CREATING A CULTURE OF BELONGING IN HEALTHCARE EDUCATION:
LONG TERM TARGETED DEI DEVELOPMENT FOR ALL

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she/her/hers

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SESSION KEY POINTS

• Developing Intercultural competence is an individual and organizational responsibility

• Culturally competent organizations foster a sense of belonging and promote life-long learning and development for all stakeholders.

• Culturally competent academic healthcare institutions develop educators who use culturally responsive teaching strategies and graduate healthcare providers who are equipped to…

  1) meet the health care needs of a culturally diverse society
  2) advocate for health equity and access in systems and communities
Learning Activities

- Land Acknowledgement
- Centering Activity
- The Why?
- Discussion of Bennett’s Developmental Model of Intercultural Sensitivity
- Building a Culture of Belonging
- DPT Student Intercultural Development Inventory Changes
- Faculty Development & Culturally Responsive Teaching
- Becoming a Culturally Responsive Academic Institution
We acknowledge in Milwaukee that we are on traditional Potawatomi, Ho-Chunk and Menominee homeland along the southwest shores of Michigami, North America’s largest system of freshwater lakes, where the Milwaukee, Menominee and Kinnickinnic rivers meet and the people of Wisconsin’s sovereign Anishinaabe, Ho-Chunk, Menominee, Oneida and Mohican nations remain present.
Exploration: Who Belongs?

- Identify who needs to be engaged
- Identify how to value and enable engagement

“In a democracy belonging is the most important endowment we share with one another. Only those who fully belong may select who belongs, may participate to define the rights of members, and which needs must be met by the community.”

John A. Powell, Director, Other & Belonging Institute, Professor of Law, UC Berkeley

The Circle of Human Concern:
https://www.youtube.com/watch?v=Q9UaVakr7C
The Why: Education & training may not prepare health care professionals for real-world demands (Sheikh)

- Inefficiencies
  - Misalignment with the needs of populations or market demand
- Underserved & Under-resourced populations
  - Aggregation of professionals in geographical regions or specialties
- Expensive Care
  - Curative care is incentivized over preventative care
Cultural Change

NEXT EXIT
Creating a Culture A Belonging

Steps to Institutional Change
Implementation Science Framework

Exploration Sustainability
- Create a team
- Assess needs
- Explore evidence
- Examine usability of interventions
- Consider implementation drivers
- Assess fit and feasibility

Installation Sustainability
- Acquire resources
- Prepare organizations
- Prepare implementation drivers
- Select and prepare staff
- Make administrative changes

Initial Implementation Sustainability
- Assess and adjust implementation drivers
- Manage change
- Assess fidelity
- Deploy data systems
- Initiate improvement cycles

Full Implementation Sustainability
- Monitor & improve implementation drivers
- Achieve fidelity & outcomes
- Monitor organization and system supports

2 - 4 Years
Regenerative Risk

About function
Motto: Doing a bad thing better, so we can continue doing it

About form
Motto: Stuff is going to happen and things will change. Prepare for it

About flow
Motto: Time to do things differently to achieve different goals
SYSTEMS THINKING

Apply the Lewin’s Change Theory in daily operations and strategic planning activities (4 guiding questions of action planning)

Address threats and opportunities to build systems and structures that support the Circle of Human Concern within the RU DPT Program

Understanding of personal Readiness to Change score and the implication on developing a Circle of Human Concern
University Mission

- Regis seeks to build a more just and humane world through transformative education at the frontiers of faith, reason and culture.
School of Physical Therapy Strategic Planning Committees
May 2021

Climate
Community of Belonging
- Safety
- Diversity representation
- Inclusive excellence

Curriculum
Substantive Change
- Culturally Responsive Teaching
- Population Health
- Social Justice
- Intercultural leadership & advocacy

Community
Partnerships & Social Responsibility
- Clinical Experiences
- Community Outreach
- Intra & Inter Professional Engagement
- Health Systems
APTA 2017 House of Delegates

