

## ARAC Meeting Minutes

February 21, 2019

**Committee Members Present:** Cicely White, Elizabeth Stein, Heidi Combs, Lauren Marcell, Lee McKoin, Mark Snowden, Sheridan Joseph, Suzanne Allen

**Committee Members Absent:** Dan Cabrera, Elizabeth Slater, Jacqueline Wilson, Janelle Clauser, Jordan Lewis, Joshua Jauregui, Laurie Bazan, Rachel Clark,

**Community Members Attending:** Brenda Martinez, Cindy Elder, Danielle Ishem, Leo Morales, Melinda Frank, Raye Maestas, Michelle Terry

### Announcements

- Lee McKoin and Elizabeth Stein were introduced as the new ARAC Student Co-Chairs.
- The new ARAC website is under construction. (currently CEDI is linked to the test page <http://cedi-web01.s.uw.edu/arac-testpage/> ) We plan to finalize and publish the website soon. Please send any comments to Lee or Dr. Morales.

### PreMat Update

Dr. Michelle Terry joined us to give updates on the 2018 Prematriculation program and discuss ideas for the 2019 session. Detailed slides attached.

- The 2018 Program was a 1 week program focused on a preview of MCBDB curriculum, study skills instruction and tutoring resources, academic advising, networking,, building student community and resilience, and discussions of institutional racism, social determinants of health and health equity
  - The program included students underrepresented in medicine, non-science majors , students that had been out of school more than 2 years, and self-identified as disadvantaged.
  - All 35 applicants were accepted in 2018.
  - The program evaluations from students were incredibly positive
  - The program included a budget for food, classroom rentals, transportation for professors and fieldtrips, TA stipends, but did not pay for all student lodging.
  - Student Housing for Out of Region Students was provided by alumni and faculty.
  - They generously hosted the students for 1 week. (However, for a longer 2 week program this option may not be sustainable.)
  - The students have continued connections through a fall luncheon, a USMLE Step 1 Prep and newsletters
- For 2019 The core group has already started planning 2019.
  - The days were very long in 2018. Adjust the schedule in 2019 to end at 4pm.

- They are planning homework assignments from the MCBBD course chairs so that it doesn't all have to be covered in class time leading to shorter days.
- Hoping to have funding for faculty- We want to have a sustainable support and enthusiasm for this program
  - It is difficult to figure out how to compensate faculty (pay is limited by their contracts, and honorariums, and in kind gifts are problematic.)
  - Perhaps we could provide Letters of Recognition for the faculty, and their extra work and efforts could be included in promotion packets.
  - They are currently working with course chairs to consider options.
- They are also hoping to be able to introduce students to more study resources like Anki flashcards etc.
- Did the food meet all the student's needs? They provided options from multiple caterers throughout the week and offered vegetarian and gluten free options.
- Should we consider elongating the program? (The program in 2014 was longer)
  - There was no data from the student feedback to comment on the length of the program. But many students had to work until school began so 2 weeks may be harder for the students.
  - It is also hard to find housing for a longer period of time.
  - We do feel the 1 week program addressed the objectives of networking with other students, meeting leaders, learning about resources, and alleviating some of the fear and anxiety of starting medical school
- Have you compared the performance in the MCBBD course to see if the PreMat program helped the students academically?
  - We do not have direct feedback or grades that we can share since it is students confidential information.
  - We also had to be selective about the course content we could cover with only 12 hours. We will work with the professors to move closer to the course content in 2019.
  - The students have commented that it is often the pace, not the content, that is the most difficult part. We will work on emphasizing the message of speed in 2019
- What kind of community activities are provided to continue to support these students? Can we continue to create a supportive learning environment through all 4 years, including clinical experiences?
  - The Fall Luncheon was sponsored by Student Affairs
  - We want to continue to provide opportunities for these students, but also not make it feel like a responsibility
  - They can also join the URiM committee.
  - We want to be intentionally inclusive of the WWAMI students, providing zoom sessions
- The students are continuing to meet together with the Step 1 Board Prep but also small groups at each WWAMI site. So far we have 9-10 students.

- We realize that this is an essential step in becoming a doctor, and Step 1 is often a selection score and is important for geographic residency matches, but we don't want to overwhelm the first year students. This is just an introduction.
- There are more topics that we could continue to discuss. If you have any questions, we can continue this conversation with Dr. Terry off line.

