

GW SMHS Office of Diversity and Inclusion

FIVE YEAR REPORT 2013-2018

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"Diversity in higher education is perhaps nowhere more important than in the health professions. Though we are making breakthroughs every day in medicine, the unfortunate truth is that not everyone benefits equally from these advancements. Significant health disparities persist along lines of socioeconomic status, urban or rural residence, and, most notably, race and ethnicity, with minority populations continuing to suffer disproportionately from numerous health conditions"

- Darrell G. Kirch, M.D. AAMC Reporter, November 2012

History of Diversity and Inclusion Initiatives at SMHS

SMHS is among the oldest schools of medicine in the United States, established in 1824, and the first in the nation's capital. In 1884 the school enrolled its first female student, distinguishing itself for decades as one of the only medical schools in the nation to admit women. Since that time, women have made up a significant number of the matriculates, comprising nearly 50 percent of each incoming class for more than 20 years. This groundbreaking work paved the way for the acceptance of students from different cultural and ethnic backgrounds, sexual orientations, socioeconomic backgrounds, and those with a variety of previous life experiences.

The George Washington University School of Medicine and Health Sciences views diversity as crucial to its pursuit of excellence in learning, research, and service, consistent with the University statement on diversity and inclusion. In 2013, Jeffrey S. Akman, MD, Vice President for Health Affairs (VPHA) and Dean, convened a Diversity and Inclusion Task Force to develop a comprehensive, strategic approach for the School of Medicine and Health Science. The Task Force developed the following recommendations:

- I. Task Force Recommendation #1: Define Diversity for Students**
- II. Task Force Recommendation #2: Strengthen and Enhance SMHS Pipeline Programs**
- III. Task Force Recommendation #3: Strengthen SMHS Scholarships**
- IV. Task Force Recommendation #4: Catalog and Disseminate Resources and Highlight Activities**
- V. Task Force Recommendation #5: Define Diversity for Faculty and Staff**
- VI. Task Force Recommendation #6: Strengthen Faculty Recruitment and Retention Programs**
- VII. Task Force Recommendation #7: Develop Resident (Staff) Recruitment and Retention Programs**
- VIII. Task Force Recommendation #8: Include Diversity & Disparity as a Theme in the SMHS Academic Programs**
- IX. Task Force Recommendation #9: Recruit Researchers Experienced in Diversity and Disparity Research**
- X. Task Force Recommendation #10: Incorporate Diversity & Disparity in SMHS Strategic Planning Process**
- XI. Task Force Recommendation #11: Create Office of Diversity and Inclusion**
- XII. Task Force Recommendation #12: Establish a Diversity and Inclusion Advisory Committee**

This report provides a progress update on diversity and inclusion activities from 2013-2018 and concludes with recommendations to raise SMHS diversity initiatives to a level of national preeminence. For purposes of clarity, Recommendation #11: Create Office of Diversity and Inclusion is presented first, followed by Recommendation #1: Define Diversity for Students, and Recommendation #5: Define Diversity for Faculty and Staff. All other Recommendations are addressed in chronological order.

I. Task Force Recommendation #11: Create Office of Diversity and Inclusion

In fall 2013, a decanal position was created to oversee and coordinate LCME accreditation and compliance efforts as well as identify and advance diversity opportunities for students, faculty and staff. On Sept. 30, 2013, the SMHS Office of Diversity was officially established to address the vital issue of health equity and to propel GW SMHS as a national leader in promoting diversity among U.S. academic health centers. More specifically, the ODI staff was tasked with pinpointing diversity and inclusion needs specific to the SMHS community. To guide these efforts, a vision and mission focused on promoting a positive institutional culture and climate and creating a community of excellence where all are welcomed were developed.

SMHS Office of Diversity and Inclusion

Vision

The School of Medicine and Health Sciences Office of Diversity and Inclusion envisions a community distinguished by the depth of its diversity and the value placed on it.

Mission

The mission of the School of Medicine and Health Sciences Office of Diversity and Inclusion is to lead and support the efforts of each SMHS department to attract talented students, faculty, and staff inclusive of those who are traditionally underrepresented in medicine and to foster a culture and climate that appreciates the added value of diversity.

Staffing: The SMHS Office of Diversity and Inclusion was created in 2013 with a Dean for Diversity and Inclusion and a Director for Diversity and Inclusion. In 2015, a graduate assistant for Diversity and Inclusion position was created. The graduate assistant position was upgraded to a Program Associate role in 2016.

Observation/Recommendation: As diversity becomes a more central value to our local and national communities, and as we seek to position SMHS as a leader in diversity efforts, further staffing expansion of this office will be critical. Establishing a position that is dedicated to identifying and addressing diversity and inclusion needs specific to our Health Sciences departments is of greatest need.

