

## **ABSTRACT: 2017 ELAM Institutional Action Project Symposium**

**Project Title:** Preparing fertile ground: fostering a culture that enables diversity and inclusion.

**Name and Institution:** Susan M. Pollart, MD, MS; University of Virginia Health System

**Collaborators:** Gregory C. Townsend, MD, Associate Dean for Diversity and Medical Education;

**Mentors:** R.J. Canterbury, MD, MS, Senior Associate Dean for Education

**Background, Significance of project:** Founded by Thomas Jefferson in 1819, for almost 200 years the University of Virginia (UVa) has sustained the ideal of developing leaders who are prepared to shape the future of the nation. Unspoken in the telling of the institution's rich history is a legacy of unconscious bias and discrimination toward minority groups, such as women, African Americans, and members of the LGBT community. A result of this legacy is the challenge the UVa School of Medicine (SOM) has in attracting and retaining GME trainees and faculty representing the diversity of talent available in the academic medicine workforce. But institutional culture also plays a role in the lack of diversity in the SOM. Unspoken, as well, has been the belief by many of those responsible for recruitment that the SOM would need to give up some of its excellence to achieve our diversity goals. Many trainees and faculty of the SOM recognize our lost opportunity and in surveys and focus groups express a desire for change. Yet critical to any change is a change in culture; a change from a belief that diversity is a necessary compromise to an understanding of diversity as a strategy for excellence. The recruitment of a Chief Diversity and Inclusion Officer (CDIO) is anticipated; yet, the success of this leader will depend on the readiness of the institution for change.

### **Purpose/Objectives:**

1. Address and mitigate cultural issues that impede diversity and inclusion.
2. Educate departmental leaders about individual and group barriers to achieving a diverse workforce and the strengths that diverse experiences and opinions bring to the organization.
3. Provide hiring/recruiting officials with the tools and knowledge needed to generate diverse candidate pools and recruit a diverse workforce.
4. Establish expectations for hiring officials to improve faculty diversity and hold them accountable for outcomes.
5. Reinforce the work of departmental leaders with the recruitment of a new Chief Diversity and Inclusion Officer.

**Methods/Approach:** Effort will be focused on academic departments creating opportunities for them to gain new knowledge and skills (best practices); for coaching; and for feedback. Department diversity facilitators will be identified and, in cooperation with department chairs, will create diversity strategic plans that include one- and three-year goals. Their plans will be reviewed carefully and feedback provided. During quarterly meetings and annual reviews, department chairs will be held accountable by the Dean for meeting their diversity goals. In year two of the intervention, a CDIO will be recruited.

**Outcomes and Evaluation Strategy:** In the short term, improvements are expected in the diversity of candidates who apply for and are granted interviews for residency and faculty positions. Mid-term, improvement in the representation of women and under-represented (URM) groups among residents and faculty are expected. Long term success will be measured in the willingness of GME trainees from UR groups to join the SOM faculty; in the recruitment and retention of women and URM faculty; and in the successful advancement of all faculty along the academic ranks.

**Conclusion with Statement of impact/potential impact:** The evolution of our entire institution from a place where some view diversity as an alternative to excellence to an organization where everyone recognizes diversity as a strategy for excellence will advance the institution as a strong, competitive, top tier academic medical center.



