Advancing the Health of Our Community through Diversity and Inclusion

The Institutional Plan for Diversity and Inclusion (IPDI) for the UMKC School of Medicine (SOM) is based on 1) the mission to provide and foster excellence, innovation, and scholarship in education, research and medical care, and 2) the vision to be a leader in academic medicine through innovative programs and vibrant community partnerships. Through implementation of the mission and vision, the School of Medicine will continue to Advance the Health of Our Community.

As a public medical school in Missouri, the UMKC School of Medicine strives to
- Develop and maintain a vibrant institutional climate that promotes and values diversity and inclusion in support of its education and research missions
- Provide access to careers in health care and academic medicine
- Promote the success of learners, faculty, and staff
- Prepare the health care workforce to provide effective health care in diverse communities in Missouri and the nation
- Advance the health equity of the community

Missouri has a growing and diverse population in regard to age, gender, geographic locations (rural, urban, suburban), racial and ethnic background, religion, socioeconomic status, and educational background (see Appendix I). The state is underserved in physicians in general (especially in primary care, general surgery, and mental health specialties), and in geographic areas that serve rural, minority, and lower socioeconomic populations. The School is located on Hospital Hill in the urban core of Kansas City, Missouri, whose population is comprised of over 40% minorities and has a disproportionate burden of chronic diseases. The original vision 50 years ago for the academic medical center complex was to provide high quality health care for the underserved urban core, educate excellent physicians and other health care providers, provide an economic boost to an economically challenged area, and ultimately perform clinical research applicable to the community. Currently, the UMKC School of Medicine provides a generalist medical education to prepare graduating students to enter any medical specialty and care for diverse populations. Our research programs are weighted toward clinical research which has a direct impact on our own community. Efforts are needed to continue to recruit and prepare medical students, residents, and allied health providers likely to enter Missouri practices, especially shortage areas and specialties, and to develop research programs that specifically address the health needs of the communities we serve.

A diverse learning and working environment is comprised of but is not limited to differences in racial and ethnic origin, socioeconomic background, rural and urban communities, geographic origins, academic backgrounds, as well as both men and women who can contribute to the process of medical education through different personal experiences such as overcoming
hardship, demonstrating extensive involvement within the community, possessing multilingual abilities, and/or exhibiting different life experiences. A diverse learning environment enhances the educational experience of student and residents by providing multiple perspectives and experiences from classmates and faculty. A positive, supportive and inclusive institutional climate promotes academic and professional success in an atmosphere of fairness, respect, collaboration and collegiality. Individual styles and differences are valued within the context of high levels achievement. An inclusive learning and working environment enhances the opportunities for academic and professional success of learners, faculty and staff.

This document outlines a diversity plan for the UMKC School of Medicine that provides a framework for efforts aimed at using diversity and inclusiveness as one of the approaches to Advancing the Health of Our Community. For the purpose of this document, the term “underrepresented minority” (URM) is defined as African American, Hispanic, and Native American groups.

I. A VIBRANT INSTITUTIONAL CLIMATE THAT PROMOTES AND VALUES DIVERSITY AND INCLUSION IN SUPPORT OF THE SCHOOL’S MISSIONS

Objective:
Enhance and maintain an institutional infrastructure that supports diversity efforts. Students, residents, faculty and staff will perceive that the institutional climate is inclusive and supportive of personal, professional and academic success.

Rationale:
It is the intent of UMKC SOM to foster a vibrant learning and working environment that supports success for learners, faculty and staff from all backgrounds. The reputation for high academic and professional achievement within an institution with a culture of inclusion and respect will serve to attract and retain students, residents, faculty and staff.

Specific Actions/Programs at the School of Medicine

1. The Office of Diversity and Community Partnership (ODCP) The Office of Diversity and Community Partnership serves as a resource for recruitment and support of students, residents and faculty of diverse backgrounds, including underrepresented minorities and women. The office sponsors educational and consultative activities to raise awareness and support and inclusive learning and working environment. Consultations include assistance in informal resolution of issues regarding diversity and inclusion. Other functions of the ODCP include community outreach and oversight of student community service projects. The office is led by an associate dean who is a member of the dean’s senior leadership team.
The ODCP website features resources that can assist faculty in learning about implementing diversity-related awareness, education and search efforts. Among other resources, the site features a cultural competency resource page (http://www.med.umkc.edu/odcp/cultural_competency.shtml) and a page to assist in diverse faculty recruitment (http://www.med.umkc.edu/odcp/fac_recruitment.shtml).

2. The School of Medicine Diversity Council. This council is one of six SOM governance councils, and recommends policies and processes to support a diverse and inclusive institutional climate. The council collects and reviews relevant data, such as demographics, recruitment and retention activities. Policy recommendations from all governance councils go to the Dean through the Coordinating Committee. Representatives from major student organizations also provide input. There are three subcommittees:

A. The Education Subcommittee
This subcommittee is charged with the development and implementation of workshops, seminars, and other programs directed towards the professional enhancement of students, faculty and staff in the areas of cultural competency and health equity.

B. The Student Success Subcommittee
The focus of this subcommittee is the assessment of factors that lead to success of all students, monitoring the design and implementation of student success programs, and assistance in the development of emerging programs or interventions that support student success.

C. The Faculty and Staff Recruitment and Retention Subcommittee
This committee is charged with developing policy and procedure for the recruitment and retention of faculty and staff who are underrepresented (i.e. African American, Hispanic/Latino Native American) at the School of Medicine. This work includes the development and implementations of programs to increase the candidate pool and enhance the institutional climate that supports the development of underrepresented and women faculty and staff.

3. Student Honor Code for Conduct
Students of the UMKC School of Medicine adhere to an Honor Code based on the Standards of Professional Conduct. The intent of the standards is to shape the pre-professional behavior of medical students in preparation for practicing ethical standards within the medical profession. The standards cover a variety of areas regarding professional integrity and medical professionalism, including honesty, responsibility and non-discrimination.
4. **Office of Student Affairs**

The Office of Student Affairs oversees academic advising, student life, and career counseling for all students. The office is lead by an associate dean who is a member of the dean’s senior management team.

**A. Orientations**

Orientations are held for students at key transition points – as students enter the SOM, and in Year 3 when students begin the medicine-intensive portion of the program. In both instances, orientation activities are designed to provide information and build relationships important to a smooth adjustment to the BA/MD, MD, and graduate programs.

**B. Student advising programs**

UMKC medical student teams are assigned an Education Team Coordinator (ETC) at the time of enrollment. ETC’s provide support to students in the areas of academic advising and development, financial aid, personal advising and problem solving. The team approach to education helps to reduces social isolation by linking students with resources.

**C. Peer mentoring program**

To ensure that new students adjust well to the School of Medicine, Year 1 students are assigned to a Peer Mentor. Peer Mentors have a demonstrated track record in student leadership and play an active role in UMKC) School of Medicine. They provide support in incoming students, and assist in problem-solving and identifying resources for new students.