II. Task Force Recommendation #1: Define Diversity for Students

“The George Washington University School of Medicine and Health Sciences defines diversity as crucial to its pursuit of excellence in learning, research, and service, consistent with the University statement on diversity and inclusion. Value is added to the SMHS community by purposefully pursuing students who are underrepresented in medicine and health sciences including Black/African American, Hispanic/Latino, American Indian, Alaskan Native, and Native Hawaiian/Pacific Islander, and those who are economically disadvantaged.”

The aforementioned definition is the approved working definition of SMHS diversity target groups. Using this definition, a high-touch student service model is employed through the coordinated efforts of the SMHS Office of Admissions and SMHS Office of Diversity and Inclusion to highlight the welcoming institutional climate and to convert more accepted URM students to matriculates. ODI staff conducts

annual bias-in-selection training for the members of the Admissions selection committee. This training provides strategies for practicing more conscious awareness when making admissions decisions. Once the interview period begins, the Office of Admissions emails bi-weekly updates of all accepted URM students to the SMHS Office of Diversity. SMHS ODI then initiates email contact with every admitted student, congratulating them on their admission to GW, introducing them to the SMHS Office of Diversity and Inclusion, and soliciting any questions from students. Should students respond with any questions, SMHS ODI follows through to address any concerns and connects prospective students with currently enrolled URM students to provide insight to the lived student experience. Three days a week, every week during the period August-March, SMHS ODI participates in the Admissions welcome for every interviewee to reinforce for all potential students the institutional commitment to the value of diversity. ODI staff then maintain high visibility during the Second Look event as a way to add a personal connection. Many students have reported that this high-touch approach gave them confidence that they would feel supported if they made the decision to attend GW. Once students enroll at GW, periodic check-ins via text, email and in-person meetings occur between ODI staff and URM students to provide continued support and guidance to students. As such, student feedback regarding the Office of Diversity and Inclusion has been tremendously favorable and accordingly, students have been more comfortable to proactively reach out for help in moments of academic and personal difficulty.

Observation/Recommendation: Students feel comfortable with the Office of Admissions and the Office of Diversity and Inclusion due to the high-touch student service model. More formal interaction by other Student Affairs Deans, as well as the Vice President for Health Affairs is encouraged so that students' perception of support moves beyond specific individuals and offices and is more widely associated with the entire SMHS community. As well, though we continue to maintain a critical mass of URM medical students, our analysis in conjunction with the Office of Admissions, is that the lack of scholarship funds to support URM students *continues to be a serious barrier*. We often lose very talented URM students to state schools, and institutions located in less costly cities. A significant means of addressing this financial barrier is critical to our pursuit of attracting and retaining the best and the brightest.

III. Task Force Recommendation #5: Define Diversity for Faculty and Staff

"A faculty (and staff) inclusive of populations currently underrepresented in healthcare and its professions."

This established definition for faculty served as a starting point for understanding the diversity challenges specific to our faculty and staff populations. It was understood, however, that this definition did not adequately capture the nuanced experiences of this population. In order to get a more qualitative look at the GW faculty and staff experience, ODI in conjunction with Children's National colleagues, sent out the Diversity Engagement Survey (DES)—a 23 item survey which measure inclusiveness of academic learning environment; and areas of strength and improvement. In June 2016, 1110 faculty were invited to participate and 398 responses were analyzed (of which 196 worked at SMHS or the MFA). Questions on the DES (with major emergent themes) included:

1. How could your institution best demonstrate its commitment to diversity and inclusion to learners, employees, and patients?

Themes:

- a. Diversity is not equally distributed at all levels of the organization
- b. Demonstrate the value of diversity in both policy and practice
- c. Expand our notion of “diversity” in the workplace

2. What policies, programs, and practices could enhance diversity and inclusion at your institution?

Themes:

- a. Provide on-going and accessible diversity training & professional development
- b. Provide greater transparency and equity in selection, compensation and advancement
- c. A desire for leadership which supports its staff, and promotes an environment of respect
- d. Create a family-friendly work culture which accommodates working parents

After analyzing the DES data, three top faculty priorities were adopted:

- 1) Provide increased faculty development opportunities
- 2) Provide increased transparency regarding faculty selection for leadership positions
- 3) Provide increased bias awareness training

Observation/Recommendation: Instruments such as the DES or the Faculty Forward survey have been utilized to capture how diversity is experienced by our faculty. There is, however, no corresponding instrument nor equal attempt to understand how staff experience diversity at SMHS. A concerted effort to hear the voices of our staff (those in non-faculty/administrative positions) will help us better understand the true impact of our diversity and inclusion initiatives on the entire SMHS community.