CDC definition of Cultural competence:

“a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

https://npin.cdc.gov/pages/cultural-competence
Cultural competence requires that organizations have the capacity to:

a. value diversity  
b. conduct self-assessment  
c. manage the dynamics of difference  
d. acquire and institutionalize cultural knowledge  
e. adapt to diversity and the cultural contexts of the communities they serve.  
f. incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve consumers and communities.

https://npin.cdc.gov/pages/cultural-competence#what
Intercultural Development Continuum

Monocultural Mindset
Denial
Polarization
Minimization
Acceptance
Adaptation

Intercultural Mindset

Cultural Humility

Be comfortable with not knowing
Exercise self-reflection & critique
Recognize dynamics of power & privilege
Practice lifelong learning

Cultural Awareness & Sensitivity
Cultural Competency
Cultural Humility

Towards Cultural Safety

Cultural Awareness
Cultural Competency
Cultural Humility

https://www.researchgate.net/figure/Purnells-Model-for-Cultural-Competence-19_fqi1_312205887
Campinha-Bacote (2002)

Expanded Cultural Groups beyond race/ethnicity/culture to include…

- Multiple Diversity Dimensions
  - Sexual orientation
  - Age
  - Dis-ability
  - Gender
  - Religion
  - Language
  - Political orientation
  - SES

- Commitment to Social Justice in Healthcare
Becoming **culturally competent** and practicing **cultural humility** are ongoing processes that change in response to new situations, experiences and relationships. Cultural competence is a necessary foundation for cultural humility.

**Cultural Humility**

- **Holding Systems Accountable**
  - How can I work on an institutional level to ensure that the systems I’m part of move toward greater inclusion and equity?

- **Understanding and Resisting Power Imbalances**
  - How can I use my understanding of my own and others’ cultures to identify and work to disrupt inequitable systems?

**Cultural Competence**

- **Gaining Cultural Knowledge**
  - What are other cultures like, and what strengths do they have?

- **Developing Cultural Self-Awareness**
  - What is my culture, and how does it influence the ways I view and interact with others?
Intercultural Development Inventory (IDI)

**Desired External Outcome:** Effective and appropriate communication & behavior in an intercultural situation

**Desired Internal Outcome:** Informed Frame of Reference Shift (adaptability, flexibility, ethnocultural view, empathy)

**Attitudes:**
- Respect (valuing other cultures)
- Openness (withholding judgment)
- Curiosity & discovery (tolerating ambiguity)

**Knowledge & Comprehension:**
- Cultural self-awareness
- Deep cultural knowledge
- Sociolinguistic awareness

**SKILLS:**
- To listen
- Observe & evaluate
- To analyze, interpret & relate

Intercultural Development Continuum

Monocultural Mindset

- Denial
- Minimization
- Polarization

Intercultural Mindset

- Acceptance
- Adaptation
Intercultural Development

The capability to shift cultural perspective and adapt—or bridge--behavior to cultural commonality & difference

1. Deep cultural self-awareness
2. Deep understanding of the experiences of people from different cultural communities—in perceptions, values, beliefs, behavior and practices
3. Perspective shifts and behavior adaptation across these various cultural differences
Development of the (IDI®)

The (IDI®) was developed using rigorous psychometric protocols with over 10,000 respondents from a wide range of cultures.

- Demonstrated content, construct and predictive validity in organizations and in educational institutions

- Used for guided advisement by 2400 qualified administrators in 45 countries in health, business, spiritual care, community development and education

- Generates individualized development plans based on identified mindset

- Sensitive to change over time

Installation and Initial Implementation

1. Pre-Consultation: Post CAPTE 10 yr re-accreditation ERA
   - Intercultural Leadership Development Curricular Thread (Established Model)
   - May 2021
     ○ Strategic Plan incorporating DEI
     ○ Faculty & Staff Intercultural Self-Assessment