### **Creating a Safe Space in ARAC**

- When the Student Co-Chairs were selected, it came with a letter about concerns about whether ARAC is valuable, effective and safe. So we wanted to spend some time to discuss how to create a safe space in ARAC. The letter noted that no students of color volunteered to be co-chairs of ARAC.
  - We need to be accountable, transparent and close the loop with the students.
  - We need to spend time together to build trust and a safe space. We need to re-approach this topic again since many of the committee members are new. We should focus on building the community again. Perhaps set aside team building at every other meeting.
  - We can also lean in and acknowledge the risk will not result in being burned. What we say here will be confidential but what we learn here can be shared.
  - As students, they hear “No” even if that is not the intention. Everyone on the committee should try to consider ideas for 3 seconds to see if there are ways to make it work before rejecting the idea.
  - We could review and revise our community agreements.
  - We also need to communicate to the students. Invite them, be more inclusive, show the work and achievements of the committee. Invite more voices.
  - We also realize it is a big ask to ask the students who have been hurt by racism in the school to fix it.
- We may want to work out Strategic Planning Goals-
  - What are the 3 topics that are priorities this year? What are our goals? Can we invite opinions of all students?
  - We may want a small working group to articulate this.
  - The students on the committee can help communicate to the other students.
- The students can help reach out to the students in class. CEDI can send out the information digests. ARAC can be added to the CEDI calendar.
- Many students are concerned about topics in the Curriculum.
  - Dr. Michael Ryan, Dean of Curriculum is schedule to speak at our next meeting on March 21.
  - Even today, there were concerns over the problematic presentation of GFR rates. The distinction between GFR based on gender and race did not talk about the context of why these rates differ. (The dental students had been taught that this is a genetic variation, and our lecture did not discuss the structural violence that actually leads to this variation.) At this point we should have an informed and uniform message coming from all of the professors.
  - These identities are complex.

- Dr. Allen noted that all of the curriculum and syllabi is being reviewed for these kinds of concerns. Dr. Roberto Montenegro is meticulously working through all of the lectures but it is really helpful and important to hear this feedback so we can prioritize these issues. Dr. Allen just emailed him about the GFR lecture based on the conversation tonight.
- It was suggested that we could integrate an approach called Safety Stories that are used at Seattle Children's Hospital. They share stories of "near misses" to discuss solutions to problems that could be hazardous and clinically risky (name alerts, or doses that were almost administered incorrectly.) The stories are used to improve everyone's performance and everyone is encouraged to speak up. The person who nearly averted the problem should listen and acknowledge the problem. This approach also shows up in Equity Stories.
  - The new curriculum focused on integrating physiology and microbiology etc but the health equity is still separate. Some individual professors excel, like Dr. Reddy.
  - Perhaps we need more physician mentoring to show how to integrate these approaches.

### **CEDI Update**

Dr. Morales was invited to present information and answer questions about the history and trajectory of the Center for Health Equity, Diversity and Inclusion (CEDI). Detailed slides attached.

- CEDI is a continuation of the work of the Office of Multicultural Affairs and the Office of Minority Affairs that dates back decades and works to improve pipeline programs, the educational climate, faculty development and student, resident and faculty diversity.
- CEDI supports multiple programs including pipeline programs premed and high school students, the SOM PreMat Program, CEDI Pathways, elective courses, Affiliated Student Organizations, and community events.
- The CEDI budget has been consistent over the last 5 year (although there was a 10% decrease for all SOM Departments in 2017)
  - 85% of the budget goes to Staff FTE (6 Faculty and 6 Administrative Staff)
  - 15% goes to operational costs like food for events, travel, student groups etc.
  - The decrease in SOM funding in 2017 mostly came from the operational budget.
  - The student class size has grown by 30 students over these 5 years
- Staff Turnover-
  - Exit interviews are offered by a senior HR partner. They are confidential and HR follows up as needed.
  - Staff vacancies are filled as quickly as possible. Interim roles have been appointed to continue student support.
  - What happens to FTE when no one is in the position? We have actually filled most of the spots. We did change some job descriptions when staff members left to better fit the needs of the program but the roles are currently staffed.
  - Currently, Dr. Cabrera runs the Latino Health Pathway, Dr. Deen runs the Indian Health Pathway, Dr. Heinen runs the LGBTQ Pathway and Dr. Sabin and Shike run Faculty Development.
- CEDI Involvement in the Admissions Process and the EXCOM Committee

