Building Equity, Inclusion, and Diversity Into the Fabric of a New Medical School: Early Experiences of the Kaiser Permanente Bernard J. Tyson School of Medicine

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Abstract

In July 2020, the Kaiser Permanente Bernard J. Tyson School of Medicine opened in Pasadena, California, with an inaugural class of 50 students. The school endeavors to address systemic barriers that have contributed to health care and educational disparities in the United States. To realize its vision for change, equity, inclusion, and diversity (EID) have been woven throughout the school. Board members were chosen in part based on their commitment to the core values of EID. The board developed mission, vision, and values statements that explicitly avow a commitment to EID and recruited a dean (and the dean recruited leaders) who espoused and evinced these values. Leaders, faculty, and staff received training to foster an inclusive environment and ensure accountability. The school developed a curriculum that has been thoroughly evaluated for its representative and inclusive content by a team drawn from all departments. The diverse first class, selected through a holistic admissions approach, has access to student support systems that emphasize an appreciation of the distinct experiences and context of each student. The school plans a rigorous evaluation program to assess its performance in EID. Although the school may well fall short of achieving all of its EID objectives, by learning from its experiences and from evidence of others in academic medicine, the school recognizes its opportunity to continue to come closer to achieving its goals and to help shape and contribute to the national and international discourse on EID.

In July 2020, we were part of a team that opened a new medical school, the Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM), in Pasadena, California, with an inaugural class of 50 students. The school seeks to use the best in pedagogical techniques to provide an outstanding medical education that emphasizes person-centered care, community and population health, data analytics, care for underserved communities, efforts to address health disparities, and student wellness. The school was over a decade in the planning, with a long ramp up during which efforts were made to design and realize a genuine commitment to equity, inclusion, and diversity (EID).

The diverse first class, selected through a holistic admissions approach, has access to student support systems that emphasize an appreciation of the distinct experiences and context of each student. The school plans a rigorous evaluation program to assess its performance in EID. Although the school may well fall short of achieving all of its EID objectives, by learning from its experiences and from evidence of others in academic medicine, the school recognizes its opportunity to continue to come closer to achieving its goals and to help shape and contribute to the national and international discourse on EID.

Introduction

As has been well documented by the Association of American Medical Colleges (AAMC) and others, graduates of American medical schools currently do not reflect the diversity of our country. It has been suggested that more diverse medical school graduates and more inclusive medical school curricula might contribute to a health care workforce that is better equipped to address the quality and outcome disparities in our society. We embarked on this journey fully aware of this context and with the knowledge that we are trying to address historical legacies, systemic barriers, and unproven strategies for changing entrenched practices.

We know that we do not have all of the answers or an approach honed by decades of experience or testing that will produce guaranteed success. But we are committed to doing the best we can—to work hard at this purpose and to persevere when needed in overcoming challenges. We have the benefit of colleagues at other medical schools and institutions of higher education, as well as other health care organizations, businesses, and nonprofits, and especially our parent, Kaiser Permanente (KP), who are similarly committed to EID. We have learned from their successes and their acknowledged mistakes, and we appreciate their generosity in sharing their experiences with us. We write now in the hope that, as their efforts have been helpful to us, our own efforts will be helpful to others. As the details of the school can be found elsewhere, we will describe here how we have sought to create an environment that embraces diversity and fosters a culture of inclusive excellence.

Context

Building on KP’s efforts

Although a separate 501(c)(3), KPSOM was formed by a system with a long tradition of recognizing and embracing the benefits of diversity. KP was one of the first desegregated health care delivery systems in California, providing health care to Black and White shipyard workers during World War II. Over many years, KP has prided itself on seeking to deliver culturally sensitive care and working to reduce health care disparities. It has been recognized nationally for its EID efforts, such as being inducted in the DiversityInc Hall of Fame. A goal of the school is to live up to KP’s long-standing commitment to EID.

Mission, vision, and values

At the very beginning, during recruitment for the school’s board, members who would bring diverse life experiences and points of view and who are committed to the core values of EID were actively
sought. The school’s planning group identified the competencies for future board members and generated a broad list of potential nominees who had one or more of the identified skills. Nominees were interviewed by a 3-person team in a structured interview process that explored candidates’ perspectives related to EID. That board then developed and adopted the mission, vision, and values statements that explicitly avow our commitment to EID, affirming that “promoting inclusiveness and diversity in medical education and the health professions” and “achieving health equity for all and the elimination of health disparities wherever they exist” are core principles.

