

Icahn School of Medicine at Mount Sinai Site Visit Report

May 2nd, 2016

At the request from the Anti-Racism Coalition (ARC), Dr. Gary Butts, Chief Diversity and Inclusion Officer, and the Department of Medical Education identified a team of outside diversity practitioners to explore concerns of racism and bias within the Department of Medical Education and the school of medicine. The team spent two days meeting with students, faculty, and leadership of the Icahn School of Medicine at Mount Sinai to garner deeper insights in order to develop recommendations and respond to these concerns. Meetings were conducted on March 7th and 8th.

Review Committee

Fernando S. Mendoza, MD, MPH

Professor of Pediatrics

Associate Dean, Minority Advising and Programs

Stanford University School of Medicine

J. Renee Navarro, PharmD, MD

Vice Chancellor, Diversity and Outreach

Professor of Anesthesia and Perioperative Care

University of California, San Francisco, School of Medicine

Marc A. Nivet, EdD, MBA

Chief Diversity Officer

Association of American Medical Colleges (AAMC)

Icahn School of Medicine at Mount Sinai Review

Continuing the Icahn School of Medicine Legacy

Icahn School of Medicine at Mount Sinai has a long distinguished history of social justice and community engagement. This legacy is expressed in the Mission Statement of the Department of Medical Education referenced on page 2 of the student handbook, which reads as follows:

"Our mission is to produce physicians and scientists who are prepared to enter society as informed advocates and activists, able to advance clinical care and science, and capable of promoting change."

The ramification of this mission statement for the Department of Medical Education from our perspective would include the following: 1) preparing all students, as future advocates and activists to understand the social issues that impact peoples' health, particularly racism, 2) educating all students on how to advance and provide clinical excellence through patient-centered care that accounts for social determinants impacting their patients' health, 3) educating all students on the elimination of implicit and explicit bias in science and on the concept of Precision Health that focuses on the individuality of the patient rather than on stereotypes of groups, and 4) assisting all students to develop the capacity to promote change in the future by investing in their leadership development, and recognizing their accomplishments as leaders.

These perspectives of the Department of Medical Education's mission also coincide with what we saw as the school's values:

1. Social justice for disenfranchised communities
2. Provision of health care to underserved
3. Excellence in clinical care and education
4. Meeting needs of the community
5. Service to the nation - developing leaders
6. Commitment to the evolving social mission by the School's leadership.

The Icahn School of Medicine at Mount Sinai and the Mount Sinai Health System have continuously strived to achieve the objectives of the mission, with great success. An important key to moving the School of Medicine forward has been a focused and engaged effort to diversify the student body. The Department Medical Education, through its Admissions Office, and the Center for Multicultural and Community Affairs (CMCA), have successfully recruited a diverse student body with significant experience in and commitment to social justice.

We understand that supporting the broad interests of students from these diverse backgrounds is complex in an academic environment. For all students, issues of group identification, social

belonging, and integrating into the culture of medicine bring challenges to the journey of becoming a medical doctor. However, those students who lack a critical mass, readily apparent role models in their preclinical and clinical experiences, and a strong mentorship structure, face even larger obstacles in this journey. Our observations indicate that minority students and others from diverse backgrounds fall into this category of students.

The Center for Multicultural and Community Affairs has led, with other groups, the efforts to foster an inclusive campus environment where all members thrive. These efforts have been recognized and honored nationally. The student body, however, has drawn attention to ongoing and unmet needs. They have organized themselves and done significant and time-consuming work in surveying, analyzing, and prioritizing current issues of concern. We acknowledge the hard work and commitment they have shown to address issues of culture, climate, and curriculum. Moreover, we concur with the Anti-Racism Coalition (ARC) that there are challenges in addressing bias and negative racial stereotypes in the curriculum as well as inherent structural issues in the Department of Medical Education that to-date have slowed progress. The Department of Medical Education is aware of these issues, but has not effectively addressed the issues head-on, primarily due to a lack of capacity, expertise, and funding. We come to this conclusion through vivid and detailed narratives shared by both faculty and students, which was often triangulated through discussions with staff members of the Department of Medical Education.

The review committee believes that the ARC has presented reasonable solutions to their concerns, and has been seeking to work collaboratively with the Department of Medical Education to address them. It seems to this set of outside reviewers that students, leadership, and faculty are all aligned on the goal of creating **an inclusive educational environment of excellence at Icahn School of Medicine**, but have not agreed on the process to systematically engineer this desired outcome. What appears to be needed at present is a strategic planning process to develop consensus on the outcome goals, outline a strategic plan to achieve those goals with a timetable, and obtain funding from the Dean of the School of Medicine and other sources to execute the plan.

