**Minimal Risk Protocol Template**

1. Protocol Title: Comprehensive Review of OHSU SOM Coaching Program for Under Represented Minorities (URM) in Medicine
2. Objectives

To determine what is needed in the OHSU coaching program for medical students who are underrepresented minorities. By meeting this objective, we will understand how to improve the coaching program.

1. Background

The curriculum transformation is one of very few programs in the country that has pioneered a coaching initiative for its undergraduate medical education program. Students who are members of underrepresented minorities have many different learning experiences and needs than members of majority populations, but little is known about these differences and needs among medical students.

With the growing diversity in patient populations nationwide, medical schools have been making extensive efforts to increase the diversity within their classrooms with only “4% of the 7,081 graduates from 81 U.S medical school in the 1960s, to 37% of the 16,167 graduates from 130 medical schools in 2009 who identified as racial or ethnic minorities”1.With this upward trend comes a need to ensure students who identify as URM have the culturally sensitive guidance and mentorship they may require to thrive in their pre-clinical and clinical years. Institutions have already started such efforts, like the ‘URM Harvard Medical School Students Mentorship Program’ where structured professional and social support is offered for URM medical students2. Others, like the University of Rochester, have implemented pre-clerkship training for non-URM faculty who aspire to help URM student properly adjust to the ‘culture’ change they will experience in their clerkships3.

During an open meeting in February 2016, Senior leaders in OHSU’s School of Medicine invited students to discuss issues they felt needed to be addressed by the SOM in their academic community. In this forum, it became clear that academic and social support for students of color, who were aggressively recruited by OHSU, appeared to be lacking and that URM students often sought mentors and resources that embodied a greater variety of cultures and backgrounds that are not currently offered at OHSU4. From these preliminary discussions, it became clear that a more formal assessment of both coaches in the coaching program and medical students of both URM and Non-URM is needed to ensure students receive the guidance they need for academic success.

Therefore, through our study we will assess perceptions of the coaches’ awareness of and abilities to coach URM and non-URM students, and their willingness to tackle unique issues URM medical students face during their training at OHSU. And we will conduct focus groups with students who identify as URM as well as those who don’t. We will then compare the experiences of URM students to their non-URM classmates to more formally identify their coaching needs and thoughts about how these needs could be addressed.

1. Study Design

The study design using a mixed methods approach composed of two components:

1. The quantitative part of the study will involve administering a cross sectional survey designed to evaluate the awareness of and perceptions of abilities, and willingness to coach URM and Non-URM students to the current coaches in OHSU’s YourMD curriculum. The survey will be administered in November 2016, as part of a more general survey.
2. The qualitative part of the study will involve conducting two focus groups with 20 students (10 that includes students who identify as URM and 10 who identify as non-URM students. The focus group schedule of questions and probes will evaluate their respective coaching experience during both the didactic and clinical portions of the curriculum.

The research team includes Mr. XXX, a second year medical student, Patricia (Patty) Carney, PhD, a mixed methods educational researcher, and Nicole Deiorio, MD, director of OHSU’s coaching program. The team has developed a survey for coaches which will be pilot tested. They have also developed a focus group question schedule for the focus groups, as well as the Institutional Review Board (IRB) materials needed for this study. The working draft of the survey is included in Appendix A, and the and focus group question schedule is included in Appendix B. Dr. Carney is a very experienced educational researcher, with over 220 publications on this and similar topics in peer-reviewed literature and Dr. Deiorio is the Assistant Dean to Student Affairs and the Coaching Program Lead.

1. Study Population

Selection Criteria: All coaches from the OHSU coaching program will be invited to complete the survey questions, and 8-10 students who identify as either URM or non-URM students from from Med 18 or Med 19 will be invited to take part in the focus groups. We will ask these students to self-identify into either one of the two groups.

Sampling Design: Approximately 280 students are eligible for the study and all coaches from OHSU’s coaching program. We will invite all students and coaches from these cohorts will be invited. We are hoping for ~100% response rate from coaches to the survey and to fill all available spots in the focus groups.

Recruitment Plans: We will introduce the project to students during a colleges event and via email, the focus groups will take approximately 1 hour. Students will receive a free lunch for their participation. Students who wish to participate will be anonymously identified in the study. Coaches will be introduced to the project during a general coaches meeting and asked to participate in our questions with the option to opt out of answering them if that is their preference.

1. Measurements
   1. **Main predictor variables: Not applicable**
   2. **Outcome variables:** The outcome variables for the coaches will be their awareness of students who identify as URMs, their perceptions of their abilities to coach these students and how they may differ from non-URM students and their willingness to learn more about how to improve their coaching abilities for these different groups of students.

The outcome variables from students will be their descriptions of their needs from the coaching program, and their perceptions of how the coaching program could be improved to better meet their needs.

1. Data Collection and Management

The coaching surveys will be administered in November of 2016 as part of a coaching assessment program already planned for that time. The surveys will be administered online and data checking and cleaning will occur prior to any analyses. The coaches’ names will be replaced with a study identifier to protect their confidentiality.

Field notes will be collected as part of the focus groups by two independent research associates. These will be typed up and combined into a single study document in preparation for analyses.

1. Data Analysis
   1. **Approach to statistical analyses:**

Descriptive statistics will be used to characterize responses to the survey data. Differences between faculty members who identify themselves as URM will be compared to those of faculty who do not using chi square for categorical variables.

Analyses of focus group data will involve independent open and axial coding by two independent coders, and constant comparative analyses using immersion crystallization techniques. Emergent themes will be defined and exemplars selected to represent the themes will be decided upon using consensus meetings.