# Preparing fertile ground: Fostering a culture that enables diversity and inclusion

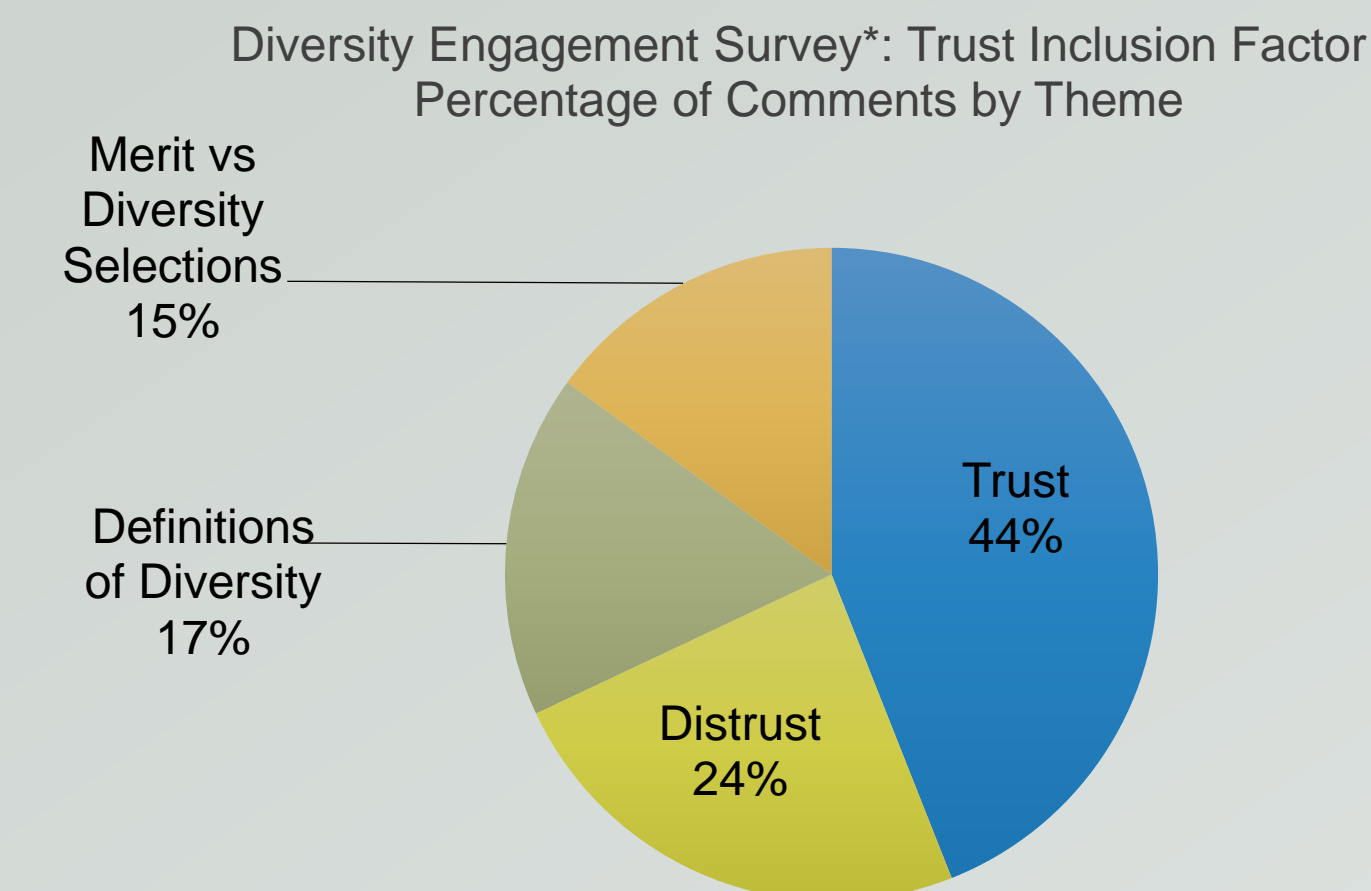
ELAM Fellow Susan M. Pollart, MD, MS; University of Virginia School of Medicine, UVA Health System  
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 Mentor: David S. Wilkes, MD, Dean, School of Medicine  
 Presented at the 2017 ELAM<sup>®</sup> Leaders Forum



## BACKGROUND/SIGNIFICANCE

Challenges to Diversity at the University of Virginia:

- Founded by Thomas Jefferson in 1819 for the education of the common man. Legacy of discrimination toward minority groups.
- School of Medicine student diversity exemplary (70<sup>th</sup> percentile) but challenged in attracting the diversity of talent available in the academic medicine workforce for GME training and faculty.
- To some degree, institutional culture holds a belief the School of Medicine would need to give up excellence to achieve diversity goals.
- School of Medicine, one unit in a Health System with over 12,000 employees, is the only unit with an appointed diversity leader.
- AAMC Diversity Engagement Survey (AAMC DES) demonstrated significant concerns regarding 'trust inclusion factor' among School of Medicine students, staff, and faculty.



Qualitative data re: Trust Inclusion Factor (confidence that the policies, practices and procedures of the organization will allow the individual to bring their best and full self to work) \*DataStar Diversity Engagement Survey

## PURPOSE/OBJECTIVES

1. Explore, address, and mitigate cultural issues that impede diversity and inclusion.
2. Engage with SOM students and GME applicants to recruit for residency training, building pipeline for diverse pool of faculty candidates.
3. Educate departmental leaders about individual and group barriers to achieving a diverse workforce and the strengths that diverse experiences and opinions bring to the organization.
4. Provide hiring/recruiting officials with the tools and knowledge needed to generate diverse candidate pools and recruit a diverse workforce.
5. Establish expectations for hiring officials to improve faculty diversity and hold them accountable for outcomes.



## METHODS/APPROACH

Site visits by three national leaders in diversity and inclusion in academic medicine to understand issue at the Health System level. Visitors led focus groups with employees and trainees from across the Health System and members of the local community to explore cultural issues impacting diversity and inclusion in the School of Medicine and the Medical Center.

Dean of the School of Medicine worked to impact the system from the ground up by speaking individually to all department chairs, meeting with URM students, and talking to all Program Directors regarding importance of diversity of student body, GME trainees, faculty, and staff.