**Naming the school**

The board chose to name the school for Bernard Tyson, the chairman and chief executive officer (CEO) of Kaiser Foundation Health Plan, Inc. and Hospitals, who passed away unexpectedly in November 2019. A champion of the school throughout its gestation, Mr. Tyson’s personal story, working his way to becoming CEO from having started in the medical records department managing paper medical records, stands as an example for generations to come. His lifelong commitment to diversity, community health, and inclusion, including publicly sharing his experiences as a Black man in the United States and his ideas for improving race relations in America, have been embedded in the DNA of the organization. Naming the school for him commits the organization to honoring his legacy and states in a public manner that we seek to live up to his vision for health care and communities.

**Building the school**

We built a medical education building designed to be accessible for students who have different abilities. The use of large windows and a modern, open floor plan aims to connect the school with the community beyond its walls and invites openness of mind and spirit for those teaching and learning within its spaces. Beyond considering the building’s structure, we have been intentional in devising the school’s art program to provide representation of people from a variety of backgrounds and experiences. For example, there is art reflecting the experiences of the deaf community, migrant children at the U.S.–Mexican border, Iranian Americans, and Black youth in the United States.

**Leadership**

**Board of directors**

As described earlier, the board was intentional in recruiting members who are diverse not only in their skill sets, but in a variety of ways, including gender, race, ethnicity, sexual orientation, age, and ability status. This diversity presents both a symbolic and an actual message to others that the school takes seriously its commitment to EID. Beyond this message, the work of the board is enhanced by this diversity. Drawing on their personal backgrounds and experiences, board members articulate their different points of view in meetings and share novel and unique ideas. Their diverse points of view stimulate robust dialogue and decision making that inherently has checks and balances supported by civil discourse.

**Founding dean and CEO**

When the board members began the process of searching for the founding dean and CEO, they began with a job description that reflected and prioritized the core values of EID. They worked with the search firm to identify a pool of candidates who demonstrated evidence of experience with issues related to EID. The search firm was specifically charged by the board with developing a diverse pool of credible candidates and was instructed that no reviews or interviews would begin until the diversity of the group was assured. The applicant pool included leaders from academia and other settings with a wide range of backgrounds.

A diverse group of candidates was interviewed using a standard question set asked of all interviewed candidates that explored experience with and perspective on EID issues.

**Leadership team**

Once the founding dean/CEO was hired, a search firm was enlisted to support recruitment of most of the leadership team. The request for proposals issued to search firms required candidate firms to show their track record and plans for supporting deans in recruiting diverse teams. The search firm finalists were required to prepare substantial additional materials beyond boilerplate on the topic to support their candidacy. Once selected, the search firm was expected to provide a diverse slate of candidates for each position, including women and those who are underrepresented in medicine. Candidates needed to be authentic in terms of qualifications, potential mobility, and likely fit. Merely listing candidates who were not credible was not accepted as meeting the search firm’s commitment. The school also used professional connections to enhance the applicant pool with highly qualified, diverse candidates. Recruitment materials strongly emphasized intentionality regarding diversity, and candidates were asked about their experiences with EID.

A selection committee was formed for each position and included at least one member of the school’s EID Advisory Group (described below).

All senior leadership team members have received training on EID-related topics such as intersectionality, cognitive bias mitigation, systemic bias mitigation, and active bystander training. The associate dean for EID and 2 organizational psychologists serve as resources to the leadership team to enhance the development of an intentionally inclusive culture. Additionally, to ensure accountability, EID-related goals have been incorporated into the leadership team’s dashboard, which is reported and reviewed on a monthly basis.

**Associate dean for EID**

In designing the leadership team, the dean created the position of Associate Dean for Equity, Inclusion, and Diversity to ensure that the school’s efforts in EID have a level of stature commensurate with the import of the work. The associate dean is a full member of the leadership team, participates in all school leadership meetings with the dean, meets directly with the dean on at least a monthly basis, and has access to the leaders and directors of all sectors of the school administration. The associate dean, who has appropriate budgetary and personnel support, including a director, coordinator, and executive assistant, is implementing a strategic framework for institutionalizing our commitment to EID throughout the school. The office plays a key role in student recruitment and admissions, community outreach, faculty and staff selection and development, learning
environment oversight, and curriculum development and review.

**Faculty and Staff**

**Hiring**

The school has made a substantial effort to create a group of faculty and staff who reflect diverse demographics. As part of the recruitment process, candidates were informed of the school’s commitment to EID and were also asked about their experiences with EID. The initial 264 faculty recruited to the school exceed national averages for racial, ethnic, and gender diversity in medical schools.1,7 Additionally, a sizable number identify as members of the lesbian, gay, bisexual, transgender, and queer/questioning communities.