IV. Recommendation #2: Strengthen and Enhance SMHS Pipeline Programs

The underrepresentation of black, Latino, Native American, and Native Hawaiian populations in medicine has had a profound impact on the overall health of the general population. The lack of URM health providers leads to compromised patient-physician communication, linguistic barriers and patients of color reporting feeling less respected and heard when interacting with health providers. Over the years, there has been a concerted effort to increase the number of underrepresented populations in medical professions. One approach has been the development of pipeline programs. Pipeline programs focus on intervening in the educational pipeline to enhance opportunities for racial/ethnic minority and disadvantaged students to enter careers in the health professions and health sciences. SMHS ODI has identified the following initiatives to enhance the educational and work place pipeline:

DC Health and Academic Preparation Program (DC HAPP)

A four-week summer experience and fall semester clinical shadowing opportunity for rising 11th and 12th grade public and public charter students in the Washington, DC metropolitan area. DC HAPP

scholars gain exposure to healthcare professions, learn hands-on medical skills, develop public health projects, and prepare for college applications and college life. DC HAPP was original established in 2009 and went on hiatus in 2011. DC HAPP was reestablished upon the creation of the SMHS Office of Diversity and Inclusion.

DC HAPP 2015-2017 PARTICIPANT DEMOGRAPHICS:								
Year	Total Cohort Size	Female	Male	Blk/Af Am	Hispanic/Latino	Two or more URM identities	First Generation College student	DC Wards Represented
2015	13	9	4	38%	52%	7%	46%	1-5
2016	20	16	4	75%	25%	n/a	25%	1-5
2017	18	11	7	72%	16%	5%	62%	1-5

UpWard Bound

Upward Bound (UB) emerged from the Economic Opportunity Act of 1964 in response to the growing racial disparity among graduates of higher education. Upward Bound is currently one of eight federal TRIO programs designed by the U.S. Department of Education to serve underrepresented high school students by supporting participants as they prepare for and navigate through college. The GW SMHS Upward Bound Program annually serves 60 DC public and public charter high school students (grades) 9-12 in DC Wards 5, 6 and 7 in the District of Columbia. These students are provided academic enrichment and are tracked from high school to college completion. From 2013 to date, Upward Bound GW SMHS has serviced 121 students. 52% of this group have completed high school with the remaining 48% on track to graduate by 2022. Over half (57%) of the participants during this period are enrolled or have graduated from a post-secondary institution. *See Appendix for participant breakdown.*

GW Chapter of Minority Association of Pre-health Students (MAPS)

Mission

GW MAPS represents the undergraduate sector of the Student National Medical Association and has been aiming to diversify the face of medicine since 1964. The George Washington University chapter comprises competent and gifted premed students. In alliance with the George Washington University School of Medicine, we seek to ensure that students in the premed tract receive the support, resources, and education that is necessary to excel as a premed student. Through involvement on and off campus we hope to assist in the transformation of students into healthcare providers that are culturally sensitive and socially conscious.

The GW MAPS chapter was reinvigorated in 2014 after a three-year hiatus. The ODI office worked with staff in the GW Center for Student Engagement to identify passionate and capable students to serve on the e-board to ensure support for URM pre-health students, and since then, the GW MAPS chapter has been a thriving, influential student organization. The ODI director serves as faculty advisor and the

Student National Medical Association has a designated executive board position which serves as its liaison to MAPS.

Pre-matriculation Program (PMP)

PMP is a four-week program which provides preclinical content exposure to prepare select incoming medical students for the academically rigorous learning environment of medical school. PMP cohort sizes range between 7-9 students every summer. Most participants stay in on-campus housing and are grouped on the same residence hall floor to foster bonding and a sense of community. This program is offered by invitation-only to students who self-identify as underrepresented-in-medicine, socioeconomically disadvantaged, first-generation college, or as a student the Committee on Admissions believes would benefit from the program.

Observation/Recommendation: After two years of direct student feedback questioning the composition of the PMP cohort, the Office of Admissions and the Office of Diversity and Inclusion felt it necessary to take a closer look in terms of who were admitted to PMP. Students started to question if the only way URM students were admissible to GW medical school was through an enrichment program. It was found that PMP had been completely Black/African American and Hispanic/Latino during its first three years. The 2017 cohort was more visually diverse as a result of this feedback.

Students who participate in PMP have demonstrated consistent academic achievement throughout the MD program. Due to the outstanding collective academic performance of past and current PMP participants, it was recommended that PMP be expanded to accommodate up to 15 students for the incoming class of 2022.

Considering its focus on academic preparation and development of strong networks, there's been a suggestion that students who are required to repeat year one go through the program. Particularly as we desire to ensure the academic success of all of our students, the positioning of pipeline programs as a form of remediation is worth considering. An unintended consequence, however, may be a less favorable perception of the program for incoming students should student repeaters become a part of each cohort.

Mentored Experience to Expand Opportunities in Research (METEOR)

METEOR encourages newly-admitted medical students from underrepresented communities to immerse themselves in clinical or translational research by matching them with a mentor for their entire four years of medical school. These students enroll in June prior to the start of their medical school career and are matched with a mentor who provides opportunities to develop research skills. Mentors are selected based on their research interests, as well as demonstrated ability to mentor aspiring researchers. METEOR participants are required to enroll in the research track, complete a second summer internship between their first and second years, and participate in a research elective during their final year of medical school. The METEOR program is designed to prepare and inspire students to pursue careers in medicine and medical research. The METEOR program is now under the direct purview of the Dean for Research and Workforce Development.

