First Institutional Experiences with the New LCME IS-16 and MS-8 Diversity Standards

Moderator:
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Chenits Pettigrew, Ph.D.
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Karen Antnam, M.D.

November 8, 2011
The History and Application of the LCME’s Diversity Standards

Barbara Barzansky, PhD, MHPE
LCME Co-Secretary
Goals of the Presentation

- Describe the history of standards IS-16 (institutional diversity) and MS-8 (“pipeline” programs to broaden diversity)
- Summarize the expectations of the standards
- Describe the main reasons for citations of noncompliance
Previous Standards

MS-8: Each medical school **should** have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

FA-1: The recruitment and development of a medical school’s faculty **should** take into account its mission, the diversity of its student body, and the population that it serves.
Basis for the Change

Standard IS-16 was informed by several sources:

• Supreme Court decisions
• 2008 AAMC document *Roadmap to Diversity*
• Input from a broad-based advisory group

New standard MS-8 was based on the expectations of the previous MS-8 (Medical Student Diversity)
New Standards

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.
New Standards (con’t)

MS-8. A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission.
Attention to diversity is now an expectation for an institution

- Need for focused, significant, and sustained efforts (*from annotation to IS-16*)

- Institutional policies related to diversity are put into effect in:
  - student recruitment, selection, retention
  - financial aid
  - the educational program (e.g., cultural competence)
  - faculty/ staff recruitment, employment, retention
  - faculty development
  - liaison with the community (e.g., service learning)
Schools share responsibility to expand the pool of diverse applicants

A medical school should work within its own institution or collaborate with others to make admission more accessible:

- Pipeline programs
- Collaboration with institutions that serve students from disadvantaged backgrounds
- Community service activities that heighten awareness of medicine as a career
- Academic enrichment programs

(From annotation to MS-8)

Need to document the results
Leading Causes of Noncompliance

- Failure to codify diversity in institutional policies
  - at the medical school level, preferably; could be at the university level
- Failure to define categories for students, faculty, and staff that “add value” to the learning environment
- Failure to document that there are programs to enhance diversity in place and resources to support these programs
Diversity Research Forum
2011 AAMC Annual meeting

Andrew L. Chesson, Jr., M.D.
Dean, School of Medicine LSU Health Sciences Center
Shreveport, Louisiana
A Case Presentation:
Gathering evidence to meet the diversity standards

This 37 year old medical school presents with a CC of needing to obtain clarification concerning diversity accreditation standards…
About Us - (PMHx)

North Louisiana physicians and community leaders worked with area legislators to:

- develop a second state-supported SOM
- provide more opportunity for Louisiana citizens to enter the healthcare field
- train more physicians for Louisiana (especially for rural and underserved areas of the state)
AND...

- continue the long Louisiana tradition for providing healthcare for its citizens (our hospital had been serving that mission in Shreveport since 1886, when it was founded to provide healthcare for “newly freed people of color and the returning confederate veterans”)
Social History
Medical Students – (Physical exam)

- We only accept Louisiana residents
- Class size: 100 to 118 over 7 years
- GPA: 3.63 – 3.73 (3.6 – 3.7)
- MCAT: 27.5 – 29 (30.3 – 31.1)
- Low tuition: $12,000 to $13,500
Curriculum Strengths

- Tremendous clinical experiences, related teaching pathology, and considerable time interacting with patients as their teachers starting from the first week of their curriculum.

- Despite entering students with less than national average MCAT scores, at the end of the curriculum, they are at or above that national average in USMLE Parts 1, 2 and 3 pass rate.
Some Diversity Challenges

- Despite several HBCs in Louisiana with a high quality of many of their graduates, one cannot qualify for state residency while attending school.

- Hopwood vs. State of Texas [5th Circuit - 5 state region (Texas, Oklahoma, Louisiana, Arkansas and New Mexico)]
What brought us to our part in the Diversity Research Forum panel?

(Laboratory and x-ray results)
Last Full LCME Visit – Jan. 2006

IS-16

Areas of “partial or substantial noncompliance”

- IS-14 (more research opportunities)
- FA-2 (Derm currently a single member department)
- FA-1 “Disparity between the regional population composition and the student and faculty composition”
The “pipeline” program is in jeopardy due to impending national Title VII funding cuts to all schools

**Recommendation:** report on the above issues in 2 years
Faculty diversity:

- Katrina and Rita made this a challenging time to recruit any faculty to Louisiana or to clarify any population demographics
- The LSU System Diversity Initiative by BOS
- Active faculty recruitment is ongoing
- Student diversity charts and tables supplied
- Loss of HCOP/Title 7 Funding did occur
  - Majority of the successful program K-20 was maintained with medical center clinical funding while exploring other options to keep this 18 year old pipeline intact

