

· **Admissions**

1. **Need to increase people of color on the EX-COM membership.** There has been success with increasing the number of people of color on the EX-COM membership, however there is still a lack of representation from URiM groups like Native, Hawaiian/Pacific Islander, African American. Perhaps, decrease requirements for interested minority EX-COM members. Measured by membership numbers and identities.
2. **All EX-COM members receive the Undoing Institutional Racism Training by the People's Institute (2 day training).** There was discussion about challenges with making this a requirement for members who volunteer to be on EX-COM. There was discussion about offering the training as a paid training by UWSOM for about 15 people. Measured by # of EXCOM members who complete training. Perhaps ask for Admission team for statistics about EXCOM members voting patterns before and after UIR training. Perhaps ask PI how they measure the efficacy of their program on participants viewpoints and actions.
3. **SELECTED AS HIGH PRIORITY Need to offer more financial support to UWSOM candidates to incentivize more students of color to choose UWSOM.** Currently, Admissions works directly with advancement to find ways to generate more financial aid and scholarships for students. It was brought up that there is a clear link in exit interviews that students choose to go elsewhere because of financial support. The group identified two people that could be added to the list of speakers to share their work around supporting students of color: 1) Maggie Keelan(sp) works in Advancement and her role is help raise funds for URiM students particular 2) Ray Burn Lewis heads the Scholarship Committee. There were several reiterations that finances is the most influential factor for pre-med students in selecting medical school and UWSOM should have more funding options to attract and retain diverse students. An issue was brought up around how Financial Aid handled a situation with a student, the student felt brushed off and treated poorly. Dr. Maestas and Dr. Allen are currently working with the Financial Aid department to correct this issue, it is an issue with the systems on how financial aid is awarded. There was continued conversation about providing more scholarships and it was suggested to name scholarships after people of color who have attended UWSOM. The named scholarship would be symbolic for what this person stands for.
4. **Need to increase pipeline programs.** It is unclear whether if the pool of applicants is representative of the diverse population of this state. The initial goal was to reflect the diversity of the WWAMI region, there was discussion on revisiting this goal. There was discussion on the operations of pipeline programs around funding, outcome, impact and success. The group is particularly interested in how success is measured within the pipeline programs and how can the school financially support these programs that rely solely on grants. The group stressed the importance of institution backing up these programs. The group would like to add Danielle Ishem to talk about HPSA at an ARAC meeting.
5. **Consider eliminating the shadowing experience requirement.** There was discussion on the barriers presented to students of color who might not be able to or have the resources to complete a shadow experience. The group brainstormed some ideas on what would make it easier to access shadowing experiences. It was brought up that there is an active organization that connects and provides shadow experiences through the King County Medical Society program. Dr. Morales offered

- to talk with the Chief Medical Officer at UW Medicine about a centralized program across UW programs. It was discussed that there is value in having this item on the list and the importance of coalescing efforts.
6. Another suggestion that was brought up in this meeting (not originally on the list from the Admissions session during the Town Hall) is to have **students of color pair up with prospective students during Second Look**. Currently, Second Look has a similar setup and CEDI holds a reception for prospective students of color.

## Curriculum

1. **Build community**. There is a major issue with the lack of community. We need to create community as early as immersion. Summer reading book program helped with this. Community Agreement session in immersion, icebreakers in immersion. EHM groups introduced in orientation. Measure by: new programs and feedback from students. Use FCM groups more effectively.
2. **SELECTED AS HIGH PRIORITY Introduce Racism and Social Determinants of Health earlier in the curriculum**. Summer reading program added to this goal. Continue this. Seek ways to continue SDoH curriculum in MCDB block.
3. **Create thread for racism in medicine**. Test structural competency of racism on exam. Require remediation if student fails thread. Include stories of patients affected by racism.
4. **Incorporate racism in medicine into clinical period**, currently there is no content during that time.
5. **Build capacity** to engage around this content. Create shared baseline level of information and shared vocabulary. Promote EHM sessions that address these basics to before MCBDB. Ex: Define racism (individual, institutional, implicit, overt, internalized), onion model, white fragility.
6. (MOVE DOWN TO FAC DEV) **Teach faculty about this content**. There was discussion that is important for faculty to understand the content that they are evaluating students on. Continue EHM for faculty and measure it's impact.
7. **Include Health Systems Science Test questions in the MCDB exam**. Note: This is currently in the works and will be effective 2021 or 2022 as part of STEP 1. Dr. Kost knows about this HSST and how to access test questions.
9. **Add evaluation to the end block**, for example ask students if they experienced bias and identify how the issues was addressed. Student to student and faculty to student, resolution. Create a mechanism to report bias (not just mistreatment) in the learning environment. Note: block leaders have requested student mistreatment button/bias reporting tool to have this link in canvas (easy to find).
10. **Change Clerkships to Pass/Fail to address clerkship grade disparities**. Focus on the negative impact of clerkship grades on the educational environment. There was discussion on whether if the clerkships can be changed to pass or fail because the grading system is inherently biased. Students of color were being told that they are getting worse grades than if you are white– AND this was evident in the statistics. This spurred up a conversation on stereotype threat and how faculty could support a more positive mindset prior to test-taking and also receive training on stereotype threat. **This brought a new recommendation to add to faculty development as well as resources on how to counter stereotype threat methods**. The committee referred to Brown University's practice of hosting a panel during clerkship transition that focused solely on race and racism in medicine. Currently, the panel that supports clerkship transition has content mainly about the

