



# VitalSigns

## Advancing Diversity at CHM

Office of Medical Education Research and Development

Fall 2004

### Pursuing Diversity

With the Supreme Court decision regarding the educational benefits of a diverse student body, many institutions are reflecting on policies related to diversity. Recently, the Association of American Medical Colleges briefed member medical schools on issues related to the Court's ruling. Our goal with this issue of *VitalSigns* is to report on a wide array of programs that support curricular efforts to provide learners with an understanding of how people of diverse cultures and belief systems respond to symptoms, disease and treatments. Indeed, we are impressed by the broad scope of initiatives.

CHM's Associate Dean for Academic Affairs, Dr. Rappley, begins with an assessment of our accomplishments and challenges in creating an educational environment that provides rich opportunities to learn about cultural perspectives other than our own. Also, we have created a detailed graphic of where and when diversity related programs are integrated into the curriculum.

In each issue of *VitalSigns* we incorporate data from our program evaluations to shed light on how well we are achieving our goals; readers can review how our students compare to a national sample on their reported experiences as they relate to diversity. As we think about our College mission - "Serving the People" - we must also think about who those people are.

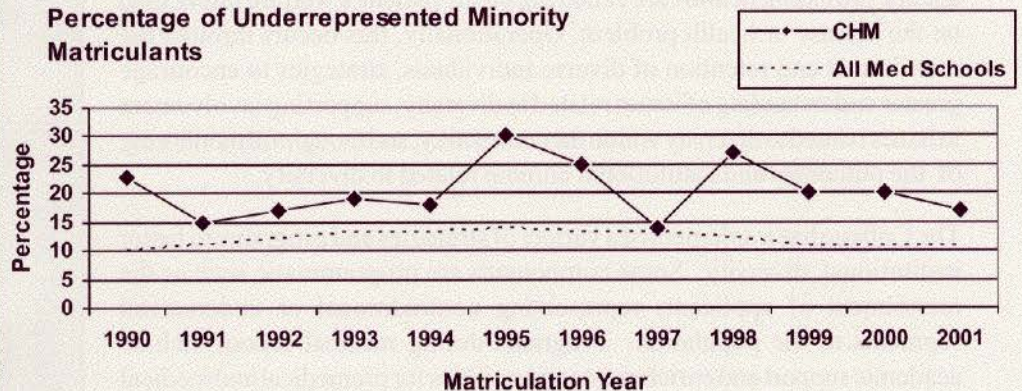
### Accomplishments and Challenges

Marsha Rappley, M.D., Associate Dean for Academic Programs

Our commitment to diversity is deeply rooted and broad in scope. Over thirty years ago, the College of Human Medicine was founded on a commitment to address a missing piece in medical education, the piece that would look at the underserved from a wide vantage point: students and patients, ethnic and socioeconomic background, rural and urban origins, community and academic center, teaching and delivery models. This evolved to include a diversity of learning and teaching methods, application of knowledge and advocacy, and infrastructure designed to reach out to the communities of Michigan.

We continue to have one of the most diverse student bodies of medical schools throughout the country (illustrated in the figure below). And we accomplish this by an admissions process that reviews every individual application from the 2000 - 4000 applications we receive each year. We do not seek specific representation of ethnic groups. We constitute our student body by evaluating each applicant on characteristics that we believe to be core to success and service as a physician. And we carry out this labor intensive evaluation with multiple methods, including a comprehensive essay format and interviews with students.

Percentage of Underrepresented Minority Matriculants



We are deeply gratified by the success our students experience in their career development. Measures of our students' success include our pass rate on medical licensing exams that medical students take during their training. Our 99% pass rate exceeds the national average pass rate, despite our entering students' mean grade point average slightly below that of other medical schools. We also assess our alumni's success through our college's systematic survey of residency directors, whom we ask to compare our graduates to those of other medical schools. While these directors consistently give high ratings to our alumni on all behaviors evaluated, our CHM alumni receive their highest ratings on their professionalism, communication skills, and readiness to learn. We applaud our basic science, social science, and clinical science faculty, who are all responsible for delivering a vigorous and rigorous medical education.