Visiting Clerkship Program (SMHS VCP ODI)

Upon reviewing faculty data, it was noted that a substantial amount of our URM faculty completed their residency at GW. By focusing on residency as a pipeline, we will increase the visibility of our residency programs as a place where URM faculty are welcomed and valued. Starting spring 2018, SMHS ODI, in collaboration with the GW Medical Faculty Associates, will host The Visiting Clerkship Program. The Visiting Clerkship Program will recruit fourth-year medical students with an interest in health equity, diversity, and inclusion to participate in a variety of visiting clerkships. This opportunity intends to enhance students' exposure to careers in academic medicine and to recruit students with a particular interest in the care of the under-served. Accepted students will receive a stipend of \$1,000 towards travel and housing. Participating students will be assigned a specialty advisor during the 4-week clerkship, participate in a student/faculty networking breakfast, and have an opportunity to meet and/or participate in an interview with the program director during the clerkship.

- Clerkships are available in the following specialties:
 - Internal Medicine
 - Infectious Disease
 - Gastroenterology
 - Nephrology
 - Pulmonary
 - Palliative Care
 - Emergency Medicine
 - Neurology

Observation/Recommendation: A systematic review should be conducted after year one to assess the impact of the program, the satisfaction of the participants and host departments, and to determine what additional specialties should be added.

V. Task Force Recommendation #3: Strengthen SMHS Scholarships

“I feel like GW could do a much better job supporting the financial needs of its students from low-socioeconomic backgrounds. I’ve had ongoing financial difficulties since first year. Three month summers without financial aid and no financial aid during step study pretty much destroyed me financially. I was nearly evicted from my apartment, my cell phone was disconnected, I lost 18 pounds because I couldn’t afford food. I was disappointed that GW didn’t seem to have any experience working with students who have no parents/family/safety nets. I’ve heard similar stories from many peers who aren’t from affluent backgrounds.” -MS3

It comes as no surprise that one of the most reported barriers to enrollment or student satisfaction is the cost of enrollment at our institution. SMHS ODI works with the Office of Financial Aid to ensure that scholarships and fellowships that come in to support URM, women and sexual minority students are directed towards the students known to have great need. In addition, SMHS ODI recently created a new SNMA Alumni organization with the goal of identifying alumni of color who are willing to support the establishment of scholarships for the purposes of increasing and maintaining a critical mass of diversity within the student body. The ‘Hope Jackson’ scholarship award is the first of these initiatives. First

awarded in 2015, the Hope Jackson award recognizes an outstanding graduating senior SNMA member who has consistently demonstrated exceptional mentoring skill. Recipients receive a cash gift award in the amount of \$2000-\$2500. By demonstrating goodwill, even upon the graduation of our URM students, it is our hope to develop an alumni base with a strong connection to their GW experience and a desire to give back to those students who will follow.

Observation/Recommendation: Many of our students feel great affinity to the student organizations they were able to participate in while in medical school. An approach that targets alumni based on affinity interests may help to provide a much wider scholarship net from which to pull. As was previously stated, the need for scholarships continue to directly impact the success of our recruitment and retention efforts.

VI. Task Force Recommendation #4: Catalog and Disseminate Resources and Highlight Activities

Though not primarily a programmatic office, SMHS ODI recognizes the importance of promulgating culture and understanding through the creation of hallmark programs and responsive programming. Our approach includes trainings, workshops, small group discussions, large lectures and passive programming. Activities have included:

- Cecil Jonas, M.D. '65: "Life as the Second African-American SMHS Graduate"
- Camara Jones, MD, MPH,vPhD; Immediate past president of the American Public Health Association, "Achieving Health Equity: Tools for a National Campaign Against Racism."
- 1st Annual MLK Lecture: Vanessa Gamble, MD, PhD, "The Civil Rights Movement and Education: The Desegregation of American Medical Schools"
- 2nd Annual MLK Lecture: Dayna Bowen Matthew, JD, "Just Medicine: A Cure for Racial Inequality in American Health Care"
- "Lunch and Learn: A Dialogue on Title IX, Gender Equality and Sexual Harassment"
- "REAL Talk: A Brown Bag Conversation on Social Justice, Advocacy and Personal Responsibility within the Medical Profession"

Regular engagement with the Marketing and Creative Services team has been critical to not only highlighting SMHS ODI but other activities occurring across SMHS which promote and support institutional diversity efforts. The Marketing and Creative Services team has been instrumental in diversifying the SMHS print, virtual and social media images to reflect a more inclusive learning and work environment. Students, faculty and staff regularly see themselves reflected in pictures on walls, images in magazines, and snapshots on social media. These visual images help to reinforce the message that this is a community where all are welcomed.

