Achieving Inclusive Excellence:
Carver College of Medicine
2014-17 Strategic Diversity Roadmap

The University of Iowa

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2014-15
Carver College of Medicine (CCOM)

- Opened in 1870: 1st class = 37 students, including 8 women
- Today
  - 1000+ faculty
  - 1100+ students
    - Medical students
    - Physician Assistant Program
    - Physical Therapy Program
    - Graduate Students
  - 5000+ undergrads in basic science courses
- Several nationally ranked programs
  - Physician Assistant Program, 2nd
  - Physical Therapy Program, 5th
  - Internal Medicine, 17th
  - Rural Medicine, 9th
  - Family Medicine, 16th
- The College ranks 16th in primary care, and 10th in research
- Research: ranked 11th in the nation among public medical schools by *U.S. News & World Report*; research enterprise is $203.6 million.
History of Valuing Diversity in the CCOM

- **1864**: Joseph D. Harris, an African American received his Medical degree from the State University of Iowa Medical College (1860-1870) which preceded the current College of Medicine.

- When the University of Iowa College of Medicine opened in **1870** the first class of 37 students included 8 women.

- **1876**: Jennie McCowen was one of the first women to receive an M.D.

- **1903**: Dr. Edward Albert Carter, first Black male graduate to receive an M.D.

- **1928**: Dr. Ruth Jackson, first female board-certified woman orthopedic surgeon in the country, began her orthopaedic training at Iowa; Dr. Arthur Steindler enthusiastically offered her a position when no other program would do so.

- **1976**: Dr. Florence Battle Shafiq, 1st African American female to receive an M.D.

- **1980**: Professor Sandra Murray, 1st African American to receive a PhD (Anatomy).

- **2008**: Established the Office of Cultural Affairs & Diversity Initiatives.

- **2012**: UIHC opens first clinic in the state to specifically serve LGBTQ population.

- **2013**: UIHC recognized as a “Leader in LGBT Healthcare Equality” in the Healthcare Equality Index by the Human Rights Campaign (HRC) Foundation.
Prior Strategic Diversity Plan (2009-2012)
Carver College of Medicine

**Areas of Focus**
- Recruitment and pipeline initiatives;
- Retention, mentoring and professional development;
- Climate and diversity education;
- Curriculum and cultural competency

**Strengths**
- Individual Department Plans
- Resources Available to Support

**Challenges**
- Personnel Changes
- Lack of metrics
- Need for accountability
Assessment Process:
Prior Strategic Diversity Plan (2009-12)

- Needs Assessment and Data Gathering
  - “Listening Tour”/Stakeholder Interviews
    - VPMA & Leadership
    - Dean/Other Vice Deans
    - DEOs/Department Chairs
    - Directors/Program Leaders
    - Learners
- Departments reviewed, updated and submitted summaries of departmental initiatives from 2009-12
- Strategic Diversity Plan
- Conducted SWOT Analysis
SWOT Analysis: Diversity & Inclusion in the CCOM

STRENGTHS:
- Diversity defined in the broadest sense
- Commitment of CCOM leadership re: advancement of diversity and inclusion in the CCOM
- UIHC named a leader in healthcare equality for care and commitment to LGBTQ patients
- Each CCOM department submitted individual plan and goals for the prior Strategic Diversity Plan (2009-2012)
- Established partnerships with various institutions across the country which aid in recruitment of students to summer research programs and academic programs
- Student Body: generally admit between 8-12% from underrepresented groups each year
- Organizations to support URM med students (LMSA, MEDIQs, SNMA)
- Competitive salaries a plus for faculty/staff recruitment
- Willingness to assist/facilitate dual career hires (literature speaks to the significant role of spousal/partner hiring in the recruitment of women and faculty of color)
- Faculty Affairs’ emphasis on programming/development for women faculty
- Faculty and physicians acknowledge interest/need for coaching on cultural competence/culturally responsive care

WEAKNESSES (areas of opportunity):
- No evidence of follow-up to 2009-2012 Strategic Diversity Plan, i.e. assessment of progress, goal attainment, etc.
- Perception that recruitment of diverse populations not possible; belief that “they won’t come here”.
- Some view excellence and diversity as divergent, rather than complementary.
- Limited number of URM faculty.
- Unknown: satisfaction/experiences of residents and faculty from less represented populations.
- Cultural competence not imbedded throughout UIHC, CCOM, curriculum.
- Health disparities not addressed widely.
- Limited professional/career development programming for URM students in Biosciences.
SWOT Analysis: Diversity & Inclusion in the CCOM