1. Consultation: Dr. VanHoose (January & May 2022)
   - Reflection on past success
   - Assess readiness for change
   - Create sense of urgency
   - Align DEI goals with Strategic Plan
   - Identification of Resources
Installation and Initial Implementation

Program

University

Faculty & Staff

Community & Healthcare systems

Student
Student Intercultural Development

Curriculum & Clinical Experience

Admissions & Retention

Community Engagement

Circle of Human Concern

Professional Responsibility
Developmental (DO) & Perceived (PO) & Orientation Gap (OG) Semester 3 n=605

Intercultural Development Continuum

Minimization
Acceptance

Orientation Score

Monocultural Mindset
Polarization
Denial
Minimization
Acceptance
Adaptation
Intercultural Mindset
Developmental Orientation, n=605
Semester 3 Frequency Distribution %

- Adaptaptation: 0.2%
- Acceptance: 9.8%
- Minimization: 57.9%
- Polarization: 27.3%
Ethnocentric Orientations

Polarization: (27%) Views cultural differences in terms of “us” and “them”. (Diversity feels “uncomfortable”)

**Defense:** An uncritical view toward one’s own cultural values and practices and an overly critical view toward other cultural values and practices.

**Reversal:** An overly critical orientation toward one’s own cultural values and practices and an uncritical view toward other cultural values and practices.
**Transitional Orientation**

**Minimization**: (58%) Highlights cultural commonality and universal values that may also mask deeper recognition of cultural differences.

*(Diversity feels “unheard”)*
Ethnorelative Orientations

**Acceptance**: (10%) Recognizes and appreciates patterns of cultural difference and commonality in one’s own and other cultures.

*(Diversity feels “understood”)*

**Adaptation**: (.2%, \(n=1\)) An orientation that is capable of shifting cultural perspective and changing behavior in culturally appropriate and authentic ways.

*(Diversity feels “valued and involved”)*
Implications of operating in a Minimization orientation

- Providers who are functioning from a Minimization orientation, may be tempted to enter into an intercultural exchange by over simplifying the obvious similarities of people’s physical biology.

- Generalizations may be transferred to a subconscious assumption of similarities in healthcare needs, desires, behaviors and motivations.

- A Minimization mindset in healthcare providers has the potential to result in a healthcare system that insists on correcting an individual’s healthcare values, beliefs and lifestyle choices to fit with the dominant culture expectations.

(DiBiasio PA, Vallabhajosula S, Eigsti HJ 2022)
Interventions & Assessment based on Student IDI-Learning Needs
Building Culturally Safe Environments n=150

<table>
<thead>
<tr>
<th>Diversity Dimension</th>
<th>2025 avg</th>
<th>Diversity Dimension</th>
<th>2024 avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Politics</td>
<td>2.84</td>
<td>Politics</td>
<td>2.65</td>
</tr>
<tr>
<td>Religion/Spirituality</td>
<td>3.11</td>
<td>Trauma</td>
<td>3.08</td>
</tr>
<tr>
<td>Trauma</td>
<td>3.12</td>
<td>Sexuality</td>
<td>3.12</td>
</tr>
<tr>
<td>Income</td>
<td>3.32</td>
<td>Religion/Spirituality</td>
<td>3.15</td>
</tr>
<tr>
<td>Sexuality</td>
<td>3.39</td>
<td>Gender</td>
<td>3.24</td>
</tr>
<tr>
<td>Physical Safety</td>
<td>3.42</td>
<td>Race</td>
<td>3.33</td>
</tr>
<tr>
<td>Race</td>
<td>3.43</td>
<td>Income</td>
<td>3.37</td>
</tr>
<tr>
<td>Gender</td>
<td>3.49</td>
<td>Mental or Physical Ability</td>
<td>3.41</td>
</tr>
<tr>
<td>Mental or Physical Ability</td>
<td>3.53</td>
<td>Physical Safety</td>
<td>3.48</td>
</tr>
<tr>
<td>Mental Health</td>
<td>3.55</td>
<td>Mental Health</td>
<td>3.49</td>
</tr>
</tbody>
</table>
From Polarization & Minimization to Acceptance
IDI Guided Advisement

https://regis365-my.sharepoint.com/personal/tmcgee001_regis_edu/_layouts/15/stream.aspx?id=%2Fpersonal%2Ftmcgee001%5FRegis%5Fedu%2FDocuments%2FAttachments%2FMcGee%5FIDI%20vid%2Emov&ga=1
1. Describe your culture. (4 sentences max)