Transition to Clerkship itself –not necessarily about racism in medicine. **This brought a new recommendation to include a panel on racism in medicine and what to do about during the Transition to Clerkship phase.** The recommendation is to have this in place for April of 2020; we will need to invite Karen McDunough.

11.

## · Faculty Development

1. **Have a third-party classroom observer with some background with the curriculum and teaching lens provide constructive feedback on inclusivity of that session.**
  2. **Provide trainings in person and also provide online options**
    1. Tiered training
    2. In-person training is the best
  3. **Include anti-bias topic training as mandatory part of compliance**
  4. **Offer external trainings quarterly**
  5. **Provide urgency in messaging like a Call to Action at the Faculty Town Hall.**
  6. **Need help in identifying what are the priorities topics for the faculty** and then, will lay out a plan on when those topics will roll out. Also, we need to identify who needs to take the training and which in-person trainings should be required for some faculty.
  7. **Track faculty trainings with a Learning Management System (LMS).** This is currently in process and an LMS should be selected by fall and functional by spring. However, the faculty development group working on trainings are not going to wait on the LMS, and will plan to roll out their trainings regardless if the LMS is up and running yet. The committee discussed some trainings that people can attend are the podcasts developed by Edwin and Amanda and CLIME. Currently, there is a podcast that provides a student vignette which would provide insight to student voice. The committee also discussed what examples could be used ie. video clip from a recorded lecture, faces could be blurred or permissions would need to be requested from both faculty and student –technically, lecture recordings are all public information.
  8. **Implement a tool to measure faculty on bias.** This opened up discussion on metrics and tools used across campus. There was a suggestion to engage the School of Education because they are specialists in developing and measuring student learning outcomes. Additionally, the findings could be published.
- Teach faculty about racism in medicine and the impact of racism on medical students.** There was discussion that is important for faculty to understand the content that they are evaluating students on. Continue the “EHM for faculty” programs and measure it’s impact.

## · Student Support/Prematriculation

1. **Provide training to the Student Progress Committee so that they are aware and able to recognize biases.**
2. **Provide more funding to PreMat.** It is already a good and working program except scarce with funds.
  - 2a. Look into feasibility for post bac program for promising students who need additional academic assistance.
3. **Identify why there is less attendance with the URiM student group across the region.** Perhaps, look into scheduling conflicts. There is a need to define URiM status, state by state.
4. **Readdress a recommendation from 2017 to obtain a physical space for affinity groups to meet.**
5. **Make clerkship grading pass/fail.** (This was also brought up in curriculum, see discussion there). This affects student success and wellness. This can affect student resiliency.
  - 5a. **Create breaks between clerkship blocks and within blocks.** Student well-being can improve with more than a weekend between clerkships blocks. Add ½ day weekly or biweekly for doctor's visits, extracurriculars, spending time in community, studying. Students need time away from clinic/hospital to remain balanced.
6. **Provide support to student leaders who take risks.** The question was posed, "what are we doing to students who are activists in the class and are becoming vilified?" This is in reference to students who get isolated because they speak up more often. There should be community agreements to help with risks –being upfront with rules of how to treat each other. This relates back to sense of community, there is a need to build a culture with community values and standards of professionalism. The committee recommended that Molly Jackson be invited to an ARAC meeting to discuss learning environment.
7. **A major goal is to create safe space to express their feelings, experiences and be how they are/not being supported.** How to be more inclusive in this space? How do we define URM in medicine? Who are feeling most harmed from what is happening in learning environment. There needs to be continuous process improvement within the student advisory group – talking how to grow and promote to create safe spaces. CEDI and Raye is available.
8. **More open spaces for students to talk directly with faculty ie forum.** Create more opportunities to formal and informal for student/faculty interaction like the faculty lunches. There was discussion the lunches being expanded, having specific forums when incidents happen, offering space for once a month dialogue. This feedback will be taken back to the immersion team.