

Episode: **Author Interview: “What Is the Role of Accreditation in Achieving Medical School Diversity?”**

Guest: Barbara Barzansky, PhD, MHPE

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is my colleague, Dr Barbara Barzansky, a Co-Secretary of the Liaison Committee on Medical Education at the American Medical Association in Chicago, Illinois. She's here to discuss her article coauthored with Dr Robert Hash, Dr Veronica Catanese, and Dr Donna Waechter, [What Is the Role of Accreditation in Achieving Medical School Diversity?](#), in the December 2021 issue of the Journal, *Health Justice and Diversity in Medical School Admissions*. Dr Barzansky, thank you so much for joining me on the podcast. [music fades]

DR BARBARA BARZANSKY: It's my pleasure. Thank you, Tim.

HOFF: To begin with, what is the main ethics point of your article?

BARZANSKY: I think what we'd like to make sure people understand is that while accreditation is important, it's one of the many strategies needed to enhance educational program diversity and the diversity of the health workforce. We consider it necessary, but it's not sufficient.

HOFF: Mm.

BARZANSKY: The LCME, the Liaison Committee on Medical Education, is the accrediting body for MD programs, and it considers that diversity is an important component of the learning environment. And it's had standards related to diversity for decades. The LCME expects that medical schools identify specific diversity categories that are grounded in the school's mission and that they engage in recruitment and retention activities for students, faculty, and staff related to those categories. That is, they devote resources and personnel to the recruitment and retention activities.

However, the diversity activities chosen for school attention may be limited because of the environment that they're in, because of national and local legislation and regulations in effect. And therefore, having an accreditation standard related to diversity does not in itself guarantee an individual medical school will be successful in achieving its desired diversity outcomes, even if the school devotes resources and other efforts to recruitment and retention activities for students, faculty, and senior staff. This is what makes accreditation an imperfect tool. It can't guarantee, in and of itself, success.

HOFF: Great. And what do you think is the most important thing for health professions students and trainees to take from your article?

BARZANSKY: There's a piece of it that talks about the need for schools to not only recruit and bring in students from their diversity categories, but also accept the responsibility to create a pipeline into health professions education and medical education in specific. So, the LCME considers it the responsibility of medical schools to contribute to the national diversity pool. And often trainees—medical students, for example—have a part to play in this recruitment activity. The LCME standard requires that survey teams review these school efforts in determining whether a given school's performance in its diversity standard is satisfactory. That is, it's not enough to bring people in who've already applied to medical school. It's the responsibility of the school and its faculty and students to create a larger pool who can then contribute not only to the school's specific diversity, but to the national diversity as well.

HOFF: And finally, if you could add a point to your article that you didn't get to fully explore, what would that be?

BARZANSKY: It would have been very nice, or very interesting we hope, to include more information about the information that the LCME collects in judging a school's diversity program, in addition to diversity numbers, which we describe in the article itself. For example, the LCME collects student opinion about the learning environment, including its diversity and professionalism. For example, in its review of medical schools, one source of information for the LCME is a survey of all students enrolled in the medical school that is conducted and analyzed by students. There are questions related to student satisfaction with student and faculty diversity and satisfaction with the learning environment, including student mistreatment, which can often have a diversity component related to mistreatment activities. The LCME uses this data from students and student opinion as an important input when reviewing school performance in its diversity standard and its learning environment standard, which we didn't discuss in the article, but which is an important component as well.

In addition to supporting diversity in the learning environment, the LCME also expects schools to ensure that students are educated to provide culturally competent care, to understand and address their own biases and those of their peers and teachers and biases in the health care system in general, and to identify and learn to address health disparities. These are part of another LCME standard that complements its standard related to diversity. [theme music returns]

HOFF: Dr Barzansky, thank you so much for your contribution to the Journal this month and for being on the podcast.

BARZANSKY: Thank you for the opportunity.

HOFF: To read the [full article](#) and the rest of the December 2021 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.