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## Diversity Efforts in the College of Human Medicine

Wanda Lipscomb, Assistant Dean for Student Affairs and Services, Director of the Center of Excellence

The Michigan State University College of Human Medicine has an historic and a national reputation for the recruitment, enrollment, and graduation of women and individuals from underrepresented minority backgrounds. The CHM mission to "Serve the People" is reflected in our programs designed to prepare individuals from minority and disadvantaged backgrounds as physicians who will serve the needs of the state and our society.

The commitment to diversity can be traced back to the early years of the college, with each Dean making strides to improve the efforts of CHM to meet the growing demand for physicians to serve the needs of diverse populations in Michigan and the nation. The commitment to diversity at CHM has created an atmosphere that has allowed us to attract, retain, and graduate individuals who reflect the diversity of the U.S. population.

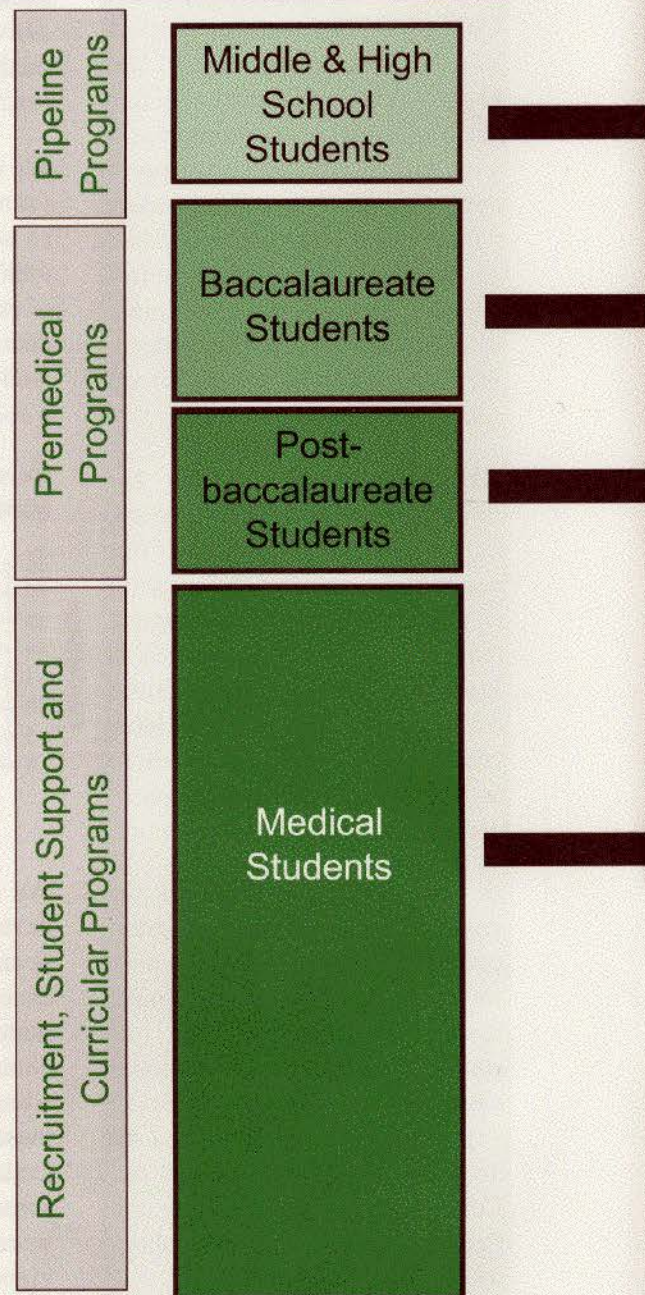
### People, Programs and Principles Support Diversity at CHM

Diversity in the faculty, students and staff is a major source of our intellectual vitality and innovative spirit. As articulated in the MSU Guiding Principles, the university strives to be a community where people of different cultures, intellectual positions and life-styles can reach their full potential. It is an environment that cultivates respect for differences while fostering caring relationships, cross-cultural understanding and common educational commitments.

Within the College of Human Medicine, the commitment to diversity is the foundation of our efforts to educate physicians to be effective therapeutic agents, providing health care centering on the patient's welfare rather than on the disease or health problem. Operationally, this occurs through the recruitment and retention of diverse individuals, strategies to encourage greater understanding of issues related to diversity, supporting involvement in issues related to diversity within the community, and thoughtful monitoring of the outcomes and institutional climate related to diversity.