* 1. **Primary null hypothesis:** There will be no differences in responses to the coaching survey according to coaches’ self identifying as URM or not and there will be no differences in students’ experiences or needs according to their self-identification as URM.

1. Limitations and Alternative Approaches
   1. Potential problems:

One of the main problems that may arise when evaluating coaches is not obtaining 100% response which will limit the perspective of our findings. Though our prior assessments of coaches has achieved response rates close to 100% Furthermore, we are asking coaches to fill out and write their answers to certain controversial questions and some may be hesitant to answer truthfully. To overcome this, we will ensure their responses are confidential.

We may also have some issues in students participating in the focus group, with respect to confidentiality. Students may be concern their peers will share information from the focus groups with those not in attendance and thus may hesitate to express their true opinions on various issues.

1. Sharing of Findings

The results of this study will be shared with the medical student classes, and coaches in the coaching program when the study is complete.

1. Privacy, Confidentiality and Data Security

Privacy, confidentiality and security of medical student data is a top priority because students are considered a vulnerable population. Coaches’ confidentiality is equally important. Coaches taking the survey online using a unique token system that allows them to log into the online survey. The token will ensure that coaches’ responses are linked to an identifier that will allow pulling of data needed for the study from the Research and Evaluation Data for Educational Improvement (REDEI) system. Data kept in the REDEI system is maintained in a database on a secure OHSU server. Access to data from REDEI is restricted according to user permissions. For example, a viewing portal allows coaches to see their own data but not data from other coaches.

For the focus group sessions, only general field notes will be taken with quotes that do not identify the person speaking. We will not be audio-recording the sessions, which will ensure further protection of confidentiality and anonymity.

1. Risks and Benefits (I borrowd this from Luke’s proposal, don’t know if that is okay)
   1. Risks to Subjects

The greatest risk to subjects is a loss of confidentiality. This risk will be reduced to the extent possible by ensuring that the data collection process is kept confidential, private and firewall protected. All study data will be kept in password protected files and no identifiers will ever be shared as a part of this study.

* 1. Potential Benefits to Subjects

There will likely be no benefit to medical students who participate in this study, but future URM medical students might benefit from improved educational strategies and policies that are suggested as a result of the findings of this study.

**References:**

1. Lee PR, Franks PE. Diversity in U.S Medical Schools: Revitalizing Efforts to Increase Diversity in a Changing Context, 1960s-2000s. Philip R. Lee Institute for Health Policy Studies, School of Medicine, University of California, San Francisco, December 2009.
2. URM Harvard Medical School Students Mentorship Program. *Massachusetts General Hospital*. Available at: http://www.massgeneral.org/education/internship.aspx?id=38&display=overview. Accessed March 20, 2016.
3. Abernethy AD. [A mentoring program for underrepresented-minority students at the University of Rochester School of Medicine.](http://www.ncbi.nlm.nih.gov/pubmed/10219209) Acad Med. 1999 Apr;74(4):356-9. PubMed PMID: 10219209.
4. Diversity Listening Session Recap. *OHSU Student Portal*. Available at: https://student.ohsu.edu/?q=node/2209. Accessed March 21, 2016.

**Appendix A: Supplemental Coaching Questions for Nov 2016 Survey (For Coaches)**

***Instructions:*** *The purpose of these questions is to understand your thoughts and perceptions about coaching students who are under-represented minorities. There are no right or wrong answers, so please select the response that best represents you or your views.*

1.01. How long have you been a coach for OHSU Medical Students?

1. I have been coaching since academic year 2014/2015

2. I have been coaching since academic year 2015/2016

1.02. Do you, as a faculty member, identify yourself as an under-represented minority? (*Draft definition:* a member of a racial or ethnic group, or of socioeconomic, sexual orientation, or disability status that is/are underrepresented in medicine relative to local and national demographics):

1. Yes 2. No

1.03. Do you think any of the students you are coaching identify themselves as members of an under-represented minority?

1. Yes 2. No

1.04. **If Yes,** how did you make this determination:

1. Made assumption based on name

2. Made an assumption based on appearance

3. Conversations with student provided an informal indication

4. Student identified themselves in a formal way

5. Other (please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1.05. If you do not think any students you are coaching identify themselves as members of an under-represented minority, do you think any of the following are useful ways to understand their status?

1. Use a more structured approach to questioning them early in the coaching relationship to specifically identify this

2. Encourage more openness about self-identity as part of becoming a physician

3. Other (please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1.06. Do you think students who identify themselves as members of an under-represented minority have different needs from you as their coach?

1. Yes 2. No

1.07. If **Yes,** what different needs do you think they have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1.08. How would you rate your skill level for coaching medical students who identify themselves as members of an under-represented minority?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not Sure** | **Not at all Skilled** | **Somewhat Skilled** | **Moderately Skilled** | **Very**  **Skilled** |
| 1 | 2 | 3 | 4 | 5 |

1.09. If **Not Sure,** what skills do you think would help you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1.10. If we designed a program to help address these needs, how likely would you be to take part in it:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all likely** | **Somewhat likely** | **Moderately likely** | **Very likely** | **Extremely likely** |
| 1 | 2 | 3 | 4 | 5 |

**Appendix B: Focus Group Questions for Medical Student Participants**

**1. Tell us about your experiences with the coaching program.**

Probe: What do you want from your coach

Probe: At this point in MS, what do you want your coach to know about you

**2. Have you heard about coaches you wish you had?**

Probe: Why?

**3. What do you think is the best way to match coaches and medical students?**

**4. How important is it to you to identify with your coach?**

**5. What do you think are the most important characteristics**

**6. How have you talked with your coach about any vulnerabilities you may have?**

**7. How did your coach respond when you brought this up?**

**8. How has the coaching experience affected you in terms of feeling a part of OHSU community?**