We would recommend contracting a third party person to guide this strategic planning process. The investment in a professional strategic planner, we believe, would be important to allow all sides to contribute freely to the strategic planning process, which in itself would be an important process in building trust between the students and administration. Moreover, in order for the strategic planning process to have creditability, the Dean of the School should request the formation of a working group, consisting of Medical Education and CMCA leadership, faculty, ARC and other student leadership, minority graduate students, residents and post doctoral fellows. This working group should address the issue of how to create an inclusive, respectful, and unbiased educational environment and report directly to the Dean with specific recommendations that include objectives, tactics to achieve the objectives, and specific outcomes that can be used to measure success. Included in this effort should be reviewing and addressing all of the concerns raised by ARC leadership, and providing ongoing communication between the working group and the ISMMS community.

ARC has been eloquent in stating the challenges (see Appendix 1). We will not review them in detail, but simply highlight that the students' concerns should be reviewed as the first order of business by the working group, as they must be discussed in the initial strategic process. We believe that these steps are a reasonable place to start in the strategic planning process by the Department of Medical Education and the Center for Multicultural and Community Affairs in concert with the ARC.

As the strategic planning moves forward to make ISMMS an inclusive educational environment of excellence, we encourage the Department of Medical Education and the Center for Multicultural and Community Affairs to reflect on the issues raised by ARC as deeply felt student concerns. We heard the following from students:

1. Sense of discrimination as a result of believing that all students not treated equally
2. Lack of recognition of efforts by students on diversity activities
3. Underrepresented minority (URM) medical student commitment to pipeline and community development are not seen as leadership development nor recognized
4. Limited role models; unclear whether administration recognizes the depth of this issue
5. Implicit bias by leadership, faculty, and residents (clinical instructors) is seen as racism
6. Quality of care seen as unequal for minority patients in the Mount Sinai clinical facilities, and may be a quality of care issue. Examples of this include:
 - a. No paid interpreters for Non-English speaking patients
 - b. Implicit bias by residents in interactions with patients
 - c. The behavior by residents of not addressing language issues is seen as racially based against non-English speaking patients
 - d. Questions about whether patients are being "used" for the goals of the Icahn School of Medicine without focus on the quality of their health care

These are major concerns, and have lead to a "trust gap" between minority students and Department of Medical Education (DME) leadership. Therefore, we believe that in addition to the strategic planning process, the leaders of the Department of Medical Education with the support of the CMCA, needs to find ways to rebuild the trust relationship with minority and other students from diverse backgrounds. Indeed, developing trust, seeking transparency, and having a sense of social connectedness with the Department of Medical Education is going to be a key factor in the execution of any strategic plan. Among those things that should be considered early is how to open lines of communication so that confrontational processes are eliminated. This needs to be done by asking student what works best for them, rather than leadership developing the process. As much as we are making health care patient-centered, the process of improved communication should be student-centered. Furthermore, like any process for change, it should be monitored by student surveys to determine whether levels of communication between the DME and students are functioning.

Since ARC recommendations for action were a result of discussions and surveys of students' concerns about the issues of inclusion and diversity, the strategic planning process should look closely at the requests for action by ARC. Our analysis indicated that there are what appear to be both short and long term achievable goals. We have combined our thoughts with some of the recommendations by the ARC here:

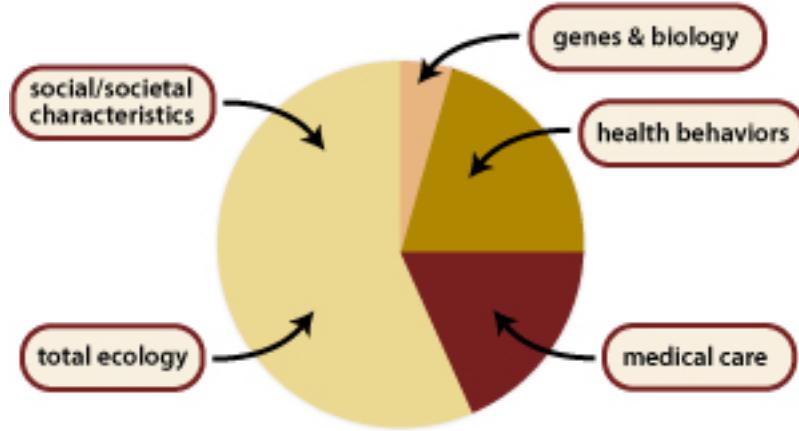
Short Term Goals

1. **URM Mentorship** – identify and reward mentors for URM students (search network of Mount Sinai Health System)
2. **Recognize Citizenship by URM Students, Residents, and Faculty** – admissions should recognize URM effort in school's evaluations: Medical Student Performance Evaluation (MSPE), service recognition awards (student selection versus administration)
3. **Leadership Development for URM Students** – as part of the investment in their careers similar to other students – provides a sense of equity in treatment
 - Identify leadership roles in URM group activities – support through recognition or funding
4. **Engage Graduate Medical Education (GME) and Medical Center Leadership** in instituting implicit bias training for residents and faculty attendings. Include Culturally and Linguistically Appropriate Services requirements and methods for quality improvement (QI) in concurrent action steps to improve quality of care for non-English speaking patients.

