Encouraging a Culture of Diversity in the UVA School of Medicine

June 6, 2014
UVa Board of Visitors Presentation

• Randolph J. Canterbury, M.D., M.S.
  Senior Associate Dean for Education
• Michael D. Moxley, M.D.
  Associate Dean for Diversity and Medical Education
Objectives:

• Describe background on the diversity landscape prior to 2003
• Explain what UVa SOM did to improve student diversity over a decade and describe outcome of the initiatives
• Recognize the barriers to improving resident and faculty diversity, and describe the plan for improvement
Prior to 2003

- Diversity generally not a part of the Admissions Committee discussions.
- Admissions committee did not consider the literature on predictive validity of the MCAT in various subgroups.
- The percentage of students underrepresented in medicine was less than 6%.
Supreme Court decision (*Grutter v. Bollinger*) allows race/ethnicity to be used as a factor in admissions decisions

- Initiated active national recruitment that was broad and included groups underrepresented in medicine (URM)

- New Associate Dean for Admissions for 2004
2004-2005

- Broadened the criteria for selecting applicants for interviews
- Educated the Admissions Committee on the value of diversity
- Recruitment nationally with a focus on URM
- Initiated new pipeline programs with historically black colleges and universities
- Expanded the definition of URM, particularly “Latino”

- URM’s increased to the 10-13% range.
2006-2007

- Added an Assistant Dean for Diversity and Medical Education (*ex officio* Admissions Committee)
  - national recruitment activities, new pipelines
  - create a more welcoming environment for URM students
- Mentoring programs for disadvantaged pre-medical students
- New Assistant Dean for Admissions
  - increased the focus on the value of diversity

- URM students remained 10-13%
2008

- Increased the diversity of the Admissions Committee
  - implemented term limits for members
- Expanded recruitment initiatives
- Supported medical students’ request to establish “qMD” (an LGBTQI/A support organization)
- Supported a new Latino Medical Student Association
- Broadened the concept of diversity beyond race and ethnicity and added a question to the supplemental application: “Describe how you will contribute to the diversity of the School of Medicine.”

- The percentage of URM students increased to 19%.
2009

- Admissions Committee retreat to define values
  - diversity rose to the top
  - LGBT coordinator trained Admissions Committee
- Offered “Safe Space” training to the Admissions Committee and education leadership

- The percentage of URM students increased to 21%.
2010-Present

- Associate Dean for Diversity and Medical Education becomes *ex officio* Admissions Committee member
- Development of a Diversity Consortium, a Diversity and Inclusion Steering Committee, and a Diversity and Inclusion Strategic Plan

- In 2013, the percentage of URM students increased to 25%. For 2014, it is projected at 28%.
Holistic Admission Process

Applicant characteristics for an interview

- strong academic record
- health care experience
- evidence of social conscience
- ability to work as an effective team member
- leadership ability
- life experience that brings a unique or special perspective to the school
Diversity -> Academic Excellence

- URM students increased from less than 6% (bottom quartile) to 25.5% (top quartile)
- Academic credentials of matriculating students rose from about the 75\(^{th}\) percentile to above the 90\(^{th}\) percentile
- Students scoring above the 90\(^{th}\) percentile on the USMLE Step 2 examination rose from 40% to 69%
Next Steps

- The School of Medicine has a compelling interest in diversity that includes:
  - Excellence in Medical Education
  - Reducing health care disparities
  - Achieving cultural competence to improve quality of patient care
  - Enhancing team performance—both education and patient care teams
  - Enhancing our appeal to potential applicants
  - Accreditation requirement
## Diversity – UVA Trainees

### Residents 2013-14

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>128</td>
<td>16.58%</td>
</tr>
<tr>
<td>White</td>
<td>545</td>
<td>71.24%</td>
</tr>
<tr>
<td>Not Spec</td>
<td>41</td>
<td>5.31%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>24</td>
<td>3.10%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>20</td>
<td>2.59%</td>
</tr>
<tr>
<td>White/Asian</td>
<td>7</td>
<td>0.96%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>1</td>
<td>0.12%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>White/Black or African American</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>White/Hispanic or Latino</td>
<td>6</td>
<td>0.77%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>772</td>
<td></td>
</tr>
<tr>
<td><strong>URM Residents</strong></td>
<td>51</td>
<td>7%</td>
</tr>
</tbody>
</table>
Diversity - Faculty

- Nationally 2013: 69% White, 13% Asian, 3% Black, 4% Hispanic, 0.1% Native American, 10% Multi-racial and Other

- UVa 2014: 81% White, 14% Asian, 1.9% Black, 2.4% Hispanic, 0.2% Native American
### Table 2
#### University of Virginia School of Medicine
Benchmarked against All Medical Schools

