



THE AGA KHAN UNIVERSITY

eCommons@AKU

Department of Pathology and Laboratory
Medicine

Medical College, Pakistan

4-2-2018

Diversity unsupported is diversity derailed

Kauser Jabeen

Aga Khan University, kausar.jabeen@aku.edu

Kulsoom Ghias

Aga Khan University, kulsoom.ghias@aku.edu

Follow this and additional works at: https://ecommons.aku.edu/pakistan_fhs_mc_pathol_microbiol



Part of the [Life Sciences Commons](#), [Medical Education Commons](#), [Pathology Commons](#), and the [Teacher Education and Professional Development Commons](#)

Recommended Citation

Jabeen, K., Ghias, K. (2018). Diversity unsupported is diversity derailed. *MedEdPublish*, 7([2]), 1-4.
Available at: https://ecommons.aku.edu/pakistan_fhs_mc_pathol_microbiol/1285

Diversity unsupported is diversity derailed

Kauser Jabeen[2], Kulsoom Ghias[2]

Corresponding author: Dr Kulsoom Ghias kulsoom.ghias@aku.edu

Institution: 2. Aga Khan University

Categories: Students/Trainees, Teachers/Trainers (including Faculty Development), Curriculum Evaluation/Quality Assurance/Accreditation

Received: 20/03/2018

Published: 02/04/2018

Abstract

In this view point challenges of a diverse student body and its impact on quality of education and student' social interactions are discussed. Enhanced institutional responsibility and ownership of all institutional members to provide adequate support for all individuals that make up the student body has been discussed as a major strategy to overcome these challenges.

Keywords: Diversity, Institutional responsibility, Challenges

View point

A first year undergraduate medical student failed in the process arm of problem-based learning (PBL) three consecutive times. Each time, consistently poor communication skills were cited as reasons for failure. The student hailed from a rural area and while he had met all the entry requirements, of the highly competitive medical education program, including language, his fluency in spoken English (the official language of the medical college) was repeatedly deemed inadequate by his PBL facilitators. Frustratingly for the faculty, the student did not attend any of the formal remedial sessions organized and even as he continued to struggle, refused to visit the student counselor. In a meeting with one of the authors, the student stated, "I do not have any issues with communication. I am [just] alienated by the administration, students and facilitators due to my background and less fluent English". This and other similar episodes led us to reflect on diversity in the medical college.

Diversity in medical education is associated with benefits for individuals, institutions and society^(1. Guri P, 2002).

Classroom diversity positively affects learning environment and provides exposure to various personal experiences, ideas and points of view. However, ensuring diversity in medical colleges is not without challenges. Increasing diversity could have a negative impact on individual students, most often those in the minority, and the student body as a whole, resulting in decreased cohesiveness, communication gaps, social incompatibility and awkwardness, poor self-esteem, anxiety, and poor sense of belonging to the institution^{(2. Guiton G, 2007), (3. Fine E)}. It has been observed that

students who represent the "minority" within the diverse student body are often those who struggle academically and socially.

Traditionally, definitions of diversity have focused only on "visible diversity" with a recent change in defining diversity through parameters beyond race and ethnic origin. Importantly, students' family income, language and rural/small city versus urban background also need to be considered with regards to institutional diversity. This is especially relevant for settings where income polarization, different educational systems/opportunities exist for economically privileged versus underprivileged children. Our own experience at a private medical college in Pakistan is that while the student population as a subset of the national population is outwardly homogenous based on religion, students often feel challenged and less supported if they differ from the majority with regards to prior opportunities. Before aiming for institutional diversity then, there is an urgent need to have a contextually-relevant working definition of diversity. This definition may vary based on geographies and histories of spaces where institutions are situated.

