

## **ABSTRACT: 2017 ELAM Institutional Action Project Symposium**

**Project Title:** Student Satisfaction with their Learning Environment: A Climate Assessment

**Name and Institution:** Dawn S. Bragg, PhD Medical College of Wisconsin

**Collaborators:** William Hueston, MD Senior Associate Dean Academic Affairs

**Background, Challenge or Opportunity:** A diverse medical student body provides distinct benefits to education and to the health of our communities. Creating a successful diverse student body requires an environment of understanding and respect and a curriculum that addresses cultural competence and health disparities as required by the medical schools' accrediting body, the Liaison Committee on Medical Education.

**Purpose/Objectives:** This study was to identify areas of need in the student learning environment as a baseline to inform development of interventions for a. Increasing the well-being/satisfaction of current students from underrepresented backgrounds and b. Increasing the cultural competence of all students.

**Methods/Approach:** A specially designed survey was developed using questions from a similar climate survey with permission from the authors and modified for our institution. In addition to demographic data, questions focused on student comfort with others who are different from them, frequency with which they hear offensive remarks and their perceptions of the environment and the curriculum. Questions were mostly asked on a Likert-type scale. The survey was administered electronically to all four classes including the first class of the new medical campus. Students had a one month access to the survey with two e-mail reminders. Descriptive statistics were used to analyze items.

**Outcomes and Evaluation Strategy:** There was a 34% (N=275) response rate. Forty-seven percent of respondents were female and 95% identified as heterosexual although gays (3%), lesbians (.4%) and bisexuals (2%) were represented. Students from racial/ethnic backgrounds under-represented in medicine represented 18% of the respondents which is more than the actual 11% in the total student population. While 83% respondents reported having no disabilities, 14% indicated having psychological (depression, anxiety, bipolar), .7% learning, and 2% physical disabilities. Specific Findings were: •91% of students who responded are "Satisfied" or "Highly Satisfied" with the curriculum. •Few (.4% - 1%) students were "Uncomfortable" with students who were different from them. •While racist, sexist and homophobic remarks were most often heard from other students, Attendings, Residents, Nurses and Staff were also heard making such remarks at noticeable frequencies. •13% of the students did not agree that diversity was reflected in the student body and 9% did not agree that the environment was supportive of all students. •14% perceive racial tensions in the classroom and 13% did not feel safe expressing their social and political views. •Some students do not agree that the curriculum addresses the impact of racism and bias (25%) and disparities (15%) on patient care. •Some (17%) students agreed that faculty prejudge them based on their identity and background.

This climate assessment highlighted the need for interventions to create a student environment where students feel respected and satisfied that the quality of their education will help them become competent physicians. Resulting planned interventions in three areas are:

- Student Orientation: Based on these data, the student professionalism committee proposed a diversity and inclusion workshop during orientation effective August 2017. This will set expectations early in medical school for a. student behavior toward their peers and b. how to treat patients.
- Curriculum: Planned discussions with course directors and curriculum committees for all students to receive mandatory cultural competence training and integration of health disparities education.
- Faculty Development: Provide faculty development around issues of diversity.

## BACKGROUND:

- A diverse medical student body provides distinct benefits to education and to the health of our communities.
- Creating a successful diverse student body requires
  - An environment of understanding and respect
  - A curriculum that addresses cultural competence and health disparities as required by the medical schools' accrediting body, the Liaison Committee on Medical Education

**PURPOSE/OBJECTIVES:** This study was to identify areas of need in the student learning environment as a baseline to inform development of interventions for:

- Increasing the well-being/satisfaction of current students from underrepresented backgrounds and
- Increasing the cultural competence of all students.

