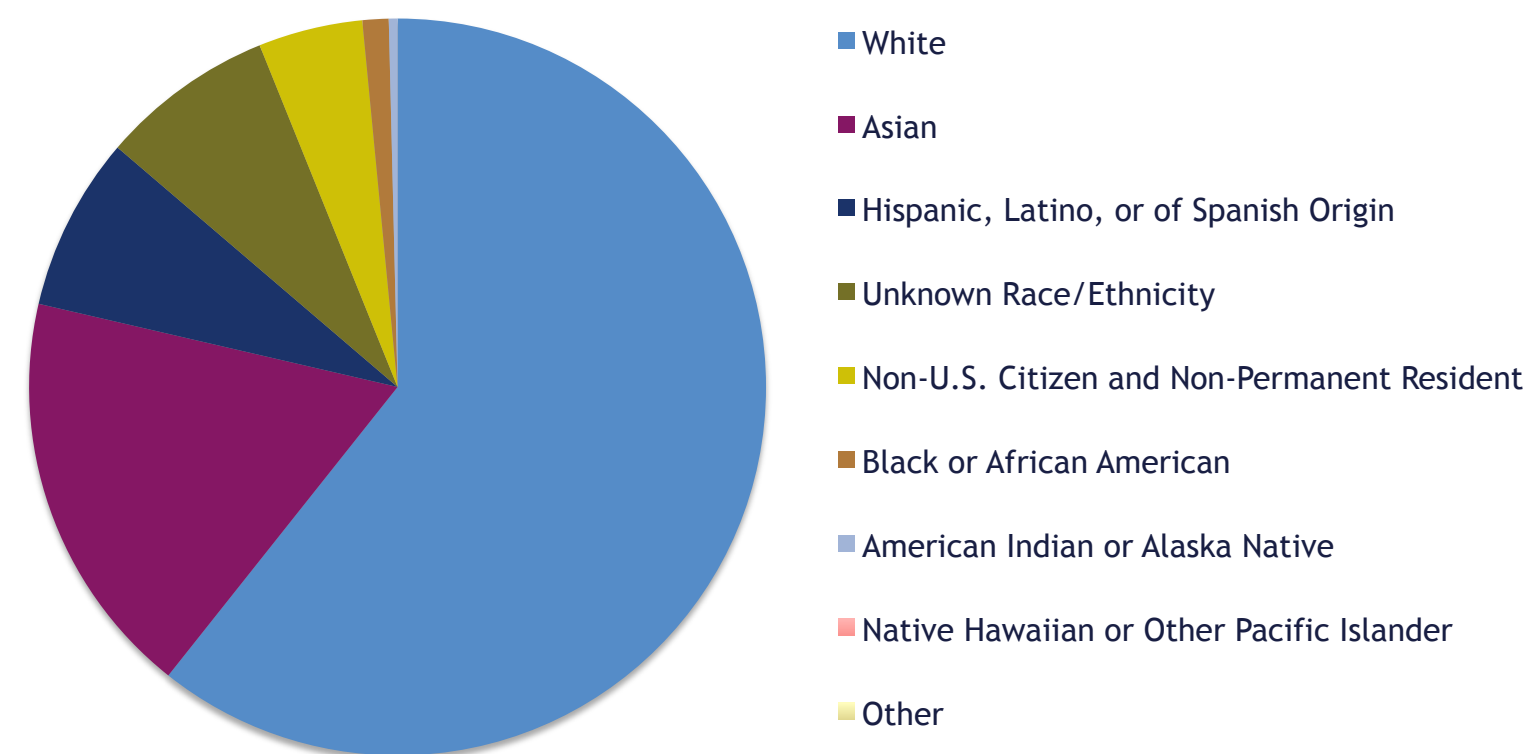
- Enhances students' educational experience⁸
- Influences perspectives about culture, health, and about social issues³

Diversity in clinical practice:

- Decreases health disparities and improves outcomes³
- Increases patient satisfaction⁵
- Increases access for underserved^{4,7}

Our Students

SKMC Graduating Students, 2013¹

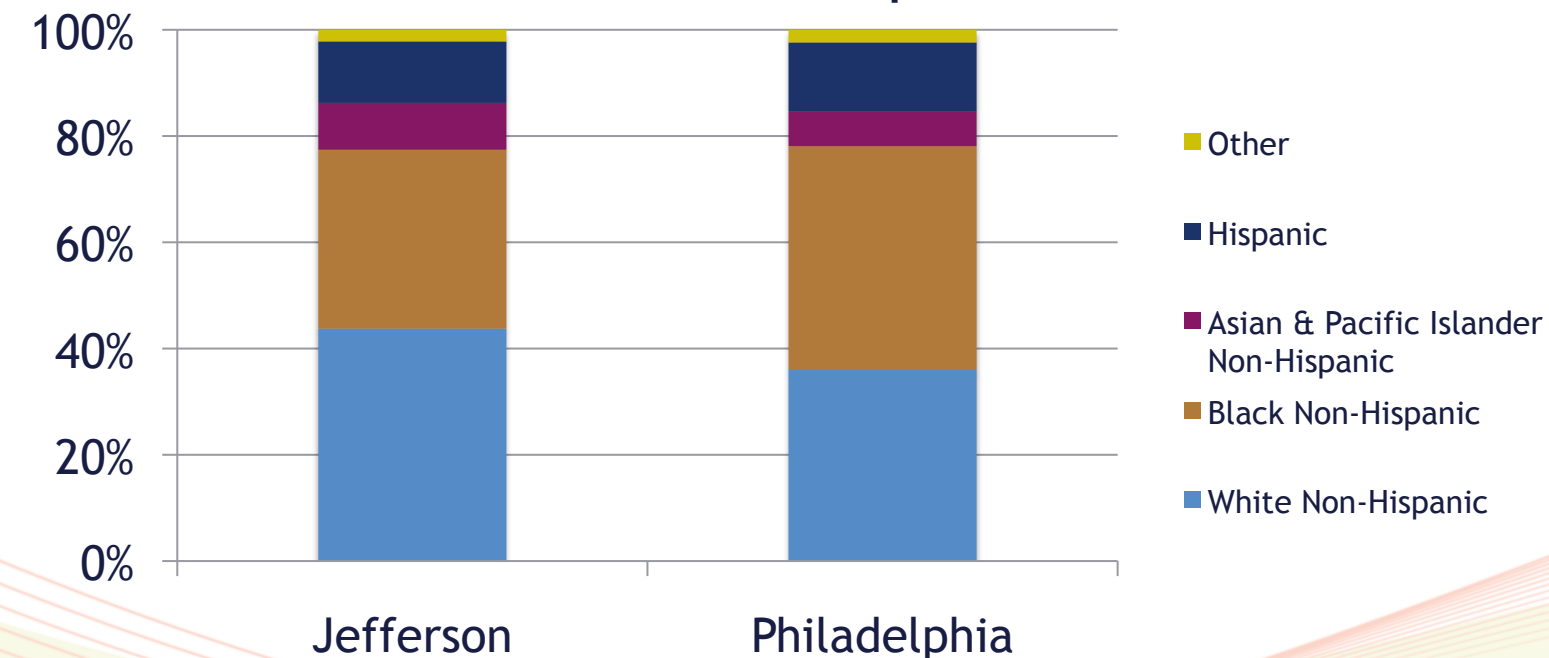


Our Faculty

Under-represented minorities amongst SKMC faculty is 6%

Our Patients

THUJ Patient Population⁶



SKMC Current Diversity Education

Introduction to Clinical Medicine (ICM) 1: first-year longitudinal curriculum

- **Summer Reading**
 - The Immortal Life of Henrietta Lacks by Rebecca Skloot
- **Culture and Bias in Medicine Module (seven hours of lecture)**
 - Racism and medicine
 - The Tuskegee Syphilis experiment
 - Multiculturalism and diversity
 - Health disparities in Philadelphia
 - African-American healthcare provider panel
 - Patients with disabilities
- **Small Group Sessions (2 two-hour sessions)**
- **Culture and diversity events**
 - Must attend at least 3 "out of your comfort zone"
 - Reflection paper based on experiences