Long Term Goals

1. **Comprehensive Education for All Students, Residents, and Faculty on Patient Diversity** – importance of patient-centered care for all with topics focused on (This also can serve as a QI program for the whole ISMMS system):
 - Population health
 - Implicit bias in medicine
 - Patient-centered communication skills – interpreters and cultural competency
 - Developing a culture of quality improvement; recognizing what is “broken” and what needs to be fixed (a learning experience for all and the basis for QI and leadership development)
2. **Curriculum Review** – focusing on the elimination of implicit bias, understanding social determinants and moving toward Precision Health.
 - Review for implicit bias in all aspects of the curriculum
 - Learners and teachers should be engaged in open discussion of science, societal values, and health
 - Use Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) model of population health with four components:

1. Genes and biology
2. Health behaviors
3. Medical care
4. Ecology (social determinants)



- Review the parameters of Precision Health with respect to population health, including understanding the social versus the biological construct of race and ethnicity. Explore the epigenetic factors that are affecting the health of surrounding communities.

Determinants of population health.

From Tarlov AR. Public policy frameworks for improving population health. Socioeconomic status and health and industrial nations: social, psychological, & biologic pathways. Ann N Y Acad Sci 1999;896:281–93; with permission.

Facilitators to Advance Social Justice, Equity, and Inclusion

All medical schools have a history and legacy for which they are known, and they attempt to relate this to their students as part of their career development and their own personal legacy. ISMMS has a strong and rich legacy, as noted above, and should include this as it addresses the issues raised by ARC. This provides the opportunity to connect the past legacy with a future one where the missions of ISMMS are maintained and expanded. Among the ways we believe this can be done are through the following types of discussions involving students, trainees and faculty:

Legacy Acknowledgment of ISMMS

- History of religion, race, and medicine
 1. Implicit bias in medicine: religious, gender, race, social class
 - a. Personal stories, culture of medicine
 - b. Learner participation and reflection of curriculum - leadership development
 - c. Specific education and training on implicit bias of faculty and students (required trainings)
 2. Race as a social construction versus biological parameter
 3. History of Icahn School of Medicine in service to community
 4. Economics of health care past and now; the challenges faced by Icahn School of Medicine at Mount Sinai in provision of care to poor surrounding communities.

Developing a Best Practice Organizational Structure in the Department of Medical Education

Organizational structure can either facilitate or hinder the resolution of problems. Part of the challenge for DME leadership is to create an organizational structure that is facilitatory. This requires a shared vision, transparency of outcome measures, effective communication, recognition of contribution, and ongoing evaluation of organizational effectiveness. We would make the following recommendations with regard to this issue for consideration by DME leadership:

- In the area of diversity, the Center for Multicultural and Community Affairs (CMCA) is a separate unit from the Department of Medical Education, therefore it must be seen as a collaborator to the diversity activities within the Department of Medical Education. The Department of Medical Education has the primary responsibility for diversity involving trainees and therefore, needs to develop administrative leadership in this area.
- Since diversity involves a number of areas, there is a need for effective interchange and team building between Admissions, Medical Education, Advising, and Diversity
 1. Consider a Diversity Cabinet co-chaired by Dr. David Muller and Dr. Gary Butts, with the leadership of Admissions, Administration, Medical Education, and Advising.
 2. Consider an Assistant Dean of Diversity housed within Medical Education with a line

to the CMCA.

3. One outcome measure that should be considered is the overall success of minority and other students from diverse backgrounds.. This outcome could be used to review the policies and programs in place to assure that you can support the academic needs of all students admitted (e.g. assurance of well-trained tutors and other academic assistance programs). We learned from ARC student that students in need were using a peer-tutoring program (student run) that was variably successful for students. The School's efforts to admit students from diverse backgrounds including those with a humanities training necessitates having an academic support structure that leads to their success and allows them to contribute through that success to the vitality of the class.

