

“Healthcare Needs Diversity”: D’HoPE youth program

Author(s): Kirby Way, Hanna Pahl, Laura Yvonne Bulk, Nassim Adhami, Jeff Boniface, Ben Mortensen, Michael Lee and Tal Jarus

Presenter: Tal Jarus

Time: 10:45 – 11:45

Background: Equity-denied groups (EDGs) are underrepresented in health professions despite considerable evidence that diverse teams improve healthcare experiences and outcomes (LaVeist & Pierre, 2014). EDGs face unique barriers to entering health professions education programs including lack of mentorship, limited exposure to professionals, and financial burden (Colaiani et al., 2022).

Innovation: To mitigate barriers to entering health professions education, Diversifying Health and Human Service Professions Education (D’HoPE), a week-long summer program and a year-long mentorship program, was developed and implemented. D’HoPE aims to reduce barriers to applying for and entering health professions education programs and improve understanding of the value of diversity in health professions.

Methods: Data collection included pre-post surveys, focus groups, and a visual art activity, aimed at evaluating the impact of D’HoPE.

Results: Our findings demonstrate that participants perceived the program was beneficial in the following areas: gathering tools (gaining information and finding support), developing internal readiness (finding direction and finding myself), and learning how diversity matters (seeing a place for me and healthcare needs diversity).

This presentation will share D’HoPE’s grassroots growth, the results of evaluations and participant feedback, and plans for continued growth and assessment. D’HoPE represents an actionable strategy to increase equity and diversity in health professions. Future directions include longitudinal follow-up to determine the outcome of D’HoPE on participant’s entry into health professional programs and expansion of D’HoPE to satellite campuses.

Keywords: equity, program evaluation, admissions

Online Mentoring as a Tool for Student Recruitment: Lessons Learned from Rural eMentoring BC and Applications for Underserved Students

Author(s): Juliet Oshiro, Dr. Sandra Jarvis-Selinger, Katherine Wisener, Angela Nash, Parvaneh Rahbar, Blair Stanley

Presenter: Juliet Oshiro

Time: 10:45 – 11:45

Background: Targeted outreach efforts to underserved communities can be used to diversify health professions programs; however, many recruitment initiatives face barriers to in-person delivery. We describe the lessons learned from an outreach initiative, Rural eMentoring BC (ReMBC), that uses online mentoring to inspire and support underserved rural students to pursue healthcare careers.

Innovation: ReMBC matches rural high school students 1:1 with mentors who are post-secondary students. Through an online platform, pairs discuss a semi-structured curriculum that prepares students for life after high school graduation, including exploring potential educational and career pathways. Over 1000 students have participated, many expressing interest in healthcare careers after completing the program, and over 400 mentors have volunteered.

Lessons learned: We found that student engagement was best facilitated by partnering with schools, specifically careers classes. Offering flexible participation that could be tailored to each class was the key to forming sustainable relationships with schools. This includes offering asynchronous communication, adding curriculum topics relevant to both student needs and career education, and allowing educators to choose the program's length, timing, and content. Offering flexible involvement for mentors allowed ReMBC to overcome program capacity issues and recruit a diverse mentor pool.

Implications: Though ReMBC was designed for rural students, its online mentoring model can be applied within other underserved populations, as online mentoring circumvents many of the systemic barriers of in-person outreach. We hope that future studies can verify whether the lessons we learned translate into successful implementation and an increase in recruitment and retention of underserved students.

Supporting Inclusive Selection Through an Online Resource

Author(s): Joseph Tita, Heather Buckley, Catherine Macala, Saleem Razack, Shahin Shirzad, Katherine Wisener, Maï Yasue

Presenter: Joseph Tita

Time: 10:45 – 11:45

Health Professions Education (HPE) programs are responsible for training professionals that reflect the diverse society they will serve. Selection processes, however, can be prone to biases that prevent this goal from being achieved, and bias training programs have been scrutinized for being ineffective. Considering this literature, we developed a multi-modal response, including a resource about inclusive selection with an online, self-paced learning module in the context of the MMI (Multiple Mini Interview), an important component of UBC's Doctor of Medicine (MD) admissions process.

A working group of faculty developers, EDI leads, instructional designers, staff and scholars collaborated to create the online module. Topics included dual process theory, examples of biases, and individual and process-based strategies to mitigate the effects of bias. The module engaged learners in empathy-building activities, reflection, and multimedia.

The resource was completed by MMI interviewers across the province (n=374). Respondents providing feedback (n=39) indicated it was positively received (n=37), with some indicating it was "the best [out of similar experiences], Constructive feedback indicated a desire for more examples and activities. Some also wanted content contextualized to UBC by addressing the role of leadership and management in bias reduction in our admissions processes.

This online resource, as part of a broader approach to inclusive selection largely was positively received. Future work will involve creating in-house videos featuring UBC faculty and learners. This resource will also be extended to other areas of selection (e.g. residency selection) and assessment (Objective Structured Clinical Exams) to broaden its reach.

Pondering Pathways: Northern and Rural Students Call for Diversity, Inclusion and Representation

Work-in-Progress Presentation

Author(s): Sarah McCorquodale, Andrea Gingerich, Sarah De Leeuw, Kathleen Martin-Ginis

Presenter: Sarah McCorquodale

Time: 10:45 – 11:45

Background: UBC's Medical Undergraduate Program (MDUP) is distributed across four geographically unique sites to attempt to meet the diverse health care needs of British Columbians by training future physicians closer their homes and where there exists hope that they will practice. A pathway (NRP) to admissions was created to increase numbers of medical students from traditionally underrepresented northern and rural areas.

Methods: Ten students admitted through the NRP were interviewed about their thoughts about admission through this pathway and experience in the MDUP. Reflexive thematic analysis informed our approach to data analysis.

Results: Three broad themes were identified. Students recognized their lived rural experience added diversity into the student body. They wanted their rurality to be valued. Interview participants wanted rural healthcare needs to be accurately represented in the curriculum. They also wanted the students in the pathway to authentically represent rural geographies. Finally, they wanted to be included in the program. They know the pathway exists to overcome inequities faced by rural students and to increase doctors in rural areas so they want to be valued and included.

Discussion: Students identified the value of diversity through northern and rural representation and the need to create an inclusive community where they are represented. These values are echoed in faculties of medicine, universities, and in the broader society. This research reminds everyone in medical education to be diligent in avoiding tokenism or perpetuating the inequities faced by rural citizens.