2. Describe how your family’s beliefs and behaviors around health, education, spirituality, community and relationships have influenced your cultural identity and your health and wellness beliefs and behaviors?

3. What is your overall IDI Developmental Orientation?

4. What new information from the IDI was most meaningful to you and why?

5. Compose 2 intercultural knowledge goals and 1 intercultural experience goal
   a. (Relate goals to specific populations of interest, recognized bias, and a population you will likely work with in your upcoming clinical experiences)
   b. Describe one strategy to address each of the above goals
Intercultural Development Plan
Learning Opportunities

- **Guided Advisement & IDI Plan: IDI**
  - Zipcode analysis: Clinical Sites
  - **Qualified Administrator**
- **Educational Websites**
  - **Culture of Health Panel**
- **Book Club**
- **Simulations & Case Studies**
  - Motivational Interviewing: CARE measure
  - Tutorial Case
  - Interprofessional Cases
    - Implicit Bias

- **University & Community DEI events**
  - Attend a community support group
  - Campus Events, speakers and Dialogs
  - Service Learning

- **Aesthetic Expression**
- Theatre, Film Arts
  - Student Diversity sponsored Film nights

- **Clinical Experiences & Intercultural Immersions**
  - Domestic and International
  - Global Health Pathway

- **Capstone Reflection**
Jaime González: For the very kind invitation, it really is my pleasure to be here, I happened to be Catholic that has definitely informed my worldview quite a bit.
Aesthetic Expression: Student Example
Called to Care (www.caremeasure.org)

Student CARE score = 43.46, Physiotherapist CARE score = 47.5

Normative values for all Physiotherapists

This table compares your score for each of the ten CARE Measure questions to those of other Physiotherapists. It tells you your average score for each question, the baseline (the average across all Physiotherapists) and where your average falls as a percentile compared to all other Physiotherapists.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Your Score</th>
<th>Baseline</th>
<th>Your Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making you feel at ease</td>
<td>4.2625</td>
<td>4.7751</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Letting you tell your story</td>
<td>4.2000</td>
<td>4.7245</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Really listening</td>
<td>4.4000</td>
<td>4.7597</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Being interested in you as a whole person</td>
<td>4.5000</td>
<td>4.7044</td>
<td>Between the 10th and 25th percentiles.</td>
</tr>
<tr>
<td>Fully understanding your concerns</td>
<td>4.3625</td>
<td>4.7325</td>
<td>Between the 5th and 10th percentiles.</td>
</tr>
<tr>
<td>Showing care and compassion</td>
<td>4.6125</td>
<td>4.7554</td>
<td>Between the 10th and 25th percentiles.</td>
</tr>
<tr>
<td>Being positive</td>
<td>4.5125</td>
<td>4.7632</td>
<td>Between the 5th and 10th percentiles.</td>
</tr>
<tr>
<td>Explaining things clearly</td>
<td>4.2405</td>
<td>4.7899</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Helping you to take control</td>
<td>4.2250</td>
<td>4.7373</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Making a plan of action with you</td>
<td>4.1392</td>
<td>4.7595</td>
<td>Below the 5th percentile.</td>
</tr>
<tr>
<td>Score</td>
<td>43.4625</td>
<td>47.4993</td>
<td>Below the 5th percentile.</td>
</tr>
</tbody>
</table>

**Strengths**
Clinical Education & Intercultural Immersion

1. Share Clinical stories of intercultural encounters where you learned something about yourself or others that will impact your future practice?