Current Best Practices at Icahn School of Medicine

Our evaluation also found practices that we thought were nationally leading in their approach to addressing these goals. These should be highlighted and recognized as the successes of ISMMS, and the commitment to excellence and leading the way in medicine. Among these are the following:

- Admissions – holistic reviews and recruitment of students with humanities training and experiences
 1. Additive to educational environment to expand the construct of humanistic healing in medicine
 2. URM involvement in recruitment and building a community
- The Center for Multicultural and Community Affairs
 3. URM students and faculty feel connected to center and staff. Key attributes:
 - a. Trust (safe space)
 - b. Voices heard
 - c. Sense of belonging
 4. Modeling for other parts of the Icahn School of Medicine network
 5. Advocates for sufficient resources/staff to meet student, resident, and faculty needs
- Innovation in care for at risk population
 1. Mount Sinai Hospital's President Dr. David Reich's effort to develop a population health clinic to encompass social determinants in the practice of primary care.
 - a. Need to inform community, internal and external, of efforts to improve care; perhaps a model with participation of patients, students, residents, faculty, and staff

Recommendations and Opportunities

The review committee urges a formal strategic planning process inclusive of leaders of Medical Education, CMCA, and ARC students to deconstruct and eliminate barriers to creating a more inclusive environment for all students. Most forms of bias are a result of a lack of understanding rather than intentional efforts to be exclusive. A deep analysis that is transparent in its process must be undertaken to root out any unintentional bias in the

curriculum or in policies and existing systems. **The result of this plan should be a five year action plan, with specific annual goals, that will transform the medical education experience for all students.**

This process must be augmented with resources, both financial and human to ensure its success. This change process requires investment. We believe the Dean for Medical Education and Dean for Diversity Programs, Policy, and Community Affairs should develop a budget proposal and request to the Dean of ISMMS to sustain this effort.

Opportunities for Change:

- Orientation is an opportunity to lay the foundation for social belonging and start to build trust amongst the students and between the students and administration
- Increase the diversity of the medical education leadership team
- Increase the personal competencies of all the professionals in teaching, leading, and engaging a diverse community
 1. Unconscious Bias training for all those impacting selection, recognition, promotion of students and trainee, and in patient care practices
 2. Faculty and leadership training on how to feel comfortable in talking about racial issues to improve faculty's ability to lead difficult conversations
- Mentoring - evaluate mentoring for students
 1. Build on existing CMCA expertise and faculty programs to expand mentoring for URM students (partnership with local physicians to identify sufficient role models and mentors in the short term as you increase the recruitment of URM faculty)
- Medical education curriculum review (engage URM students in this process as curriculum ambassadors and honor their contributions)
 1. Elimination of bias in lectures and case studies
 2. Inclusion of diverse patients in actor-based case scenarios
 3. URM faculty providing part of the core lecture curriculum
 4. Review of student and faculty recognition processes for evidence of unintended bias in selection and or acknowledgement and celebration (seek equity)
 5. Review academic support strategies with a quality improvement process
- GME recruitment of URM
 1. GME diversity committee should bring residents together across departments to facilitate critical mass and greater participation in ISMMS academic and educational activities
 2. Support resident peer mentoring of students
- Accountability structure
 1. Leadership (dean) should be explicit in stating his commitment to diversity, equity, and inclusion
 2. Data transparency
 3. Department chairs accountability to include diversity of residents, fellows, faculty, and staff recruitments; consider making this part of their assessment "dashboards"

Summary

The capacity, ability, and the will resides within the Icahn School of Medicine at Mount Sinai to not only enhance the environment for all of its students, but the opportunity to be a national leader in the creation of a culturally competent and patient-centered curriculum. Doing so will deliver on its promise of training physicians in excellent clinical care that advances the field of medicine.

In order to achieve this goal, particularly for the Icahn School of Medicine at Mount Sinai, **the issue of race and racism in America is one that is essential to address. Unfortunately, in our society when this is talked about it is usually at a very superficial level. Concurrently, in a medical school environment, racism is often discussed in the same way, or worse, not talked about or viewed as a topic to avoid at all costs.** The review committee believes that the Department of Medical Education has a tremendous opportunity to be a leader in discussing race and racism in medical education and training, and impacting it in a way to create excellence of care for patients. **The reality for all medical students is by talking about these issues, confronting them directly, and being willing to invest time in understanding them, they will be much better physicians and leaders in improving the health of our society and helping to eliminate health disparities.** The demographic shift showing increasing diversity of our regional and national communities, justifies the rational for emphasizing these issues in medical education and training. The national focus on patient-centered care, prevention, and precision health all point to the developing of health care systems that not only identify the uniqueness of the individual, but also the social determinates that impact their health, well-being, and success in life. We believe that carrying out our recommendations and reflection upon the issues identified in this process, will move ISMMS to national leadership in preparing students for this new environment of health care.

To successfully embed the recommendations listed above requires deep collective engagement from leadership, faculty, residents, and students. We urge Icahn School of Medicine at Mount Sinai leadership to be data-driven in this continuous improvement process and to engage students openly and directly on both its progress and challenges with creating a climate of inclusivity. It is evident to the review committee that inclusive excellence is not a destination but a continuous journey.

