Health Professions Accreditation and Diversity: Consensus Recommendations from Leaders in the Field

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Health Professions Accreditation and Diversity: Consensus Recommendations from Leaders in the Field

National Webinar
October 20, 2010
10:30 – 12:00 PDT
The Public Health Institute
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Outline

• Project Background
  – Impetus
  – First study / key findings
  – Project process, participants
  – Role of accreditation

• Consensus Recommendations
  – Institutional commitment and leadership
  – Admissions
  – Institutional climate
  – Social contract

• Areas for Further Inquiry/Next Steps

• Q and A / Discussion
Impetus

• Institute of Medicine / Sullivan Commission committees and reports
  – Consider application of community benefit principles (e.g., social contract) to health professions education institutions.
  – Can accreditation serve as a lever to strengthen HPEI commitment to diversity?

• Agreement among both committees that accreditation is key area of focus

• First step in process is to assess current standards
First Study – Process and Key Message

- Barnett, Hattis and Perez study funded by the Kellogg FDN
- Reviewed accreditation standards related to diversity affecting schools and programs in allopathic and osteopathic medicine, dentistry, public health, psychology, social work and nursing
- 12 Key Observations summarized the current state and ways in which HPEI accrediting bodies attempt (or not) to incorporate diversity concepts into their respective accreditation standards
- Consistent message - Substantive changes in diversity-related accreditation standards must be driven by HPEI program leaders—rather than by the staff of the accrediting organizations
Sample of Key Observations

• **Key Observation One:** There are two basic views about the role of accreditation in the field. One view is that the role of accreditation is to set minimum standards, while the other views accreditation as a process of encouraging continuous quality improvement. Accreditation agencies appear to be at different locations along the continuum between these viewpoints.

• **Key Observation Four:** Enforcement of diversity-related accreditation standards frequently has proven in practice to be difficult. As a result, accreditation often is not as effective as possible in serving as a catalyst for progress (Significant variation in language and emphasis in standards and supporting language).

• **Key Observation Ten:** Most accreditation agencies for HPEIs do not include language regarding the responsibilities of HPEIs to engage local communities or to play a role in addressing social imperatives (e.g., increasing diversity, reducing health disparities).
First Study – Next Steps

• Next Steps section of the 2007 report focused on engaging HPEI leaders from programs and schools in a next level of discussion about the issues raised by Key Observations in 2007 report. So that is what we did with Kellogg and CA Endowment support.

• Acknowledged the need to continue to define diversity from the three dimensions of compositional, curricular and institutional climate perspectives. Led us to focus on how accreditation standards could be used to support diversity efforts of HPEI programs and schools along all three dimensions.
Second Study
Process and Participants

• Focus in four disciplines with sufficient commonality: dentistry, medicine, psychology, and public health.

• Selection of four areas of focus.
  – Leadership and Institutional Commitment
  – Admissions
  – Institutional Climate
  – Social Contract

• Selection of 4-5 academic leaders and accreditors from each discipline.

• Series of conference calls to ID out key issues in each of four areas.

• In person meeting to flesh out issues.

• Electronic review and refinement of draft recommendations.

• Series of cross-discipline calls to refine draft report.
Compositional Diversity
Numerical and proportional representation of population groups from diverse backgrounds.

Curricular Diversity
Diversity-related content and pedagogy to promote shared learning and integration of skills and experiences.

Institutional Climate
Environment that provides opportunities for shared learning among individuals and groups from diverse backgrounds.
Mettes and Bounds of Accreditation as an Agent for Change

• Accreditation effectiveness results from consensus, not coercion

• Conditions for successful promulgation of standards
  – Demonstrable need addressed by standard
  – Evidence that standard contributes to educational quality
  – Standard is amenable to consistent interpretation and assessment

• Limitations on leverage
  – Legal and social constraints
  – Resource requirements for compliance with standards
Key Issues in Addressing Diversity through Accreditation

• Recognition of importance of diversity by professions
• Clarity of terminology
• Appropriate documentation of evidence for compliance
• Systematic versus piecemeal approach
• Credibility: diversity among accreditation evaluators and decision-makers
Elements of Collaboration

- Key role of professional organizations (both education and practice communities)
  - Research on the impact of diversity
  - Dissemination of diversity processes and outcomes
  - Refinement of tools for characterizing and evaluating diversity

- Conversations among accreditors
Consensus Recommendations
Institutional Commitment and Leadership

• Develop a mission statement that articulates institutional goals and expectations for diversity to create a learning environment that fosters understanding of diversity as a health issue.

• ID a single institutional leader responsible for leadership, coordination, and monitoring progress towards identified diversity goals and objectives.

• Define roles and responsibilities of administrative leaders (e.g., department chairs) to achieve and sustain goals and objectives for diversity.