## METHODS/APPROACH:

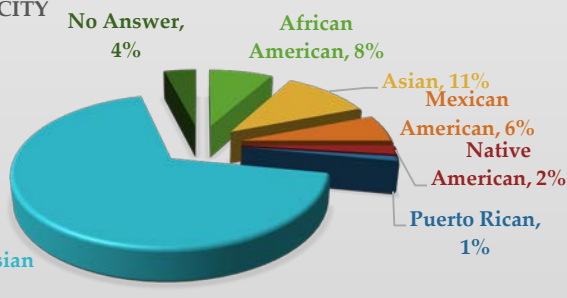
- Specially designed survey.
- Questions focused on demographic data, student comfort with others who are different from them, frequency with which they hear offensive remarks and their perceptions of the environment and the curriculum.
- Survey was administered electronically to all four classes including the first class of the new medical campus.
- Descriptive statistics were used to analyze items

**OUTCOMES AND EVALUATION STRATEGY:** Response Rate = 34% (N=275)

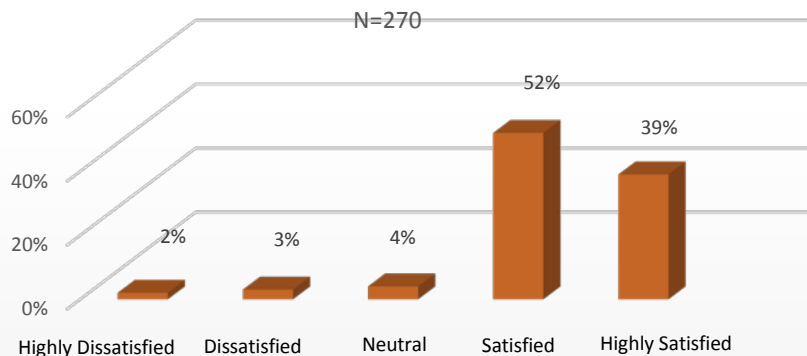
### Demographics

- Students' medical school year: M1 (2019) 26%, M2 (2018) 20%, M3 2017) 30%, M4 (2016) 24%
- Gender: Female 47%, Male 53%
- Sexual Orientation: Bisexual 2%, Gay 3%, Heterosexual 95%, Lesbian .4%, Questioning .4%
- Disabilities: Physical 2%, Learning .7%, Psychological 14%, None of these 83%

### RACE/ETHNICITY N= 270



### Overall Satisfaction with Education



### Offensive Remarks

How often (percentage) do you hear remarks from the following groups? S=Sometimes, O=Often, A=Always									
	Racist (%)			Sexist (%)			Homophobic (%)		
	S	O	A	S	O	A	S	O	A
Students	9	2	0	12	5	0	6	0	0
Basic Sc. Faculty	1	.4	0	3	.7	0	.4	.4	0
Attending	4	1	0	7	2	0	2	.4	0
Residents	3	2	0	6	.8	0	.4	.4	0
Nurses	5	2	.4	3	1	0	0	.4	0
Staff	4	.4	0	2	.8	0	0	.4	.4

- Racist, sexist and homophobic remarks were most often heard from other students
- Attendings, Residents, Nurses and Staff were also heard making such remarks at noticeable frequencies.

### Student Perceptions of Environment

D= Disagree, SD= Strongly Disagree		
	D (%)	SD (%)
Diversity reflected in student body	10	3
Environment is supportive of all students	7	2
I feel safe expressing my political and social views	8	5

- 13% of the students did not agree that diversity was reflected in the student body
- 9% did not agree that the environment was supportive of all students
- 13% did not feel safe expressing their social and political views.
- 14% perceived racial tensions in the classroom

### Student Perceptions of Curriculum

D= Disagree, SD= Strongly Disagree		
	D (%)	SD (%)
MCW curriculum systematically addresses the impact of racism and bias on pt. care.	21	4
MCW curriculum systematically addresses the impact of disparities on pt. care.	11	4
Classroom climate encourages free and open discussion of difficult topics	10	4
Faculty prejudices my abilities based on my identity/background	41	22

- Some students did not agree that the curriculum addresses the impact of racism and bias (25%) and disparities (15%) on patient care.
- Some (17%) students agreed that faculty prejudice them based on their identity and background.

### DISCUSSION:

Study highlighted the need for interventions to create a student environment

- where students feel respected and
- satisfied that the quality of their education will help them become competent physicians.

### SUMMARY/CONCLUSION:

Planned interventions in three areas are:

- Student Orientation:**
  - Student behavior toward their peers and
  - How to treat patients.
- Curriculum:**
  - Explore with course directors and curriculum committees that all students receive mandatory cultural competence training and integration of health disparities education.
- Faculty Development:**
  - Provide faculty development around issues of diversity.