Institutions all over the world have started to value diversity during the medical college admission process and try their best to select a diverse student body. However, what majority of institutions fail to acknowledge is that strong support system for "minority" at the institutional level is required to fully gain the ultimate benefit from diversity^(KD, 2017). That has led to an evolution in the diversity paradigm^(MA A., 2014). The evolved understanding urges medical institutions to add diversity as an integral component of vision, mission and terminal outcomes of their programs. In addition to improved induction processes, revisions of curricula and competencies, enhancing faculty strength from the underrepresented groups with incentivized mentorship and leadership commitment is also required. It is an institutional responsibility to promote a diversity culture through concrete policies and conduct on-going audits to assess impact and challenges.

Strong support systems need to be developed in institutions for "minority" individuals to alleviate academic, financial, emotional and health related pressures^(MA A., 2014). Mechanisms and intervention to identify and proactively reach out to those who do not seek assistance have to be in place. The loop should also be closed to ensure that offered help is availed. Additionally, it is important to increase awareness and sensitivity of *all* members of the institution regarding their social responsibility to diversity in an effort to inculcate a pro-diversity institutional culture. All such interventions are necessary so that the minority students do not just "feel welcomed", but "well supported" throughout their journey.

In light of these stringent requirements, is diversity for everyone? While the benefits of diversity for individuals and institutions are well-established, institutions must first reflect and answer some difficult questions:

- How does diversity align with the institutional vision and mission?
- What is a contextually relevant working definition of diversity?
- What are the reasons for seeking a diverse student body? How will diversity improve the institution? What benefits will individual students, in the minority and majority, experience?
- If efforts are already underway to embrace diversity, are the results evident? Is the institution truly diverse?
- How will the minority be supported?
- Are evaluation and quality assurance measures in place to review diversity-related processes and their impact?

The authors believe that unless an institution addresses all these questions, diversity and its positive impact cannot be achieved. Moreover, all stakeholders, including institutional administration, faculty, students and support staff, have a responsibility to contribute to a diverse culture through implementation, use and support of viable strategies that

sustain and harness the power of diversity.

Take Home Messages

Notes On Contributors

1. Dr Kauser Jabeen is an associate professor and clinical microbiologist with interest in medical education. She is currently the chair of Year 2 undergraduate curriculum sub-committee and is responsible for intervention design, implementation and evaluation.
2. Dr Kulsoom Ghias is an associate professor and basic sciences faculty. She is the co-chair of undergraduate curriculum committee with an expertise in medical education. She is responsible for curriculum design, implementation and evaluation and well as quality assurance.

Acknowledgements

No funding available.

Bibliography/References

1. Attiah MA. The new diversity in medical education. *N Engl J Med.* (2014). 371:1474-1476.
<https://doi.org/10.1056/NEJMp1408460>
2. Cyrus KD. Medical Education and the Minority Tax. *JAMA.* (2017). 317(18):1833-1834.
<https://doi.org/10.1001/jama.2017.0196>
3. Fine E. Benefits and challenges of diversity in academic settings. Women in Science and Engineering Leadership Institute, (2010). University of Wisconsin-Madison. https://wiseli.engr.wisc.edu/docs/Benefits_Challenges.pdf
4. Guiton G, Chang MJ, Wilkerson L. Student body diversity: Relationship to medical students' experiences and attitudes. *Acad Med.* (2007). 82 (10 Suppl): S1-S4.
<https://doi.org/10.1097/ACM.0b013e31813ffe1e>
5. Guri P, Den EL, Hurtado S, Gurin G. Diversity and Higher Education: Theory and Impact on Educational Outcome. *Harvard Edu Rev* (2002). 72: 330-366.
<https://doi.org/10.17763/haer.72.3.01151786u134n051>
6. Nivet MA. Diversity 3.0: A Necessary System Upgrade. *Acad Med.* (2011). 86: 1487-1489.

<https://doi.org/10.1097/ACM.0b013e3182351f79>

Appendices

Declarations

The author has declared that there are no conflicts of interest.

This has been published under Creative Commons "CC BY 4.0" (<https://creativecommons.org/licenses/by-sa/4.0/>)

AMEE MedEdPublish: rapid, post-publication, peer-reviewed papers on healthcare professions' education. For more information please visit www.mededpublish.org or contact mededpublish@dundee.ac.uk.