1. Were safety, comfort and needs of patients from diverse populations considered in planning your patient services?

NOTE: Consider all diversity dimensions: generational, SES, political, spirituality, ethnic, racial, mental health, abilities, shelter…}
As I reflect on CE I and look ahead to my next clinical experience, I have noted some of the stress points that I, at times, struggle to appropriately navigate.

° managing conflict around conversations that include differing views from different cultural communities, effectively voicing concerns I have that are needed to support my own cultural identity in workplace environments

° ensuring all perspectives and communities are heard when making team decisions.
1. increase the advocacy for my own cultural community, especially in the professional light.
2. identify 1-3 actionable steps that I have taken to increase awareness of Black and Brown voices, especially in the physical therapy profession.
3. use my leadership skills in the clinical environment to challenge the process of diversity, equity, and inclusion efforts
4. engage in conversations with colleagues about the structure, support, and resources the clinical environment provides (or does not) for those who are a part of marginalized communities.

I look forward to seeing how my upcoming inpatient clinical in Denver supports my goals and enables me to challenge the process in a way that supports underserved populations.
Capstone Intercultural Journey

A dónde vas?

Self assessment & Reflection
# The Leadership Advocacy Diversity Inclusion and Equity Rubric

<table>
<thead>
<tr>
<th>Exemplary Leader (12.5)</th>
<th>Leading Teams (10)</th>
<th>Leading Others (9)</th>
<th>Leading Self (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exemplary Practice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L1. Model the Way</td>
<td>Leads others in exploring values, and beliefs and affirming individual contributions</td>
<td>Recognizes difference in values and beliefs and analyzes the origins of diversity.</td>
<td>Expresses personal values, recognizes biases and requests alternative perspectives from others.</td>
</tr>
<tr>
<td>L2. Inspire a Shared Vision</td>
<td>Helps team move forward by articulating the merits of alternative ideas and works collaboratively towards a common goal.</td>
<td>Works with others toward developing a shared vision within a group.</td>
<td>Explores opportunities to learn about others and seeks feedback on how personal behavior impacts team function.</td>
</tr>
</tbody>
</table>

# The Leadership Advocacy Diversity Inclusion and Equity Rubric

<table>
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</thead>
<tbody>
<tr>
<td><strong>L3. Challenge the Process</strong></td>
<td>Demonstrates commitment to advocacy efforts at an individual and societal level in the professional organization, community and clinical setting.</td>
<td>Engages others in an advocacy activity related to professional practice, social justice, health equity</td>
<td>Demonstrates advocacy for a patient in a clinical setting.</td>
<td>Identifies advocacy issues related to professional practice, social justice and health equity</td>
</tr>
<tr>
<td></td>
<td>Integrates alternative, divergent or contradictory perspectives to create a new solution or new knowledge.</td>
<td>Incorporates alternate, divergent or contradictory perspectives in an exploratory way</td>
<td>Recognizes the value of alternate, divergent or contradictory perspectives and seeks feedback for a solution</td>
<td>Identifies a problem and seeks a solution.</td>
</tr>
</tbody>
</table>