Methods

Qualitative analysis of student responses to reflection prompt using NVivo 9 software

"Identify and describe an idea or method to increase diversity training in health care settings. How might JMC implement this?"

- 69 of 259 student responses to "diversity training" prompt
- Each response was de-identified and analyzed with coding panel and NVivo software
- Coding panel:
 - second year medical student
 - ICM 1 course director
 - ICM 1 education coordinator
- Grounded theory for qualitative analysis
 - open coding: line to line analysis & comparative method
 - axial coding: themes, subthemes
 - sorting: final organization for implementation

Student Quotes

"The best way to engage students with diversity is to send them out into the communities (both in clinic and out of clinic) so they can meet people from different cultures and work with them on a mutual project."

- *direct experiential: community volunteer project*

"I think we should have more patients of different traditional backgrounds and orientations tell us about their past experiences with doctors. Hearing the good and bad experiences through the eyes of the patient puts us, as first year medical students, in a good position to begin practicing tolerant routines at an early stage in our training."

- *direct experiential: narratives*

"Actual engagement and knowledge comes from direct experiences and interpersonal relationships between people with different backgrounds, not from lectures and speed-dating-type diversity events."

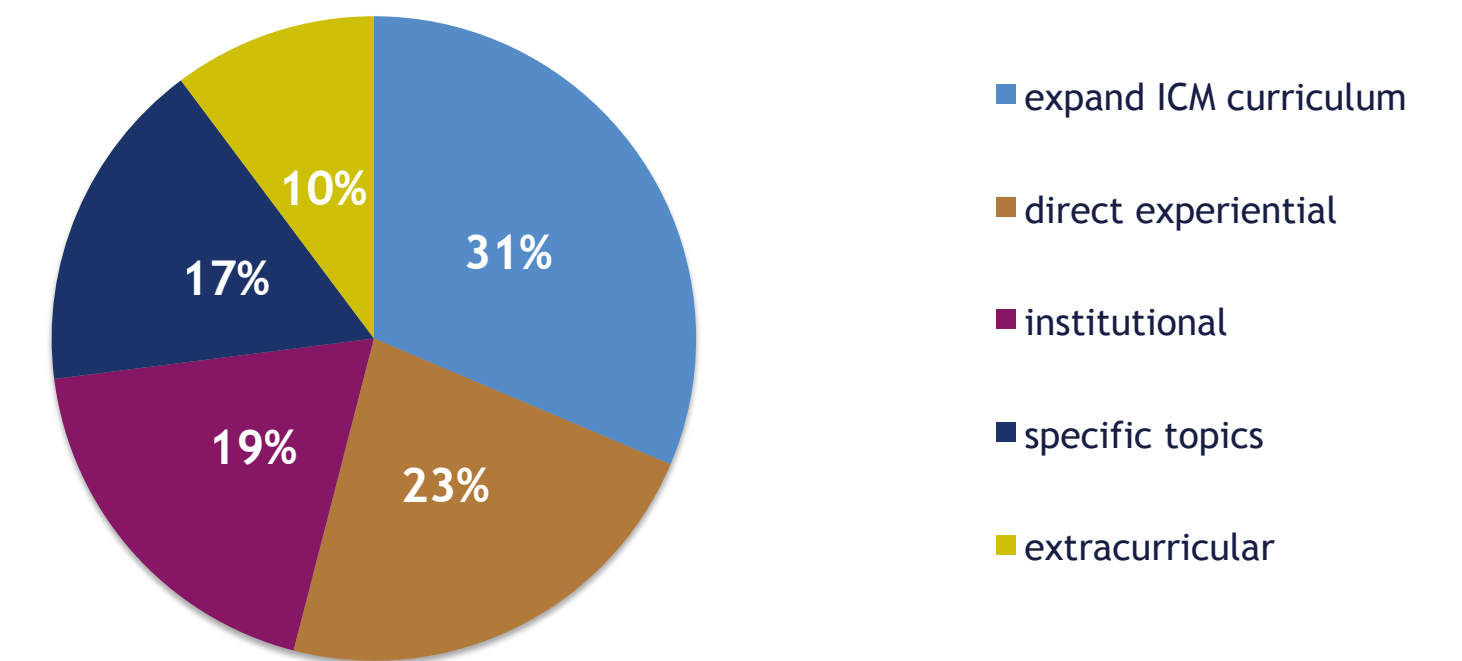
- *direct experiential*

"...to increase participation in these events, a week (such as during small group) can be devoted to an assortment of cultural events in which students share their own traditions and cultures with one another"

- *extracurricular: Diversity Week*

Results

Major Themes by Frequency



- Expansion of existing ICM curriculum, spending additional time on presented activities or modifying current course requirements. (31%)
- Direct experiences in settings more intense or intimate than typical lectures; for extended periods of time and/or outside of the classroom; interacting with patients, community leaders, colleagues, or physicians in meaningful ways. (23%)
- Extracurricular activities that easily fit into students' schedules, such as university-supported activities designed to provide shorter, more succinct participation with specific guidelines and defined expectations. (10%)
