



# Transforming Diversity, Equity, and Inclusion in Medical Education—Mayo Clinic Alix School of Medicine



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1605

Mayo Clinic is committed to eliminating racism and reducing health care disparities. Without systemic change, these inequities compound and detract from the very patients and communities we serve. Racism limits the ability of learners, staff, and faculty to do their job and to be their full authentic self in clinical and learning environments. An effective path toward equity requires elimination of systemic barriers for both patients and staff. To do so, we must embrace opportunities to learn what is actually needed to improve their experience. It takes trust built through relationships to create a culture of psychological safety where we can share our lived experiences as an asset, to reveal our blind spots and where we fall short. Modules and lectures are not enough. It's you seeing me and hearing me and appreciating the value I bring just as I am. That's inclusive excellence. But if you don't even see me or hear me, how are you going to include me? If we cannot do that for each other, how can we do that for our patients? How can we lead in this world when we are increasingly diverse?

The culture and climate of our health care institutions, clinical practice, and medical education need to account for the experiences of diverse patients, learners, and staff. To do so, we must start by asking everyone in the continuum of care what they experience in our system. We must then be accountable and follow through and incorporate the feedback to correct and update our workflows and policies. This is how we dismantle barriers and embed equity and inclusion in all aspects of patient care and education. In this issue of *Mayo Clinic Proceedings*, 2 articles highlight diverse student experiences and how our system failed to include them and how this barrier made

them feel “unwelcomed,” “inferior,” and “invalidated.”<sup>1,2</sup> The resultant harm was the needs of the patient did not come first and our learners were not empowered to engage. The articles point out gaps in our workflows and provide solutions. How we respond to their feedback at the institutional, departmental, and individual level determines our success for equitable change.

Equity starts with a change mindset, where you are at and how we engage with each other—from the receptionist to allied health, from the greeter to trainee, staff, and leadership. We must all understand our role in contributing to the problem when we look away, minimize or dismiss the concerns and lived experiences of those around us. We must all actively be part of the solution to implement equity in our systems for the betterment of our patients and staff. When we understand our role, we realize the responsibility to those around us who depend on us for inclusive care, education, and leadership. It is then that we can thoughtfully embrace change together and move bold and forward as a team, putting the needs of all patients first.

## MAYO CLINIC ALIX SCHOOL OF MEDICINE

This is our approach to diversity and inclusive excellence in the medical school. Our Executive Dean, Dr Fredric B. Meyer is committed to transforming medical education built on a foundation of diverse and inclusive excellence across all 3 shields. He envisions medical education without barriers where all learners and patients come first and together we advance the best academic center in the world. Our diversity, equity, and inclusion (DEI) initiative is mission-critical for Mayo Clinic leadership, President and CEO Dr. Gianrico Farrugia and

Board of Governors, our patients, communities, learners, and staff. I am privileged to serve as the inaugural Tri-site Associate Dean of DEI for the medical school and to embark on our mission to revolutionize DEI in medical education.

## RELATIONSHIPS

Across the country, organizations are attempting to address DEI relying on outdated strategies that have yielded minimal change over the decades. Many have expanded or tailored their programs and initiatives in hopes of progress, but the status quo remains. Historically, organizational DEI strategies have been institution centric and program driven. Unfortunately, these fail to see and to incorporate people as individuals, the most important part of the equation.

Our fresh approach in the medical school is relationship driven and centered on students, transcending assumptions of how DEI is defined and integrated into the environment. We have gone back to basics and rewritten the equation to include our greatest asset, our people. We need to prioritize authentic relationships, where we take the time to really learn about our students, their stories, background, family, culture, and what moves them. We understand there is no substitute for the time and personal investment that are necessary to form these meaningful relationships. But we believe the investment in our students is worth it because relationships ultimately drive daily dividends that shape our culture and workforce.

## OUR VOICES

Relationships that foster trust are necessary for safe, meaningful conversations to cultivate a diverse and inclusive environment. When there is trust, there is a leveling of the playing field that supports and empowers people to share their experience, their truth, what it's like to walk in their shoes navigating our organization and environment. When there is trust, we can dial in and learn what is possible, what is necessary to fill the void, or what needs to be dismantled.