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Total Graduates</th>
<th>Number who are Hispanic or Latino</th>
<th>Percent who are Hispanic or Latino</th>
<th>Number who are American Indian or Alaska Native</th>
<th>Percent who are American Indian or Alaska Native</th>
<th>Number who are Black or African-American</th>
<th>Percent who are Black or African-American</th>
<th>Total Faculty</th>
<th>Number who are Women</th>
<th>Percent who are Women</th>
<th>Number who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American</th>
<th>Percent who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>1,144</td>
<td>123</td>
<td>13.3%</td>
<td>12</td>
<td>1.6%</td>
<td>90</td>
<td>9.9%</td>
<td>2,150</td>
<td>801</td>
<td>44.4%</td>
<td>160</td>
<td>11.3%</td>
</tr>
<tr>
<td>80</td>
<td>996</td>
<td>69</td>
<td>9.2%</td>
<td>9</td>
<td>1.1%</td>
<td>72</td>
<td>8.9%</td>
<td>1,685</td>
<td>622</td>
<td>40.7%</td>
<td>101</td>
<td>9.2%</td>
</tr>
<tr>
<td>70</td>
<td>961</td>
<td>56</td>
<td>6.6%</td>
<td>7</td>
<td>0.8%</td>
<td>62</td>
<td>7.8%</td>
<td>1,341</td>
<td>495</td>
<td>39.3%</td>
<td>87</td>
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</tr>
<tr>
<td>60</td>
<td>890</td>
<td>47</td>
<td>5.3%</td>
<td>6</td>
<td>0.7%</td>
<td>54</td>
<td>6.5%</td>
<td>1,101</td>
<td>411</td>
<td>37.1%</td>
<td>75</td>
<td>6.5%</td>
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<tr>
<td></td>
<td>837</td>
<td>45</td>
<td></td>
<td>5</td>
<td>0.6%</td>
<td>44</td>
<td>5.4%</td>
<td>1,028</td>
<td>356</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>816</td>
<td>36</td>
<td>4.5%</td>
<td>5</td>
<td>0.6%</td>
<td>44</td>
<td>5.4%</td>
<td>965</td>
<td>339</td>
<td>35.8%</td>
<td>58</td>
<td>5.6%</td>
</tr>
<tr>
<td>40</td>
<td>694</td>
<td>26</td>
<td>3.7%</td>
<td>4</td>
<td>0.5%</td>
<td>34</td>
<td>4.4%</td>
<td>788</td>
<td>274</td>
<td>34.8%</td>
<td>48</td>
<td>5.0%</td>
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<tr>
<td>30</td>
<td>596</td>
<td>19</td>
<td>2.9%</td>
<td>3</td>
<td>0.4%</td>
<td>24</td>
<td>3.7%</td>
<td>626</td>
<td>213</td>
<td>33.4%</td>
<td>37</td>
<td>4.4%</td>
</tr>
<tr>
<td>20</td>
<td>541</td>
<td>15</td>
<td>1.9%</td>
<td>2</td>
<td>0.3%</td>
<td>19</td>
<td>2.6%</td>
<td>389</td>
<td>146</td>
<td>32.2%</td>
<td>28</td>
<td>3.9%</td>
</tr>
<tr>
<td>10</td>
<td>402</td>
<td>9</td>
<td>1.4%</td>
<td>1</td>
<td>0.2%</td>
<td>6</td>
<td>1.2%</td>
<td>234</td>
<td>82</td>
<td>29.9%</td>
<td>18</td>
<td>3.2%</td>
</tr>
<tr>
<td>Mean</td>
<td>796</td>
<td>57</td>
<td>8.3%</td>
<td>6</td>
<td>0.9%</td>
<td>54</td>
<td>7.2%</td>
<td>1,129</td>
<td>422</td>
<td>36.6%</td>
<td>74</td>
<td>9.6%</td>
</tr>
<tr>
<td>Valid N</td>
<td>126</td>
<td>126</td>
<td></td>
<td>126</td>
<td>126</td>
<td>126</td>
<td>126</td>
<td>126</td>
<td>126</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The percentile distributions include reported zero values but exclude missing values.