### The Leadership Advocacy Diversity Inclusion and Equity Rubric

<table>
<thead>
<tr>
<th>Exemplary Practice</th>
<th>Exemplary Leader (12.5)</th>
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<th>Leading Self (8)</th>
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</thead>
<tbody>
<tr>
<td>L4. Enable Others to Act</td>
<td>Addresses destructive conflict directly and helps to manage/resolve it in a way that strengthens relational cohesiveness and effectiveness</td>
<td>Identifies and acknowledges conflict and stays engaged with it.</td>
<td>Identifies conflict and redirects focus toward common ground, toward task at hand (away from conflict)</td>
<td>Privately accepts alternate viewpoints/ideas/opinions</td>
</tr>
<tr>
<td></td>
<td>Engages team members in a way that facilitates their contributions by constructively building upon or synthesizing the contributions and noticing when someone is not participating and inviting them to engage</td>
<td>Engages team in ways that facilitate their contributions by restating the views of others and or asking for clarification.</td>
<td>Engages team members by taking turns and listening to others.</td>
<td>Share own ideas and offers feedback to others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exemplary Practice</th>
<th>Exemplary Leader (12.5)</th>
<th>Leading Teams (10)</th>
<th>Leading Others (9)</th>
<th>Leading Self (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>L5. Encourage the Heart</strong></td>
<td>Motivates teammates by expressing confidence in members contributions and the importance of the task to the team's ability to accomplish goals</td>
<td>Motivates most team members by expressing confidence about the importance of the task and the team members ability to accomplish it.</td>
<td>Motivates one member of the team by expressing confidence in their ability to contribute to a task.</td>
<td>Contributes to the team by completing a component of the task.</td>
</tr>
<tr>
<td>Articulatates a complex understanding of cultural differences &amp; is able to skillfully negotiate a shared understanding.</td>
<td>Recognizes and participates in cultural difference and begins to explore behaviors to negotiate a shared understanding.</td>
<td>Identifies cultural differences and seeks understanding of the complexity of another culture in relation to its history, SSDOH, values, communication, economics, beliefs and practices and health outcomes.</td>
<td>Seeks to understand the complexity and emergence of their own cultural orientation and evolution. Views the experience of others but does so through own cultural perspective.</td>
<td></td>
</tr>
</tbody>
</table>

Student Directed DEI Initiatives: Creating a Culture of Belonging

- Affinity groups
- Mentor junior high and highschool students from under-resourced communities
- Medical Spanish lunch
- Book clubs, movie nights, community events.
- DEI blog https://regisdpt.org/diversity-and-inclusion/
<table>
<thead>
<tr>
<th>#</th>
<th>Field</th>
<th>Well Prepared</th>
<th>Adequately Prepared</th>
<th>Inadequately Prepared</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am aware of the complex nature of my own culture and how it influences my worldview.</td>
<td>70.83% 51</td>
<td>29.17% 21</td>
<td>0.00% 0</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>I can identify patterns of cultural similarity and cultural difference during a patient encounter.</td>
<td>62.50% 45</td>
<td>36.11% 26</td>
<td>1.39% 1</td>
<td>72</td>
</tr>
<tr>
<td>3</td>
<td>I seek to understand the complexity of another person’s culture as it relates to history, values, beliefs, lifestyle choices, communication and resources.</td>
<td>77.46% 55</td>
<td>21.13% 15</td>
<td>1.41% 1</td>
<td>71</td>
</tr>
<tr>
<td>4</td>
<td>I am capable of navigating most intercultural encounters in order to build a therapeutic alliance.</td>
<td>63.89% 46</td>
<td>34.72% 25</td>
<td>1.39% 1</td>
<td>72</td>
</tr>
<tr>
<td>5</td>
<td>I actively acknowledge values, perspectives and victories in diverse groups by creating a spirit of community.</td>
<td>66.67% 48</td>
<td>33.33% 24</td>
<td>0.00% 0</td>
<td>72</td>
</tr>
</tbody>
</table>
Student Composites n=605 (class 2015-2022)

Student IDI Composite Semester 3 & Semester 8

- Minimization: DO (94.77), PO (121.67)
- Acceptance: DO (104.66), PO (126.35)
- OG (Student Sem 3): 26.90, OG (Student Sem 8): 21.70

Intercultural Development Continuum
Developmental Orientation
Frequency Distribution %

<table>
<thead>
<tr>
<th></th>
<th>sem8</th>
<th>sem3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAPTATION</td>
<td>2.6</td>
<td>0.2</td>
</tr>
<tr>
<td>ACCEPTANCE</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>MINIMIZATION</td>
<td>12.1</td>
<td>27.3</td>
</tr>
<tr>
<td>POLARIZATION</td>
<td></td>
<td>21.6</td>
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REGIS UNIVERSITY
Questions and Answers
Faculty & Staff Intercultural Development

Curriculum & Clinical Development

Recruitment, Hiring & Retention

Community Engagement

Scholarly Activity & Continual Improvement

Circle of Human Concern
A cultural competent educator/trainer should…

- be familiar with literature.