5. **Student Wellness Program**

The Wellness Program at the UMKC School of Medicine is designed to promote healthy lifestyles and habits, including supporting positive choices and a sense of balance in areas of employment, social interaction, psychological health, spiritual growth, and environmental awareness. This sense of balance is especially critical to the academic success of students who need to balance a rigorous academic program with other life and family pressures. In addition to providing wellness programming and activities, the Wellness Program offers individual wellness assessment, planning and coaching. These services help to improve help-seeking behavior, promote the use of success strategies for all students, and reduce social isolation. Development of positive interpersonal relationships and skills in conflict resolution are key components of the program, especially as students enter their first year of school.
6. Student Interest Groups and Organizations
UMKC School of Medicine supports a variety of activities that are designed to build relationships and support for groups underrepresented in medicine. Examples of these groups are listed below:

A. American Medical Women’s Association (AMWA)
The goal of the American Medical Women’s Association is to advance women in medicine. The student chapter focuses on developing leadership, advocacy, education and mentoring opportunities for women students, with a recent focus on women’s health and domestic violence.

B. Asian Pacific American Medical Student Association (APAMSA)
APAMSA is a national organization that aims to address those issues important to Asian-American medical students. UMKC’s APAMSA conducts a variety of projects in the South Asian and Southeast Asian communities to reduce health disparities and provide health screening and information.

C. Student National Medical Association (SNMA)
UMKC School of Medicine sponsors an active chapter of the Student National Medical Association—a national student-run organization focused on the needs and concerns of medical students of color. The UMKC chapter focuses on outreach to students from underrepresented groups, participation in activities that reduce disparities in the African American and Latino communities.

D. Medical Students Advisory Council (MSAC)
This Organization serves as the “umbrella” organization for all medical school student groups. MSAC plans events and activities for students that enhance the campus climate for students and provide opportunities for leadership development.

7. Faculty Development Office/Committee
The purpose of the faculty development office is to provide SOM faculty members with the opportunity for career advancement through scholarship as well as participation in the governance and policy development activities of the School. The Faculty Development website (http://www.med.umkc.edu/faculty/development/default.shtml) provides a link to diversity content, and also gives faculty a source of relevant and eclectic material that will enrich academic life, productivity, satisfaction, and teaching prowess of faculty. The comprehensive content connects faculty to the School of Medicine and promotes transparency and inclusiveness.
8. Professionalism Policy for Faculty

The Faculty Council of the University UMKC School of Medicine, with faculty input, have developed and adopted a professionalism policy for faculty. The policy focuses on maintaining academic and clinical environments in which faculty, fellows and residents, students, and staff can work together to further education and research and provide the highest quality of ethical and compassionate care. Among the core values outlined in the policy, mutual respect, empathy, compassion and an appreciation of diversity are values that are central to maintaining a positive work and learning climate.

9. Faculty Awards for Diversity and Inclusion

In an effort to recognize faculty who are engaged in health disparities and diversity/inclusion work, the Diversity Council developed a nomination and award process. Faculty members who have made contributions that further the work of diversity and inclusion are nominated by peers. The nomination process will begin in November, 2011.

10. Seminar Series

A number of lectures and seminars are developed each year that focus on diversity and inclusion topics. The purpose of the lectures is to provide faculty with new tools and insights in the area of diversity and inclusion. Recent offerings have included: “Advancing the Health of Urban Communities” (Dr. Michael Toney), “Advancing the Health of Hispanic Communities” (Dr. David Acosta), and “Diversity as a Vital Component of Health Systems Innovation” (Dr. Mark Nivet). An annual endowed lectureship—the Dr. Reaner and Mr. Henry Shannon lectureship—is held in February and focuses on issues in minority health. There are a variety of other endowed lectureships that include relevant content such as women’s health, patient safety, health literacy, and health equity.

Hospital Hill-Wide Activities and Programs Involving All Health Sciences

1. The Hospital Hill Diversity Council

The Hospital Hill Diversity Council is comprised of faculty and staff representing the four health science schools (Dentistry, Nursing Pharmacy and Medicine) as well as hospital affiliates. The Associate Dean for Diversity and Community Partnership co-chairs the Hospital Hill Diversity Council with a representative from Nursing. A major initiative of the Council was the development of an all-health science diversity data dashboard project funded by the Healthcare Foundation of Greater Kansas City. The dashboard project focused on developing common systems to benchmark and track diversity data.
The Council sponsors an all-health science diversity student reception, as well as a faculty diversity reception focuses on reducing isolation and building relationships within and across disciplines. Both student and faculty groups are developing “affinity” groups to provide ongoing support and work on projects of common interest.

University-Wide Activities and Programs

1. Chancellor’s Advisory Committee on Diversity
   This advisory committee was chartered in 2011 by the Chancellor as part of the new University Strategic Plan (http://www.umkc.edu/provost/strategic-plan.asp). Members were selected to represent a broad range of diverse groups, academic departments and the community. The purpose of the committee is to develop a diversity plan for the University of Missouri-Kansas City by September 2012. The newly-developed plan will be aligned with the UMKC strategic plan Goal #5: To celebrate diversity in all aspects of university life, creating inclusive environments, culturally competent citizens, and globally-oriented curricula and programs. Goal #5 includes a focus in the following areas:
   - Cultivate an environment committed to civility and respect where all students, faculty and staff are empowered to pursue their personal, academic and professional goals.
   - Provide a diverse learning and life experience to create culturally competent citizens.
   - Recruit and retain a diverse campus community.
   - Ensure diversity initiatives are actively reviewed and owned by the University community

2. The UMKC Office of Diversity, Access and Equity
   The Office of Diversity Access and Equity (ODAI) reports to the Chancellor and focuses on developing and maintaining inclusive recruitment, hiring, admission and retention programs across the campus. The Office also coordinates campus-wide diversity educational events that increase the awareness and understanding of diversity and inclusion. The Office provides search committee training for all academic units, including the School of; More information can be found about university-wide diversity initiatives by accessing the website at http://www.umkc.edu/diversity/diversity.asp.

   A. Diversity training
   Training in unlawful discrimination and sexual harassment is provided by ODAI. The training promotes the understanding of legal and policy issues, and the responsibilities of supervisors, employees and the Affirmative Action Office. Workshops are also conducted on facilitating diversity conversations, employee grievance procedures and diversity curriculum infusion.
B. Training of search committees
Training for search committees is provided to ensure that those search processes are fair and inclusive. The training focuses on “best practices” including how position descriptions are worded, the use of standardized questions for all applicants, and broadening the list of contacts to promote a diverse applicant pool.

C. University policies on hiring, antidiscrimination
The Board of Curators of the University of Missouri and the University of Missouri-Kansas City are committed to the policy that there shall be no discrimination on the basis of race, color, creed, sex, sexual orientation, age, national origin, disability or Vietnam era veteran status. (For additional information, see the Statement of Human Rights information included on the university website by accessing: http://www.med.umkc.edu/oced/statements.shtml.)