Source: AAMC Student Records System; AAMC Faculty Roster
Staff Contact: For general report questions, contact Henry Sondeheimer, M.D., at hsondeheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).
Healthcare Disparities

Institute of Medicine Report

Racial and ethnic minorities tend to have less access to health care than non-minorities
Diversity in the Healthcare Workforce

- Black and Hispanic physicians account for only 4% and 5% of the physician population. They care for 25% of black patients and 23% of Hispanic patients. Regional differences are more pronounced.
- Correct these disparities by having practicing academics able to effectively train and mentor those physicians who are most likely to treat these populations and perform meaningful research to improve the quality of care to all patients.
Office of Admissions/Office for Diversity – keys to success

- Partnering in culture change
- Warm environment, approachable peers
- Mentorship
- Importance of human connection – nurturing
- Pipelines
- Recruitment
- Community involvement
- Holistic review; broad definition of diversity
- Diverse Admissions Committee
- Strong and unyielding support from administration
Expanding Success

- Institutional support: Started with Diversity Task Force to address Mission and Values statement
- Communicate that understanding differences is essential to providing culturally humble education and health care
- Creation of groups: Diversity Consortium, NMA, Diversity Steering Committee
- Developed a strategic plan
Establishing a Culture of Inclusion as a Strategy for Excellence: A Strategic Approach

I. Leadership Engagement and Commitment
II. Organizational Capacity
III. Leadership and Cultural Competency Development
IV. Access and Success
V. Community Outreach, Scholarship, and Education
VI. Expanding Educational Access
VII. Talent and Leadership Accountability
Diversity Efforts – Faculty/Staff/Trainees

- Retreat with department chairs and administrators
- Diversity website updates, linked to admissions/GME
- Apply holistic selection approach – examples – OB/GYN, Orthopedics
- Presentations within UVa community and externally (AAMC)
Diversity is a marker of institutional excellence in education, and oversight agencies now demand effective actions to increase diversity. Greater diversity in the medical workforce leads to a reduction in healthcare disparities, and therefore care providers must be sensitive to variety in patient ethnicity, socioeconomic status, sexual orientation, and life experiences. Thus, diversity in medical education is essential, especially among training. Using holistic admission criteria, medical schools attempt to increase the diversity of the learning environment while maintaining high levels of student performance.

**Research question.** Do medical student classes with greater ethnic diversity have the same performance outcomes on average as previous, less diverse classes? Data on diversity and performance at the University of Virginia (UVA) School of Medicine were obtained for 2003–2013, a period when significant increases in student diversity occurred.

**Research design.** Data were collected on the percentage of matriculants classified as underrepresented in medicine (URM) in each entering class, 2003–2013. The School of Medicine defined the groups as those identified as African American, Hispanic, Native American, and Alaskan Native American. Performance data were collected on these classes: average performance for each class on USMLE Step 1 and Step 2; and graduation rates. As a measure of institutional achievement, the USNWR rankings were examined for the same years.

<table>
<thead>
<tr>
<th>Year</th>
<th>% URM</th>
<th>Undergraduate GPA</th>
<th>Average MCAT</th>
<th>USMLE Step 1 (mean and pass rate)</th>
<th>USMLE Step 2 (mean and pass rate)</th>
<th>Graduation Rate</th>
<th>USNWR Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>5.76</td>
<td>3.70</td>
<td>32.08</td>
<td>2005</td>
<td>227 (99)</td>
<td>2006</td>
<td>217 (99)</td>
</tr>
<tr>
<td>2004</td>
<td>12.90</td>
<td>3.67</td>
<td>31.80</td>
<td>2006</td>
<td>225 (99)</td>
<td>2007</td>
<td>219 (99)</td>
</tr>
<tr>
<td>2005</td>
<td>12.10</td>
<td>3.74</td>
<td>32.23</td>
<td>2007</td>
<td>226 (97)</td>
<td>2008</td>
<td>240 (100)</td>
</tr>
<tr>
<td>2006</td>
<td>10.00</td>
<td>3.73</td>
<td>33.02</td>
<td>2008</td>
<td>235 (99)</td>
<td>2009</td>
<td>245 (100)</td>
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<tr>
<td>2007</td>
<td>12.90</td>
<td>3.70</td>
<td>33.43</td>
<td>2009</td>
<td>233 (97)</td>
<td>2010</td>
<td>245 (100)</td>
</tr>
<tr>
<td>2008</td>
<td>19.30</td>
<td>3.73</td>
<td>33.40</td>
<td>2010</td>
<td>236 (99)</td>
<td>2011</td>
<td>246 (100)</td>
</tr>
<tr>
<td>2009</td>
<td>21.00</td>
<td>3.75</td>
<td>33.72</td>
<td>2011</td>
<td>233 (97)</td>
<td>2012</td>
<td>230 (100)</td>
</tr>
<tr>
<td>2010</td>
<td>19.00</td>
<td>3.77</td>
<td>34.54</td>
<td>2012</td>
<td>232 (96)</td>
<td>2013</td>
<td>249 (99)</td>
</tr>
<tr>
<td>2011</td>
<td>21.00</td>
<td>3.76</td>
<td>34.23</td>
<td>2013</td>
<td>233 (97)</td>
<td>2014</td>
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</tr>
<tr>
<td>2012</td>
<td>14.30</td>
<td>3.80</td>
<td>34.46</td>
<td>2014</td>
<td>NA</td>
<td>2015</td>
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<tr>
<td>2013</td>
<td>25.47</td>
<td>3.75</td>
<td>34.15</td>
<td>2015</td>
<td>NA</td>
<td>2016</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Outcomes.** During 2003–2013, the proportion of underrepresented students in the school increased from 6% to 25%. Average USMLE Step 1 and Step 2 scores increased or remained stable over this period, and pass rates remained stable, as shown in Table 1. Overall graduation rates were above 96%, which was unchanged over the past two decades. UVA remained in the top 26 medical schools in U.S. News & World Report rankings over this time frame.