- CEDI has a permanent member of their staff on the EXCOM Committee (Dr. Dan Cabrera)
- However, we are also interested in diversity in general. Of the 22 Members of EXCOM:
  - 55% Women
  - 64% Primary Care
  - 68% Seattle
  - 36% URM
- Diversity on the General Admissions Committee and the EXCOM Committee have increase over the last year, specifically because of the ARAC Recommendations as well as a general shift in the Admission Office and the School of Medicine at large. Dr. Morales emphasized that there has been a significant impetus to address diversity over the last few years.
- We should note that these numbers are higher than the general School of Medicine or Faculty in general.
- CEDI Involvement in the Student Progress Committee
  - Also reflects the diversity in URM Faculty (18% URM Faculty; 36% Women; and 55% Primary Care)
  - Dr. Terry discussed with Dr. Morales that the students who are brought to the committee are holistically evaluated
  - Dr. Maestas described the SPC process: If a student fails a course, or has a professionalism concern, they are supported to overcome this hurdle. If a student becomes a candidate for dismissal, they are invited to present to the committee, and are never alone in this process. Their college mentor (or another faculty advocate of their choice) helps them prepare for the meeting. They meet with Dr. Maestas as the Dean of Student Affairs before the meeting, and they work with a counselor for a mock interview. The goal is to support the student.
- CEDI focuses on included regional students in their programs. Pathways and elective courses are offered over Zoom. Students from all over the region are supported when they travel to conferences.
- Students may have noticed a change in the discretionary funds available for student groups. In order to be in compliance with UW and SOM policies, some of the projects that were previously funded are no longer permitted so we have had to change how the students use their money.
  - CEDI affinity groups receive \$3500 per year. (Non-CEDI student groups only receive \$150 from the School of Medicine.)
- Are there plans to increase funding at CEDI? The SOM budget in general is not planned to increase (the SOM is looking at small reductions overall) but there are opportunities for external grants. Dr. Morales has specifically worked to write and received grants for the HRSA project and SHPEP. He also advocated for the need for increased SOM funding for the LGBTQ Pathway and received it.
  - If you feel there is a topic that needs more support, talk to him and he can advocate for additional resources.
- Do we know how many students graduate in CEDI Pathways? Yes, this year there were 11 graduates in the Indian Health Pathway and 8 in the Hispanic Health Pathway. (The LGBTQ

Pathway is too new to have students graduate this year but there are several students working in that pathway.)

- The students mentioned that the perception in the class is that CEDI is not accessible. It has a nebular quality when we just see banners at events. And there are some concerns about “kicking out” staff members.
  - We may need more presence in the Class Meetings (although there is limited time)
  - Or perhaps more of an email presence. Sending reminders that the Student Lounge is available or upcoming events. We want to show an interest and opening to learning about the students, and break down the barriers to the structural feel of CEDI. We also need to figure out how to penetrate the fog of emails that students receive.
  - We could also publicize and celebrate the student successes.
  - Danielle suggested there is a core group of students who understand CEDI but they are often the ones actively involved in our affinity groups. We want all students to feel welcomed by CEDI.
  - We also discussed sending a survey to the students to see what kind of programs they would like to see from CEDI. CEDI has not done this recently although they tried focus groups. The students suggested it would work best if it was anonymous and highly advertised.
  - There seems to be an information vacuum. Students don’t know about the [cedimd@uw.edu](mailto:cedimd@uw.edu) listserve. We want to help students understand this resource better.
- If we have other concerns about CEDI, or ideas about how to improve Dr. Morales is here to listen.
  - The students suggested we post this slide show to the ARAC Website.

## **Town Hall**

We briefly discussed planning a town hall in May. We will work to invite all students and it was suggested that we set up a subcommittee to help plan the details like potential dates, facilitators, agenda, goals, room logistics, publicizing. We would also like to create and present the Action Report with the impact of ARAC’s recommendations this year. If you would like to be on the subcommittee let us know.

## **Orientation**

With the support of the ARAC Committee, Lee will work with Emily Slager in Students Affairs to propose more information in the Orientation program. ARAC would like to suggest:

- A 1 hour lecture about Racial Diversity and Racism in Medicine during the Orientation
- A book club style event for either *The New Jim Crow* by Michelle Alexander or *Medical Apartheid* by Harriet Washington as Required Reading before Orientation and then offer a discussion over one of the lunches. (Currently there is no required reading, just optional reading. In addition, the students who read Being Mortal never had a chance to follow up with it.) This would be different from the Common Book.
- We want to incorporate this into all of the WWAMI Orientations and we would want to repeat this book each year unless another book is recommended.

- Dr. Morales suggested that we may want to consider recommending more Social Determinants of Health integrated into the Admissions Prerequisites because it is difficult to add more to the current 4 year curriculum but this is such an important topic.

**Action Items:**

- Please email me if you would like to volunteer to participate in the Town Hall Planning Subcommittee
- Finalize and publish the updated ARAC website (currently CEDI is linked to the test page <http://cedi-web01.s.uw.edu/arac-testpage/> )
- Post Meeting Minutes, PreMat and CEDI slide show to the ARAC Website.
- Start the Action Report
- Student Co-Chairs will invite other students with concerns about information in the Curriculum for March ARAC Meeting. We already reserved T550.
- Set up a Strategic Planning Meeting to discuss our 3 goals for the year that we can publicize to the students?
- Recommend more Social Determinants of Health integrated into the Admissions Prerequisites? It is difficult to add more to the current 4 year curriculum but this is such an important topic.