

UND School of Medicine and Health Sciences

Diversity, Equity & Inclusion
Annual Report 2021

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Diversity Statement of the SMHS

The University of North Dakota and its School of Medicine & Health Sciences (SMHS) take pride in their mission to meet the individual and group needs of a diverse and pluralistic society through education, research, and service. The people served by and associated with the SMHS vary widely; all are valued for the richness their different cultures, heritages, perspectives, and ideas they bring to the community. The SMHS is, in part, a conduit through which individual perspectives and global interrelationships are enhanced by a working, learning, and teaching environment that is aware of and sensitive to the diversity of its constituents. Diversity in the SMHS is constituted by the full participation of people of different racial and ethnic heritage, age, gender, socioeconomic background, religion, sexual orientation, and disability; and of people from other countries. Of special and particular importance is the SMHS's longstanding commitment to the education of American Indian students and the cultures and traditions of American Indians/Alaska Natives. The SMHS's commitment to diversity extends to students from rural America, in particular those from North Dakota, Minnesota, and states in the Western Interstate Commission for Higher Education (WICHE) consortium. The School has a longstanding commitment to the employment of those with an American Indian background and promotes gender equality across all hires including ensuring gender equality within the full-time faculty and full-time senior administrative staff. The SMHS is committed to providing working, learning, and teaching experiences that promote self-determination, educational advantages, and professional opportunities.

Land Acknowledgment

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota.

We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

Participating SMHS Units:

All School of Medicine and Health Sciences (SMHS) Units* will contribute to successful achievement of the SMHS Strategic Plan. All Units will confer with their respective SMHS unit leadership i.e., dean, or associate dean, when aligning unit plans with the SMHS Strategic Plan.

http://med.und.edu/administration/files/docs/org_chart_may2018.pdf

One UND Strategic Plan Goal 5: Foster a welcoming, safe, and inclusive campus climate

Goal by 2022, diverse segments (identified in IPEDS) fully participate in improvements in graduation rates and credit hours

UND SMHS Strategic Plan Goal 5: UND SMHS will foster a welcoming, safe, and inclusive environment across all campuses.

UND SMHS Strategic Plan Goal 5 processes, responsibilities, outcomes measures, and timelines:

Year 1: The FC and the Dean will jointly appoint a Goal 5 working group to include student representation. The purposes of this working group are to undertake a SMHS self-study process followed by the creation of (1) a SMHS diversity plan to include the review of the School's diversity statement, attention to faculty and staff recruitment and retention, formation of a Diversity Office, and appointment of a diversity officer, (2) strategies to ensure a welcoming, safe, and inclusive environment for all students, faculty, staff and visitors across all campuses, and (3) educational plans to improve students' confidence and skills in caring for patients different than themselves. This plan will be presented to the FC and the Dean for approval and resource allocation.

Year 2: Implementation of the approved diversity plan will commence and outcome metrics will be identified. This effort will be led by the newly appointed Diversity Officer. The working group will continue in its role to assist the Diversity Officer in the oversight and management of the diversity plan.

Years 3: Outcome metrics data are collected while the diversity plan continues to be implemented.

Year 4: Outcome metrics data are analyzed and if necessary diversity plan revisions are recommended by the Diversity Officer to the FC and to the Dean.

Year 5: Diversity plan revisions are implemented and new outcome metrics are identified. The Diversity Officer will report conclusions and recommendations to the FC and the Dean.

Diversity Plan

Implement Diversity Plan for UND SMHS

Established Goal 5 working group of faculty from each SMHS department. The working group will have faculty, staff, and student representation. The purposes of the working group are to undertake a SMHS self-study process followed by the creation of a SMHS diversity plan to include the review of the School's diversity statement, attention to faculty and staff recruitment and retention, formation of a Diversity Office, and appointment of a diversity officer.