**Development and training**

EID training, coaching, and ongoing support for faculty and staff are provided through the Office of EID. Training includes mandatory bias mitigation workshops, which cover strategies to address both cognitive and systemic bias. Additional development offerings are tailored, as appropriate, for teaching/facilitating, curriculum development, learner assessment, student support, search committee and other committee service, and other activities. Required faculty trainings include a variety of approaches to provide bystander/upstander skills as well as strategies for supporting an inclusive learning environment.

Recognizing that the impact of training is variable, we are also introducing positive reinforcements (e.g., faculty and student recognition for diversity efforts) and negative reinforcements (e.g., policies with defined recourse for violations of an inclusive learning environment) to support behaviors aligned with our EID mission.

**Committee service**

EID are considered in selecting representatives to serve on committees, with a recognition that any one committee might not be as broadly representative as we want the school to be overall. Also, we are attending to the risk that, in our efforts to create broad representation, some people might be asked to serve on an unreasonable number of committees. We are actively including service as a key component of the academic promotion process to provide appropriate credit to faculty who serve.

**Advisory Groups**

**EID Advisory Group**

Early in the development of the school, the EID Advisory Group was established by KP physicians and staff with EID subject matter expertise. The members have advised the school on a variety of aspects related to its EID strategic framework. In addition, group members participated in the search for each member of the leadership team and on most of the faculty selection committees.

**Digital Native Advisory Group**

The Digital Native Advisory Group is a national cohort of medical students, residents, and fellows from diverse backgrounds who serve as representatives of the end user for critical components of the school. They identify unique, innovative, and creative ideas and practices, and they have provided the faculty and staff, as well as the architects for the school’s medical education building, with student perspectives on a host of decisions.

**Patient Advisory Council**

Over multiple years, representatives of the KPSOM have met with the Kaiser Permanente Regional Patient Advisory Council to seek its advice about all aspects of the school, including curriculum, admissions, and key competencies for future physicians. The diversity of this group, including patients from throughout southern California, has provided a key perspective from those receiving care.

**Community Advisory Board**

As of this writing, the school is in the process of appointing a Community Advisory Board to represent the location of the medical education building and the 6 geographic areas across Los Angeles and San Bernardino Counties, where the students are doing their clinical training and completing their service-learning curriculum during their first 2 years. The goal of this committee will be to provide insight regarding the school’s engagement with communities and to seek advice regarding the school.

**Curriculum**

A comprehensive approach to the EID content of the curriculum has engaged all academic departments and course leaders. Those responsible for curriculum development have received training in establishing culturally sensitive curricular content. Experts in EID and instructional design have adapted existing EID curriculum checklists to use in the process of reviewing all cases, activities, and facilitator guides to identify and remove biased content.6,8 Efforts are also being made to create counter-stereotypic exemplars within patient cases. A tracking tool has been developed to confirm that the cases align with a broadly diverse population. In addition, EID subject matter experts have developed longitudinal EID content (referred to as a thread) within the curriculum to cover topics such as respectful care that values patients’ experiences and the contexts of their lives.

In addition to the dedicated EID curricular thread, EID-related themes will also be addressed in the health systems science (HSS) component of the curriculum. HSS is a field that covers quality and safety, health care and social systems, community and population health, health information technology, bioethics, and scientific inquiry.10 Our HSS department has developed curricular material on such topics as poverty, racism, and gender inequities for both case-based classroom learning and a 2-year service-learning course at federally qualified health centers. Students will also learn about system-based approaches to the reduction of health care disparities and the social factors that affect health during their weekly longitudinal integrated clerkship (LIC) experiences within the KP system. Additionally, before graduation, students will be required to complete at least one clinical rotation outside of the KP system in a setting serving a population with limited resources.

To support students in their professional development as physicians, they will take a required 4-year course known as REACH: Reflection, Education, Assessment, Coaching, and Health and well-being. Each student will have a physician coach who will provide one-to-one coaching in addition to sessions with a small group of students. Coaching sessions will include informed self-assessment through portfolio review and developing action plans. The focus of the REACH course is training students in resilience and health and
well-being skills, leadership and advocacy capabilities, equitable and inclusive practices, and professionalism. With one-to-one coaching and mentoring sessions throughout the year and during dedicated REACH weeks across the 4-year curriculum, the students will have an invested physician coach who has been trained to be culturally responsive to their individual contexts, needs, performances, and aspirations.

Lastly, all students are required to complete a scholarly project that can focus on any one of a wide range of methods and topics, although we anticipate that many students will choose to work on projects related to service and health disparities.