3. Office of Student Multicultural Affairs
UMKC medical students from underrepresented groups—as well as other students—can avail themselves of the programs and services provided by the Office of Student Multicultural Affairs (OMSA) housed on the Volker Campus. The mission of the Office is to enhance and improve the college experience for students of color at UMKC. The Office sponsors outreach efforts and a host of activities and student organizations of interest to multicultural students. Information about programming is available on the OMSA website found at http://www.umkc.edu/msa/

4. LGBTQ1A
The mission of LGBTQ1A Program & Services is to provide members of the lesbian, gay, bisexual, transgender, queer, intersex, and ally (LGBTQ1A) campus community with resources, support, education, and advocacy such that the University of Missouri-Kansas City and the community at large is a welcoming and inclusive environment for all people, regardless of sexual orientation, gender identity, or sex. The programs offered are designed to:
- Create an environment in which better understanding of LGBTQ1A issues can take place
- Educate on LGBTQ1A issues as social justice issues
- Build collaboration where none has existed and continue to create new collaboration opportunities
- Provide training for students, faculty, staff and community members to create a greater Safe Space network
- Assist the University in achieving its retention goals by offering programming and services that promote student success
• Serve as a resource for campus, the Greater Kansas City Community and colleges and universities across the state of Missouri

**Measures of Outcomes in Section I**

- The demographic composition of the student body, residents, faculty, staff, school leadership
- Student demographics include gender, age, racial/ethnic background, socioeconomic status, rural/urban

- Faculty demographics include gender, racial/ethnic background, rank, specialty (primary care, mental health, general surgery, other)

- AAMC Graduation Questionnaire (GQ) regarding learning environment and mistreatment

- An Internal Student Affairs Annual Survey on student perceptions of institutional climate

- An Internal Faculty Affairs Survey on perceptions of the institutional climate

- Staff demographics and retention data

- Faculty promotion data

- Student retention and persistence to graduation data

**Benchmarks for Section I.**

- AAMC Graduation Questionnaire data
- AAMC Student Demographic data
- AAMC Faculty Demographic data

**II. PROVIDE ACCESS TO CAREERS IN HEALTH CARE AND ACADEMIC MEDICINE**

Research shows that diversity within U.S medical schools is associated with preparing students to meet the needs of an increasingly multicultural population—an essential step in eliminating health disparities. A diverse student and faculty body creates a learning environment that fosters an exchange of ideas and experiences that support a robust medical education.

The UMKC School of Medicine strives to be the health care education program of choice for students from Missouri and regional states, and to assure that students graduating from high schools and liberal arts colleges within this area are aware of health care careers and are prepared
to become competitive applicants. Graduates of our education programs will be well prepared to care for diverse populations in Missouri and the nation.

A diverse faculty body will serve as personal and professional role models for students and residents. UMKC will be an academic medical center of choice for faculty and resident applicants, in part due to the institutional climate and programs that promote success for individuals of all backgrounds.

A. STUDENT RECRUITMENT AND ACCESS PROGRAMS

Objective:
Recruit a highly qualified and diverse student body

Rationale:
We will increase the number of diverse and qualified applicants in the student applicant pool, and will tailor our recruitment strategies to the specific applicant pools that help meet the mission to provide health care to the state of Missouri. In addition to Missouri residents, efforts will be made to recruit and prepare underrepresented minorities (i.e. African American, Hispanic, Native Americans, etc.) and students from rural and lower socioeconomic status. Students from these backgrounds are more likely to practice primary care or work in underserved communities. Graduates who return to underserved communities not only provide health care, but also provide economic benefit to communities. (The economic value of each physician in a community is approximately $1 million annually)

Since most of our medical students enter the BA/MD program directly out of high school, we will also diversify the educational background and personal experiences of our student body through recruitment into the 4-year MD portion of the program. These students enrich the learning environment through a diversity of age and life experiences. Academic preparation continues to be a major obstacle to recruitment of students from many backgrounds, and therefore, we will expand academic enrichment programs and partner with high schools, middle schools and colleges.

The cost of education is a barrier to many students, especially underrepresented minorities and rural students. Fundraising for scholarships will be directed toward support of students with financial need.
Specific Activities and Programs

1. **Healthcare "Pipeline" Programs:**
   The UMKC School of medicine offers two pipeline programs—Saturday Academy (middle school and high school) and Summer Scholars (high school juniors and seniors). “Pipeline” or “bridge” programs are defined as structured learning experiences for students grades K-12 which identify and prepare students for healthcare careers, provide academic enrichment and/or career preparation as well as first-hand healthcare experience. Pipeline efforts will continue to target students from disadvantaged backgrounds and underrepresented (African American, Hispanic and Native American) groups, and be expanded to include rural students and other regional students.

2. **Community Education Partnerships**
   **Outreach to regional liberal arts colleges.**
   Through a partnership with the School of Computing and Engineering, a formal outreach program with regional liberal arts colleges began in 2011. Students are identified early by college pre-health advisors and provided mentoring in the preparation process for submitting a competitive application to the MD program (Medical Scholars Program) or allied health (Anesthesiologist Assistant) program.

   **A. Rural Curriculum Initiative.**
   In order to attract students from rural areas interested in future practice in a rural area, a formal rural curriculum was launched in 2011. Although all medical students do a required one-month rural preceptorship with a family medicine physician, this program provides a more in-depth rural training experience for select, interested students.

3. **Holistic Review of Admissions.**
   A holistic review process of admissions is utilized that recognizes cognitive and non-cognitive factors. Students are evaluated by a trained and diverse interview team. In 2011, training for Selection Council members and admissions interviewers included the AAMC Holistic Admissions Training program.

4. **Early Exposure to primary care physicians and mental health providers.**
   The Year 1 and 2 Assistant Dean and the Chair of the Selection Council are family physicians. Most of the Year 1 and 2 docents are primary care physicians. All year 1 and 2 docent teams have psychiatrists who work with the teams. This early exposure improves the likelihood that students might consider a career in one of the primary care practice areas.
5. **Community Advisory Boards**
   The purpose of community advisory boards is to provide input and develop and maintain connections with the diverse communities which surround the UMKC School of Medicine and hospital affiliates. Currently, the SOM has two advisory boards-- Hispanic and African American. Members are drawn from leaders, educators and institutions that can assist the SOM in key diversity initiatives, including recruiting and retaining diverse students and faculty.

6. **Power of One Scholarship Campaign.**
   A fundraising campaign for an additional $1 million in scholarship endowments for Missouri residents with financial need will conclude at the end of 2011 calendar year. The campaign includes an appeal to donors interested in funding scholarships with a preference for underrepresented minority students.

7. **Primary Care Scholarships.**
   Blue Cross Blue Shield of Kansas City has funded $25,000 in scholarships annually for the past few years for students planning to enter careers in family medicine in this region.

8. **Outreach to Middle Schools and High Schools**
   The Office of Diversity and Community Partnership conducts outreach in school districts in urban areas and surrounding suburbs in Kansas City and St. Louis. Outreach efforts focus on contacts with science and math teachers, as well as coordinators of high school health interest or biomedical programs. Outreach efforts have been conducted with over 98 high schools and middle schools (See Appendix II for partial listing of schools); this contact continues throughout the recruitment process and as turnover occurs in school personnel.