• Document steps taken to create and maintain a supportive environment that facilitates shared learning about diversity issues from an appropriate variety of perspectives.

• Establish metrics and/or concrete actions that establish accountability for achievement of diversity related goals and objectives.
Institutional Commitment and Leadership

• Develop incentives to enhance broad engagement in and commitment to the achievement of goals and objectives related to diversity.

• ID diversity-related activities that help to achieve specified objectives.

• ID tangible contributions that all academic departments and programs should make to achieve goals and objectives for diversity.

• Exemplify institutional commitment to diversity through the relative diversity of senior administrators in both health professions education institutions and professional training programs.

• Engage recognized external diversity consultants and experts to conduct audits to assess progress as part of a quality improvement process.
Admissions

- Develop a formal mission statement and/or purpose for the admissions committee that recognizes the institutional and educational benefits of admitting and matriculating a diverse student body.

- Implement admissions strategies, such as Holistic or Whole File Review that facilitate the due consideration of individual characteristics in addition to the academic performance or potential of applicants.

- Establish breadth of diversity as one of the criteria for membership on admissions committees.

- Provide ongoing and/or periodic activities to educate members of admissions committees about diversity-related issues relevant to their responsibilities for student selection.

- Focus attention and needed resources to address the financial barriers that often confront students from financially disadvantaged backgrounds.
Institutional Climate

• Establish accountable leadership and centralized coordination of activities to strengthen compositional and classroom diversity as well as the overall institutional climate tied to diversity.

• Integrate student learning from field or clinical experiences into the classroom setting as well as in the design of the overall educational experience.

• Encourage direct participation of faculty members with expertise and experience in field and clinical service activities that provide more varied forms of student learning.

• Integrate diversity-related health and health care issues across the curriculum.

• Provide institutional support for student interest groups, and for the facilitation of productive interactions across such groups.
Institutional Climate

Key questions to address

• What constitutes a critical mass for achieving diversity goals, and how can it be measured?

• What competencies are gained or enhanced by having students and faculty members from suitably diverse backgrounds?

• What changes in behavior are expected when learning takes place in a diverse environment?

• What sort of specific barriers inhibit the creation or maintenance of a supportive environment for diversity?

• What sort of metrics should accompany the creation or maintenance of a supportive environment for diversity?
Social Contract

- Clarify the roles and responsibilities of an institution or program in addressing local or regional health and/or health disparities.

- Provide leadership for the development and implementation of diversity strategies.

- Develop mechanisms to ensure ongoing engagement with local stakeholders, especially in communities with disproportionate unmet health-related needs.

- Adjust curricular content to meet emerging needs at local, regional, national, and international levels.

- Expand the pool of qualified applicants from UR backgrounds through targeted investment in the development of a regional or local pipeline.

- Consider professional attitudes or behaviors, such as a commitment to social justice / community service, as criteria in admissions for students and the recruitment of faculty and staff.
Areas for Further Inquiry

• **Institutional Commitment and Leadership**
  - Assess the impact of alternative strategies and components
  - Comparative analysis across institutions

• **Admissions**
  - Alternative criteria
  - Weighting of variables
  - Review sequence, pool of applicants
  - Committee composition
  - Role of administrative leaders
Areas for Further Inquiry

• Institutional Climate
  – Create Opportunities for Shared Learning
    Comparative analysis of mechanisms to stimulate innovation (e.g.,
    Educational series with external leaders, to share lessons from field
    experience, and formal facilitation of inter-interest group dialogues.
  – Faculty Development
    • Environmental issues in faculty recruitment (e.g., critical mass,
      “town-gown issues, opportunity for spouses) 
    • Influence and prioritization of institutional priorities (e.g., research,
      service-orientation), self identity, and aspirations
    • Burdens carried by UR faculty
    • Impact of diversification on scope/content of research
Areas for Further Inquiry

• Institutional Climate
  – Diversity and the Curriculum – Alternative approaches to the integration of diversity-related content
    • Pedagogical methods
    • Breadth, depth, timing, and form of integration

• Social Contract
  – Impact /implications of investment in regional pipelines
  – Role of HPEIs in addressing societal imperatives
Continuing Engagement

• Broad, but targeted dissemination of report
• Explore avenues for inter-disciplinary dialogue
• Regional engagement of department chairs
• Presentations to discipline-specific associations
• Continued support from key foundations
• Suggestions from participants?
Issues in Implementation

• Significant disparity in knowledge, interest, and engagement among HPEIs

• Substantial internal resistance in some institutions

• Incremental approach (within comprehensive vision)

• Key steps
  – Institutional assessment (evidence base for informed dialogue)
  – Establish formal working group to develop mission statement
  – Periodic retreats to ID and address emerging issues
  – Engage community-based organizations
  – Expand base of support through broad definition of diversity