Community Engagement Plan

Establish Community Engagement Plan for the SMHS

With an emphasis on special populations:

American Indian and Alaska Native
LGBTQ+
Rural Populations
Refugee Community
Veterans

Accreditation Standards

➤ Family & Community Medicine

Liaison Committee on Medical Education (LCME)

<https://lcme.org/>

Standards for Accreditation

<https://lcme.org/publications/#Standards>

Standard 3: Academic and Learning Environments

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.3 Diversity/Pipeline Programs and Partnerships

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

Deconstruction:

- **Mission-appropriate** diversity policy
- **School-defined** diversity categories for students, faculty, and senior administrative staff (Definition in DCI glossary)
- Diversity categories **may differ** among, students, faculty, and senior administrative staff
- **Policies** and **practices** in place- and appropriate resources deployed- for recruitment, retention, and progress tracking each diversity category
- Demonstration of **"effort"** through monitoring of outcomes (e.g., numbers of applications/total offers of admission or employment/accepted offers)
- School-or university-based pipeline programs or eternal partnerships to increase the overall pool of medical school applicants in the identified diversity categories: **outcome tracking/data** on program success

➤ Sports Medicine

Commission on Accreditation of Athletic Training Education (CAATE) DEI Statement:
<https://caate.net/diversity-equity-and-inclusion-within-at/>

Standards for Accreditation:

<https://caate.net/wp-content/uploads/2019/08/2020-Standards-Final-7-15-2019.pdf>

Standard 17 A program’s clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes,
- with different socioeconomic statuses,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

Annotation These clinical practice opportunities should occur in athletic training clinical experiences with real clients/patients in settings where athletic trainers commonly practice. When this is not possible, the program may use simulation to meet portions of this standard. Students must have adequate real client/patient interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with a variety of patient populations.

Standard 56 Advocate for the health needs of clients, patients, communities, and populations. Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

➤ Occupational Therapy

Accreditation Council for Occupational Therapy (ACOTE)

<https://www.aota.org/Education-Careers/Accreditation.aspx>

Standards for Accreditation

<https://www.aota.org/-/media/Corporate/Files/EducationCareers/Accredit/StandardsReview/guide/2011-Standards-and-Interpretive-Guide.ashx>

The American Occupational Therapy Association, Inc.

Vision 2025

As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.

Pillars:

- **Equity, Inclusion, and Diversity:** We are intentionally inclusive and equitable and embrace diversity in all its forms.

-(AOTA)Creation of Diversity & Inclusion Task Force

(2018) Accreditation Standards for the Occupational Therapy Program:

B.1.2. Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.

B.1.3. Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations.

B.2.1. Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.

B.3.1. Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.

B.4.4. Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.

Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.

Intervention plans and strategies must be client centered, culturally relevant, Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.

Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.

Intervention plans and strategies must be client centered, culturally relevant, Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.

Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.

Intervention plans and strategies must be client centered, culturally relevant, Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.

Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.

B.4.5. Select and apply assessment tools, considering client needs, and cultural and contextual factors.

Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols. Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).

B.4.18. Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.

B.5.1. Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.

➤ Physician's Assistant

Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA)

<http://www.arc-pa.org/>

Standards for Accreditation

<http://www.arc-pa.org/wp-content/uploads/2019/11/Standards-5th-Ed-Nov-2019.pdf>

A1.11

The sponsoring institution must demonstrate its commitment to student, faculty and staff diversity and inclusion by:

- a) supporting the program in defining its goal(s) for diversity and inclusion,
- b) supporting the program in implementing recruitment strategies,
- c) supporting the program in implementing retention strategies, and
- d) making available, resources which promote diversity and inclusion.

Diversity is defined in the glossary as: Differences within and between groups of people that contribute to variations in habits, practices, beliefs and/or values. The inclusion of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another.

Inclusion is defined in the glossary as: The active, intentional and ongoing engagement with diversity in ways that increase awareness, content knowledge, cognitive sophistication and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.

➤ Physical Therapy

Commission on Accreditation in Physical Therapy Education (CAPTE)

<http://www.capteonline.org/home.aspx>

Standards for Accreditation

<http://www.capteonline.org/AccreditationHandbook/>

Standard 5:

The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

5A-Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.