Academic departments charged with appointment of department diversity facilitators and creation of departmental diversity strategic plans with specific/measurable goals. Plans and goals vetted by SOM diversity leadership.

## OVERALL EVALUATION STRATEGY

**Short term:** improvements in the diversity of candidates who apply for and are granted interviews for residency and faculty positions

**Mid-term:** increase in the representation of women and under-represented (URM) groups among residents and faculty

**Long term:**

- Enhanced willingness of GME trainees from UR groups to join the SOM faculty;
- Successful recruitment and retention of women and URM faculty; and
- Successful advancement of all faculty along the academic ranks.
- Improvement in factors associated with inclusion on AAMC DES

## EARLY PROCESS OUTCOMES

	Participants	Due Date	Participation to date
Unconscious Bias training	All SOM employees	December 2017	1,038
Appointment of department diversity facilitators.	All SOM departments	Fall 2015	31/31 departments
Submission of department D&I plans	All SOM departments	January 15, 2017	30/31 departments
Need for CDIO identified by diversity consultants: Position description for CDIO created	All Health system units represented	January 15, 2017	completed
Submission of D&I one and three year goals	All SOM departments	April 30, 2017	7/30 departments
CDIO position posted.	Search committee selected and trained	May 1, 2017	

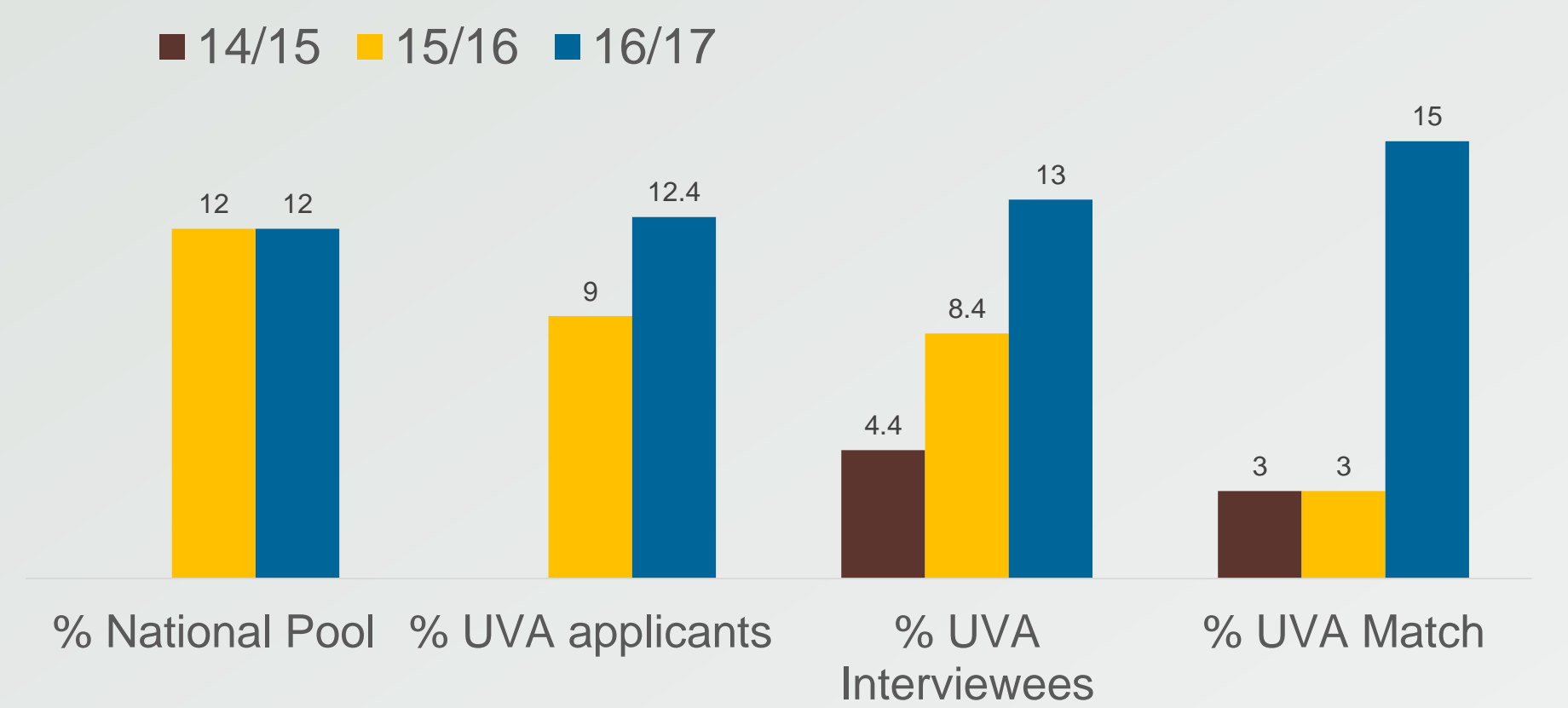
## EARLY RESULTS

Early wins have occurred in the 2017 ACGME Match.