Observation/Recommendation: SMHS ODI has recently started to livestream and record events to provide greater access to the entirety of the SMHS community. As well, recordings from lectures will be included in curriculum pre-work as a way to include relevant topics into the current structure of the revised curriculum.

Also, as offices across SMHS plan events, they are encouraged to consider examining how diversity is demonstrated as a core value in their event. This assessment may be a dedicated learning objective or programmatic goal that addresses diversity and inclusion. Another way to ensure that diversity and inclusion is demonstrated is to ensure the visual representation of the marketing materials for any given event is diverse. Offices and departments are encouraged to consider a broad range of diversity

identities (religious, sexual orientation, gender identity, ability, linguistic...) when planning programs and events.

VII. Recommendation #6: Strengthen Faculty Recruitment and Retention Programs

SMHS ODI has created/supported two major areas of faculty development for our women and junior URM faculty:

- a. SMHS ODI works with the Office of Faculty Affairs and department chairs to nominate women and URM faculty to ensure diverse representation in our Master Teacher Leadership Development Program (MTLDP). MTLDP (a program offered via a partnership with the Graduate School of Education and Human Development) consists of six courses taken over a one-year period. Graduates receive a Graduate Certificate in Leadership Development from GSEHD. All completed coursework may be applied toward a Master of Arts in Education and Human Development. The program's tri-fold purposes are to:
 - Enhance teaching skills
 - Develop education leadership potential.
 - Promote scholarship in education
- b. Minority Faculty Retention Initiative Grant—2-3 times a year, department chairs are solicited to nominate faculty to attend AAMC early and mid-career seminars. Since 2015, SMHS ODI has provided full conference sponsorship to 12 clinical, basic science and health sciences faculty to attend professional development conferences. In exchange, faculty agree to become a member our Faculty Development Committee, which meets once a quarter to discuss issues specific to representation and inclusion.

When asked how the MFRI grant has impacted their experience at GW, faculty provided insightful commentary:

"It's often difficult to establish a network of peers who are like-minded and share similar experiences we face as minority junior faculty in academic medicine. While I established a new network of peers, it was just as important to me to share the knowledge and skills I gained at the AAMC conference with faculty at GW (or at other institutions) who might not have had the privilege of participating in such a conference. I, in turn, have grown in to an 'evangelist' of not just the training but also sharing what is now embedded in my approach and ideology to teaching and research." —Health Sciences Faculty

"I believe the importance of promoting these initiatives is that it has an immediate effect in so far as it comes across that the institution cares/interested in placing value in their minority faculty. This carries with it an implicit understanding that GW recognizes there may be different challenges minority faculty face and is accompanied by proactive engagement. This demonstrates institutional commitment and provides opportunities for interested faculty that they would otherwise be unable to pursue if left solely within the clinical departments." —Clinical Faculty, male

"Being selected to attend the AAMC faculty development conference soon after beginning my tenure at George Washington University served as a springboard to further opportunity to pursue my academic interests at our university. Through connections made at the conference I have found

mentors who support my goals and believe through these connections I have found a community that supports my growth as a clinician and teacher.”—Clinical Faculty, female

Observation/Recommendation: The MTLPD and MFRI grant are programs that qualitatively impact the experiences of our women and URM faculty. The greatest challenge to the reach of this initiative is the lack of a critical mass of URM faculty from which to pull. At a spring 2017 Faculty Diversity Champions meeting, when asked about the climate for URM faculty, one member stated:

“I don’t feel isolated. I feel underrepresented. My department supports me and provides me opportunities but I can’t miss the reality that there is very few of me”.

This sentiment resonated with the group. To this, another faculty stated:

“The place where I did my residency was unapologetic in its recruitment of URM faculty. They knew that they were located in a less desirable geographical location, so they knew they had to be more direct about their recruitment efforts.”

It cannot be understated that both diversity (compositional) and inclusion (how the diversity is demonstrably valued) matter—not only to the faculty experience but also to the perceptions of students who struggle to see themselves represented in the faculty.

VIII. Task Force Recommendation #7: Develop Resident (Staff) Recruitment and Retention Programs

As was previously stated, effective Spring 2018, our efforts are focused on executing a Visiting Clerkship Program, as a vehicle through which we increase the diversity in our residency programs. Our residency programs, however, lack the critical mass of diverse representation for any group. As such, ODI staff have met with program directors and department chairs to discuss and understand potential barriers to recruitment. This has resulted in regular grand rounds on implicit bias which have featured AAMC Chief Diversity Officers Marc Nivet and David Acosta; and is regularly facilitated by SMHS ODI staff.

Observation/Recommendation: The focus on resident recruitment is necessary. A lack of critical mass will impact retention efforts as this suggests a lack of congruence with the stated goal of diversity as a valued entity.

IX. Task Force Recommendation #8: Include Diversity & Disparity as a Theme in the SMHS Academic Programs

A cultural competence curriculum cannot be an add-on to the present medical school curriculum. If issues such as culture, professionalism, and ethics are presented separately from other content areas, they risk becoming de-emphasized as fringe elements or of marginal importance. The intent of a cultural competence curriculum is to enhance the patient-physician interaction and assure that students have the knowledge, skills, and attitudes that allow them to work effectively with patients and their families, as well as with other members of the medical community.