➤ Medical Laboratory Sciences

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)

<https://www.naacls.org/Home.aspx>

Standards for Accreditation:

<https://www.naacls.org/NAACLS/media/Documents/2012Standards.pdf>

➤ **Master of Public Health**

Council on Education for Public Health Accreditation (CEPH)

<https://ceph.org/>

Criteria for Accreditation

https://media.ceph.org/wp_assets/2016.Criteria.pdf

G1. Diversity and Cultural Competence (SPH and PHP)

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts. The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations. Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- incorporation of diversity and cultural competency considerations in the curriculum
- recruitment and retention of diverse faculty, staff and students
- development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination
- reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Diversity, Equity, & Inclusion Working Group

Purpose

The purposes of this working group are to undertake a SMHS self-study process followed by the creation of (1) a SMHS diversity plan to include the review of the School's diversity statement, attention to faculty and staff recruitment and retention, formation of a Diversity Office, and appointment of a diversity officer, (2) strategies to ensure a welcoming, safe, and inclusive environment for all students, faculty, staff and visitors across all campuses, and (3) educational plans to improve students' confidence and skills in caring for patients different than themselves. This plan will be presented to the FC and the Dean for approval and resource allocation.

Members

Donald Warne, MD, MPH-Chair

Oglala Lakota

Director, Indians Into Medicine (INMED) & Public Health Programs
Associate Dean, Diversity, Equity and Inclusion

Warne, an Oglala Lakota, is one of two American Indians to be a medical school associate dean. Previous positions include chair of the Public Health Department at North Dakota State University, director of the Office of Native American Health at Sanford Health, executive director of the Great Plains Tribal Chairmen’s Health Board, and health policy research director of the Inter Tribal Council of Arizona. At the University of North Dakota School of Medicine & Health Sciences, we are graduating the highest percentage of AI/AN physicians of any medical school in the nation, and we have graduated over 240 AI/AN doctors since the 1970s. Our programs engage AI/AN students across the nation, including middle school, high school, undergraduates, medical students, and residents. However, we need more resources and attention placed on this workforce crisis.



Lynn Mad Plume, MPH-Coordinator

Diversity & Equity Coordinator SMHS

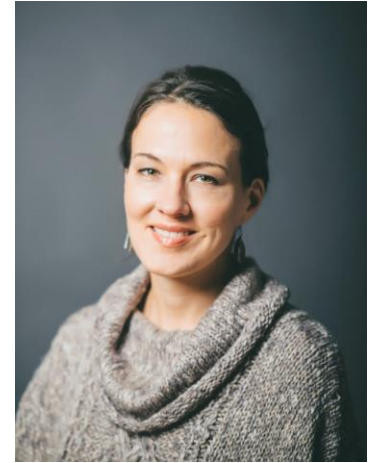


As an Indigenous woman I have witnessed firsthand the importance of addressing health inequity for historically excluded populations. I grew up on the Blackfeet Reservation, I received all of my healthcare from the Indian Health Service located in my community. I grew up with only one understanding of what healthcare looked like for a person like myself. Today, I have access to a range of services that I never knew existed. It has been an eye-opening journey through the visible inequities that exist within our healthcare systems. Ensuring that we include all peoples in the shaping of our healthcare system allows us to create accessible and quality care for all peoples regardless of race, ethnicity, gender, sexual orientation, identity and/or beliefs.

Nicole Redvers, ND, MPH

Family & Community Medicine

I am a member of the Deninu K'ue First Nation located within northern Canada, and have been pleased to see the University of North Dakota's School of Medicine & Health Sciences put needed effort into the area of diversity, equity, and inclusion. Educational institutions have a deep responsibility to ensure that all races, ethnicities, genders, sexual orientations, identities and beliefs are welcome and feel safe to learn and grow as individuals and communities. There is much work to be done; however, I am confident that we are opening up the right spaces for not only continuing this important conversation, but also expecting and ensuring action.