OPPORTUNITIES:
- Ensure compliance with LCME Diversity Standards (IS-16, MS-8, ED-21, ED-22)
- Cultural competence/culturally responsive care
  - New CCOM curriculum presents opportunity to infuse cultural competence and health disparities throughout the curriculum (cases, patient actors, simulations);
  - Develop/design cultural competence/ culturally responsive care curriculum and programming to facilitate professional development
  - Add/incorporate cultural competence as part of orientation for PhD students
- Increased coordination/collaboration of the various summer, pipeline and outreach programs in order to capitalize on expertise, resources and reduce any duplication
- Develop new partnerships, collaborations and pipeline programs (Jackson State, SREB, Xavier University; institutions located in cities/states in close proximity to UIowa, i.e. Chicago, St. Louis, Minneapolis)
- Develop research and pre-med post-bacc programs
- Launch Ulowa chapter of Assn of Multicultural Science Students;
- Design and implement career/professional development programming for basic science grad students/post-docs

OPPORTUNITIES (cont.):
- Assess interest in affinity groups/councils for URM residents, faculty, staff.
- Assess experiences of faculty from historically under represented populations.
- Research in areas of interest to populations of color (diabetes, hypertension, prostate cancer) may facilitate recruitment of faculty and students
- NIH grant requirements re: diversity, provide opportunities to review and re-emphasize diversity goals.
- Strive to dispel misconceptions/reservations about Iowa, i.e. diversity to potential students, residents, faculty.

THREATS:
- Campus-wide faculty recruitment fund (Provost’s Office) in limbo
- Reduced NIH funding/federal sequestration
- Complacency/belief that everything is fine, everyone is happy, there are no issues re: diversity and inclusion
- Med School Admissions: inability to offer more scholarships/working within a tight budget= challenges recruitment efforts.
Examples of Accomplishments

- Dermatology: success rate with URM Resident applicants invited to Iowa actually completing the interview process rose from under 25% to greater than 90% (12/13 invitees).
- Family Medicine: 10-25% of residents entering program for last three years identify as member of minority groups.
- Medical Scientist Training Program (MSTP): 20% of the 2013 matriculating class was URM (national average for 2012 was 12%).
- Microbiology: 27% of faculty are women and 9% are underrepresented minorities; 55% of graduate students are women, and 8% are underrepresented minorities.
- Molecular Physiology & Biophysics: within the last 5 years, of 6 newly recruited faculty, successfully recruited 3 new women faculty and 1 under-represented minority.
- Obstetrics & Gynecology: third-year medical students received a didactic session on cultural competency in obstetrics and gynecology during each clerkship block.
- Ophthalmology: between FY09 and FY13, hired 6 female clinical faculty members; during same time period, hired 3 male clinical faculty members.
Examples of Accomplishments

- Otolaryngology: residents who are URM increased from 25% to approximately 40%; female residents increased from 21% to 31% (over 5 year period).
- Pathology: female faculty increased by 10%; female residents/fellows increased by 28%.
- Pharmacology: zero percent attrition rate for minority students; since began compiling statistics (1999), every minority student admitted has received their Ph.D.
- Physical Therapy & Rehabilitation Science: successfully increased recruitment of underrepresented minority students; currently have three underrepresented students, constituting 8% of class.
- Physical Therapy & Rehabilitation Science: signed MOU formalizing partnership with Tsukuba University of Technology (only higher education institution in Japan offering curriculum for students with hearing and visual impairments).
- Physician Assistant Studies: total # of minorities offered an interview at UI increased 38.5% over two-year period.
- Surgery: of completed faculty recruitments from 2008-2012, there were 31 hires – 39%(12) were female.
- Urology: conducted LGBTQ training with all faculty and residents to increase diversity awareness.
Foundational Principles of the 2014-17 CCOM Strategic Diversity Roadmap

- **Diversity** as a core value.
- **Inclusion** as a core element.
- Strive to achieve **Inclusive Excellence**.
Foundational Principle: Diversity as a core value

- embodies inclusiveness, mutual respect, and multiple perspectives;
- serves as a catalyst for change;
- is mindful of **all aspects of human differences**. (AAMC, 2013).
Foundational Principles: Inclusion as a core element for achieving diversity…..

- achieved by *nurturing the climate and culture* through *professional development, education, policy, and practice*;

- objective is to *create a climate that fosters belonging, respect, and value* for all;

- encourages engagement and connection throughout the institution and community (AAMC, 2013).
Foundational Principle: Strive to Achieve Inclusive Excellence

- Employ a broad and inclusive definition of diversity.
  - In the CCOM we are mindful of all aspects of human differences and define diversity in the broadest sense to mean inclusion of all persons, regardless of ethnic and racial background, gender, gender identity, sexual orientation, veteran status, religious beliefs, age, ability, and socioeconomic status who contribute to a welcoming, inclusive culture across the enterprise.