Without trust, we'll miss these wide-open opportunities.

When we share our narratives, we create empathy and understanding, and those connections help us learn to do better. Our commitment to respect, trust, and honor each other's experiences supports an environment of safe expression that encourages people to speak up. We believe this promotes a culture of psychological and cultural safety that empowers us to be our full authentic selves. Prioritizing this allows us to harness the power of our diversity to create thriving inclusive environments, which invites people to come, join, and stay.

## PRELIMINARY PILOT STUDIES

During the past 12 months, we piloted our DEI relationship-based model in our national medical school across 3 campuses (Scottsdale AZ, Jacksonville FL, and Rochester MN). We focused on recruitment, retention, culture climate, curriculum, research, community partnerships, and Category 1 Leadership opportunities. In parallel we developed data-driven DEI metrics. Of our many initiatives, here are a select few highlighted.

With our relationship-based MVP Recruitment Strategy and in partnership with our Admissions Leadership Teams, we recruited the most diverse class in the history of our medical school and physician scientist programs, with 30% and 67% from historically underrepresented in medicine (URM),<sup>3</sup> respectively. This matriculating class began in the summer of 2022 and reflects the racial and ethnic diversity of the US census<sup>4</sup> (32%).

Our novel relationship-based research initiative (Research Leaders in Medicine) launched in July 2021. It has resulted in at least 103 first-author abstracts (92% URM), 26 national awards (85% URM), 32 manuscripts in progress, and several research grants.

Our relationship-based Category 1 Leadership initiative develops medical students with DEI expertise in health care, medical education, and public policy. With this initiative, our medical students serve as DEI advocates on panels at the local, national, and global level. At the largest diversity conference in the country, our

medical student delegation was the largest cohort supported by any institution. As a result, our medical school was selected to host one of the largest upcoming diversity conferences for 29 medical schools and more than 20 pre-med college programs from across 10 states. I am truly privileged to draw on my DEI and Health Equity expertise at these levels and my leadership roles in national medical and law societies, advisory boards, and community partnerships to afford our medical students direct access to shape policy, to drive change, and to transform the future of health care.

Our relationship-based retention program includes Student Resilience Huddles, which were launched in July 2021, with more than 1095 huddles with students to date. These include individualized meetings and bringing groups of students together multiple times a month to build relationships, unity, and a safety net of support. These align synergistically with our culture climate strategy and bolster our community of belonging. Medical students feel confident in the direction of our DEI culture climate strategy and are excited to see what's next as we continue the momentum for customized growth and development.

### DEI PLATFORM

Our Executive Dean Dr Fredric B. Meyer's call to action for diversity in medicine is redefining what DEI means in medical education. Rebuilding with our relationship-driven, student-centric platform is creating meaningful change and improving our clinical and learning environments. We are examining our infrastructure, processes, and environments to dismantle barriers and to infuse a foundation of relationship-based accountability. Instilling this approach in recruitment and retention, curriculum, research, and community service is just the beginning.

Our approach in the medical school aligns with the Mayo Clinic Model of Care,<sup>5</sup> which allows Mayo Clinic to lead in health

care with the trust of patients worldwide. To put the needs of our patient's first requires us to form genuine relationships with patients, to hear their stories, to gain their trust, and to listen to learn. Similarly, we do the same for each other to form unparalleled high-performance multidisciplinary teams. This fundamental core value empowers Mayo Clinic to drive health care from within, leveraging relationships to cure, connect, and transform.

Likewise, our medical school DEI platform forges a new path forward with a scalable framework, key performance indicators, and metrics. Our comprehensive plan and results will be shared in our next article. But first, let's start with connecting and building a relationship, sharing our stories, and listening to learn how to create the change we need. Here are 2 student narratives that capture the power of our voice, lived experience, and trust to lead the way.<sup>1,2</sup>

### POTENTIAL COMPETING INTERESTS

The author reports no competing interests.

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