- Institutional changes within the medical school or university to increase and promote diversity through policy changes. (19%)
- Incorporation of new specific topics into overall curriculum. (17%)

Conclusions and Future Directions

Students feel passionately about the importance of both diversity and diversity training at SKMC. They offer many ideas for expanding our current program and implementing new initiatives at varying levels in our institution. We have presented these ideas to SKMC leadership and anticipate additional lecture(s) in this academic year and possibly expanded university-wide programs offered by the Office of Diversity and Inclusion Initiatives.

Limitations

- Defining "diversity"
- Self-selection of response from students
- Demographics of sample
- Inherent subjectivity of qualitative work

References

1. American Association of Medical Colleges; Diversity and Inclusion Initiatives; *Total Graduates by U.S. Medical School and Race and Ethnicity, 2013*. AAMC, 7 July 2014. Online; 25 July 2014. table 30
2. Betancourt, Joseph R. et al. "Commentary: Linking Cultural Competence Training to Improved Health Outcomes: Perspectives From the Field." 2010; 85: 583-85.
3. Guiton, Gretchen et al. "Student Body Diversity: Relationship to Medical Students' Experiences and Attitudes." *Academic Medicine*. 2007; 82: 585-88.
4. Komaromi, M et al. "The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations." *N Engl J Med*. 1996; 344:1305-10.
5. Laviest, Thomas A & Amani Nuru-Jeter. "Is Doctor-Patient Racial Concordance Associated with Greater Satisfaction with Care?" *Journal of Health and Social Behavior*. 2002; 43: 296-306.
6. Plumb, James and Rickie Brawer. "Addressing Health Disparities- Philadelphia Neighborhood Data and Approaches." PowerPoint presentation. Thomas Jefferson University, Philadelphia, Pa. 3 Feb 2014.
7. Saha et al. "Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools." *JAMA*. 2008; 300(10): 1135-45.
8. Whittle, DK et al. "Educational Benefits of Diversity in Medical School: A Survey of Students." *Academic Medicine*. 2003; 78:460-66.

Acknowledgements: This project received funding from the Department of Family and Community Medicine as part of the SKMC Dean's Summer Research Program. Special thanks to Marianna LaNoue for her guidance.