Melanie Nadeau, PhD, MPH

Population Health

As a Native woman from the Turtle Mountain Band of Chippewa Indians, I feel it is important to be part of the UND campus community's efforts to create a more inclusive and equitable campus. One of the goals of UND's overall strategic plan, Goal 5: is designed to foster a welcoming, safe and inclusive campus climate. As a UND alumni from the 90s, it is great to be actively engaged in these efforts to address differences among diverse and underrepresented populations on campus. Improving equity, diversity and inclusion are an active process that requires attention at multiple levels. UND is doing a great job at engaging stakeholders and supporting change to promote healthy people, healthy communities and overall success of present and future generations. I'm excited to continue being a part of these conversations, working with faculty and students to support and enhance the living, learning, and working environment of every member of our UND community.

Emily Henneman

Physical Therapy

Diversity, Equity, and Inclusion efforts are not only important but essential in today's healthcare. The American Physical Therapy Association (APTA) includes the strategic plan objective to be an "inclusive organization that reflects the diversity of the society the profession serves". The first step toward achieving this objective is improved DEI efforts within physical therapy education. The UND Department of Physical Therapy is committed to DEI efforts within our DPT program, the SMHS, the community, and within the professional organizations that oversee and represent our profession.



Anne Haskins, PHD, OTR/L

Occupational Therapy



Professional/Personal View:

For me, diversity represents layers and layers of unique differences and distinctive sameness that lives in each person, each context, each task, and each moment in history and now. Collectively those differences and likenesses are woven into each and all being's actions and views, in the way beings engage in life, make meaning and connect with others. Diversity is the ultimate teacher for life-long learning, growth and connection. Within my role as a faculty member at the University of North Dakota and in the Occupational Therapy Program, I seek to contribute to occupational justice and supporting diversity, equity and inclusion through course and curriculum design, person-

centered approaches to communication, and building communities of learning and occupational engagement that foster core principles of beneficence for all beings.

Statement from Department of OT:

The University of North Dakota (UND) Occupational Therapy Department includes *Diversity and Inclusive Participation* as one of the four core threads that organize the occupational therapy educational curriculum and focus the doctoral degree program's intended outcomes. Diversity and Inclusive Participation emphasizes a "...student's ability to engage in culturally relevant practice and to promote justice through advocacy for occupational engagement for all beings" (UND Occupational Therapy 2021 Student Manual, 2021, p. 19). Specifically, the Program seeks

to foster student learning to enable graduates to provide relevant and culturally sensitive care, advocate for increased occupational engagement for all beings and promote justice.

Mindy Staveteig, Assistant Professor
Physician Assistant Studies

Diversity means learning, sharing, and respecting our similarities and differences in all aspects of what makes us individuals. This is an opportunity to grow, connect, and begin to understand one another with the goal of fostering diversity, equity, and inclusion in both our personal and professional lives. As a faculty member at the University of North Dakota, I support and strive to integrate diversity, equity, and inclusion in various capacities within the Department of Physician Assistant Studies. Consequently, the learning and relationships that develop promote the overall well-being of the profession, our students, our patients, and our communities.



Collette Adamsen, PhD, MPA
Center for Rural Health

Diversity, equity, and inclusion are important to me personally, because growing up on the reservation I witnessed first-hand the inequities my community faced and how that impacted our Tribal members. These experiences have driven me to dedicate myself to finding ways to address the needs and improve the health of our Indigenous populations. I am very passionate about my work and it is essential to have the support within the organization to accomplish these goals in a meaningful way. By committing to an environment that includes DEI, it allows for diverse voices to be heard and included, which greatly improves the culture, work ethic, and morale of the people within the organization.



Nolan Potter
Sports Medicine

Diversity, equality and inclusion are important to me because not everyone is the same. It is important for unique individuals to bring different views and experiences into the world. My goal is to be able to spread the word on the importance of diversity, equality, and inclusion.



Karen Peterson, MS, MLS(ASCP)
Medical Laboratory Sciences

In my role clinical education coordinator for the Medical Laboratory Science program at the University of North Dakota. I am committed to promoting the inclusivity of students their experiences and beliefs in their journey of becoming a health care professional. The commitment of inclusivity will provide the compassion and understanding necessary to provide quality health care for a patient’s individual needs.