- Developing more rural and underserved components and gathering data on those successes (AHEC, Pipeline, 70% of the physicians in the north half of the state are LSUHSC grads)
Partnerships in Science Education Pipeline

UNDERGRADUATE RESEARCH APPRENTICESHIP PROGRAM

EDUCATIONAL FAMILIARIZATION PROGRAM

JUMPSTART SUMMER ENRICHMENT PROGRAM

SCIENCE ACADEMY

POSTER SESSIONS

LOUISIANA STATE PREPARATORY PROGRAM

PRE-MATRICULATION ENRICHMENT PROGRAM

Tours

Research

Computer Lab

Louisiana State University Health Sciences Center - Shreveport – Making a Difference

www.lsuhseshreveport.edu/MulticulturalAffairs
Reply from LCME

- Student diversity is not fully resolved and a 2 year report is due

- Added reporting: Due to their concerns related to state financial instability, post hurricanes, will need reporting
Student Diversity

- Partnership in science education pipeline with fewer total students but maintained key bridge components, with most now supported by LSUHSC internal funding plus additional partnerships added with local school boards, SciPort Science Center, LSU-Shreveport, etc., were developed.
Financial stability report: verification that no negative impact on our medical school education program from the post hurricane issues
Medical school diversity “remains in transition” and a report is due in 2011
Our 2011 Report to LCME

*NOTE:  LCME’s change to IS-16 for new site visits occurred in this interval

• Health Sciences Center refilled our Director of Diversity Affairs/EEO

• OMA worked with SA to have us become a field test and beta site for the “road map to excellence through diversity” (admission workshop – holistic review, initiated restructuring of admissions members, etc.)
• AHEC expansion to college, pre-college, plus even more first year rotations and 3rd year family practice AHEC-related rotations

• LSU System Diversity Task Force produced 3 System-wide white papers; 1) improving campus climates, 2) recruitment and retention of diverse students and 3) education and training of LSU campus employees
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<th>Total Graduates</th>
<th>Percent in Primary Care Medicine</th>
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<th>Percent Practicing in Underserved Areas</th>
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2011 From LCME

The area in transition regarding student diversity has been partially resolved but “had not yet yielded the intended results” therefore, during the full survey visit, 2013-2014, the survey team “will be requested to review the School of Medicine’s progress toward meeting its diversity goals.”
Questions

- What is the “intended” result from the LCME perspective and what does it look like so we can strive to achieve it?

- How does that differ from meeting the School of Medicine’s identified diversity goals (including legislature, state budget, founding mission, legal issues, etc)?
MS8-IS 16 LCME Preparation

Diversity Research Forum
AAMC Annual Meeting
Chenits Pettigrew, Jr.
Assistant Dean for Student Affairs and
Director of Diversity Programs
University of Pittsburgh School of Medicine
November 8, 2011
Discussion Points

• University of Pittsburgh Historical Context 1967-68
• UPSOM Administrative and Operational Environment
• UPSOM Approach
• LCME Preparation and Process
• Successes and Challenges
Historical Context

‘Pressured’ Chancellor Complies ‘Positively’ With Black Demands

BAS progresses in fight to achieve 14 points

By Stanley Black

Blacks Cool It At Office ‘Barge-In’
The Foundation

• 1967 Health Opportunities Program
• 1968 14 Demands
• 1968 AA Associate Provost (Intentionality/Professoriate)
• 1968 UPSOM Reaffirms No Discrimination
• 1972 Independent Office of Special Student Programs established
• 1972 first AA Assistant Dean for Student Affairs and Director of Special Student Programs appointed (member of the Admissions Committee)
Partnerships
Physician Inclusion Council

• Co-Chairs Chairs of Ophthalmology and Family Medicine
• Senior Associate Vice Chancellor of the Health Sciences and Special Assistant to CEO UPMC
• Faculty, GME, Residents, Administrators
• Initiatives (funded)
UPSOM Approach

• Intentionality (commitment)
• Framework
• Definition
• Audit/Assessment
• Develop Initiatives with goals linked to the definition and audit
• Surveillance
• Realignment
The LCME Preparation Cycle involves several key steps:

1. **Welcome the Opportunity**
2. **Audit Analyze Assessment**
3. **Review the LCME Process**
4. **Review and Study the Standards**
5. **Review 2003 (perfect score)**
6. **Assign Committees (reframed)**
7. **ID Successes and Challenges**
8. **Deliberate and Integrate**
9. **Simulations UPSOM LCME Vets**
10. **Drafts, Drafts, Drafts**
11. **Bullitt Point Summary**

This cycle ensures a comprehensive approach to preparing for the LCME accreditation process.
Successes and Challenges IS 16

- Reaccredited 😊
- Students (success) 😊
- Faculty, House Staff, Staff (challenge) 😐

Currently going through our LCME cycle to develop response and to realign, redefine or redesign our efforts
Diversity Research Forum: LCME IS-16 Experience

