

At UVM, diversity and inclusion are not only broadly defined and valued, but also mission driven and connect with our strategic planning, policy development and are integral in how we measure our success. We believe that diversity and inclusion supports the cultural humility that enhances clinical effectiveness, informs research and results in effective interaction in cross-cultural situations.

In setting goals, objectives, and actions, the Committee for Strategic Planning on Diversity and Inclusion reviewed currently available data, trends, programs and progress. The Committee searched for published evidence of "what works?" focusing on the literature and potential evidence-based practical strategies. The Committee also gathered input from the Larner College of Medicine community using Open Forums for faculty, students, and staff.

For 2018 to 2023, the committee determined two overarching goals and five priority objectives with recommended actions:

### Overarching Goals

- 1. **Promote inclusion** throughout the entire Larner College of Medicine community, driven by our organizational culture, environment, and climate. <sup>1</sup>
- 2. **Promote the use of data-driven, evidence-based, and practical approaches** for all objectives and actions in the Strategic Action Plan.

In alignment with these goals, and based on the recommended actions in the strategic plan, four priorities have been selected for Year 1 of the plan (2018-2019). They are listed below (priority items are underlined).

<sup>&</sup>lt;sup>1</sup> According to the Association of American Medical Colleges (AAMC), inclusion is defined as a core element for successfully achieving diversity, and is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect and value for all and encourages engagement and connection throughout the institution and community.



Objective 1: Create and sustain an organizational culture, environment, and climate that consistently promotes a welcoming and inclusive environment throughout all levels of the organization.

- Recommended Action 1.1 Each LCOM Department Chair will develop a Department-level Strategic Action Plan for Diversity and Inclusion, specific to Department and College needs, using a common template. (Literature based.) Identify Department champions to implement plans. This will be a priority for 2018 (year 1).
- Recommended Action 1.2 Ensure that Diversity and Inclusion (emphasizing Inclusion) is incorporated into all LCOM Strategic Plans and Initiatives.
- Recommended Action 1.3 In the 5-year review of the 2012 Bylaws of the Faculty of the College of Medicine, specific language regarding diversity and inclusion of all Standing committees, with particular attention to the Nominations Committee, should be considered.
- Recommended Action 1.4 Develop a communications strategy highlighting inclusion and innovation in a scientific and medical culture.
- Recommended Action 1.5 Develop a College-wide voluntary educational strategy, including but not limited to curricular efforts, Teaching Academy sessions, inclusive management for supervisors, and leadership training. (Literature based.)

Objective 2: Recruit, retain, mentor, and promote a diverse faculty workforce, including leadership, with specific emphasis on women, ALANA and URM, and LGBTQ faculty.

- Recommended Action 2.1 Create Faculty Pipelines
  - Connect strategies to increase student diversity and inclusion with efforts to recruit and retain a diverse faculty (Literature based.)
  - o Collaborate with UVMMC in areas of faculty recruitment and mentoring.
  - Collaborate with UVMMC by linking LCOM students to UVMMC Graduate Medical Education (GME) programs, and then to junior faculty positions.
- Recommended Action 2.2 Implement recommendations of University of Maryland (Diversify the Faculty) in areas of mentoring, work-family balance, transparency in promotion and tenure protocols, and promotion of research.
- Recommended Actions 2.3 Create mentoring and coaching programs for junior faculty at LCOM, in all departments, specifically emphasizing women, ALANA and URM, and LGBTQ faculty (literature based). Explore feasibility (including costs) of a pilot junior faculty fellowship award program (Literature based).
- Recommended Action 2.4 Create a leadership forum, with training for executive and leadership skills in women, ALANA and URM, and LGBTQ faculty.



### Objective 3: Recruit and retain a diverse and inclusive medical and graduate student community.

- Recommended Action 3.1 Expand Student Pipeline Programs:
  - Create new evidence-based pipeline programs with the Burlington and Winooski School districts, and underserved areas of Vermont, such as the NE Kingdom. (Literature based).
  - o Create new pipeline relationships with Middlebury and St. Michael's Colleges.
  - Create scholarships in the UVM Post-Bac Premedical program and Master of Medical Science programs; link performance to LCOM admission (Literature based)
  - Expand UVM's pre-medical enrichment program with addition of a second entry point in sophomore year ("second chance").
- Recommended Action 3.2 Enhance Student Support:
  - Create a pilot program for medical students at high academic risk for the summer prior to matriculation to enhance preparedness and retention (Literature based).
  - Ensure availability of additional student support services for at-risk students, including student "siblings" or peer mentoring availability, and coordinate with existing programs.
- Recommended Action 3.3 Offer exit interviews for all students leaving LCOM.