Diversity Seminar Series

ACHIEVE

The Office of Student Affairs & Admissions offers a wide range of services and resources to help medical students set and reach their goals for academic and career success and personal and financial wellness. This year ACHIEVE will be implementing a Diversity Seminar Series in conjunction with the Associate Dean of Diversity, Equity, & Inclusion Dr. Don Warne.

Session 1: Diversity & Inclusion in Medical Education presented by Dr. Warne

Session 2: Cultural Safety & Health Impact of Discrimination and Marginalization presented by Dr. Warne

Session 3: Cross-Cultural Communication & Historically Excluded Populations presented by Dr. Jeremy Holloway

Session 4: Patient & Provider Panel: Culturally Responsive Care

Each session was developed in response to a survey completed by each student cohort at the initial ACHIEVE session. The diversity seminar series continues to work alongside students to ensure we provide relevant diversity, equity, and inclusion resources.

Within the session, students learn about; Diversity Challenges at UND, Diverse patient and physician experiences, and Cultural Considerations. The diversity seminar series is dedicated to providing students with the tools to serve all peoples in a culturally responsive and respectful manner. In order to accomplish this the seminar series includes sessions on the following DEI competencies; implicit/unconscious bias, cultural humility, and health equity.

ACHIEVE Student Survey

In order to create meaningful diversity, equity, and inclusion content, a survey was conducted at each initial ACHIEVE session. After the initial session, Diversity & Inclusion in Medical Education, students are given the opportunity to provide feedback and express which topics they are interested in learning more about. The survey consists of seven questions, Q1 and Q3 are the exact questions from the AAMC Medical School Graduation Questionnaire. Typically, UND scores are lower for Q3, which specifically discuss the ability to work with diverse populations. Therefore, by initiating this survey to students in their first year, we can ensure we are meeting this goal throughout their educational experience at UND SMHS.

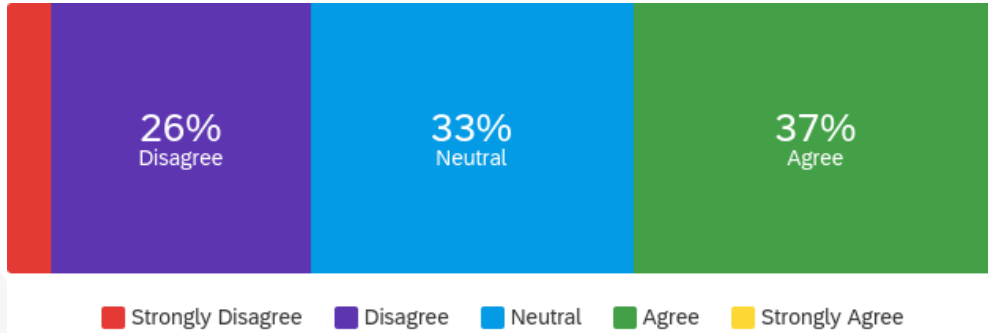
Survey Results

The class of 2024 survey consists of data from 47 student respondents, the survey was conducted after the introductory Diversity seminar session on April 20th, 2021.

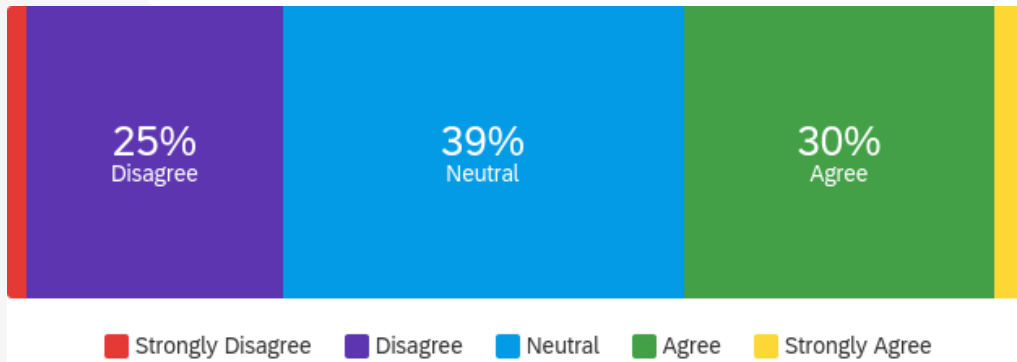
The class of 2025 survey consists of data from 58 student respondents, the survey was conducted after the introductory Diversity seminar series on August 24th, 2021.