(AAMC, 2005, p. 2)

In 2014, Diversity and Cultural Competence became one of the eight themes of the revised curriculum with the following learning outcomes:

Through the Diversity and Cultural Competence theme, students will be able to:

- *Define diversity and understand its implications on public health and health care.*
- *Describe personal cultural background and biases.*
- *Understand how health disparities and stereotyping affect and interact with health and health-care quality.*
- *Identify strategies to reduce personal biases and minimize potential effects in the clinical setting.*

There is a targeted and integrated approach towards Diversity and Cultural Competency in the curriculum. Stand-alone sessions include:

1. Intro to Cultural Competency in Healthcare (MS1)
2. Can we get past race in Medicine? I (MS1)
3. Can we get past race in Medicine? II (MS3)
4. Health, Healthcare Disparities and Renal Disease (MS1)
5. Implicit Bias I (MS3)
6. Implicit Bias II (MS4)

Further, faculty were provided the following suggestions on embedding cultural competency into their sessions/blocks regardless of discipline:

1. Inclusion of empirical studies/research/readings from a wide range of journals, authors and texts that systematically explore and review the health care experiences and realities of diverse populations (age, gender, race/ethnicity, ability, sexual orientation, underserved populations...). {*E.g. Journal of the National Medical Association, Southern Medical Journal, Journal of Health Care for the Poor and Underserved, Advances in Health Sciences Education, Teaching and Learning in Medicine, Ethnicity and Disease, Spectrum, Journal of Family Physicians...*}
2. Inclusion of case studies that seek to explore the factors that contribute to the variability of population health including, but not limited to, the impact of education, culture, socioeconomic status, housing, and employment.
3. Inclusion of discussions on how social determinants of health impact realities within specific block area.
4. Reflective questions that direct students to explore how personally held beliefs and life experiences can affect interaction with patients and communities.
5. Theory-to-practice exercises that require students to explore local communities to realize the impact of what is learned in the classroom.

Observation/Recommendation: The student body has responded favorably to the inclusion of diversity and cultural competence awareness into the medical curriculum. There continues to be frustration, however, regarding inconsistent messaging across blocks regarding the utilization of race.

I feel that GW has done a good job creating a social environment that is diverse and includes/values everyone through things such as 'Real Talk', talks/panels about diversity/race/ethnicity in medicine, etc as well as in the student body they accept.

However, at times I feel it is lacking in the classroom. During foundations we had excellent talks from a variety of professors that emphasized the importance of not putting patients into a “box” of assumptions based on how they look or how they may identify. This topic was repeated to us over and over, and we were even presented with the statistical facts of the lack of proper care and research for minorities. The take away message was clear “do not make assumptions based on race, a social construct. Genetically even those within a ‘race’ are extremely diverse”. However, upon beginning the organ systems I feel many lecturers contradict the ideas we were taught first semester. Often times there are illnesses that associated with a race or medications that are recommended for one race but not the other, and I feel that it is regressing our thought processes. –MKO, MS1

Something I would change would be for professors to provide tangible research/statistics for things that they may attribute to certain races. Often times students would pitch a question, for example “Why shouldn’t ACE inhibitors be used for African American patients?”, and we would be met with very lackluster or no evidence at all. It would also be nice to have more lectures that emphasize the importance of practicing medicine by considering the whole picture and not making assumptions based on looks — so that we don’t lose sight of that. –PAP, MS1

The topic of race in medicine is one that students bring up time and time again. Though there have been numerous conversations in curricular subcommittees, an effective and comprehensive approach has not been identified. Students have additionally requested that a Social Justice in Medicine be added to the medical student track options.

X. Recommendation #9: Recruit Researchers Experienced in Diversity and Disparity Research

- 1) In May 2015, GW SMHS, the GW University Hospital, and the GW Medical Faculty Associates appointed Eduardo M. Sotomayor, M.D., as the inaugural director of the GW Cancer Center. The Center’s charge is:
 - To **integrate** under the umbrella of the GW Cancer Center all cancer research, clinical cancer care and cancer control/prevention and outreach initiatives at GWU, GWUH, MFA and its affiliated health systems (i.e. Children’s)
 - To **build** a premier cancer center that excels in cancer research, clinical investigations, cancer prevention/control and policy as well as in education and patient outreach
 - To **apply** for a Cancer Center Support Grant (CCSG) and achieve NCI-designation within the decade
- 2) In 2016, the GW Milken Institute School of Public Health Department of Health Policy and Management appointed Thomas A. LaVeist, Ph.D. as department chair. He is a recognized national and global leader on issues related to inequality and health. Dr. LaVeist accepted the SMHS ODI invitation to annually teach “Health, Healthcare Disparities and Renal Disease” for MS1 students during the Cardiovascular/Pulmonary/Renal block.

