

Unique Perspectives

Celebrating Diversity, Inclusion and Equity in the University of Missouri's School of Medicine | Volume 2, Issue 5

Happy Holidays!

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Contributor's Notes:

Brought to you by the School of Medicine Faculty and Staff Diversity and Inclusion Committees. To be disseminated 5 times per year.

Attention! The SOM Staff Diversity & Inclusion Committee is seeking new members! Contact [Ami Patel](mailto:Ami.Patel@health.missouri.edu) if you are interested in joining us.

To submit news and events, e-mail:

folkerts@health.missouri.edu

and

reeves@health.missouri.edu

Learn more about the University of Missouri [School of Medicine's diversity and inclusion](#) efforts.

In the Spotlight: Kathleen Quinn, PhD



Kathleen Quinn is the Associate Dean for Rural Health in the School of Medicine.

What is your definition of diversity?

Diversity is allowing unique voices, varied perspectives, and opinions to be heard, valued, and shared. Diversity can be viewed in many ways – from a medical school perspective, are we recruiting, training, and mentoring future clinicians who reflect, understand, and appreciate diversity. This is quantifiable but requires a shift in our culture. Diversity is respecting and empowering all. Inclusion is less quantifiable. It means being welcomed, having a sense of belonging, and taking a genuine interest in other peoples' lives. As a medical school, it is our responsibility to promote equity and fairness among our faculty and students, as necessary to address health disparities and health inequities. The MU School of Medicine has done well increasing the diversity of our classes and ensuring students feel comfortable contributing their opinions and unique experiences.

Tell us about the Rural Track Pipeline Program. When was it implemented, who it is for, and how does it help?

In 1995, the Rural Track Pipeline Program (RTPP) was created as a commitment to

addressing physician maldistribution and shortages in rural Missouri. The goal was to solidify student interest in rural practice and increase the numbers of physicians practicing in rural areas of need in Missouri. The RTPP has four distinct longitudinal experiences to prepare and train students for eventual rural practice: **The Lester R. Bryant Scholars Pre-Admissions Program** encourages young people from rural backgrounds to pursue a medical education. Students accepted into the program are offered admission to MU SOM on the condition they achieve certain academic standards, demonstrate ongoing professionalism, and participate in required rural programming. In the **Summer Community Program**, MU SOM's rising second-year medical students practice history-taking and physical-exam skills in a rural community setting. During this four-to-six-week experiential training, students learn from community-based preceptors in a rural clinical setting. **The Rural Track Clerkship Program** offers third-year medical students clinical education experiences in nine community-based training sites. Students live and work in these communities to gain a personal perspective on a busy rural practice where they care for many patients and can experience care continuity. Community-based physicians serve as role models, guiding students through the program and serving as mentors for professional and personal development. Students may complete up to four core clerkships developed and approved by the SOM's clinical departments. Last, **the Rural Track Elective Program** offers fourth-year medical students a variety of primary care or specialty electives in a rural, community-based setting, allowing them to explore and solidify their commitment to practicing rural medicine.

Discuss the School of Medicine's new LINC Program and how it will benefit our students and the residents in our state's rural communities?

(Spotlight continued on page 2...)

(Spotlight continued from page 1...)

A large grant received from the Health Resources and Services Administration (HRSA) in 2020 allowed us to implement the Longitudinal Integrated Clerkship (LINC) this year. It is a clinical curriculum model in which students participate in the comprehensive care of patients over time; participate in longitudinal relationships with faculty preceptors; meet core clinical competencies across disciplines and experience continuity in supervision and patient care. In addition, our LINC curriculum includes a longitudinal service-learning experience in which students plan, design, implement, and evaluate a project to address a community-identified need and participate in community-based research. A LINC experience increases the likelihood that students will practice medicine in a rural area. The service-learning benefits include improved cultural competence, greater self-awareness of biases, and assimilation of physician identity. Patients also benefit from the trust and respect that develops from the longitudinal relationship with the student, greater access to care through advocacy from the student, and have a better understanding of their illness and potential treatments.

How do you challenge stereotypes and promote sensitivity and inclusion in your role within the School of Medicine?