The College has implemented a variety of strategies and programs to foster institutional diversity. Some components are programmatic such as the recruitment of applicants representing nontraditional or underserved segments of the population. Programs during medical school include academic support and enrichment opportunities for premedical and medical students. Other significant components are related to the medical school curriculum. This includes content related to topics such as cultural competency and patient-physician interactions. However, equally compelling are the structural aspects of the curriculum. The centrality of small group instruction in clinical skills, problem-based learning, mentor program and social context of clinical decisions modules requires that students learn from each other, engaging one another in thoughtful discourse while respecting differences in experiences and perspectives.

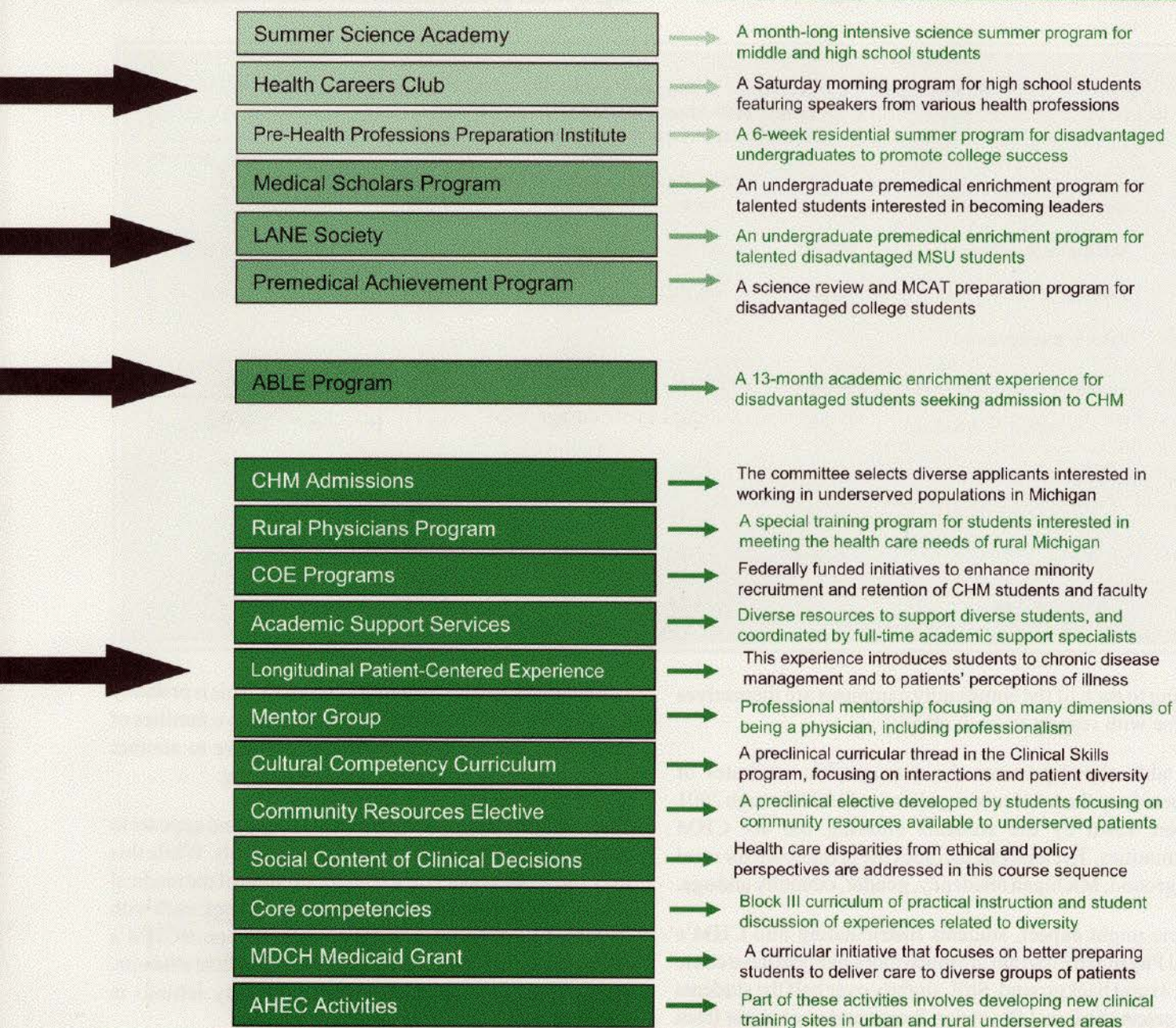
The figure summarizes the major programmatic and curricular components that promote and sustain diversity within the College of Human Medicine. The breadth of the strategies in place within CHM assures our continued success in promoting diversity and *servicing the people*.