Observation/Recommendation: GW has been successful in recruiting scholarly faculty with extensive experience in the area of health equity. Greater utilization of these faculty to teach sessions throughout the preclinical and clinical curriculum will enhance student understanding of applied social justice in medicine.

XI. Recommendation #10: Incorporate Diversity & Disparity in SMHS Strategic Planning Process

Leadership Goal: Promote a culture of excellence through leadership, performance improvement, professionalism, and diversity and inclusion for students, faculty, and staff.

The SMHS strategic plan was revised in 2011 and contains themes informed by the vision to be a globally recognized academic medical center that embraces the challenge of eliminating health disparities, transforming health care, and expanding research to enrich and improve the lives of those we serve. This new strategic plan includes a revised mission and vision which emphasizes the importance of creating an environment that is characterized by excellence through diversity and inclusion, addressing the challenges of health equity, and advancing translational research, particularly through interdisciplinary collaboration.

Observation/Recommendation: As we implement the new strategic plan, understanding how diversity is relevant to all areas of our enterprise (as opposed to a standalone entity) will assist with weaving cultural awareness into the fabric of the institution. It is hoped that through an integrative approach, all members of the SMHS community will be able to see that diversity not only exists here but is a core value of the institution.

XII. Task Force Recommendation #12: Establish a Diversity and Inclusion Advisory Committee

In recent weeks, the GW community has been more actively engaged in intentional conversations about racism on campus and in society. SMHS intends to not only address issues that arise, but utilize a proactive approach towards diversity and inclusion. We intend to be unafraid to deal with these uncomfortable issues in order to achieve “a community distinguished by the depth of its diversity and the value placed on it.” Beginning May 2018, a Diversity and Inclusion Advisory Council will be established to help provide strategic guidance and to critically examine specific challenges to our development of an inclusive learning environment. The Diversity and Inclusion Advisory Council is comprised of faculty and staff both in SMHS and within the larger university community, as well as leading diversity experts from peer institutions and from the AAMC.

Observation/Recommendation: It will be particularly important to empower the Diversity Advisory Council to provide strong recommendations for necessary actions to make impactful change. GW SMHS has made tremendous strides in the area of diversity and inclusion and we celebrate those wins. However, as Dayna Bowen Matthew said in her 2018 GW MLK Lecture, schools must “move past patting themselves on the back” for their accomplishments and must move towards taking bold steps to address the areas of greatest need. The charge to this group, coming from our Vice President for Health Affairs and Dean, School of Medicine and Health Sciences, should prepare DAC members for the gravity of the work before them.

XIII. Next steps

So much has changed in our country over the last five years that impact the world in which the SMHS community works and learns. There is higher demand for implicit bias training, as well as training on institutional, personal and systemic racism. We strongly believe that in order to create a community where all are welcomed, we must begin to have the uncomfortable conversations about our different realities, various beliefs and divergent perspectives. The SMHS Office of Diversity and Inclusion has achieved most of the goals that were established in 2013 and new goals must be established. These

goals should not only maintain our current level of “success” but must also push us to a level of national preeminence. We envision a GW community against which other institutions compare themselves. As a preeminent institution, we must:

- **Tackle the challenges of constrained and limited funding and identify innovative ways to provide necessary student scholarships**
- **Dismantle the barriers that prevent us from sustaining a critical mass of URM faculty in our basic sciences**
- **Ensure that GW residency programs demonstrate a visible commitment to training a diverse workforce by enrolling residents who represent a broad range of life experiences, backgrounds, and perspectives.**

A student recently shared with SMHS ODI:

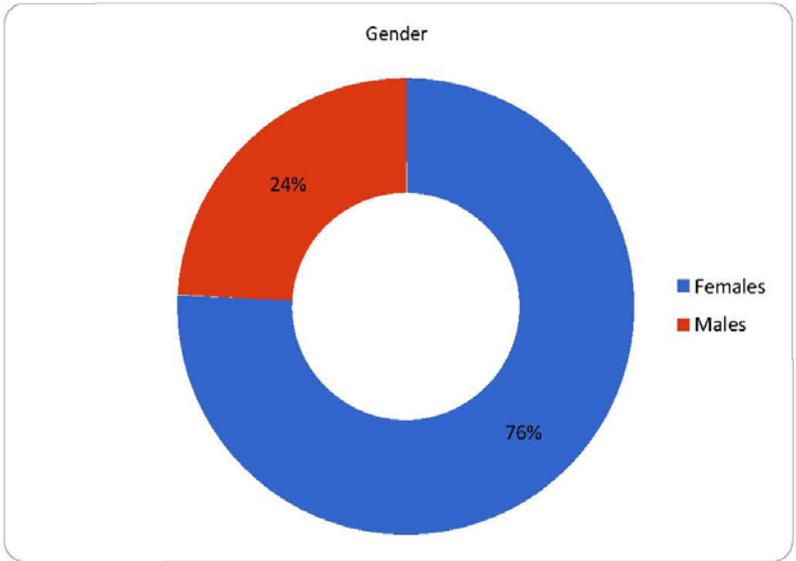
“I often feel when it comes to educational mission statements and the use of the term “diversity”, that these statements are not sincere or reflected in programs. They are used in a shallow way because it’s a popular/trendy word. Often, statements talk about the acceptance of diverse people and the creation of inclusive spaces without emphasizing the innate value diversity contributes to enriching and furthering educational efforts. In my opinion, it is a stronger statement about the value of diversity to emphasize what it brings to a school or community than to emphasize that it is welcome or inclusive of diverse people.” –MS3