### **Objective 4:** Recruit and retain a diverse staff using tested organizational approaches.

- Recommended Action 4.1: Obtain permission for and create a pilot initiative at LCOM that would allow new decentralized human resources strategies to recruit and retain a diverse and inclusive staff in technical areas.
- Recommended Action 4.2 Create staff pipelines:
  - Create partnerships with local minority associations, non-profit organizations, and Veteran's groups to enhance recruitment;
  - Identify specific educational needs and develop pre-employment training programs or certificates;
  - Explore opportunities for staff community service initiatives in enhancing diversity.
- Recommended Action 4.3 Identify opportunities for staff participation in (voluntary)
  educational opportunities and to champion diversity and inclusion initiatives at LCOM at the
  Department and College levels.
- Recommended Action 4.4 Identify existing and/or create University, College, and Department level staff recognition for support of Diversity and Inclusion.



**Objective 5:** Identify data gaps and develop specific metrics, using practical and systematic approaches, to regularly monitor and ensure progress.

- Recommended Action 5.1 Create LCOM annual report based on faculty, staff, and student data. For faculty (UVM data), data is available on gender, ethnicity, rank. UVM data is available through the office of the Associate Dean for Faculty Affairs prospectively. The Office of Medical Student Admissions and registrar are sources of student data.
- Recommended Action 5.2 Conduct regular assessment of the College's culture, environment, and climate using validated or national methods. Develop process measures for inclusion, as needed. (Literature based).
- Recommended Action 5.3 Request that UVM add LGBTQ as an additional self-reported option to enhance existing demographic elements, using AAMC criteria.



#### PROPOSED RESOURCES TO SUPPORT FY'18 PRIORITY ACTIONS

#### Personnel

#### 1. **DIVERSITY EDUCATOR** (0.3 FTE)

- Develop a comprehensive faculty diversity education program in alignment with the Department of Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).
- Will conduct faculty development workshops, based on departmental needs identified in diversity planning process.
- Will support education needs identified in department-level strategic diversity plans.

### 2. ACADEMIC EXCELLENCE LIAISON (0.2 FTE)

- Will work closely with OMSE to ensure success and retention of at-risk medical and graduate students.
- Will provide assessment of individual medical student needs and counseling to improve academic performance.
- Will develop a pilot summer program for high academic risk medical students.

#### 3. WOMEN FACULTY LIAISON (0.2 FTE)

- Shared position with Office of Faculty Affairs.
- Will work to address issues specific to women faculty advancement and satisfaction identified in the 2016 climate survey including but not limited to: recruitment, retention, promotion, advancement

#### 4. DATA ANALYST (0.2 FTE)

- Will develop, collect and analyze data pertaining to efficacy of diversity and inclusion initiatives.
- Develops and prepares internal reports of status, progress and outcomes of evaluation activities.
- Will develop reports, white papers and journal publications recommendations.
- Will work with departments in developing department specific diversity objectives and plans.

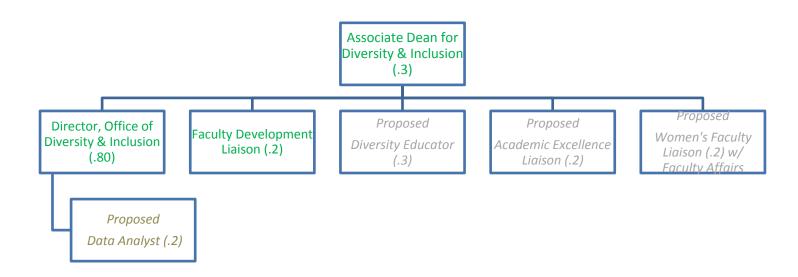
### **Budgetary**

- 5. Increase funding (\$15,000) in ODI operating budget to cover the following priorities:
  - a. Diversity in Medical Education Mini-Grants
  - b. 4/4.3 Diversity Professional Development for Staff
  - c. 4/4.4 Identify / create college, and department level staff recognition for support of diversity and inclusion initiatives.

<sup>&#</sup>x27;The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53



### **ODI PROPOSED ORGANIZATIONAL CHART**



Key: Existing Proposed



### **Key References**

- 1. Miller CJ. Implementation of a study skills program for entering at-risk medical students. *Advances in Physiology Education*. 2014;38(3):229-234.
- 2. Smith SG, Nsiah-Kumi PA, Jones PR, Pamies RJ. Pipeline Programs in the Health Professions, Part 1: Preserving Diversity and Reducting Health Disparities. *Journal of the National Medical Association*. 2009;101(9):836-851.
- 3. Grumbach K, Chen E. Effectiveness of university of california postbaccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students. *JAMA*. 2006;296(9):1079-1085.
- 4. Peek ME, Kim KE, Johnson JK, Vela MB. "URM Candidates Are Encouraged to Apply": A National Study to Identify Effective Strategies to Enhance Racial and Ethnic Faculty Diversity in Academic Departments of Medicine. *Academic Medicine*. 2013;88(3):405-412.
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- 6. Newman LR, Pelletier SR, Lown BA. Measuring the Impact of Longitudinal Faculty Development: A Study of Academic Achievement. *Acad Med.* 2015.
- Zambrana RE. Diversify the Faculty, Transform the Institution: Evidence-Based Recommendations for Higher Education Policies and Practices 2015; http://www.crge.umd.edu/Documents/URM/Diversify%20Fact%20Sheet.pdf.