B. **FACULTY RECRUITMENT AND DEVELOPMENT PROGRAMS**

**Objective:**
Recruit and retain a diverse faculty.

**Rationale:**
Important learning occurs when students and faculty have access to role models from diverse communities. Faculty from diverse backgrounds with regard to gender, race/ethnic background, and discipline may have different mentoring needs for optimal professional achievement. Programs and an environment that support faculty development and achievement will make UMKC an academic medical center of choice for faculty recruitment.
Specific Activities and programs

1. Faculty Recruitment Strategies
   A subcommittee of the Diversity Council, the Faculty Recruitment and Retention Subcommittee developed a plan to improve diverse faculty recruitment and retention. The elements of the plan are described in the sections below.

2. Expand and strengthen current recruiting processes

   The UMKC School of Medicine has expanded its Faculty Recruitment and Retention group (a subcommittee of the Diversity Council) by including ad hoc members who can impact faculty recruitment results, particularly in the basic medical sciences. The Associate Dean, Office of Diversity and Community Partnership co-chairs the effort with the Senior Associate Dean for Academic Affairs. The Chair of Basic Medical Sciences (BMS) participates in this effort, as well as physician recruiters from key hospital affiliates (Saint Luke’s Health System and Truman Medical Center) a representative from the University Physicians Associates (UPA), the faculty practice group, and a representative from Graduate Medical Education (GME). On an ongoing basis, the subcommittee discusses how to address obstacles involved in the recruitment and hiring of URM faculty for basic medical science and other openings. The work of the subcommittee resulted in a plan which targets the increase the number of URM faculty with short-term and long-term strategies.

   Beginning in April 2011, the process of recruiting faculty was revised to enhance the candidate pool with URM representation. The Associate Dean of Diversity and Community Partnership is notified when a key search process is to begin, such as tenure track faculty and department chairs. A checklist—that outlines the steps to enhance recruitment of diverse candidate pools—was developed for search committee chairs. (See Appendix 3) Search committee chairs meet with the Associate Dean of Diversity to review the checklist and receive additional training in search processes at the beginning of the search.

   All search committees participate in search committee training (from the UMKC Office of Access and Equity) and view the AAMC’s “Unconscious Bias” webinar. Web-based resources are available for faculty members. A hyperlink to the webinar, diversity-related lectures and other useful resources is provided for faculty in several web-based several locations, including those for the ODCP and Faculty Development. Additionally, an internal Blackboard site was established to provide faculty with information in one place regarding diverse recruitment resources and initiatives.
Some URM applicants may know very little about Kansas City, and may have specific questions about whether the city offers organizations and cultural amenities for people of color. Recognizing this, a resource folder is provided to URM applicants on or before interview day. The folder provides information about Kansas City (as it relates to diversity), including cultural amenities, organizations of interest, churches, neighborhood information and real estate contacts (particularly for those faculty interested in living in an urban setting).

Acknowledging the challenges of immediately recruiting a more diverse full-time basic medical science faculty, given that the national percentage of URM faculty in basic sciences is only 1%, a short term plan was developed to identify and recruit current URM physicians in the School of Medicine environment and/or hospital affiliates who could assume active teaching roles within required basic science coursework. To date, five URM faculty members have been given secondary faculty appointments in the Department of Basic Medical Science. Not only will this step accomplish immediate URM participation in the basic science curriculum, but will have the additional benefit of exposing students to URM role models in the classroom. While expedient, this approach is short term. Longer term initiatives are in development and implementation to address the recruitment of full time faculty in basic medical sciences and clinical departments on an ongoing basis.

3. Faculty Retention/Success Strategies

Faculty Development efforts were strengthened by naming an Assistant Dean of Faculty Development, establishing an Office of Faculty Development, and appointing/electing a Faculty Development Committee. An inclusive climate that supports faculty development will facilitate retention of faculty from all backgrounds. The Faculty Development Office and Committee make local, regional and national faculty development activities known to faculty through websites, email notification, internal e-newsletters (PRN), and presentations to departments. The Faculty Development Committee has input into formal mentoring programs, such as the Noback Docents, Teaching Scholars, and the new certificate and masters degree programs in health professions education.

In addition, the promotion and tenure committees are diverse in respect to gender, discipline, hospital affiliation, and race/ethnic background. This diversity is assured through dean’s appointees in addition to the elected faculty members.

4. Faculty Engagement

New faculty at UMKC School of Medicine must get connected immediately with resources that can support their success. This is particularly true of junior URM faculty. Thus, beginning in 2011, at the time of an initial academic appointment, new URM
faculty member appointees meet with the Senior Associate Dean for Academic Affairs and the Associate Dean of Diversity and Community Partnership where an overview of opportunities within the school of medicine are presented. The process and criteria for promotion are reviewed at that time. Effective outreach to URM faculty requires a personalized approach that is relationship-driven in order to reduce social and professional isolation. To facilitate communication, a list of URM faculty and community physicians, complete with updated contact information, is utilized for regular communication with these faculty members by the ODCP.

In order to identify needs and gaps for faculty, a Faculty Climate Survey is administered periodically and is disaggregated by race and gender. The last survey was conducted in Spring 2011. To further augment these results, an additional URM faculty survey is conducted periodically, with the last one done in Summer 2011. The results of this survey are used to better understand the needs of existing URM faculty, including potential factors that could affect promotion and retention. The needs and gaps identified in the survey are utilized on an ongoing basis to develop strategies to improve the experience and professional success of URM faculty.

C. Graduate Medical Education Recruitment

Objective:
The UMKC residency programs will attract highly qualified applicants who are diverse with regard to gender, racial/ethnic background, and specialty interest. The education experience at UMKC will serve as a recruitment strategy for future faculty, as well as for physicians who will practice in Missouri, especially in underserved specialties.

Rationale:
Graduates of residency programs are especially likely to remain in the region to practice medicine. The experience during residency will influence the decision to remain in academic medicine. Recruitment and mentoring for future faculty may begin during residency and fellowship.

Recruitment strategies aimed at increasing the diversity of applicants for a UMKC residency are currently in development (See Future Directions section below). Outreach to minority serving medical schools will be one approach to building relationships and obtaining feedback to enhance our efforts in this area. Future approaches will include electives, educational experiences, career fairs and other methods to attract potential residents. Current residents are invited to Critical Mass Gatherings and receptions (described elsewhere) and are asked for recommendations regarding students who might be interested in our residency program. They are also invited to participate in Health Equity Circles and other initiatives of potential interest.
Specific Activities and Programs

1. **Primary Care Tracks** Extramural funding from the Department of Health and Human Services was obtained in 2011 to start a primary care tracks within internal medicine and a rural experience in family medicine. The family medicine program includes extensive rural experiences in Lafayette County, MO. The availability of a dedicated primary care experience is expected to attract applicants with these interests.

2. **Department of Psychiatry Advisory Committee**. This committee includes community mental health representatives and is developing strategies to provide community experiences in psychiatry and exposure to community mental health practice as a career choice.

D. STAFF RECRUITMENT AND RETENTION

**Objective:**
To recruit a high functioning staff as part of a workplace of choice

**Rationale:**
An inclusive and equitable workplace supports a high functioning staff that supports the education and research missions of the School of Medicine.

Specific Activities and Programs

1. **University Hiring Policies**
The University of Missouri adopts the position that equal employment opportunity is the law of the land. In the public sector, this means that all persons, regardless of race, color, religion, sex, disability status, Viet Nam Era Veteran status or national origin shall have equal access to available positions and programs. Federal and state legislation and court decisions have established both the principles and the mandated requirements for compliance with these laws.