CHM has been actively engaged in the development and preparation of underrepresented minority (URM) students for the health professions for over twenty-five years, working in this area before it became common to programmatically address the paucity of Black, Latino, and Native American physicians and other health care providers. Even though our college is a relatively young medical school, we have consistently graduated URM physicians to address issues of inequity. Since 1978, the college has graduated more than 450 students from underrepresented minority groups (African American, Hispanic, and Native American), averaging about 17 students per year. CHM has a current underrepresented minority student enrollment of 20%. The proportion of URM that CHM graduates consistently places us in the top 15% of AAMC institutions with respect to URM graduates. This is a significant achievement.

CHM has been successful in garnering federal support for diversity initiatives for individuals from underrepresented minority and disadvantaged populations. The College has had continuous funding from the Health Careers Opportunity

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## Diversity within the CHM Communities

The College of Human Medicine (CHM) has had a long standing commitment to diversity. The College has been successful in attracting a diverse group of students and the student body at CHM is considerably more diverse than most medical schools in the USA.

With the exception of the students who select CHM's Rural Physician Program in Marquette when they apply, students indicate their preferences for a community campus during their second year of medical school and to the extent possible these preferences are honored. Since the students largely self-select into the CHM communities, the groups of students

rural backgrounds. The program also attracts a higher percentage of students from Michigan than the other communities and the students are almost all Caucasian. Flint and Saginaw have been the most ethnically diverse communities with about 50% of their students non-Caucasian compared to the other three communities, which are approximately 25% non-Caucasian. The CHM communities are fairly similar in terms of age and gender. Approximately 60% of the students in Flint and Marquette are female while the ratio of females to males in the other communities is about 50%. The students in Lansing are slightly older at matriculation than students in the other five

**Demographic Characteristics of Students within the CHM Communities  
1990 – 2003 Matriculation Classes  
Percent within Community Campus**

	<u>Flint</u>	<u>Grand Rapids</u>	<u>Kalamazoo</u>	<u>Lansing</u>	<u>Saginaw</u>	<u>U.P.</u>
<b>Rural Background</b>	5.4%	10.4%	8.3%	7.1%	8.4%	46.1%
<b>Michigan Resident</b>	80.2%	87.5%	85.2%	76.1%	72.8%	93.3%
<b>Female</b>	60.4%	48.3%	50.9%	53.8%	50.2%	58.4%
<b>Ethnic Background</b>						
Black	25.3%	6.1%	5.6%	13.2%	19.8%	0%
Am Indian or Alaskan	.4%	.6%	.9%	3.6%	.5%	2.2%
Hispanic	6.7%	7.3%	5.6%	8.6%	11.1%	1.1%
Asian or Pacific Islander	16.0%	9.1%	14.1%	3.6%	14.5%	0%
White	51.6%	76.9%	73.9%	71.1%	54.1%	96.6%
<b>Average Age</b>	25.75	24.54	24.76	27.27	25.00	23.87

moving to each of the community campuses are themselves diverse with respect to each other.

The table above presents the demographic attributes of students from the matriculating classes of 1990 through 2001 broken down by the students entering the six CHM communities. The analysis includes the breakdown for rural background, Michigan residency, gender, ethnicity and age.

As one might expect, students matriculating into CHM's Rural Physician Program are much more likely to have come from a rural background. Still, slightly over half the students who select the Rural Physician Program do not come from

communities, approximately 27 versus 25. This is probably due to older students being more likely to have families of their own, making it more difficult to move to another community to complete their clinical training.

Each of CHM's six communities is unique and appears to attract a somewhat different group of students. While this may seem like a concern, it is also a strength of the medical school. The rich variety of clinical teaching sites, each with its own characteristics, probably constitutes one of CHM's strengths in attracting a diverse group of medical students, giving them a range of different community settings in which to train.

