

West Virginia University School of Public Health
Graduate Medical Education Policy on Diversity and Inclusion Process
(CPR V.C.1.c).(5).(c))

Mission:

The West Virginia University Preventive Medicine Residencies are ACGME-accredited two-year residency programs that seek diverse individuals with a passion for service to vulnerable and underserved populations, an interest in the Appalachian region, in rural practice, and the potential and desire to become leaders in Preventive Medicine within the Appalachian Region. We train residents to become fully competent, board-certified community health strategists who apply population-based methods to promote, protect, preserve and rehabilitate the health of our Appalachian communities with particular sensitivity to the needs and concerns of rural and underserved populations across the overlapping domains of clinical preventive medicine, population health and public health. Residents will become, to quote ACPM Board President Stephanie Zaza, experts in 'prevention, preparedness, and resiliency'. These broad areas of expertise will be addressed with particular focus on the needs of medically vulnerable and underserved populations of West Virginia, the larger region of Appalachia, and other rural areas.

Overview and Four Components of our Evaluative Model: Our programs encourage the wealth of information, culture, and approach that a diverse and inclusive training environment provides. Our evaluative model is broad-based and mission-driven, taking a balanced approach to consideration of applicants keeping our program mission in mind. Our goal is to attract diverse applicants who are aligned with our program (departmental and institutional) mission and goals, and who will promote inclusion within our program and training environment.

Four key components of our evaluative model include:

- * **Experiences** – The path that applicants have traveled to get to the point of choosing Preventive Medicine as their career.
- * **Attributes** – Skills, abilities, personal qualities and attributes, familiarity with and desire to serve vulnerable and underserved populations in West Virginia, Appalachia or in rural communities, ability to complete necessary academic content and examinations. Demographic factors including but not limited to race, gender, and disability will be taken into consideration.
- * **Competencies** – ACGME competencies (i.e. Patient Care; Medical Knowledge; Professionalism; Systems-based Learning; Practice-based Learning; Interpersonal and Communication Skills), as well as Preventive Medicine specialty-specific competencies.
- * **Metrics** – Quantitative scholarly academic components of an applicant's portfolio (e.g. GPA, USMLE, presentations, publications, grants).

General Principles:

- A. We take a holistic approach to the evaluation of applicants, taking into consideration all the above components with recognition that individuals who are well-qualified and whose career goals are in alignment with our program mission may sometimes require support in various areas in order to achieve success.
- B. We seek a well-rounded group of applicants who bring diverse identities and experience and achievements, with strengths in as many of the above components as possible.
- C. Our system of evaluation is broad-based, linked to our program/institutional mission, and designed to promote diversity and inclusion, to enhance institutional excellence.
- D. The WVU Preventive Medicine Residency Programs maintain standards and expectations of achievement and potential while expanding criteria considered in the context of an applicant's portfolio.

Specific/Detailed Comments:

1. **Applicants must have completed their MD/DO degree from a US or equivalently regarded International medical school.** There is no minimum GPA requirement, but evidence of difficulty in the medical curriculum may identify applicants who may require additional assistance with the academic component of the program. Letters of reference, dean's letters or interview presentation indicating very bright or motivated learners are recommended. Having overcome personal challenges in attaining current academic/professional status is considered in a positive light.
2. **Applicants must have completed at least one (1) full year of ACGME-accredited residency training (including at least 10 full months of direct patient care) prior to admission.** While there is no specific prerequisite area of training, experience in settings providing primary care is favorably regarded. We seek residents who are not only sound clinicians, but who are compassionate, anti-biased, and anti-prejudice in their approach to patient care and healthcare delivery. Experience in a variety of care settings, especially those serving rural, underserved, and/or at-risk populations is a plus. Special attention will be given to applicants who have overcome personal obstacles and challenges in attaining their academic or professional status.
3. **Applicants are required to have successfully completed all components of the USMLE exam series prior to acceptance into the program.** While not a specific requirement, applicants who already possess a valid state medical license have historically had an easier path to board eligibility and certification. Applicants with one or multiple failed parts of the USMLE series, while not a disqualifier for admission into the program, may be at higher risk for academic difficulties once matriculated into the program, and may require additional instructional resources.
4. **There is no specific requirement for prior peer-reviewed publications, presentations, or involvement in local, regional or national organizations.** However, engagement in such activities as an undergraduate, a medical student, a resident or as a practicing professional is