I challenge stereotypes each time I ask questions to learn about others' lives and their cultures. Stereotypes are broken down when we find commonalities. Commonalities are found despite multiple differences when learning with curiosity and cultural humility. We have a responsibility to seek out diversity, by leveraging talent from differing races, ethnicities, religious backgrounds, sexual orientations, and cultures into our space to enrich their lives and our own. The MU SOM gives all of us this amazing opportunity. Our curriculum, programs, lectures, and events place students together offering opportunities to learn about and with others. Learning with students from all backgrounds leads to culturally competent care, addressing and reducing health disparities, and improving health outcomes for patients. We can all practice cultural humility by developing a process of self-reflection, acknowledging our own personal biases (we all have them), and allowing personal critique rather than learning to respond to different cultures, perspectives, or values. I am on a journey to learn more about these concepts and deepening my respect for others.

Activity Highlights

WIMMS~ The Women in Medicine and Medical Sciences (WIMMS) group presented, "[What Does It Take to Change a Mind](#)", a TED Talk by Lucinda Beaman, for their *First Friday Empower Lunch* on December 3. Ms. Beaman discussed how the ability to change your mind when presented with new information takes courage and empathy. Instead of tearing down people or leaders that change their minds, we should embrace it as a valuable strength within that person. This is especially relevant with the evolving information around the COVID-19 pandemic, and a good reminder as we go into the holiday season where we may be around friends or family who we don't always see eye to eye with. Instead of listening to argue, we should listen to understand with curiosity and an open mind. Ms. Beaman closes by stating that a combination of hard facts and empathy can open possibilities for people to make decisions that are in the best interests of everyone.



Beronda Montgomery

The Office of Research sponsored a virtual talk on December 3 at 9 a.m. presented by Michigan State University professor Beronda Montgomery, author of *Lessons from Plants* and award-winning advocate for the training of scientists and scholars from underrepresented groups. Dr. Montgomery emphasized how concepts from the cultivation of plants and microbes can inform effective teaching, mentoring and outreach programs. She encouraged examining the environment and social determinants that affect learners to help guide interventions. For example, she said, when most people see a wilted houseplant, they assume that plant has the capacity to grow and thrive but is likely missing some critical factor in its environment, like light or water. In contrast, when academics see a learner failing to thrive, or physicians see a community failing to thrive, there is often an assumption that there is a deficit within the learner or community that they must be taught or "fixed", rather than trying to identify and provide the missing factors. To further the analogy, biologists learn from the plants and microbes what factors they need, and Montgomery suggested that this reciprocity is needed for effective interventions in educational environments or in addressing health disparities.

Give Me 5!



Barley Kozlowski is a Lester R. Bryant Scholar. To get to know Barley better, we asked her these 5 questions:

1. If you could live anywhere or do anything, where/what would it be?

I would want to visit all the continents and experience the different cultures of each one.

2. What is your favorite food or restaurant?

My favorite restaurant in Columbia is Kobe Japanese Steakhouse. The food is delicious, and the atmosphere is a lot of fun!

3. What is a favorite cultural/family tradition you celebrate every year?

My favorite family tradition is our annual pumpkin carving night! This tradition is the best because it's the only time of year that my mom makes homemade eggrolls, and they are my favorite!

4. FUN FACT! I can play the piano and the guitar!

5. If you could make one change in the world, what would it be?

I would get rid of pollution. The earth has been such a blessing to all of us and we take advantage of its gifts constantly.

A Look Back...

In honor of National Rural Health Day, November 18, 2021, we want to acknowledge and celebrate the 25+ year history of the University of Missouri School of Medicine Rural Track Pipeline Program (RTPP). The program was initiated in 1995 by four School of Medicine leaders including the namesake of the Bryant Scholars Pre-Admission Program, Lester R. Bryant, MD (pictured at right), former dean of the School of Medicine. The RTPP is composed of two components that provide students with regular exposure to rural medicine, the Bryant Scholars Pre-Admission Program and the Rural Scholars Program. The Rural Scholars Program includes three unique clinical programs for medical students; the Summer Community Program, the Rural Track Clerkship Program and the Rural Track Elective Program. Many rural physicians produced by the program serve as community-based educators to current medical students, helping to keep the pipeline self-sustaining and successful. The Bryant Scholars Pre-Admission Program is open to rural students from all four-year universities and colleges in Missouri. Students are pre-admitted during their undergraduate years in an effort to keep rural students in state for medical school and ultimately rural practice, supporting the idea that students from a rural background are more likely to practice in rural areas when compared to their non-rural classmates. Eligibility information can be found [here](#). We salute the Rural Track Pipeline Program for its continued success in addressing health access and disparity issues in rural communities of Missouri thus promoting the health and well-being of all Missourians.