## The Relationship Between Demographics and Choice of Residency

Central to CHM’s mission is training a diverse group of physicians who can excel in providing high quality and compassionate care to all the people of the state. To help achieve this goal CHM has traditionally focused on training physicians who choose to practice as generalists and remain in Michigan. To better understand the relationship between the goals of training a group of diverse physicians and addressing the need for primary care physicians throughout the State, we investigated the relationship between a number of demographic characteristics of CHM students and their likelihood to obtain graduate training in a generalist profession in a Michigan residency program.

The table below presents CHM graduates’ choice of a residency program in terms of their decision to complete their graduate training in Michigan versus out of state, and their choice of primary care versus a specialty discipline. The table includes all graduates who matriculated into CHM after 1990 and matched into a residency program.

		Residency Choice	
		In State	Primary Care
Michigan Resident	yes	55.4%	56.2%
	no	31.1%	59.9%
Rural Background	yes	54.3%	54.3%
	no	51.0%	57.1%
Gender	male	50.5%	50.3%
	female	52.3%	62.8%
Ethnicity			
African American		42.9%	49.5%
American Indian/Alaskan		54.5%	45.5%
Hispanic		31.9%	66.7%
Asian or Pacific Islander		44.3%	61.9%
Caucasian		55.4%	56.3%

As one might expect, Michigan residents are substantially more likely to remain in Michigan for residency training. There was little difference among students from rural backgrounds, compared to students from non-rural backgrounds, in their decision to stay in Michigan or enter a primary care residency program. There are also no real differences that appear in looking at the likelihood of the decision that men and women make to stay in Michigan, for 50% of both men and women complete their residency training in the State. In contrast, women are more likely to train for a generalist profession, as approximately 63% of

the women chose primary care residencies as compared with approximately 50% of the men. Hispanic students were the ethnic group most likely to enter a primary care residency (67%), but least likely to stay in Michigan for their residency training (32%). Caucasians constituted the ethnic group with the highest percentage selecting a Michigan residency site.

There are always trade-offs between competing goals. Having a more diverse group of medical students enriches the educational experience for all medical students. This outweighs the advantage of a slight increase in the number of CHM graduates who might stay in Michigan and choose generalist careers, which is a goal that might have been furthered by reducing the number of non-Michigan residents selected for admission.

To our CHM students, diversity in the student body proves to be an important factor in their choice of CHM as their medical school. As we report on page 6, our CHM students characterize this diversity as adding value to their training.

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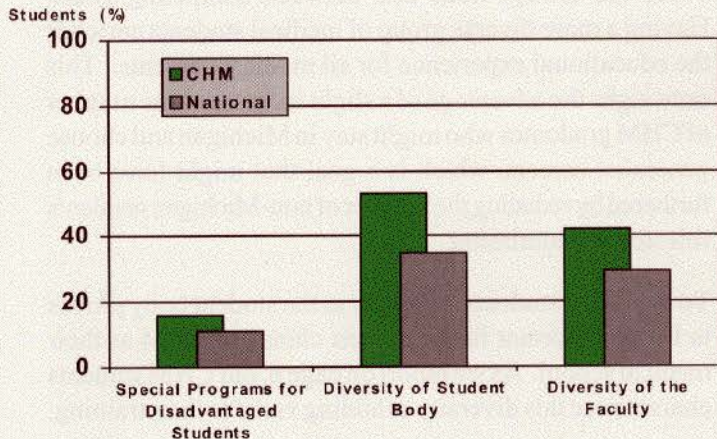
As the new Associate Dean of Academic Affairs, I feel a great deal of pride in reporting this to you. However, if there is one thing I learned from Dr. Hoppe, it is that such accomplishments are gained by constant vigilance about challenges and continuous reassessment of what is required to maintain standards of excellence and values of diversity.

What challenges do we now face? We are challenged by our students to put more resources into actions that support diversity. We are challenged to examine diversity in our faculty, as our faculty and mentors are less representative of our diverse population than are our students. We are challenged to maintain the integrity of our teaching systems which operate in the larger national and regional context, buffeted by threats to delivery, access, and standards of care. We are challenged to create a place in which students who bring the idealism and values of diversity can find sustenance and validation of those values through a superb medical education, strong mentors and role models, and a future that includes leadership and translation of these values into the medical care of the next thirty years.

