

## **Diversity and Inclusion at the Medical University of South Carolina Changing the Impossible!!**

“With great power, comes great responsibility” As a member of the health profession, the public looks to you like a superhero for help in their times of need. It is imperative that we work as a team and provide everyone with considerate and respectful care. **Joe Vuthiganon, DMD, Assistant Professor, College of Dental Medicine**

Ghandi made the statement that “I do not want my house to be walled in on all sides and my windows to be stuffed. I want the cultures of all the lands to be blown about my house as freely as possible. But I refuse to be blown off my feet by any.” I believe this embodies how important it is to have diversity, inclusion and interprofessionalism among the students at MUSC. Through diversity we can learn so much about one another understanding how differently we will respond in similar situations and apply it to how we interact with patients. Inclusion of the unique characteristics of an individual’s influences how we investigate the ability of their culture to impact the modality of treatment for their ailments and how we empathize with them during their struggle. However, it is often our own background that led us to seek out careers in which we will be able to help others and the justification buried within us on why we chose such a career that keeps us grounded and determined to be true to our distinctive identity. With these concepts we become focused on achieving a unified goal with others professions in order to deliver the best possible care to the patient and discover avenues of research to improve upon our current knowledge. **Denise M. Kimbrough, PhD Candidate, Molecular Cellular Biology and Pathobiology Program, Department of Cardiology**

Idiopathic Pulmonary Hypertension...Triple Negative Breast Cancer...Poor, Extensive, Ultra-Rapid Metabolizers. Diversity within patient populations can profoundly impact clinical outcomes, therapeutic intervention options, and overall risk factors for certain medical conditions. One of the greatest challenges we face in medical sciences is finding appropriate models which both accurately reflect and include the beauty and complexity of diverse populations. As Chief Residents, you have been equipped, entrusted and empowered to play pinnacle roles in the lives of many individuals within our MUSC Community. Your medical expertise affords you great opportunity and responsibility to quite literally *change what is possible*. I invite you to earnestly consider diversity and inclusion as essential guideposts in your leadership as we strive to promote optimally functioning medical teams encourage compassionate/ well-rounded future clinicians who value inter-professionalism, and seek more efficacious personalized medical care for the patients whom we serve. **Lilli Harris, PhD, Department of Cardiology**

I believe that accepting and embracing the diversity or richness of human differences that characterize patients, populations, and the health care team are core competencies for interprofessional collaborative practice, especially those in leadership. **Dr. Sabra Slaughter, Chief of Staff, Associate Professor**

When we consider diversity, we cannot limit our thinking to what we can see. Diversity goes way beyond our subjective perception of others. Often our “lens” is biased by our own experiences, phobias, beliefs and any of the “isms.” Our “lens” should be a “lens of inquiry”. As healthcare professionals we need to appreciate what makes us all “different.” These differences

from micro to macro are why we as a species survive today. When we as healthcare professionals exercise/promote discrimination, we promote disparities and inequality.

**Tim Brendle MS, RN, CNOR, NE-BC, Nurse Manager/Doctoral Student, Perioperative Services**

When I think of preparing residents for leadership two terms resonate “cultural humility” and “cultural proficiency”. Respectively, the terms speak to the health care providers ability and willingness to constantly commit to actively engaging in self-evaluation of experience and professional practice in order to deliver the best unbiased care (i.e., care that takes into consideration the impact culture may have on the patient outcomes) to patients and families. Health care leaders, like any others, come to their professions with conscious and unconscious biases – based upon life experiences and lessons taught by significant others in their lives – hence the need to make intentional our efforts to eliminate the negative impact of them.

**Willette S. Burnham, PHD, Assistant Professor, Executive Director Student Programs and Student Diversity, Co-Chair University Diversity and Inclusion Strategic Planning Committee**

“A leader that is committed to cultural diversity is one that aims to harness a pool of individuals with unique qualities, skills and talents seeing this combination of differences as a **potential for growth** rather than **opportunities for conflict.**” *VeLonda Dantzler, M.A., Human Resources Management*

Differences in others (peers, other professions, patients) can either frustrate or motivate us. It’s up to us to **CHOOSE** to value the differences. By doing so, we are culturally richer, more aware, more compassionate, more likely to think well of others, more likely to respond benevolently. **This daily choice becomes a lifestyle over time.** A powerful motivator.

**Kathleen J. White, MSN, RN, Patient & Family Education Coordinator, Health Literacy Advocate**

Accountability and responsibility- Leadership. True Interprofessionalism and progressive efforts for the delivery of health care makes each of us responsible and accountable for diversity and inclusion. What an honor and privilege to be able to help guide those who can transform our current healthcare systems. However, needed changes cannot and do not occur in silos. To meet the needs of those we serve, we must model collaborative practice and models of care. A professor colleague recently shared with me about “some of the best [ clinical research] ideas have come from listening, respecting and sharing credit with our community” I would extend that thinking and say that our best health care comes from active listening, respect and sharing— to ultimately provide the delivery of high-quality, patient-centered care. That’s my vision of inclusion, diversity and interprofessionalism. **Gayenell S. Magwood, PhD, RN, College of Nursing, Department Chair and Associate Professor**

I heard & serendipitously learned a very valuable lesson in a meeting recently. I can require the acknowledgment of the importance of diversity, inclusion, & IPism as an expectation of professionalism but I can't change another person's beliefs about them. Thus, university administrators & leaders should hold each employee to the determined standard of excellence related to diversity, inclusion, & IPism as a function of their professional responsibilities. You're

either part of the solution or part of the problem. **Hazel L. Breland, PHD, Assistant Professor, College of Health Professions**

I think Leadership is a way of being in the world, not above the world, and of setting intention about diversity, inclusion, and interprofessionalism without which there would be nothing to lead. We need to celebrate difference rather than fight against it. We need to constantly co-construct knowledge for the betterment of those we serve and we can only do so in the presence of those who are different from us. **Maralynne D. Mitcham, PhD, Professor and Assistant Dean, College of Health Professions**