Information is disseminated with regard to policies, procedures, rights and responsibilities regarding equal opportunity, disability, harassment and discrimination. Persons with disabilities are afforded reasonable accommodations, and compliance with equal opportunity policy is monitored.

Search processes for staff positions are work with Human Resources to develop the recruitment plan to assure that an appropriate pool of candidates is developed and that the recruitment process complies with the University affirmative action policies.
2. **Staff Wellness Programs**
   The University of Missouri provides a comprehensive wellness program that includes health screening, flu shots and health incentives. In addition, wellness programming is available in the areas of tobacco cessation, physical activity, weight management and stress reduction. The wellness program also utilizes “wellness ambassadors” chosen from each department to assist in mobilizing staff around wellness initiatives.

3. **University Staff Leadership Programs**
   The UM System sponsors the President’s Academic Leadership Institute (PALI). This program focuses on professional development for mid-level management leaders across the UM System. The year-long program is designed to help participants understand their leadership styles through personal assessment, enhance their leadership skills through hands-on activities and simulations, and develop a network of peers across the System.

4. **My Learn Web Based Staff Development**
   My Learn, a UM System initiative, supports the development needs of faculty and staff through the use of comprehensive and high-quality on-line learning resources. This online tool is easily adapted to support individual job roles, meet strategic organizational initiatives and provide on-demand information needs. My Learn resources include courses and books on a range of topics, including time management techniques, leadership essentials and organizational skills.

**Measures for Section II.**

**Student**
- Demographics of prospects (database of prospects, applicants, matriculates, and graduates of BA/MD, MD, MSA and other graduate programs)

- Practice location, specialty, and type of practice of graduates from medical school and residency programs

- Career choices of graduating students going into high need specialties in Missouri: primary care, general surgery, and psychiatry.

- Pipeline outcomes: numbers of participants, numbers who enter the UMKC School of Medicine, number of participants who pursue pre-medical or health science programs at UMKC or other universities

**Faculty**
- The demographic composition of faculty
• The demographic composition of governance councils

Staff
• The demographic composition of staff and turnover rates disaggregated by race and gender

Graduate Medical Education
• The demographic composition of residents and fellows

Benchmarks:
• U.S. Census Data: Missouri population demographics
• AAMC National Faculty Demographic data.
• AAMC National Medical Student Demographic data

III. PROMOTE THE SUCCESS OF LEARNERS, FACULTY AND STAFF

The UMKC School of Medicine seeks to create an environment where academic and professional success is possible for all. Fostering an environment that supports student and faculty performance, promotion and achievement includes identifying barriers to success and implementing student and faculty centered programs for mentoring and professional development.

A. Student Success

Objective:
The medical student and graduate student persistence to graduation will be higher than the national means for comparison programs, and students and alumni will be highly satisfied with their educational experience.

Rationale:
It is the intent of UMKC SOM to foster a vibrant learning and working environment that supports success for learners from all backgrounds. The reputation for high academic and professional achievement within an institution with a culture of inclusion and respect will serve to attract and retain students. Small group learning and peer support groups reduce social isolation, enhance professionalism, and foster student success.

Specific Activities and Programs

1. Small group learning in year 1 & 2 Docent groups and year 3 - 6 docent groups
UMKC’s docent system promotes learning in a small group setting. A physician mentor or “docent” assists a group of students in the development of clinical skills,
professionalism and teamwork. The docents will receive training in a culturally appropriate learning environment through mentoring programs, such as the Noback Docents.

2. **Junior Senior Partnership Programs**
   Students in Year 1 and 2 spend the majority of their time on the Volker campus fulfilling the undergraduate science requirements. In Year 3, students join their docent unit, a group of medical students, who will learn together from years 3 through 6. To ease this transition, a Year 3 student (the junior partner) is paired with a Year 5 senior partner who serves as a mentor. This arrangement allows advanced students to take on additional responsibility for the professional development of younger students. This junior-senior partnership allows students to teach each other, as well as build knowledge, skills and camaraderie.

3. **Peer mentoring program**
   Year 2 students who have a demonstrated track record in achievement are selected to mentor incoming students to assist in their adjustment to medical school.

4. **Supplemental Instruction**
   UMKC has been an innovator in developing the concept of supplemental instruction—an academic assistance program that utilizes peer-assisted study sessions. The sessions are facilitated by “SI leaders”, students who have previously done well in the course and who attend all class lectures, take notes, and act as model students. The goal of the program is to increase retention and improve grades in targeted, historically difficult courses.

5. **Professionalism Assessment as Part of Academic Achievement**
   Professionalism assessment is conducted on each clinical rotation. Students are rated on a variety of dimensions of professionalism, including altruism, accountability, excellence, duty and honor/integrity. Lapses in professionalism are handled by the Honor Council, a body charged with investigating and resolving student professionalism problems.

6. **Student Affinity Groups**
   A variety of activities have been developed to build relationships among students, build a supportive climate and reduce isolation for diverse students. A welcome reception for URM students is held for new students to connect them immediately with other students who might be helpful to them. A new effort for diverse students—an all-health science student reception—is designed to foster collaboration and relationship building across disciplines. An all-city “Critical Mass Gathering” brings together URM medical students and physicians from across the metropolitan area. The gathering is collaboration between the UMKC School of Medicine, Saint Luke’s Health System, the Greater Kansas City Medical Society, University of Kansas School of Medicine and the Kansas City
University of Medicine and Biosciences. The gatherings provide opportunities for connecting, networking and mentoring, and usually include an educational presentation pertaining to health equity.

7. **Health Equity Circles**
The Health Equity Circle concept is currently in development (See “Future Directions section of this document.) It will be interdisciplinary and comprised of UMKC health science students, residents and community members focused on promoting health equity and reducing health disparities. The group will identify key areas of need, and develop “campaigns”—in partnership with the community—to impact a health equity issue or problem. An added benefit—students from diverse groups will work together to achieve a common goal.

**B. Faculty Success**

**Objective:**
Faculty from all backgrounds will be highly satisfied with their ability to achieve career success and with the institutional environment where they work.

**Rationale:**
It is the intent of UMKC SOM to foster a vibrant working environment that supports success for faculty from all backgrounds. The reputation for high academic and professional achievement within an institution with a culture of inclusion and respect will serve to attract and retain faculty.

**Specific Activities and Programs**

1. **Certificate and Masters Degree Programs.**
   In order to enhance faculty skills in clinical research and health professions education, certificate and masters degree programs are in place in clinical research and in development in health professions education and bioethics. A Teaching Scholars program has been in place for several years, and will be replaced with the certificate and masters degree programs in health professions education.

2. **Mentoring Programs**
The new Noback Docents program, named after Richardson K. Noback, the founding dean, will provide structured mentoring to docents on an ongoing basis in teaching skills, student mentoring, etc. The Department of Pediatrics at Children’s Mercy Hospital has a formal faculty development program in place. The Faculty Development Committee is
developing more generalized faculty mentoring programs for other faculty. New URM faculty are engaged upon appointment by the ODCP.