It is our student body, in all its richness, and awesome in its energy and commitment, that inspires us to meet these challenges.

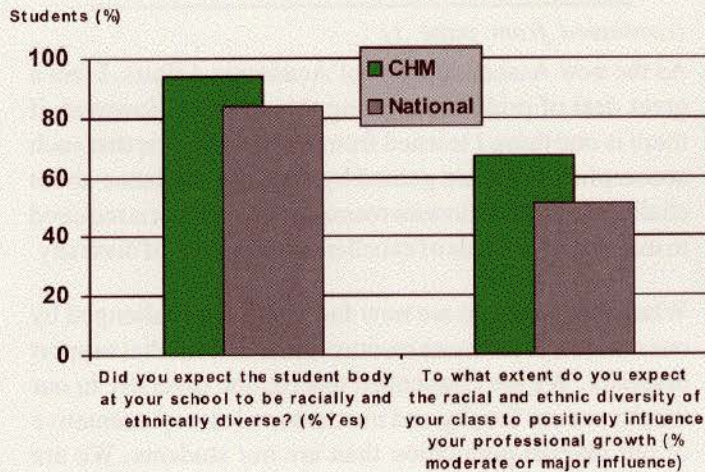
## Diversity at CHM: Students' Perspectives

Every year matriculating medical students here and elsewhere participate in a survey sponsored by the Association of American Medical Colleges (AAMC). The questionnaire focuses on a variety of areas, including the importance of factors influencing students' choice of which medical school to attend. Similarly, graduating students are asked to participate in a survey with questions related to their medical education. As reported below, both surveys include items related to diversity. Overall, CHM students were more likely than medical students nationally to see diversity as a desirable attribute of a medical school and to value diversity as contributing positively to their professional growth.



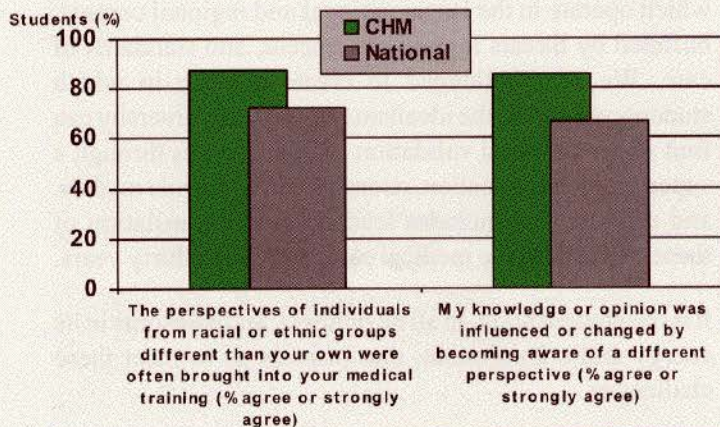
### How important are these factors in your choice of this medical school?

The figure illustrates the percentage of matriculants from 2000 through 2002 responding that a factor was *moderately* or *very important* to their choice of a medical school. CHM students were above the national average in the importance placed on having diverse faculty and students, as well as for programs supporting the needs of disadvantaged students.



### Expectations related to diversity in the medical school class.

Based on survey data for the classes matriculating in 2000, 2001 and 2002, CHM students were more likely to expect a diverse class than all matriculating medical students nationally. In addition, CHM students were more likely to indicate that this diversity would be an asset to their undergraduate medical education.



### Impact of diversity on your medical education.

As part of the 2003 graduation questionnaire, medical school graduates were asked if they thought that diverse perspectives represented in the class contributed to their medical education. CHM students were more likely than medical students nationally to report an awareness of different perspectives during their education, and to report that they were influenced by these different perspectives.

## Are There Standards for Diversity?

When considering the role of diversity in creating a rich learning environment for students, it is helpful to review the dialogue and standards that are proposed by national organizations. Just last year the University of Michigan argued before the Supreme Court that the "U.S. Constitution and civil rights statutes, interpreted in the 1978 Bakke decision, permitted it to take race and ethnicity into account in its admissions program to achieve the educational benefits of a diverse student body. The university contended that these benefits constituted a compelling governmental interest that justified consideration of race and ethnicity in the university's admissions system." In their subsequent ruling the Supreme Court upheld that the law school could employ race along with other factors to contribute to a diverse student body and the educational benefits that flow from that diversity. (URL <http://www.aame.org/diversity/focuson.htm>) Achieving diversity among a student body and the faculty is one consideration in providing opportunities for all students to experience culture and norms other than one's own. However, in what other ways can the medical school incorporate diversity into its overall mission and program?