Jonathan S. Appelbaum, MD, FACP
Director, Internal Medicine Education
GDI Representative
Chair, Diversity and Inclusion Council FSU College of Medicine

AAMC 2011 Denver, CO
The Florida State University College of Medicine will educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.
Rural
Elderly
Minority
Medically Underserved
History of FSU-COM

- FSU-COM established June 2000 by Florida legislature
- Mission established by law
- First graduation class 2005
- First full LCME accreditation 2005
- Reaccredited by LCME in 2011
  - Strengths included pipeline programs
Who We Are:
Students, faculty and staff (percentage)

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<tr>
<th>Category</th>
<th>First-Year Students</th>
<th>All Students</th>
<th>Faculty</th>
<th>Staff* (define)</th>
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How Do We Meet the Mission?

- Pipeline programs
- Holistic admissions
- Strong student support systems
- Ambulatory training model---70% outside the hospital in the community setting
- One-on-one instruction by community physicians beginning Year 1
Community-based Training

At the regional campuses, third- and fourth-year students train one-on-one with practicing physicians in private practices, hospitals, and other medical facilities.
Outreach Programs—overview

Provide a career pathway for students who have been traditionally underrepresented in medical school

Offered from middle school through the post-baccalaureate level
Pre-College Outreach Programs

SSTRIDE (Science Student Together Reaching Instructional Diversity in Education)

In-school science elective
After-school tutoring
Hands-on activities
College-Level Outreach Programs

MCAT preparation

Professional skills development

Certified Nurse Tech Training

Physician shadowing
Bridge to Clinical Medicine Program

- Created in 2001
- Transition from post-baccalaureate program to MS program in 2009
- 97% (35) students entering medical school from the Program have graduated medical school
- 71.4% (20) of these have entered primary care
Outcomes from Outreach & Advising

• 13.3% (126) of FSUCOM students (2001-2011) have come through the Outreach pipeline.
• 12.0% (54) of FSUCOM graduates (2005-2011) have come through the Outreach pipeline.
Medical Student Outcomes

34.2% of graduates (450) were from minority backgrounds

6.9% of graduates were from rural communities

55.0% of graduates matched in primary care residency

66.7% completing GME are practicing in Florida

18.0% completing GME are in rural communities
Karen Antman, M.D.
Provost, Medical Campus
Dean, School of Medicine
Our LCME report: IS-16
Diversity is explicitly a goal in:

Boston University
• statement on diversity
• faculty search manual

Medical school
• mission statement
• 2006 and 2010 strategic plans
• institutional learning objectives: behaving “in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds.”
1839: Methodist Seminary

1869: Boston University

William Warren, 1st President, admitted both genders, all races & religions; study abroad program
1955 PhD in Theology: Dr. Martin Luther King
Boston University Medical Campus

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<td>1855</td>
<td>Boston City Hospital: 1\textsuperscript{st} US city hospital</td>
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<td>1873</td>
<td>Became BU School of Medicine: coed</td>
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<td>1963</td>
<td>Dental School</td>
</tr>
<tr>
<td>1976</td>
<td>School of Public Health</td>
</tr>
<tr>
<td>1996</td>
<td>Boston Medical Center + 14 Community Centers</td>
</tr>
<tr>
<td>1997</td>
<td>BMC HealthNet Plan: 250,000 members</td>
</tr>
</tbody>
</table>
1864 Rebecca Lee Crumpler, 1st black woman MD
1890 Charles Eastman
1st Native American MD
1897 Solomon Carter Full, 1st black psychiatrist
Our LCME report: IS-16
Definition

- **Boston University** defines diversity broadly and includes “the constructs of life experience, gender, sexual orientation, race, ethnicity, physical ability, spiritual beliefs, and intellectual approach”.

- Problem re LCME: the standard wants outcomes on each.
Our LCME report on IS-16 Recruitment

Faculty and leadership searches follow procedures in the faculty search manual entitled, “Searching for Excellence and Diversity”

• Develop a large pool of diverse candidates

• Avoid unconscious biases
Our LCME report on IS-16 Coordination

- An *ad hoc* campus-wide Committee on Diversity and Health Disparities was formed in 2008, and the scope of the Office of Diversity and Multicultural Affairs was expanded.

- We transitioned from an Office of Minority Affairs to the Office of Diversity and Multicultural Affairs.
Our LCME report on IS-16: Admissions

- Admissions mission statement specifies diversity.
- Holistic review selects applicants for their contribution to diversity.
- Robust faculty development programs prepare admissions committee members in holistic review.
- Dean charges committee to maintain the institutional commitment to diversity.
Mission and Vision

The Boston University School of Medicine Office of Diversity and Multicultural Affairs serves as the Dean’s proponent for diversity and cultural competence among students, faculty, and staff. The Office of Diversity will accomplish this mission through collaboration with all departments to develop model recruitment and retention strategies and for curriculum and faculty development.

