

# Inclusive Excellence and Institutional Culture Change

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There are two fundamental groups in our society: one whose dreams become reality and the other, as Langston Hughes once said, whose “dreams are deferred.” In my mind, which of these two groups you fall into has a great deal to do with whether you have a college education. It is interesting to talk to educated audiences such as this one, as a common refrain is that “everyone I know has a college degree.” Unfortunately, that perception among the educated classes regarding the ubiquity of a college education does not reflect reality. Although it is true that larger numbers of Americans are attaining college degrees (10% of all Americans in 1963 as opposed to 30% today), we increasingly are seeing that socioeconomically disadvantaged groups and minorities are not doing as well, and just as important, our young people are not doing as well as their parents before them. A fundamental problem we have is that a large percentage of young people who enter college today will not make it through and will instead drop out. About 55 million Americans have started college without ultimately attaining bachelor’s degrees. Of those, about 20 million earned associate’s degrees, but the majority left college with no degree, a staggering number that leads to student debt, economic hardship, and, ultimately, deferred

dreams (outstanding student debt in the United States now tops \$1 trillion). That speaks to a basic problem with the way in which we run higher education: would it be acceptable in health care if you were to say that only 50% of your patients will survive? That’s what we currently face in higher education, and this problem speaks to the urgent need to reform the way in which we approach college education and our students.

As far as I am concerned, the failure of colleges in this regard, and our inability to substantially improve college graduation rates, comes down to two things: universities don’t know enough about their students, and consequently, they don’t know how to provide them the support they need to succeed. Decisions end up being made on the basis of anecdotes and ideologically driven opinions, rather than using analytics and quantitative data that tell the truth about the situation. At the University of Maryland, Baltimore County (UMBC), much of our success has come because we have taken real steps to figure out what is holding back our students. We have moved away from thinking about our school as a place that is fundamentally focused on research (with our students thought of merely as a means to pay the bills) to thinking of the success of our students as fundamental to the mission of our school.

This focus on students, and our increasing use of data to figure out what our students need, has allowed us to fundamentally change the way in which we approach many aspects of student life and, moreover, has allowed us to attract socioeconomically disadvantaged and minority groups to the sciences (one of the strongest aspects of the educational experience at UMBC). For many years, we (and most other universities around the country) had the attitude that science and technology were for the select few, and that it was a good thing that many students dropped out of the sciences because their grades weren’t good enough. At UMBC, we have moved away from this fundamentally retrograde idea, instead focusing on how to create a sense of community among our students. We no longer grade courses purely on a curve—a practice that was instilling cutthroat competition among our students and driving students away from the sciences—and instead have created an environment with more group work and greater cooperation among students. Similarly, as a campus with students from more than 100 countries, we have worked hard to socially integrate students from diverse backgrounds, particularly given that our data show us that loneliness and isolation are major barriers to the success of vulnerable students. In a similar vein, we have increasingly incorporated parents

into the life of the school, as our data suggest that actively involved parents are more likely to result in students who succeed and graduate. Just as important, we now listen to students about what they know, don't know, and need. For example, taking into account our students' requests, we created a separate area in the library where students could talk and work together cooperatively, rather than the traditional model whereby they would sit quietly in cubicles, alone, without talking or interacting with others. I was never prouder than when I talked recently to a student who told me that the party at UMBC now took place when studying at the library!

I know that many traditionalists preferred the way things used to be and are aghast at the changes we have made. Nevertheless, I would put the education at UMBC up against the best in the country, and our students leave UMBC with an incredible education and go on to the best jobs and best graduate programs in the country. UMBC graduates dominate the defense and government sectors throughout the greater District of Columbia area, and I have students who will next year start graduate school or medical school at nearly every big-name program in the country.

What does all this have to do with health care? At the end of the day, running an educational institution is not so very different from running a medical department or hospital. Take the time to look at your own

department's culture and try to put yourselves in the shoes of your patients, who might not be comfortable navigating the health care environment. Just as we figured out what was holding back our students from taking full advantage of their college educations, try to figure out what barriers you are placing in front of your patients and what changes you can make. As at UMBC, listen with an open mind to different perspectives to make your own institution a stronger, healthier place. Push to look at yourselves in the mirror and understand your own weaknesses and flaws, as well as the areas where improvement is possible. The only thing worse than being blind is having sight but not knowing what you are seeing: seeing is the key to changing culture.

## KEY POINTS AND LESSONS FOR RADIOLOGY

- Higher education and medicine present similar dilemmas for the makers of public policy and those who run individual institutions: both are vital industries in which outcomes are nowhere near as good as we would like but, at the same time, in which making the changes to reform each of these industries is easier said than done. From our perspective, the most important thing Dr Hrabowski taught us is that we must adjust the focus of our departments and hospitals to our customers, in our

case our patients. In this regard, Dr Hrabowski reiterated what has been a fundamental theme of our entire series of "Rethinking the Patient Experience" lectures: we, as an industry, need to better figure out what our patients want and how we can change our institutional practices in such a way that patients have a better experience and are more likely to return to us when needing medical care.

- As Dr Hrabowski noted, all too often our attempts to make changes in our departments and improve the patient experience are based on anecdotes and opinions, rather than being firmly rooted in data and analytics. Dr Hrabowski's success at UMBC is based, in large part, on the fact that rather than making guesses regarding what changes needed to be made, UMBC's changes have been based on gathering data and taking a quantitative approach to the school and its students. This is something we in the medical industry must seek to emulate, and we must gather more information (whether through surveys or directly questioning our patients) regarding what changes our patients would expect from us.

## ADDITIONAL RESOURCES

Additional resources can be found online at: <http://dx.doi.org/10.1016/j.jacr.2015.06.004>.

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