a good indicator that the applicant will continue such involvement during residency and throughout their career. Demonstration of interest in Preventive Medicine issues through special learning tracks in medical school, elective work, and/or externships is favorably regarded. Particularly noteworthy would be a history of leadership roles in areas related to Preventive Medicine, especially those related to diverse, underserved, vulnerable or at-risk populations.

5. **We recognize that applicants who have been historically underrepresented in medicine have diverse identities and experiences that enhance our program, department, university, and our community partners.** Such applicants may have taken a career direction or trajectory that differs from that of other applicants; this is viewed as a potential source of personal strength. **Personal strength and conviction in overcoming challenges and barriers to personal, academic and professional pursuits** generally reflects broad life experience and strength of character. While the program may use such backgrounds as an indicator for proactively identifying future residents who may require additional educational support, the potential requirement of such support is viewed in the context of a holistic evaluation of an applicant's portfolio and does not necessarily preclude an applicant from admission. **A history of demonstrated engagement in activities** (research, policy, professional or volunteer) **geared toward underserved and at-risk populations** (not merely stating an interest in an application essay) speaks to the applicant's potential commitment to such activities in the future and is very favorably regarded.

Summary:

As described above, these core tenets are considered in a holistic fashion, where weaknesses in some areas may be balanced by strengths in others.

Each applicant will be assessed along each domain of the PROGRAM MISSION:

1. **POTENTIAL FOR COMPLETION OF RESIDENCY (MPH/Rotations);**
2. **POTENTIAL FOR ACHIEVEMENT OF BOARD CERTIFICATION;**
3. **LEADERSHIP POTENTIAL (academic, policy, community); and**
4. **BACKGROUND/COMMITMENT TO under-represented/at-risk populations in West Virginia and the Appalachian region.**

All elements (experiences, attributes, competencies and metrics) are factored into the assessment for success in meeting each component of our program's mission, but no single element is afforded overwhelming weight, and none are singly determinative.

Each program mission domain should be rated with the applicant's likelihood to succeed within that domain. They should then be assigned an overall assessment, based on the assessments from each domain. Applicants will be assessed at each of three stages or review: Initial ("screening") review; Interview; and post-interview "rank list." **ASSESSMENTS** are: **"A"** – among the best applicants, highly likely to meet our program goals; **"B"** - stronger applicant, likely to meet program goals; **"C"** – weaker applicant, unlikely to meet program goals in a given area; **"F"** – fails to meet minimum admissions criteria (e.g. lacks ACGME-accredited PGY-1 year); **"I"** – incomplete information, unable to assess/proceed with application.

WVU PREVENTIVE MEDICINE RESIDENCY APPLICANT DOMAINS ASSESSMENT FORM:

APPLICANT NAME: _____ **ERAS NUMBER:** _____

FACULTY REVIEWER: _____ **DATE:** _____

REVIEW TYPE (CHECK ONE): **ERAS APPLICATION** **INITIAL INTERVIEW** **FOLLOW-UP/RANK LIST**

ASSESSMENT:

RESIDENCY SUCCESS:	A	B	C	F	I
<i>MSPH:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>
<i>Rotations:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>

BOARD CERTIFICATION POTENTIAL:	A	B	C	F	I
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LEADERSHIP POTENTIAL:	A	B	C	F	I
<i>Academic:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>
<i>Policy:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>
<i>Community:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>

BACKGROUND/COMMITMENT:	A	B	C	F	I
<i>Under-represented Groups:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>
<i>At-Risk Populations:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>
<i>WV/Appalachian Region:</i>	<i>a</i>	<i>b</i>	<i>c</i>	<i>f</i>	<i>i</i>

COMMENTS: _____

OVERALL ASSESSMENT (for this review): **A** **B** **C** **F** **I**

Reviewer Initials: _____