Recent statistics of the Bryant Scholars Pre-Admissions Program and its graduates highlight its success.

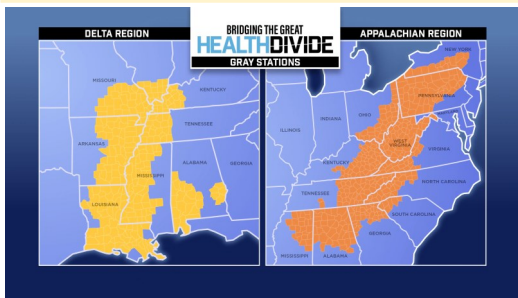
*51.7% of graduates entered a residency program in Missouri

*42.9% of graduates entered primary care specialties

*50.9% of graduates are practicing in rural Missouri

*64.3% of graduates are practicing in Missouri

Brain Food



Your geographical location can literally determine your lifespan, along with the political attention or media coverage your area receives. The 2021 documentary, *Bridging the Great Health Divide*, explores a predominantly rural region from the Mississippi Delta up through the Appalachians where health disparities affect the daily lives of many individuals living there. The film features medical professionals from Washington University in St. Louis and in Kennett, MO, a town with one physician who has dedicated his life to improving the health outcomes and well-being of his community. Also explored are the food deserts rural areas experience where there can be very limited nutritional food options. Many rural hospitals have also closed in recent years due to poor management, limiting healthcare choices for locals. A push is being made by rural health advocates for the healthcare industries in big cities to invest in their states' smaller communities as well. When everyone has access to quality healthcare and healthy food, our country and the communities within it can thrive and grow stronger. *Bridging the Great Health Divide* can be viewed [here](#).

Calendar of Events

SAVE THE DATE

*WIMMS next *First Friday Empower Lunch* is, "[Use Atomic Habits to Change Your Life!](#)" by James Clear on **January 9**, 12-1pm.

On **February 4**, 12-1pm, "[Ditch the Drama— How to Live Happy in a Messy World](#)" by Cy Wakeman. Click [here](#) to join the group discussions via Zoom.

Thoughtful Thursdays* are moving to the 4th Thursday of the month. Mark your calendars for **January 27 and **February 24** from noon-1pm.

*The annual [Columbia Values Diversity](#) event presented by the City of Columbia's Office of Cultural Affairs will be on **January 13, 2022**, from 7-9am.



Many holidays are recognized around the world this time of year. For a special treat, two members of our SOM tell us more about their own cultural celebrations.

Christmas in Russia is celebrated on January 7 following the Gregorian calendar used by the Russian Orthodox church. However, during the Soviet Union time, it was less celebrated since the country was declared atheistic. Christmas was even banned temporarily and Christmas trees were called "New Year trees". After the Soviet Union collapsed in 1991, little by little the tradition of celebrating Christmas returned but is still a less celebrated holiday than the New Year. Family are still given gifts the day before New Year's as it was during Soviet control. On January 6, which corresponds to the Catholic Christmas Eve observance on December 24, people in Russia often attend a church service. Afterwards, many Russian families go home and enjoy traditional festive foods like jellied pork (kholodets), goose with apples and different kinds of pirogi (kulichi, vatrushki, kurniki). In modern times, Orthodox Christmas is widely celebrated and even President Putin claims himself to be a "committed believer".
-*Natalia Karasova, Research Specialist in the Dept. of Molecular Microbiology and Immunology*

Chinese New Year is the most important holiday in Chinese culture. In 2022, the Chinese New Year will begin on February 1 and varies each year because it's based on the ancient Chinese lunar calendar, which functions as a religious, dynastic and social guide. The holiday is a time to honor household and heavenly deities as well as ancestors. It is also a time for families to reunite. The Chinese calendar includes the Chinese zodiac, which is split into a cycle of twelve New Year animals with the tiger representing 2022. The entire attention of the household is fixed on the celebration and business comes nearly to a stop. Houses are thoroughly cleaned and ritual sacrifices of food and paper icons are offered to gods and ancestors. People post scrolls printed with lucky messages on household gates and set off firecrackers to frighten evil spirits away. Elders give money in a "red bag" to children. The most important aspect is the feasting: on New Year's Eve, the extended family joins around the table that includes as the last course a fish, symbolic of abundance and a wish for good harvest in the upcoming year. -*Rose Li, Assistant Professor in the Dept. of Gynecology and Women's Health*