**Discussion.** Over the past 10 years, the UVA School of Medicine has increased the percentage of matriculants underrepresented in medicine while maintaining similar performance outcomes and institutional rankings. This has been accomplished in the face of stagnant national percentages of applicants and matriculants identified as underrepresented in medicine. The reasons for this high, stable performance include use of holistic approaches to admit diverse students who can be successful in the medical curriculum, faculty commitment to student academic achievement, and recruitment activities geared to a broader range of high school and undergraduate students. Future studies could examine the role of institutional diversity in determining USNWR rankings.
Diversity and Inclusion Leadership: The Power of a Diversity Consortium

Authors: Susan M. Pollart, Michael D. Macley, Michael D. Willians, Brian E. Gittens, Randolph J. Canterbury
University of Virginia Health System

Premise: Diversity leadership is not about one dean and one office, it is about a non-hierarchical, longitudinal, institution-wide commitment to organizational excellence with diversity as one strategy to achieve excellence.

- Programs and processes were put in place to increase student diversity in the University of Virginia School of Medicine (UVA SOM) in 2003.
- Diversity beyond undergraduate medical programs was lacking. (Underrepresented in medicine: 25% students, 7% residents, 4% faculty).
- Four member Diversity task force was created in 2012.
- Diversity task force developed a mission and vision statement and implemented a Diversity Consortium.

Development of the Diversity Consortium

- Designed to serve as a resource for mentoring, recruitment and retention of a diverse and inclusive healthcare workforce.
- 25 members are representative of the variety of thought and function within the institution.
- Appointment by the Dean.
- Meets monthly.
- Integral in the development of a School of Medicine-wide strategic plan for diversity and inclusion.
- Effects policies and practices consistent with the mission statement and provides outreach across the health system and University.

Initiatives of the Diversity Consortium

- Assist in the development and implementation of School of Medicine Strategic Plan for Diversity and Inclusion. Key tasks include:
  - Engage leadership
  - Cultivate an inclusive climate
  - Recruit Top Talent
  - Develop a robust pipeline
  - Retention and Engagement across the Continuum
  - Create inclusive service, leadership and research environments
  - Outreach to local and regional community
- “Barriers to Diversity” focus groups
- SWOT analysis for strategic planning
- Portrait project
- Resources for GME recruitment
- Outreach presentation by Consortium members
- School of Medicine HR conference
- Department Administrators meeting
- Dean’s Management Group
- Conference for Diversity for Chairs, Dean, Center Directors
- School of Medicine Faculty Development Advisory Committee
- UVA School of Architecture Faculty Meeting
- University-wide Diversity Council

Goal

- Demonstrate that expanding the leadership from one dean to a four member steering committee working collaboratively with a 25 member Diversity Consortium greatly enhanced our ability to have an impact across the School of Medicine and the University.

UVa SOM Student Percentages - American Indians/Alaska Natives, Black/African Americans, and Hispanics/Latinos

Discussion Items:

- Who is leading the diversity efforts at your institution? Who is at the table?
- Who is missing from the diversity leadership at your institution?
- Who speaks for diversity when the diversity leadership is not present?
- What role can your students play in leading and modeling inclusion?
“We cannot have first-class universities without diverse student bodies and staffs. We have got to convince faculty members that what is at stake is the quality of the university, that you can’t have excellence without diversity. We have to make an educational argument, not a moral one. And if a large segment of the country does not have a first-class education, the health of the country is at stake.”

~Donna Shalala
References and Acknowledgements


- Association of American Medical Colleges (AAMC) website: www.aamc.org

- School of Medicine Academic Strategic Planning website

- Smith, Daryl G: Diversity’s Promise for Higher Education – Making it Work (2009)

- Staff of Office for Diversity and Diversity Task Force – UVa

- UVa Office for Diversity and Equity, Diversity Steering Committee, Office of Admissions, Robin Fisher (Human Resources)