3. Faculty Climate Surveys
The periodic faculty climate surveys include questions on availability of mentoring within departments. Results are shared with department chairs, assistant/associate deans, the Faculty Council, and the Faculty Development Committee to be used to develop new programming.

4. The Department of Biomedical and Health Informatics.
Was established to provide skills training and infrastructure for faculty and residents in clinical research. The Department maintains a no-charge biostatistics core support service to assist faculty with clinical research design and evaluation.

5. Faculty Development Workshops.
On-site faculty development workshops are conducted periodically based on needs assessment. One example is the workshop on active learning conducted with an outside expert in Fall 2011.

With speaker permission, all visiting lectureships and seminars are cataloged and available digitally to all faculty with single sign on username and password. Seminars on topics related to diversity and inclusion are included in these digital collections.

Measures for Section III

- Faculty Climate Survey data
- Yearly Student Affairs Internal Survey data
- Faculty Promotion rates
- Student Graduation Rates

Benchmarks

- AAMC Graduation Questionnaire
- BA/MD National Retention Statistics
IV. PREPARE THE HEALTH CARE WORKFORCE TO PROVIDE EFFECTIVE
HEALTH CARE IN DIVERSE COMMUNITIES IN MISSOURI AND THE NATION

The UMKC School of Medicine recognizes the importance of preparing health care providers to respond to patients’ varied health beliefs, values perspectives, values and cultural practices.

Objective:
The UMKC School of Medicine will develop and deploy an integrated approach for teaching and assessing cultural competency throughout the medical education program.

Rationale:
The integration of cultural competence principles within the curriculum is a key strategy to improve health equity in the practice of and access to quality of health care.

Specific Activities and Programs

1. Experience with care of underserved and diverse populations for students and residents
UMKC has 5 major hospital affiliations, offering a highly diverse patient population in terms of age, gender, racial/ethnic background, language, clinical conditions, and socioeconomic background.

   A. Truman Medical Center
   Students participate in docent teams and required adult clerkships at Truman Medical Center. This safety net hospital has a highly diverse patient population with regard to race, ethnicity and language. The demographic composition of the patient population on Hospital Hill is 48% African American, 1% Asian, 39% Caucasian, 9% Hispanic/Latino and 3% “other,”

   B. Children’s Mercy Hospital
   Students and residents complete pediatric rotations at Children’s Mercy Hospital, where the outpatient population is 1.4% Asian, 22.7% African American, 56.6% Caucasian, 13.8 % Hispanic/Latino; 0 .1% Native American and 5.4% “other.”

   C. John Knox Village (Geriatrics)
   To enhance student knowledge of aging and geriatric issues, the John Knox Village senior mentor program was developed during the first two years of the curriculum. This program pairs students with a resident from the John Knox retirement community. Students establish relationships with residents who are ambulatory seniors, and discuss topics related to aging. Students also tour the facilities and participate in activities that take place in the senior community.
D. The Center for Behavioral Medicine
This behavioral health program focuses on the treatment of patients with serious and persistent mental illness (SPMI). The population is culturally diverse and socioeconomically disadvantaged.

E. Rural Preceptorship
In Year 5, students are immersed in a one-month rural Missouri preceptorship that provides experience in societal and health care concerns unique to non-urban primary care settings, as well as the business operations integral to a physician in a small-town clinic. A new rural curriculum has been developed to broaden student understanding of the practice of medicine in rural areas.

2. Cultural Competency
   Curriculum. In order to provide excellent care to an increasingly diverse patient group, cultural competency content will be integrated throughout the medical school curriculum. A curriculum inventory on cultural competency was completed in 2011. Based on this information, a curriculum infusion plan for cultural competency was approved by Curriculum Council in 2011. The Tool for Assessing Cultural Competence (TACCT) domains and learning objectives will be utilized as curricular themes and as a basis of assessment. The first phase of active curriculum enhancement will be deployed in 2012 with Year 1 (Fundamentals of Medicine), Pharmacology, Grand Rounds, Clinical Correlations and Medical Humanities.

Assessment of Cultural Competency
It has been proposed that the global cultural competency assessment tool will be administered for BA/MD students during the early part of year 1 and again in mid- to-late year 6 starting August of 2012. At the time of this writing, the final logistics for administering this instrument are being vetted through the Curriculum and Evaluation Councils. The Pre-Medical Education Student Survey of Cross-Cultural Training Issues (Pre-Mess-CCTI) will be utilized. This tool was developed as a self-assessment for each of the TACCT learning objectives in two ways and has been validated in incoming medical students at two Schools of Medicine in New York, NY. It asks students to rate the importance of each TACCT learning objective and how important for each learning objective to be including in their medical education. (See Appendix IV - Survey Instrument). The School of Medicine has received permission to use the Pre-Mess-CCTI as our global assessment instrument from the authors. The assessment process will provide a guide and documentation of the knowledge, skills and attitudes students have at entry and as they matriculate through the curriculum. Ongoing
monitoring of the skill level of graduating students at year six will provide feedback to shape the curriculum on cultural competency.

The assessment of cultural competency as well as curriculum adjustments will be reviewed by the Council on Curriculum, and the Diversity Council on a yearly basis.

**Measures for Section IV**

- Graduation Questionnaire items that reflect student’s perceptions of preparedness in the area of cultural competency, experience with special populations (LGBT, geriatrics, etc), use of translators and intent to practice in an underserved area.

- Periodic alumni surveys of practice characteristics and locations conducted every five years.

- Practice location of graduates of medical school, MSA, and residency programs.

- Specialty choices of graduating medical students, especially the number in primary care, general surgery and psychiatry.

- Student Cultural Competency Assessment results

**Benchmarks for Section IV**

Graduation Questionnaire national means.

**V. ADVANCE THE HEALTH EQUITY OF THE COMMUNITY**

**Objective:**
Provide opportunities for volunteer activities and service learning in the Kansas City community.

**Rationale:**
Direct participation in volunteer and service learning opportunities develop altruism and provide direct services to the Kansas City community.

**Specific Activities and Programs**

1. **Community Engagement**
A. Volunteer work and Service Learning
UMKC School of Medicine students participate in a variety of volunteer activities in the surrounding community. A major service learning initiative is the Sojourner Clinic, a student-run clinic housed at Grand Avenue Temple United Methodist church in downtown Kansas City.

The clinical serves a medically indigent and homeless population, and includes students from the Pharmacy and Social Work programs.

B. Dramatic AIDS Project
The Dramatic AIDS project is a collaborative program between the Coterie Theatre, UMKC School of Medicine, and the University Of Kansas School Of Medicine. This prevention program focuses on educating teens about the prevention of HIV-AIDS. Medicine, Pharmacy and Nursing students are trained as peer educators. They deliver dramatic monologues aimed at creating awareness about AIDS transmission.

C. Hospital Hill Run
The UMKC School of Medicine is a key sponsor of the yearly Hospital hill Run. This popular event promotes wellness and draws community-wide participation and opportunities for student volunteerism.

D. Medical Reserve Corps
There is an active chapter of Medical Reserve Corps (MRC) at the UMKC School of Medicine. Students from medicine, pharmacy and nursing participate, and are trained to be prepared to respond to emergencies and other pressing public health needs in the community.