Q1 - Indicate whether you agree or disagree with the following statements about your preparedness for beginning a residency program: I believe I am adequately prepared to care for patients from different backgrounds.

Class of 2024:



Class of 2025:



Q2 - Based on your answer to Question 1: What, if anything, contributed to your ability to work with diverse populations?

Class of 2024:

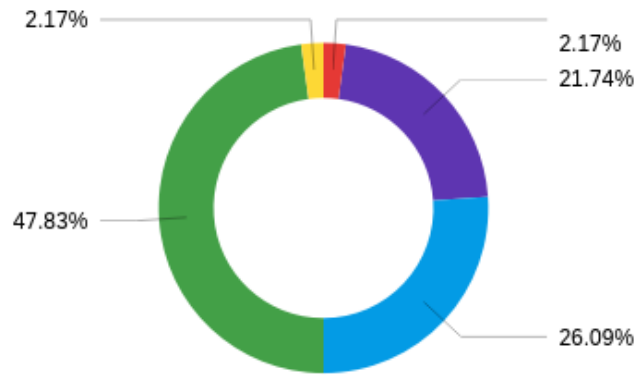
-In response to Q2, students stated that their ability to work with diverse populations was credited to either their own cultural background or undergraduate experiences. Within this question both classes expressed the need for more SIM experiences with a translator.

Class of 2025:

-In response to Q2, students within the class of 2025 expressed very similar experiences to that of the class of 2024. All students who expressed that they agreed have credited their own background and experiences. Those who did not cite their own personal experience provided that they would like to expand their experience in working with diverse populations.

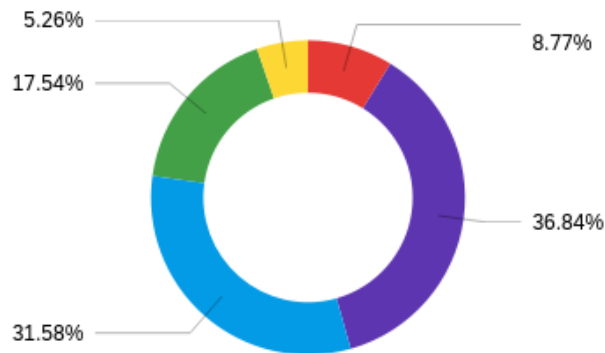
Q3 - Based on your experiences, indicate whether you agree or disagree with the following statements: The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds.

Class of 2024:



■ Strongly Disagree
 ■ Disagree
 ■ Neutral
 ■ Agree
 ■ Strongly Agree

Class of 2025:



■ Strongly Disagree
 ■ Disagree
 ■ Neutral
 ■ Agree
 ■ Strongly Agree

Q4 - What can we do to improve diverse experiences at UND?

Class of 2024:

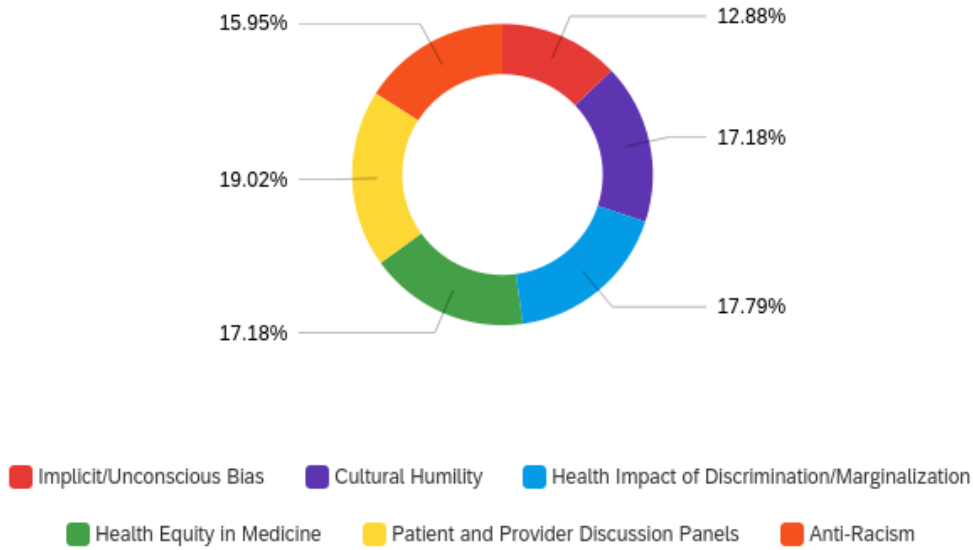
-In response to Q4 students expressed the need for further integration of diversity into PCL experiences. Students expressed that they wanted to learn from others personal experiences versus just having someone reiterate the content from a PowerPoint presentation. Students also stated that they would enjoy the opportunity to experience rotations within a more diverse healthcare setting. Students noted that the lack of diversity within their own student class and the faculty at SMHS limits their ability to experience diverse perspectives. Students appreciated being able to learn about AI/AN populations but would like to learn about other races, ethnicities, cultures, religions as well.

Class of 2025:

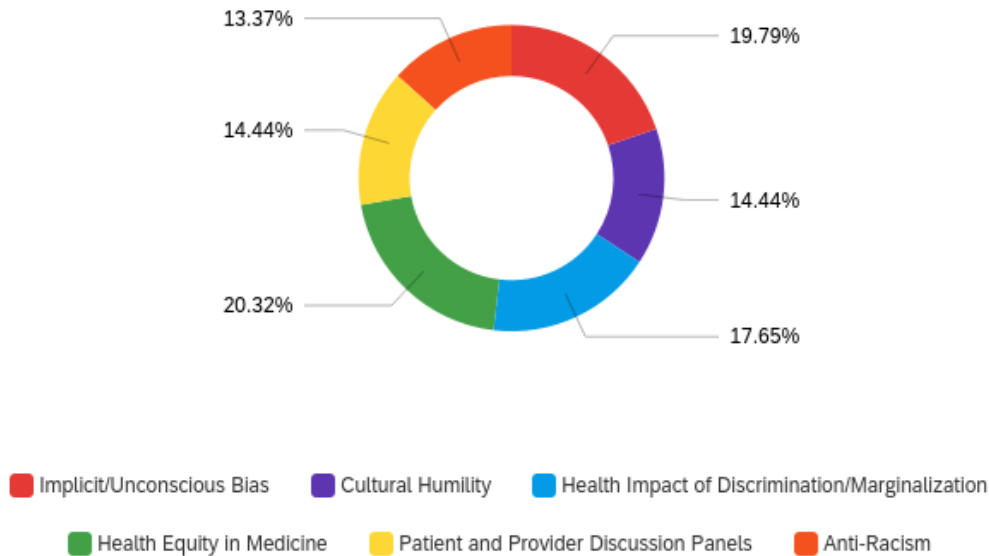
-In response to Q4, again students present very similar concerns as the previous class. Students want diverse clinical rotation experiences, the ability to learn about other cultures, discussion panels. Students also cited that although they appreciate learning about AI/AN populations, they expressed a need expand to other races, religions, ethnicities. Students also expressed that the lack of diversity within their own class has not enabled them to expand their worldview.

Q5 - Please indicate which Diversity, Equity, and Inclusion topics you are interested in:

Class of 2024:



Class of 2025:



Q6 - Are there any Diversity, Equity, and Inclusion topics you are interested in that are not listed?

Class of 2024:

-In response to Q6, students provided several suggestions for topic areas that we had not initially listed. A majority of students expressed that they wanted to learn more about cultural/religious backgrounds and how to communicate in a respectful and effective manner. Students also expressed interest in learning more about first-generation Americans, micro aggressions, rural populations, and LGBTQ+. Additionally, students enjoyed previous panel discussions and would like them utilized more in the DEI space.