Our vision is that Boston University School of Medicine will lead medical schools in the diversity of faculty, students, staff and trainees by developing innovative programs that educate, recruit, and retain a multicultural constituency. We will create a culture and climate that demonstrates BUSM’s belief that diversity adds value to intellectual development, academic discourse, patient care, and research. We believe that diversity is essential to the development of future leaders in healthcare and research to serve our community, nation, and world.

Rafael A. Ortega, MD
Associate Dean
Professor
Vice-Chairman of Academic Affairs
Department of Anesthesiology

Douglas H. Hughes, MD
Assistant Dean
Professor
Director of Medical Student Education
Department of Psychiatry

Samantha Kaplan, MD, MPH
Assistant Dean
Assistant Professor
EMSSP, Director
Department of Obstetrics and Gynecology

Alexander Norbash MD, MHCM, FACP
Assistant Dean
Professor
Chairman
Department of Radiology

www.bumc.bu.edu/oma
EMSSP
The Early Medical School Selection Program (EMSSP), a program designed to increase the number of underrepresented minorities, provides an early and deconstructed transition into the medical school curriculum through provisional acceptance into the medical school at the completion of two years of undergraduate study.

Students accepted into Boston University School of Medicine Early Medical School Selection Program remain at their undergraduate colleges through their junior year and pursue programs of study that will best prepare them to spend their senior year at Boston University. Students enroll in at least one six-week summer course at Boston University in each of the two summers prior to spending their senior year at Boston University.

Diversity at Boston University
Boston University is a rich tapestry of multiculturalism. There is ample representation among our faculty and staff of Black/African American, Latino, LGBT, Muslim, women, and many other ethnic and social and cultural groups. We believe that diversity extends beyond race, ethnicity, and gender and also includes diversity of life experiences. A diversity of perspectives leads to innovative approaches to finding solutions to challenges in research and patient care. Open meetings are regularly held to discuss issues impacting the many racial, cultural, ethnic, and sexual orientation groups that comprise our community.

Examples of Medical Student Organizations
American Association of Physicians for Indian Origin (AAPI)
Christian Medical Dental Association (CMDA)
Iranian Health Care Students Association
Maimonides Society
Medical Gay and Lesbian Organization (MedGLO)
Medical Students for Choice (MSFC)
Physician for Human Rights (PHR)
South Asian Medical Student Association (SAMSA)
Student National Medical Association (SNMA)

Faculty Directory
The Office of Diversity and Multicultural Affairs maintains a directory of faculty who consider themselves diverse or who have diversity-related interests. Examples of individuals in leadership positions listed in this directory include:

- Gregory Antoine, MD, MPH
  Associate Professor and Chair
  Plastic Surgery
- Ruben Azocar, MD
  Associate Professor
  Anesthesiology Program Director
- Thea James
  Assistant Professor
  President, BMC Medical Dental Staff
- Carlos Kase, MD
  Professor and Chair
  Neurology
- Jane Mendez, MD
  Associate Professor
  Surgical Clerkship Director

“We The BUMC Band is a diverse ensemble composed of medical students, faculty and staff whose mission is to foster interpersonal relations at the medical center through the enjoyment of music from every tradition.”
Our LCME report on IS-16: Pipeline Programs

- Several pipeline programs enhance diversity
- Early Medical School Selection Program dates from 1960s (Lou Sullivan)
- Students from historically Black, Hispanic colleges
- 3 year enrichment program
Our LCME report on IS-16: Financial Aid

- Financial aid is need based
- Disproportional amount of scholarship money awarded to students from groups under-represented in medicine.
Our LCME report on IS-16: Curriculum

• The curriculum emphasizes issues relating to the care of diverse populations.
• Experiential sessions enhanced by reflective exercises are placed throughout the preclerkship and clerkship curricula.
Our LCME report on IS-16: Community Engagement

BUSM is fully engaged in the community via its:

- Relationships with 11 community health centers,
- Clinical trials that address health disparities and enroll community members
- Pipeline programs for public school children.
Boston University Medical Center
Q & A

Dr. Karen Antman, M.D.
Provost of the Medical Campus and Dean
Boston University School of Medicine

Jonathan Appelbaum, M.D.
Associate Professor; Director, Internal Medicine Education
Florida State University College of Medicine

Barbara Barzansky, Ph.D.
LCME Co-Secretary, Undergraduate Medical Education
Liaison Committee on Medicine Education

Andrew Chesson Jr., M.D.
Dean
School of Medicine, Louisiana State University Health Sciences Center-Shreveport

Chenits Pettigrew, Ph.D.
Assistant Dean of Student Affairs and Director of Diversity Programs
University of Pittsburgh School of Medicine