**Student Support**

Given the challenges that students who are underrepresented in medicine or otherwise marginalized can face during their training, we have created systems of support that emphasize an appreciation of the context of their experiences. One element of student support comes in the design of the curriculum, with small-group learning with a high faculty-to-student ratio; extended, one-to-one relationships with clinical preceptors in the LIC; and in particular, the REACH course (described above), which provides an opportunity for substantial student support. Another support system within the school is our on-staff psychologists. All students will be expected to visit one of the school’s psychologists at least 3 times during the first semester of their first year, although their attendance will not be tracked so they can opt out if they prefer. The intention is to normalize the concept of psychotherapy, reduce stigma, and create familiarity with a psychologist in the event the student needs individualized, contextual support during their medical school journey. There is also substantial academic support that is tailored to meet the student’s individual needs.

We are providing for the establishment of multiple student affinity groups, such as the American Medical Student Association (AMSA), American Medical Women’s Association, Latino Medical School Association, Medical Student Pride Alliance, and Student National Medical Association, among others.

Our Office of Student Affairs has also budgeted support for additional groups based on student interests. The school underwrites membership fees for AMSA and another national student group for each student to assist them in engaging with peers across the country. Resources to attend conferences are also available. Lastly, to help with the financial burden that students typically face, especially students of lower socioeconomic status, all students in our first 5 entering cohorts will receive 100% free tuition and coverage of medical insurance. We have also allocated additional resources to offset the cost of living for many of our students.

**Pathway Programs, Recruitment, Outreach, and Admissions**

**Pathway programs**

The school has been able to join in long-standing efforts by KP to support numerous pathway programs for middle school, high school, and college students who might consider health professions education. We also have plans to extend our engagement to support elementary school, community college, and postbaccalaureate programs.

**Applicant recruitment and outreach**

Student recruitment has been national, with a conscious effort to include historically Black colleges and universities, Hispanic-serving institutions and emerging Hispanic-serving institutions, and conferences geared to students underrepresented in medicine. The school’s commitment to EID is covered in presentations to potential applicants from all schools. We have also provided ongoing support for pre-health advisors and students at institutions with limited resources.

**Admissions process**

The admissions process is led by an associate dean for admissions who was previously the assistant dean for diversity and community partnerships at another medical school. She is also an ex-officio voting member of the admissions committee. The associate dean for EID is an ex-officio nonvoting member of the admissions committee. Admissions committee members, as well as file reviewers and interviewers, are diverse in terms of gender, race, ethnicity, sexual orientation, and specialty. The medical school admissions process is organized around the AAMC holistic review model, with consideration given not only to grade point average and Medical College Admission Test scores but also to the experiences, attributes, and metrics of all applicants. All admissions committee members receive detailed training and ongoing coaching on holistic review, cognitive bias mitigation, and systemic bias mitigation. To maximize opportunities for the admissions team to gain a fuller appreciation for who the students are, the school employs a hybrid interview model incorporating both the multiple mini-interview format and a structured traditional interview.

**Assessment**

Assessment of individual student progress toward the EID educational program outcome will occur during predetermined milestone checkpoints using objective structured clinical examinations and student portfolio reviews. In an effort to minimize bias, expert clinical assessors with extensive training in bias mitigation will complement the clinical preceptors in reviewing student clinical performance, thereby adding independent validation to the student assessment process. All faculty who assist student learning and performance in required didactic and clinical courses, as well as members of the competency committee and the student progress and promotions committee, are undergoing this foundational training. Specific groups with larger roles in assessment, such as small-group facilitators (much of the classroom-based curriculum is taught in groups of 6 or 8 students with faculty facilitators), clerkship directors, and expert clinical assessors, will work in communities of practice with structured opportunities for regular monitoring and discussion of bias in their narrative commentary and assessment ratings under the guidance of the office of assessment and evaluation and the office of EID.

**Program Evaluation**

The school has planned a rigorous evaluation component that will incorporate data collection and analysis to assess its performance in EID based on predetermined and agreed-upon metrics. Data inputs will include prospective applicant and applicant pool diversity.
data, student data from our learning management system, faculty and staff climate survey data, as well as climate and culture data obtained from student surveys developed by our office of assessment and evaluation.

Conclusion

Despite the efforts detailed above, there is no doubt that we will stumble from time to time, learning, we hope, as we go. We have created an assessment and evaluation unit that will closely monitor our successes and failures in our attempts to build an inclusive environment. By establishing the metrics and dashboards for following students early and across all sectors of the school, we will be paying close attention to opportunities for improvement. Nonetheless, by starting from a perspective of EID, we recognize the extraordinary opportunity to try to live our school’s expressed values from the start. We believe our a priori commitment to EID will create a learning environment in which students thrive and develop professional identities that include personal investment in the social health of the communities they ultimately serve, in addition to the more traditional competencies expected of medical school graduates. Very few institutions have such a chance to shape the discourse on equity with the benefit of evidence from so many other efforts in academia. We are striving to make the most of this distinct moment in our history.

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