The Liaison Committee on Medical Education (URL <http://www.lcme.org/>) publishes a document titled "Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree." To achieve accreditation medical schools must demonstrate how they meet the standards put forth in this document. While the standards provide considerable detail on requirements related to medical students, faculty and the educational program, there is little prescription about diversity and its role in medical education. On the other hand, the document is not silent on the topic.

Several examples of how the standards address diversity are as follows: "The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others and in the process of health care delivery." (p.2-3)

Within the section of the document on "Structure" there are 48 educational requirements. Requirements ED 21-22 require that the schools document objectives relating to the development of skills in cultural competence and objectives for clinical instruction that include student understanding of

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## COE Summer Program on Health Care Disparity Research

In 2003 OMERAD implemented a summer research program for medical students, funded through the CHM Center of Excellence. The experience provided students an opportunity to acquire research skills and knowledge of minority health issues. The program drew from our experience with the OMERAD primary care faculty development fellowship program and CHM courses.

Students divided into small groups around a health disparity topic. For 2003 the health disparity topics chosen were depression and type II diabetes. Small groups were used to increase students' coverage of issues, as well as to encourage skills related to collaboration. Each group completed a collaborative summary review paper and made an oral presentation addressing multiple perspectives including: the nature of the disparity, current practice guidelines, professional education issues, patient education and public health issues and public policy.

Mentorship was central to the program. Each group had an assigned faculty mentor to provide guidance and facilitate group problem-solving. Two faculty panels were included in the program: the first focused on faculty with expertise in health disparities, while the second included faculty with research experience in community settings. Physician faculty who combined research and clinical practice also met with students to talk about their career issues and options.

Students' evaluation of the program suggest that it successfully provided students with a positive learning experience that increased their knowledge of health disparities and their understanding of research related to health disparities, and enhanced their research skills.



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demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases.

The College of Human Medicine, long committed to offering students experiences that enhance their exposure to diverse populations, has programs that pursue diversity opportunities from matriculation through graduation. On pages 2 and 3 of *VitalSigns*, we graphically represent the activities students are offered to help them understand how belonging to an ethnic group does impact how health care affects them. We are creating ways to monitor and evaluate the competencies students develop as they interact with social and health problems that challenge patients from differing backgrounds.

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Program (HCOP) since 1978 and the Centers of Excellence in the Health Professions since 1991. This funding has allowed the College to develop and evaluate activities and programs related to recruitment strategies, academic support services, educational enrichment programs, middle school and high school outreach programs, student research programs, faculty development activities, and curriculum development. A diagram of these programs is shown in this *VitalSigns* issue (pages 2-3).

While many institutions take pride in the recruitment and matriculation of students, CHM has developed a comprehensive academic support services system that offers academic support services to enhance our ability to

retain and graduate students of color. CHM was a pioneer among medical schools in offering such academic support services. Our efforts and programs in this area remain strong in our current environment. These services are available to all our students.

As we continue our commitment to prepare qualified physicians to serve the citizens of Michigan, the nation, and the world, the college has also worked to recruit faculty from diverse backgrounds and provide leadership opportunities for faculty of color. In 1975, CHM could claim only one faculty member of color; given our current cohort of 19, there is clear evidence of significant progress.

CHM has the opportunity to expand its efforts and accomplishments. There is clearly more work to do, including recruiting faculty, providing faculty development, increasing health disparities research, enhancing CHM curricular programs intended to promote cultural sensitivity and competence of our trainees, and garnering support from alumni and the community for future efforts designed to prepare our students for the practice of medicine in a multicultural society. While acknowledging the urgency and importance of our need to enhance our accomplishments, we recognize the foundation from which we have to build.

Past editions of *VitalSigns* can be accessed through the OMERAD webpage at <http://omerad.msu.edu/vitalsigns/index.html>

Send your reactions to *VitalSigns* by e-mail - [vitalsig@msu.edu](mailto:vitalsig@msu.edu)

## MICHIGAN STATE UNIVERSITY

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