E. Community Advisory Boards
Currently, the Office of Diversity and Community Partnership has established two community advisory boards: an African American and a Hispanic Advisory Board. These boards provide essential input regarding how to recruit and retain diverse students, as well as how to strengthen connections between the School of Medicine and key community groups.

F. UMKC School of Medicine National Board of Visitors
The Board of Visitors in comprised of a diverse group of leaders—both locally and nationally. The Board provides advice and counsel to the administration of the School of Medicine to advance the school’s mission and to strengthen the
reputation of the school, both locally and nationally. Members serve as advocates for the school in their local communities and professional associations.

G. Faculty and Administrator Service on Community Boards
UMKC School of Medicine faculty and administrators are active on community and foundation boards, including the Healthcare Foundation of Greater Kansas City, Prime Health Board and Truman Medical Center, among others.

VI. RESEARCH WITH IMPACT ON COMMUNITY HEALTH

Objective:
Develop and support research programs that are responsive to community health issues, including women’s health and health equity.

Rationale:
Outcomes of these research programs impact the health of the community through application of results. The presence of these programs will facilitate recruitment of a diverse student, resident, faculty and staff, including those who participate directly in research activities.

Specific Activities and Programs
UMKC School of Medicine focuses on developing community responsive and participatory research. The Hicklin Office was established to build infrastructure for the Department of Internal Medicine. These efforts have led to chronic care research conducted by the Hicklin Office in collaboration with Truman Medical Center, a Blue Cross Blue Shield sponsored project on rural primary care practice needs in chronic disease management and Mid-American Heart Institute research on disparities in cardiovascular outcomes. The study of health disparities is a research priority for the Department of Internal Medicine and the Department of Biomedical and Health Informatics. A Department of Health and Human Service designated Center of Excellence in Women’s Health helps to advance the research agenda in a variety of women’s health issues.

Measures for Section IV
The number of health disparity-related (health equity, women’s health, community research) publications will be tracked using a newly-developed query function through the Office of Research Administration.

The Diversity annual report will highlight examples of health equity and community participatory research.
VII. FUTURE DIRECTIONS

1. **Minority-Serving Institutions**
   Increasing and replenishing the ranks of URM faculty in both basic science and clinical categories requires a long term strategy. To this end, it is important to establish and maintain relationships with key minority-serving institutions and institutions that have a focus on URM populations. Initial contacts have been made at Howard University, Haskell Indian College, University of Washington Medical School, and University of Illinois-Chicago; other institutions have been identified and will be engaged over the next 2-3 years. We plan to explore the possibility of electives or other experiences to get visiting students on our campus and increase the likelihood of applying for UMKC residencies. We plan to target matriculates of basic science Ph.D programs in other institutions to recruit as new faculty in basic sciences. Preliminary feedback indicates that there are not always adequate job openings at institutions to accommodate all new URM graduates in the clinical and basic sciences.

2. **Graduate Medical Education and Recruiting**
   Discussions were held with Graduate Medical Education (GME) regarding long term plans to develop a "grow our own" strategy that would target URM residents and fellows for recruitment as faculty. This approach would involve defining and implementing a strategy that would “roll out” over a number of years. The first step would involve improving the identification of and communication with URM Residents and Fellows. A systematic process will be developed for race/ethnicity reporting once Residents and Fellows enter UMKC. This step is necessary because race/ethnicity information is not available during the match process.

   Once this data base is developed, the Office of Diversity and Community Partnership will be better able to better connect URM Residents and Fellows with activities and initiatives that enhance their overall experience at UMKC. The Associate Dean of Diversity and Community Partnership will participate in the Resident’s orientation, so that information is disseminated about the Office and the programs it offers. GME will be asked to identify “champions” who can drive key diversity initiatives within individual residency and fellowship programs.

   A resident exit survey will be developed to explore factors related to decisions of Residents/Fellows to stay or leave academic medicine at UMKC.
3. **Programming for Women in Medicine**
UMKC has long sponsored lectureships and social engagement activities for women in medicine, as well as a student AMWA group. Under development, however, is a more formalized and robust program, including developing mentors for women in research, networking events for women and outreach to junior faculty.

### VIII. SUMMARY OF DIVERSITY PLAN MEASURES, BENCHMARKS AND COUNCIL REVIEW

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Measures</th>
<th>Benchmarks</th>
<th>Review Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vibrant Institutional Environment that Values Diversity/Inclusion</strong></td>
<td>- Demographic composition of the student body, residents, faculty, staff, school leadership ii</td>
<td>- AAMC Graduation Questionnaire data</td>
<td>November</td>
</tr>
<tr>
<td></td>
<td>- AAMC Graduation Questionnaire (GQ) regarding learning environment and mistreatment</td>
<td>- AAMC Student Demographic data</td>
<td>September</td>
</tr>
<tr>
<td></td>
<td>- An Internal Student Affairs Annual Survey on student perceptions of institutional climate</td>
<td>- AAMC Faculty Demographic data</td>
<td>August</td>
</tr>
<tr>
<td></td>
<td>- A Internal Faculty Affairs Survey on perceptions of the institutional climate</td>
<td></td>
<td>March, during the year administered (every 5 years)</td>
</tr>
<tr>
<td></td>
<td>- Staff demographics and retention data</td>
<td></td>
<td>May</td>
</tr>
<tr>
<td></td>
<td>- Faculty promotion data</td>
<td></td>
<td>March</td>
</tr>
<tr>
<td></td>
<td>- Student attrition and persistence to graduation data</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Access to Careers in Health and Academic Medicine</strong></td>
<td><strong>Students:</strong> - Demographics of prospects (prospects, applicants, matriculates, and graduates of BA/MD, MD, MSA and other</td>
<td><strong>U.S. Census Data:</strong> Missouri population demographics AAMC</td>
<td>September</td>
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<tr>
<td>Category</td>
<td>Data Source</td>
<td>Collection Period</td>
<td></td>
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<tr>
<td>Promote the Success of Learners, Faculty and Staff</td>
<td>Faculty Climate Survey data, Yearly Student Affairs Internal Survey data, Faculty Promotion rates, Student Graduation Rates</td>
<td>January</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AAMC Graduation Questionnaire, BA/MD National Retention Statistics</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>Prepare the Healthcare Workforce to Provide Effective Health</td>
<td>Graduation Questionnaire items that reflect student’s perceptions of preparedness in the area of cultural competency, Periodic alumni surveys of practice characteristics and locations conducted every five years.</td>
<td>September, May</td>
<td></td>
</tr>
</tbody>
</table>
- Practice location of graduates of medical school, MSA, and residency programs.
- Specialty choices of graduating medical students, especially the number in primary care, general surgery and psychiatry.
- Student Cultural Competency Assessment results

<table>
<thead>
<tr>
<th>Advance the Health Equity of the Community</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The number of health disparity-related (health equity, women’s health, community research) publications will be tracked using a newly-developed query function through the Office of Research Administration.</td>
<td>May</td>
</tr>
<tr>
<td>- The Diversity annual report will highlight examples of health equity and community participatory research.</td>
<td>January</td>
</tr>
</tbody>
</table>
APPENDIX I.