- Place diversity and inclusion at the center of the college’s core functions and embed diversity as shared responsibility.
  - A unit or person can drive the process, but
  - Everyone is responsible for diversity and inclusiveness

- Inclusiveness and Excellence are interdependent
  - We are excellent because of diversity and inclusion
  - The practice of inclusiveness leads to excellence
  - Diversity and inclusion serve as essential drivers in achieving excellence

- “Without Inclusion, There is No True Excellence”. (AAC&U, 2013)
Key Components

Human Capital
- Attract, recruit, retain and successfully graduate diverse body of students, trainees, residents and fellows.
- Attract, recruit, promote and retain a diverse faculty and staff workforce.
- Increase and maintain diversity in leadership and management.

Inclusive Culture and Climate
- Foster a culture where everyone who works and learns within the CCOM feels included, valued and respected.
- Enhance and promote cultural competency and/or cultural awareness of CCOM learners, faculty and staff.
- Create an inclusive and diverse academic/research environment.
- Sponsor educational programs designed to inform the community on a wide range of diversity issues in healthcare and/or biomedical research.

Annual Assessment of Diversity Goal Achievement
Alignment of **CCOM Strategic Diversity Roadmap** with the UI Health Care 2014-16 Strategic Plan

### UI HEALTH CARE

- Develop and implement innovative, effective recruiting and pipeline initiatives geared towards underrepresented groups.

- Foster a positive and welcoming environment by nurturing a culture of respect, inclusion and equal opportunity.

- Provide a range of diversity education, cultural enrichment and acclimation programs for members of the UI Health Care community.

- Each Accountable Leader will advance diversity in all strategies.

### CCOM

#### Human Capital

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#### Annual assessment of diversity goal achievement
### Carver College of Medicine Strategic Diversity Roadmap (2014-17)

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<th>PERSON(S) RESPONSIBLE IN DEPARTMENT</th>
<th>METRICS (EVALUATION TOOLS/MEASURES OF PROGRESS)</th>
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Examples of Strategies/Opportunities

- **Human Capital (Pipeline/Recruitment/Retention)**
  - Department will participate in the CCOM MAPS (Minority Association of Premedical Students) Physician Shadowing Program.
  - Establish summer research programs for students/learners from populations that are underrepresented in biomedical sciences.
  - Develop and implement recruitment plan with a particular focus on best practices for identifying and recruiting women and underrepresented minority faculty and staff.
  - Establish a departmental/unit leadership and mentoring plan to enhance/increase access to leadership/professional development opportunities for all members of the department.

- **Inclusive Culture and Climate (Cultural Competence/Culturally Responsive Care)**
  - Department will include training on the use and application of CultureVision in new employee orientation sessions.
  - Department will sponsor attendance of _#_ to the Culturally Responsive Health Care in Iowa conference.
  - All Grand Rounds speakers will address diversity, cultural competence and/or health care disparities.
  - Department and/or program will present lectures and symposia which include topics of interest to diverse audiences.
  - Sponsor Safe Zone Training (offered by the University of Iowa Chief Diversity Office) within the department.

- **Inclusive Culture and Climate (Create an inclusive and diverse academic/research environment)**
  - Faculty, staff, learners and/or trainees participate in community education programs which focus on healthy living, the elimination of health care disparities, and/or impact of biomedical research diversity in diverse populations.
  - Successful publication of research on a minority health issues
  - Department and/or program will ensure that lectures and symposia feature speakers who represent various genders, races, ethnicities, and backgrounds.
Sample of Recent Initiatives

- **Anatomy & Cell Biology**: appointed a faculty member to serve as Director of Diversity for the department.

- **Biochemistry**: obtained CLAS and Graduate College approval for an innovative Fast Track program in which students may be admitted to the PhD program prior to their senior year in the major.

- **Emergency Medicine**: developed a sponsored clerkship aimed at medical students from traditionally underrepresented populations.

- **Ophthalmology**: held a one-week Visual Sciences summer workshop in summer for undergraduate students who attend HBCUs.

- **Psychiatry**: Cultural Psychiatry Lecture Series – Distinguished faculty lectures to promote training on cultural psychiatry as well as to advocate for reducing stigma and health disparities.
Process/Next Steps

- Annually, each DEO/Administrative Leader will designate minimum of two goals for implementation (1-Human Capital; 1-Inclusive Culture & Climate).

- OCADI staff provide feedback/coaching regarding goals, strategies, processes, measurements and tools.

- Annually report and assessment progress.
References


Achieving Inclusive Excellence in the Carver College of Medicine

- Q&A?

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