Class of 2025:

-In response to Q6, students provided several suggestions for topic areas that they are interested in. Responses included all of the above topic areas mentioned by the class of 2024, with a few distinctions. Students thought it was also important that we update language that we use within the curriculum to ensure it is inclusive and accurate. For example, one student mentioned using pregnancy loss instead of fetal demise. Students from both classes experienced that they would be very interested in learning about effective cross-cultural communication.

Q7 - What additional feedback do you have on how UND SMHS can promote diversity and inclusion?

Class of 2024:

-In response to Q7, students provided ideas on how UND can promote DEI within the Medical curriculum. Similar to above questions, students want the ability to complete rotations in facilities that serve diverse patient populations. Several students expressed that most of the content is taught from a “white perspective”. For example, when studying cystic fibrosis and sickle cell anemia, there was no contrast on how this impacts patients of other races or ethnicities. Students are adamant about learning from others, specifically from their own cultural perspective. Students mentioned global friends to better understand immigrant populations. Students are interested in more panel discussion for DEI.

Class of 2025:

-In response to Q7, students also shared similar concerns in this area. Students mentioned proper communication skills across cultures and the importance of understanding proper terminology. Another student mentioned that most of the curriculum doesn’t show how disease impact different races. One student specifically mentioned how skin diseases are

presented on different skin colors, they have only seen how diseases present of white skin. Most students from each class, continually expressed a need for opportunities to learn from other populations directly (Migrant, LGBTQ+, Other Cultures, Religions, races, and ethnicities). One student provided the idea of a “Diversity Day”, where students and presenters (members from diverse populations) can learn and interact with one another.

Ultimately, students have expressed the need for our DEI scope to broaden. We need to recruit a more diverse student population as well as more diverse faculty. We can improve diverse experiences at UND by providing students the opportunity to work within facilities that serve minority populations. Furthermore, we must continue to cultivate opportunities for students to engage and discuss DEI topics in an interactive manner. These learning opportunities need to be taught by members of the minority population, not someone reiterating a PowerPoint presentation.

Diversity Elective

4th Year Clerkship

Overview

This clinical experience will expose students to diverse populations and the unique socioeconomic and cultural factors that influence health outcomes and access to services. The University of North Dakota School of Medicine & Health Sciences (SMHS) takes pride in the mission to meet the individual and group needs of a diverse and pluralistic society through education, research, and service. The peoples served by and associated with the SMHS vary widely; all are valued for the richness their different cultures, heritages, perspectives, and ideas. The Diversity Elective will assist in advancing the goals of SMHS in promoting awareness of and engagement with diverse populations.

The Diversity Elective will be an 8-week clerkship that combines didactic components with clinical rotations in tribal reservation and other underserved populations.

The didactic component of the Elective will include discussions related to:

- Diversity
- Cultural Proficiency
- Inclusion and Equity
- Implicit Bias
- Other related topics

Students will spend 3 weeks at HCMC / MSP following the 1-week didactic session in Grand Forks. During the 3 weeks in MSP, students can rotate in:

- o Homeless Shelter / Social Worker
- o Hennepin County Jail
- o “Mother-Baby Program” with home visiting focused on family well-being
- o Indian Health Board (urban American Indian clinic)
- o Clinical specialty based on students’ interests

DEI Webpage

SMHS Website

Webpage highlighting DEI topics and effort for the School of medicine and Health Sciences.

-UND SMHS Diversity Statement

-ONE UND Strategic Plan

-Accreditation Standards: each SMHS department

-Diversity, Equity & Inclusion Working Group: Mission, Vision, Group Statements

-Diversity Seminar Series: ACHIEVE, Digital Badging

-Diversity Elective: Course Information

-Resources: discussion recordings, training opportunities, schedule a training, contact our office.

-Goals: logic model, implementation plan, and goals for upcoming year.

Barriers and Challenges

Diversity & Equity SMHS

- Lack of diversity in ND
- No University Hospital
- No non-White cadavers

DEI Goals

Diversity & Equity SMHS for 2022

- Logic Model
- Implementation plan
- Establish mission, vision, etc.
- Diversity Elective
- "Diversity Capstone Day" much like service learning day
 - Students present and learn from one another