- model application in life-long learning and practice.

- demonstrate use a wide variety of teaching methods and evaluative techniques and be able to flexibly adapt them to the learning situation and level of the trainees.

- skilled in facilitation and management of diverse opinions.

- recognize the limits of his/her knowledge and be ready to enrich the training with contributions from community members, traditional healers and educators from various disciplines.

IDI Composites
Student (605), Faculty (21) & Staff (5)

IDI Developmental (DO) & Perceived Orientation (PO) & Orientation Gap

- Minimization
- Acceptance

Raw Score

- DO
- PO
- OG

Student Sem 3  Student Sem 8  Faculty/Staff May 2021
“The group’s level of intercultural competence suggests they will likely be challenged to identify cross-culturally adaptive policies and practices that can guide common efforts across differences.”

“It is likely that the group will struggle with making decisions and solving problems when cultural differences arise that demand creative solutions in ways that value the differences.”
Moving from Minimization & Acceptance
Admissions Task Force: Implications of a Minimization Orientation

**Short term:** Investigate resources for implementing an interview process that would be more equitable and accessible for students of diversity
- Class 2025: changed interview questions/scoring
- Class 2025: enhanced message of inclusion throughout admissions experience.
- Class 2025: Four evening events highlighting program/student and alumni stories
  - DEI, leadership, global health/service, clinical education and research

**Long term:**
- Develop a Holistic Admissions Process for Admissions Cycle beginning July 1, 2022.
  - Create a proposal for a holistic admissions process and present to DPT faculty at RLM in January, 2022
- Work with the Outcomes committee and Office of Admissions in developing an ongoing assessment plan to assess if the new Admissions Process is meeting the needs of the School and Program Outcomes by May 1, 2022.
- Propose Student Success Model and Committee workload for AY 22-23 by April, 2022
Diversity representation $X^2 = 4.19$, $p = .049$
SOPT DEI Committee

1. Develop a Comprehensive DEI assessment and development plan to address all four strategic planning team DEI goals Dec, 15, 2023.
   a. Framework for Case Studies
   b. Framework for Presenting Evidence
   c. Presentation Aggregate outcomes associated with PT diagnosis and SSDOH

1. DEI committee members will participate in Ujima Institute’s Community of Practice for Inclusive Excellence AY 22-23 program and bring resources to SOPT to support DEI goals and objectives. (September 2022-May 2022)

1. Compose a DEI statement, mission and vision with input and feedback from community partners by December 1, 2022.

1. Create a DEI SOPT advisory council composed of members from the university faculty and student body, community, and healthcare systems, who can bring diverse perspectives and recommendations to the committee (diversity dimensions include but not limited to sexual orientation, gender ID, generation, ability, race/ethnicity, spirituality, political, SES, mental health) August 1, 2023

1. Communicate DEI goals, objectives, implementation and assessment plan to extended community members via SOPT DEI webpage by February 28, 2023
### VI. Curricular Structure & Central Concepts

<table>
<thead>
<tr>
<th>Curricular Framework</th>
<th>Comment on integration within the Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation/Application/Management</td>
<td></td>
</tr>
<tr>
<td>Lifespan</td>
<td></td>
</tr>
<tr>
<td>Motor Theory</td>
<td></td>
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<tr>
<td>HOAC</td>
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<td>ICF</td>
<td></td>
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<tr>
<td>The APTA Guide Terminology</td>
<td></td>
</tr>
<tr>
<td>Biopsychosocial Model</td>
<td></td>
</tr>
<tr>
<td>Diversity, Equity and Inclusion</td>
<td></td>
</tr>
</tbody>
</table>
Professional Development Plan: Annual Assessment

PURPOSE

The purpose of this document is to guide faculty in setting short-term and long-term faculty development goals and annually assessing their progress toward these goals. This plan develops from a process of self-assessment through the reflections of the faculty member and dialogue with their assigned administrator(s). Using this collaborative approach, faculty members set professional goals that address both personal and unit needs, review progress towards goals and identify the resources that are needed to achieve these goals. The process is intended to appropriate preparation for promotion in rank.