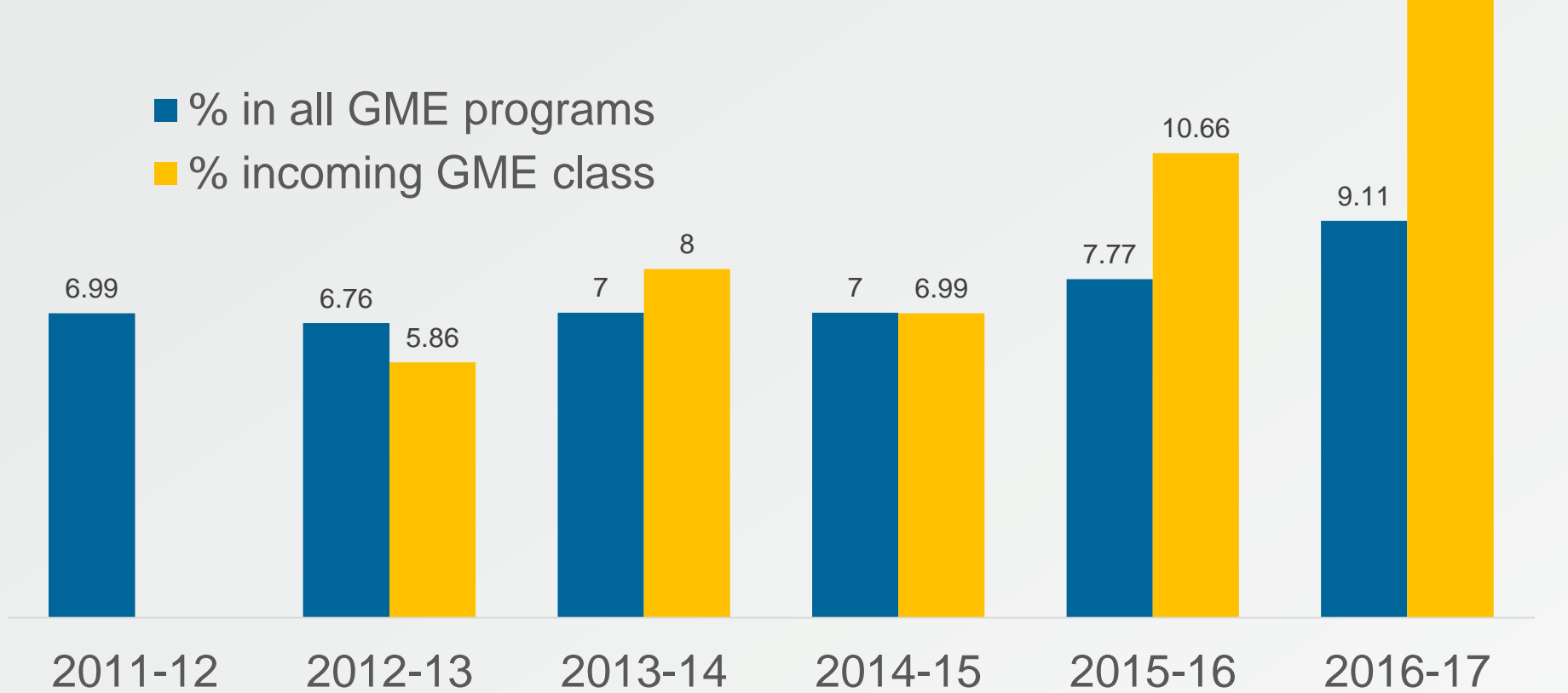
Holistic review of applications for interviews and ranking has resulted in a significant increase in URM residents in the 2107 incoming class for:

- the Department of Medicine (see Figure 1); and
- in all residency programs (Figure 2).

**Figure 1: URM Candidates in Medicine Match**



**Figure 2: URM Trainees UVA GME Programs**



## CONCLUSION/POTENTIAL IMPACT

The evolution of our Health System from a place where some view diversity as an alternative to excellence to an organization where everyone recognizes diversity as a strategy for excellence will advance the institution as a strong, competitive, top tier academic medical center. Input from national leaders, direct interactions by the Dean with leaders and trainees, and engagement of department leaders in diversity and inclusion planning have had impact. Early wins in the diversity of the entering residency class must be supported by a focus on inclusion. The support of the Health System for the hiring of a Chief Diversity and Inclusion Officer and the school-wide participation in the development of diversity and inclusion strategies and goals have the potential to begin to reverse two centuries of history and move the institution to a new place of national leadership.