Missouri Population Demographics (From the 2010 US Census)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>6 million</td>
</tr>
<tr>
<td>Growth in past decade</td>
<td>7 %</td>
</tr>
<tr>
<td>Under age 18</td>
<td>24 %</td>
</tr>
<tr>
<td>Over age 65</td>
<td>14 %</td>
</tr>
<tr>
<td>With a disability</td>
<td>8 %</td>
</tr>
<tr>
<td>Language other than English in home</td>
<td>6 %</td>
</tr>
<tr>
<td>Living in a rural area</td>
<td>30 %</td>
</tr>
<tr>
<td>White</td>
<td>&gt;80 %</td>
</tr>
<tr>
<td>Black</td>
<td>12 %</td>
</tr>
<tr>
<td>Other minorities</td>
<td>8 %</td>
</tr>
</tbody>
</table>
APPENDIX II

The Office of Diversity and Community Partnerships maintains relationships with school districts in the Kansas City area, including:

- ACE Academy
- Archbishop O’Hara High School
- Cristo Rey High School
- Grandview High School
- Sumner High School
- Lincoln College Preparatory Academy
- Lee’s Summit High Schools (East, West, North)
- North Kansas City School District
- Park Hill High School
- Center High and Middle School
- Raytown High School and Middle School
- Shawnee Mission High School

In the St. Louis area

- Crossroads College Preparatory
- Hazelwood Central
- McCluer North High School
- McCluer South- Berkley High School
- University City High School
- Jennings High School
- Cardinal Ritter College Preparatory
- Normandy High School
- Clayton High School
APPENDIX III

Diverse Faculty Recruitment Checklist

In order to achieve the goal of a diverse faculty and institutional environment, it is necessary to augment existing recruitment methods to expand and diversify the applicant pool. The following checklist is intended to assist search committee chairs and members in diversifying existing recruitment efforts.

Preliminary Steps

___ Human Resources and the appointed chair of the search committee to contact the Associate Dean, Office of Diversity and Community Partnership regarding the beginning of a new search process.

___ The search committee should be formed so that it includes a diverse group of individuals (race, ethnicity, gender) with broad perspectives, an appreciation of diversity, a commitment to professionalism and confidentiality.

___ Contact Marlana Dickerson in the UMKC Office of Diversity, Access and Equity to arrange training in equal opportunity procedures and good faith recruitment efforts.

___ Ask each search committee members view the webinar “What You Don’t Know: The Science of Unconscious Bias and What To Do About It in the Search and Recruitment Process” available by access the following link on the Office of Diversity and Community Partnership Website: http://www.med.umkc.edu/odcp/fac_recruitment.shtml.

Pre-Interview Steps

___ Develop a position description with wording that is attractive to diverse groups of candidates. In general, avoid narrow criteria that will limit the pool of potential candidates.

___ Discuss and develop a list of non-traditional recruitment sources and advertising venues can be used to augment traditional recruitment approaches. If necessary, re-think the recruitment budget that takes into account the cost of expanded advertising and outreach. The office of Diversity and Community Partnership can be a resource in this effort.

___ Ensure the consistent treatment of all candidates during the interview process by developing “standard” questions that will be asked of all candidates.

___ For all candidates, it is helpful to add questions that assess interest in and experience with cultural competency, health disparities and/or health equity concepts. For example, the addition of questions like “Describe your philosophy and experiences regarding the importance of diversity in teaching, research and clinical work,” or “Tell us about your experiences working with diverse populations” can be helpful.
Before interview day, assess what is important in attracting candidates of interest so that these needs and issues can be anticipated and addressed on interview day.

**Interview Day**

On interview day, the schedule for candidates from groups underrepresented in medicine (URM) should include a 30 minute segment to meet with The Associate Dean, Office of Diversity and Community Partnership.

If at all possible, give candidates from groups underrepresented in medicine the opportunity to meet with URM colleagues.

**Post-interview**

Remember that time is critical. Sought-after URM candidates may have several job options. Therefore, communicating your interest and what is actually being offered in a timely way is essential.
APPENDIX IV

Pre-MESS-CCTI

The Pre-Medical Education Student Survey on Cross Cultural Training Issues (Pre-MESS-CCTI) is a survey designed to gather information on your beliefs, knowledge and skills in two parts (A and B). The first part (A) asks you to rate your personal knowledge, attitudes/beliefs/values, and skill level/ability; right next to this rating a second part (B) asks you to rate the importance of this same topic being covered in your medical education curriculum. Thus, for every question you are being asked to give a two part response. Your ratings for each part will be made on a scale ranging from 1 to 5, requiring that you read the header for each section and part (A and B) so you understand what the values 1 through 5 mean. Please circle the number that best describes your answer, while providing a rating under section A and then section B for each question.
### APPENDIX V

<table>
<thead>
<tr>
<th>***Please rate both A &amp; B</th>
<th>A. Please rate your level of knowledge when it comes to the following:</th>
<th>B. How important is it that your medical education covers the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VERY SCARCE POOR FAIR GOOD EXCELLENT NT</td>
<td>NOT VERY IMPORTANT IMPORTANT NT UNSURE VERY IMPORTANT EXTREME</td>
</tr>
<tr>
<td>K1</td>
<td>Defining in contemporary terms - race, ethnicity, and culture, and their implications in health care.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K2</td>
<td>Identifying how these factors, race ethnicity and culture - affect health and health-care quality, cost, and consequences.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K3</td>
<td>Identifying patterns of national data on health, health-care disparities, and quality of health care.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K4</td>
<td>Describing national health data in a worldwide immigration context.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K1</td>
<td>Describing historical models of common health beliefs and health belief models (for example, illness in the context of “hot and cold,” Galen and other cultures).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K2</td>
<td>Recognizing patients’/families’ healing traditions and beliefs, including ethnomedical beliefs.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>A. Please rate your level of knowledge when it comes to the following:</td>
<td>B. How important is it that your medical education covers the following:</td>
</tr>
<tr>
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</tr>
<tr>
<td>K3</td>
<td>Describing challenges in cross-cultural communication (for example, trust and style).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K4</td>
<td>Demonstrating basic knowledge of epidemiology and biostatistics.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K5</td>
<td>Describing factors that contribute to variability in population health.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K1</td>
<td>Describing social cognitive factors and impact of race/ethnicity, culture, and class on clinical decision-making.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K2</td>
<td>Identifying how physician bias and stereotyping can effect interaction with patients, families, communities, and other members of the health care team.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>K3</td>
<td>Recognizing physicians’ own potential for biases and unavoidable stereotyping in a clinical encounter.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
REFERENCES

Marzan MA. Incoming Medical Students’ Perceptions of Knowledge, Attitudes and skills Regarding Cross-Cultural Medical Education. New York, NY: Teachers College, Columbia University; 2008.


Student demographics include gender, age, racial/ethnic background, socioeconomic status, rural/urban; Faculty demographics include gender, racial/ethnic background, rank, specialty (primary care, mental health, general surgery, other)

Experience with special populations (LGBT, geriatrics, etc), use of translators and intent to practice in an underserved area.