SMHS ODI believes that diversity benefits all members of the academic enterprise. As we continue to be known as an institution of academic excellence, we must collectively move towards the understanding that academic excellence cannot be achieved in the absence of diversity (composition) and inclusion (how diversity is demonstrably valued). The SMHS Office of Diversity and Inclusion welcomes the role of leading the charge that we encourage the entire SMHS community to follow.

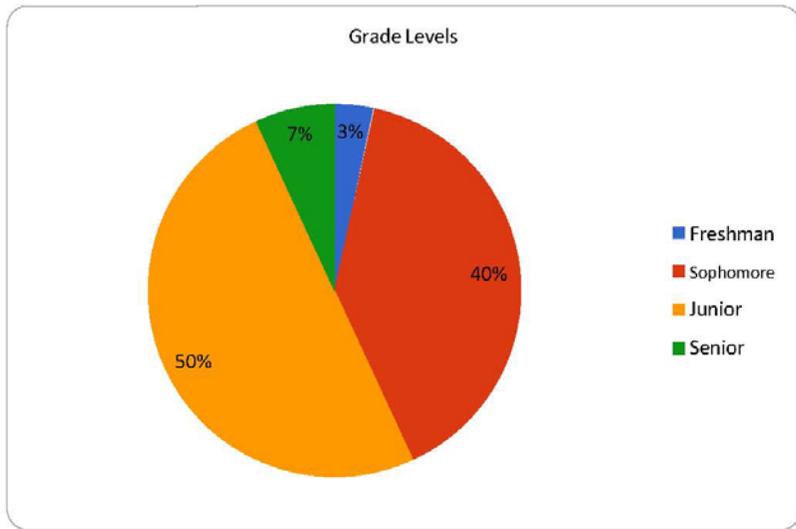
Appendix

GW SMHS UpWard Bound 2017-2018 Participant Enrollment Data

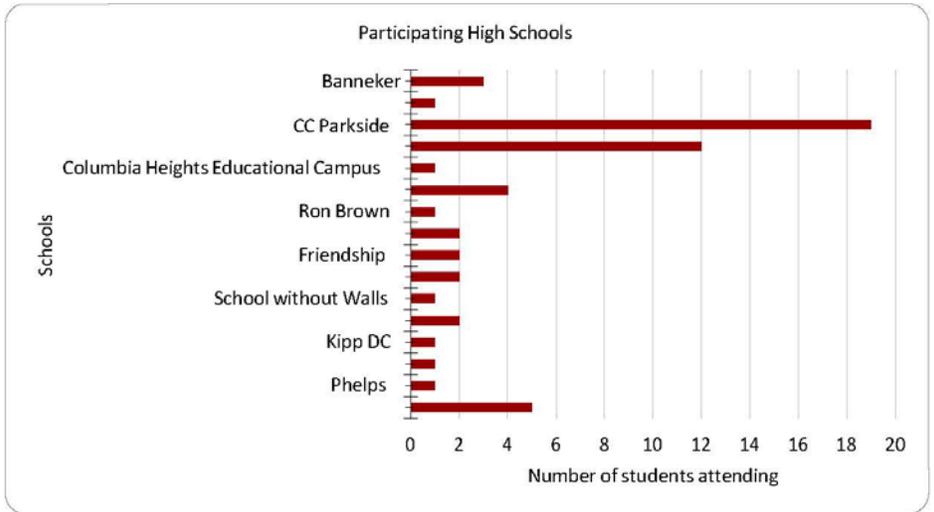
Gender	
Female	44
Male	14
	<hr/> 58



Grade Level	
Freshman	2
Sophomore	23
Junior	29
Senior	4
	<hr/> 58



<u>High Schools</u>	
Banneker	3
E.L Haynes	1
CC Parkside	19
W. Wilson	12
Columbia Heights Educ.	1
Washington Math Science	4
Ron Brown	1
Moved To Maryland	2
Friendship	2
Kingman Academy	2
School without Walls	1
McKinley Tech	2
Kipp DC	1
Archbishop Carroll High	1
Phelps	1
Eastern	5
	<hr/> 58



<u>Eligibility</u>	
First Generation	18
Low Income	9
First Gen/Low Income	29
At Risk	2
	<hr/> 58