The Faculty Self-Assessment and Professional Development Plan includes the following areas:

1. Teaching assessment
2. Service assessment
3. Scholarship assessment
4. Personal development assessment
5. Professional development plan
Leading with Cultural Sensitivity

a. Fosters an inclusive work climate
b. Affirms diverse contributions to a shared vision
c. Uses emotional intelligence & awareness of personal biases to effectively navigate personal and professional interactions
d. Demonstrates commitment to being a part of the solution to dismantle disparities in health access and equity at an individual and societal level
e. Addresses destructive conflict and helps to manage it in a way that strengthens relational cohesiveness and an inclusive climate.
f. Establishes mentor/mentee relationships to support the development of inclusive leadership practices
g. Uses culturally responsive teaching strategies
h. Promotes inclusivity when conducting scholarly work and presenting evidence
i. Seeks to understand disparities in educational preparation and outcomes in persons from minoritized populations and uses resources to support the academic success of all students
j. Integrates knowledge of structural and societal determinants of health when teaching in content area of expertise.
k. Recognizes leadership strengths/challenges and formulates a plan for leadership development
Added a Question to Student Evaluation of Affiliate Faculty

The faculty member...

1. promoted an inclusive learning environment. (If selected disagree or strongly disagree, please comment in text box provided)
Questions and Answers
Community Intercultural Development

Interprofessional Collaborative Practice

Partnerships

Sustainability & social Responsibility

Continual Improvement

Circle of Human Concern: Needs Assessment
Building a Larger Ecosystem of Education

Students’ education or professional development is bigger than our one program

We have to collectively develop and care for our students
  - External programs
  - External mentors
  - External learning activities

Although it is external, it is part of the educational ecosystems
Community Partners

Ujima Institute Community of Practice: Regis Interdisciplinary team of 12
University: ODEIE
University: World Languages, Arts, Humanities
College of Health Professions: Diversity Committee
School of Physical Therapy: DEI Committee
Clinical Partners: Expanding Diversity & Training
Community Partners & Service Learning
Highschool and Junior Highschool Campus/School Outreach Programs
Global Health Pathway: Domestic & Intn’l immersions
Professional Engagement & Advocacy
Health System Collaboration
“It is my permanent openness to life that I give myself entirely, my critical thought, my feeling, my curiosity, my desire, all that I am. It is thus that I travel the road, knowing that I am learning to be who I am by relating to what is my opposite. And the more I give myself to the experience of living with what is different without fear and without prejudice, the more I come to know the self I am shaping and that is being shaped as I travel the road of life.” – Paulo Freire
THANK YOU TO

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Save the date:

October 13-15, 2023

pteducationleadershipconference.org
Appendix
### Class 2015 - Class 2022 Demographics n=616

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.6</td>
</tr>
<tr>
<td>Asian American Pacific Islander</td>
<td>10.6</td>
</tr>
<tr>
<td>Black</td>
<td>0.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.1</td>
</tr>
<tr>
<td>White</td>
<td>77.1</td>
</tr>
</tbody>
</table>

#### Gender ID
- Male: 41.88
- Female: 57.95
- Non-Binary: 0.16

#### Age (years) Semester 1
- Mean (SD): 25.5 (3.73)
- Range: 21.1-43.5

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**Related-Samples Wilcoxon Signed Rank Test**

- Positive Differences: 217
- Negative Differences: 56
- Number of Ties: 292

**Frequency Chart:**

- Post-IDIDO - Pre-IDIDO