

Partnership for Diversity: A Multidisciplinary Approach to Nurturing Cultural Competence at an Emerging Medical School

Short Title: Partnership for Diversity

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ABSTRACT

Fostering cultural competence in higher education institutions is essential, particularly in training future health care workers to care for diverse populations. The opportunity to explore techniques to address diversity and cultural competence at a new medical school was undertaken by a multidisciplinary team of librarians, faculty, staff, and medical students. From 2011 - 2015, the team sponsored a voluntary programming series to promote cultural competence and raise awareness of health care disparities for the medical school. Thirteen events were hosted with 562 participants across all. This approach to diversity proved effective and could be adapted in any higher education setting.

KEYWORDS

cultural competence, undergraduate medical education, medical students, diversity, underserved populations

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INTRODUCTION

According to the National Education Association, cultural competence is defined as “having an awareness of one’s own cultural identity and views about difference, and the ability to learn and build on the varying cultural and community norms.”¹ The benefits of teaching and learning about diversity and cultural competency issues in higher education have been significantly researched and reported in the higher education literature.² Such benefits include greater awareness, acceptance, and commitment to understanding racial and cultural differences, increased satisfaction with the college experience as a whole, and enhanced critical thinking and creativity skills in students that translate to the workplace.² However, it has been a challenge to integrate these vital topics into the medical school curricula and research in medical education in this area has only emerged within the last decade.³⁻⁵ A new medical school established in 2011 offered the opportunity for librarians, faculty, staff and medical students to explore and develop a lasting partnership to raise awareness of diversity issues and promote cultural competency not only for future physicians, but also the medical school community as a whole.

Background

Libraries are perfectly positioned to address diversity issues through collections, services, partnerships, education, and research as outlined by the Diversity Standards produced by the Association of College & Research Libraries.⁶ Many libraries have reported their approaches to addressing diversity on university campuses in the literature including: sitting on university task forces or committees,⁷ developing collections,⁸⁻¹⁰ recruitment and training of library staff,^{11,12} and outreach to the university through library programming.^{10,13-15}

Shorter-Gooden (2013) argues that schools, colleges, and libraries are all examples of culturally competent organizations as they promote: 1) the success of a diverse body of students; 2) inclusive environments open to all; and 3) diverse perspectives through education.¹⁶ It is logical, therefore, that medical libraries partner with their institutions to address and promote cultural competence and diversity on campus. Cultural competence is particularly essential for future health professionals, including future physicians, who need to develop the ability to recognize and effectively address diversity and health care disparities in their clinical practice regardless of the patient's race, ethnicity, age, religion and socioeconomic background.

The Oakland University William Beaumont School of Medicine welcomed its inaugural class in 2011. The mission of the school includes “enabling students to become skillful, ethical, and compassionate physicians” with one goal being “to integrate preventive, wellness and curative patient care into all aspects of education, mindful and respectful of culturally competent care and compassionate interpersonal communication toward patients and families.”¹⁷ Diversity and cultural competence are threaded throughout the four years of the medical school curriculum within multi-year longitudinal courses, basic science courses, and clerkships (hospital rotations). In addition to coursework, students have opportunities outside of the classroom, such as community service activities, to explore issues of diversity and cultural competence. As a complement to these efforts within the curriculum, a task force known as the Diversity Programming Team was formed to implement a voluntary extracurricular education series called Diversity Dialogues to raise awareness of local health care disparities and provide community involvement opportunities for not only students, but also faculty and staff.

METHODS

The Diversity Dialogue series is coordinated by a multidisciplinary team consisting of a medical librarian, Director of Diversity and Inclusion, Diversity and Inclusion coordinator, basic science faculty member, student services administrative coordinator, and medical students. The Diversity Programming Team coordinates three – four dialogues per academic year around a theme that may relate to the current M1 and M2 curriculum, national health observances, greater university events, or current health issues.

Each dialogue is approximately 1.5 hours in length during the student lunch hour with a catered lunch co-funded by the Medical Library and Diversity & Inclusion. Funding for the dialogues was incorporated into the annual budget for both departments. In addition, one event per year was integrated into Oakland University's African American Celebration Month and was partially funded by the university's celebration month planning committee. The team invites individual students, medical school student interest groups, physicians, patients, and/or representatives of community organizations to facilitate each dialogue, depending on the area of focus presented. Speakers are not given honorariums or reimbursed for travel, but small gifts are offered to the speakers as a token of appreciation, such as mugs, t-shirts, or other medical school swag. Each dialogue may include a formal presentation, panel discussion, or small group activities. In general, the dialogues act as a forum for all members of the medical school to learn, apply, and discuss issues as a community.

A program evaluation survey, developed in Google Forms, is emailed electronically after each session to the participants. The form is customized to each event and includes 3 – 5 items, such as Likert scale rating and open-ended questions. Attendees are asked to reflect on the impact of the session on their knowledge and attitudes as well as ask students how they could apply the knowledge in their practice as future physicians. Ideas for future dialogue topics are

also welcomed in the survey. Data generated from each survey is used to continuously improve the series.

RESULTS

Since its inception in October 2011, the Diversity Programming Team has coordinated 13 Diversity Dialogues (see Table 1) with a total of 562 participants including medical students, medical school faculty and staff, and other greater university staff. Medical students accounted for 51% of all attendees. Figure 1 outlines the total attendees for each event by their school status.

[PLACE TABLE 1 HERE]

LEGEND: TABLE 1. CALENDAR OF DIVERSITY DIALOGUES, 2011 - 2015

[PLACE FIGURE 1 HERE]

LEGEND: FIGURE 1. TOTAL PARTICIPATION BY EVENT & ATTENDEE STATUS

(n = 562)

Results from the evaluation survey provided the team with both positive feedback and suggestions for the future. Although each survey was customized to reflect the theme of each dialogue, overall ratings were consistently high over the four years of programming. Participants believed they acquired new knowledge and skills and their awareness of health disparities associated with particular conditions changed significantly. Students, in particular, commented how enlightening it was to hear different perspectives, especially those of patients. For example,

the audio interview with an HIV-positive patient at the 2011 World AIDS Day dialogue was referenced numerous times in the evaluations. Students also reflected that it was useful to learn more about the issues they may encounter as physicians as well as strategies for handling those issues, such as microaggressions they may observe or experience during their clinical years in a hospital setting. Faculty and staff appreciated learning about health issues that may affect themselves or family members as well as being able to interact with students in an environment outside the classroom.

In terms of suggestions for the future and areas of improvement, issues such as the type of food provided and temperature of the meeting space were common. Of utmost importance were comments about the structure of each dialogue. As early as the second year of programming, participants wanted more interactive, hands-on sessions where they could work together in small groups, discuss case studies, or do role-playing. These suggestions were implemented in the most recent year of programming, 2014 – 2015, during the Teen Sexual Health and Microaggressions dialogues. During the Teen Sexual Health session, the Biomedical Ethics Student Interest Group facilitated small group discussions of cases relating to how teens, parents, and schools approach sexual health and education. In the Microaggressions workshop, again participants worked in pairs to discuss cases of microaggressions in the classroom setting. Continual evaluation of the series after each dialogue was key to improving it and making it more valuable and relevant to participants over the four years.

LESSONS LEARNED

By far the greatest success to the continued offering of dialogues over the last four years was a multidisciplinary planning team of librarians, faculty, staff, and students. This allowed the team

to utilize the variety of skills, expertise, and network connections of each member to enrich the programs with diverse perspectives as well as distribute tasks evenly. For example, faculty and staff had existing connections with the hospital and could suggest physician speakers. Students brought their perspective to the planning process and helped identify relevant topics, structure, and create partnerships with student interest groups to co-host events. Finally, the librarian's role included such responsibilities as contacting and coordinating speakers, developing introductory presentations to the theme of each dialogue by locating statistics and facts related to diseases and conditions, creating advertising flyers, and sending out email announcements and reminders. The library also shared the cost of programming with the Department of Diversity and Inclusion.

Another key element of this program was effective marketing and promotion. The team utilized a variety of methods to advertise the series and has since developed a standard model of communication. It was discovered that sending email announcements via the student and faculty/staff listservs and a reminder the week before the event was the most effective method of communication. Additional techniques, such as creating a calendar invite on faculty/staff calendars and developing an easy RSVP online form using Google Forms, were also found to facilitate easy communication with participants.

Finally, selecting dialogue topics that correlated to the current student curriculum, university events, or national health observances proved to be of high impact and relevance to the School of Medicine population. This impact was particularly revealed in participant comments from the program evaluation surveys distributed after each event. Positive comments included: "aligning topics to our curriculum," "topics relevant to our future as medical students and physicians," as well as "personal narratives" and "the patient perspective was powerful."

Providing diverse perspectives from physicians, patients, and non-profit organizations is an effective means of connecting real world issues to the knowledge learned in class.

Although this programming approach and structure was successful, there are limitations associated with the series. One limitation is that attendance was optional for these events and therefore only a percentage of students, faculty and staff benefited from the programs presented. As national accrediting bodies are requiring the integration of diversity, cultural competency, and health disparities into the curriculum and culture of medical schools, the structure of this series as ‘extracurricular’ remains a challenge as only those who attended the events are benefitting from the additional exposure to local issues. One suggestion to reach a wider audience is to offer additional programs throughout the year and require attendance at one or two seminars per year. However, the optional nature of these events stimulates a deeper reflection and self-awareness in individuals who choose, rather than are mandated, to attend. A second limitation is that as this series was a pilot and not designed as a research study, no outcomes were assessed. As a result, it is difficult to adequately measure the true impact of the series in changing participants’ knowledge, attitudes, and awareness of diversity and health disparity issues in the local community. Future directions for the team include designing a research study to further evaluate the effectiveness and impact of the series.

CONCLUSION

Fostering cultural competence in future physicians is a critical aspect of medical education. It is equally as important to have culturally aware and sensitive faculty and staff. The Diversity Programming Team at the Oakland University William Beaumont School of Medicine has created a novel program to supplement the medical school’s curriculum on diversity and health

care discrepancy. Success of the series based on attendance and positive feedback has demonstrated effectiveness in the education of not only students, but also the entire medical school community on issues of cultural competency, diversity, and health disparities. The development of a multidisciplinary team including librarians to address diversity issues through education could be easily modified and adapted in virtually any higher education setting to nurture culture competence beyond the medical school community.

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