

Advancing Inclusion at Creighton University School of Medicine (CUSOM)



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Creighton
UNIVERSITY
School of Medicine

Background

- ❑ There are 155 accredited medical schools, 37 DO granting institutions, and over 6,000 hospitals in the US and most do not have a **critical mass** of diverse healthcare staff or learners, thus highlighting the importance of fostering inclusion in the academic and clinical partner medical settings
- ❑ At CUSOM, our designated diversity category for medical students
 - First generation with 10% of all students falling within this LCME diversity category
- ❑ Our school-selected diversity category for faculty and senior administrators is female
 - Only 35% whereas the national benchmark for female faculty is around 43%
- ❑ Advancing institutional inclusion is essential to fulfilling our mission and is the focus of this project

Methods/Approach/Evaluation:

- ❑ Identification and understanding of institutional and clinical partner stakeholders needs




- ❑ Advancing Inclusion Bi-monthly Committee with Deans Champions



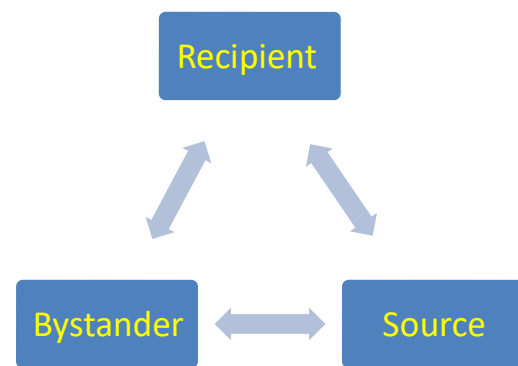


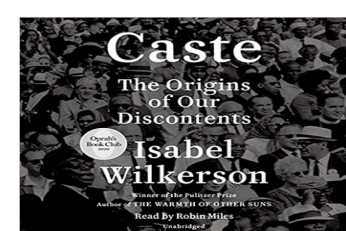
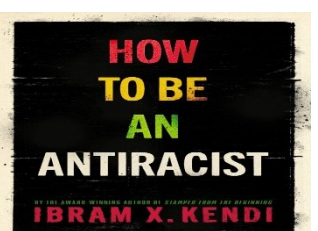
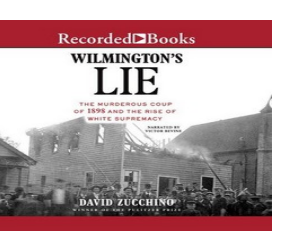
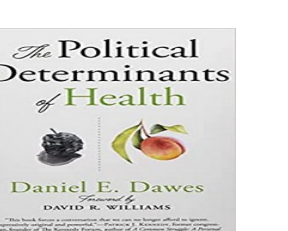

- ❑ An assessment delivered via a survey tool was developed and administered to faculty/residents


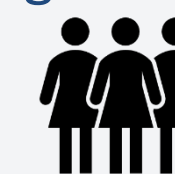


Results

1. Successful Grand Round offerings on Advancing Inclusion and Belongingness
 - ❑ What is inclusion
 - ❑ How to teach inclusively
 - ❑ What is a microaggression
 - ❑ Mentorship, allyship, and sponsorship; and
 - ❑ How to create an inclusive academic environment
2. A year-long microaggression case scenario session
 - ❑ How to approach microaggression in a humanistic manner which reflects Creighton's values
 - ❑ Utilizes Dr. Ackerman-Barger's Triangle Model for microaggression response


3. Creighton school of business offered executive healthcare fellowship training for female faculty
4. Expanded Women in Medicine and Science (WIMS) programing to include clinical partners
5. Book club on anti-racism for dean's cabinet

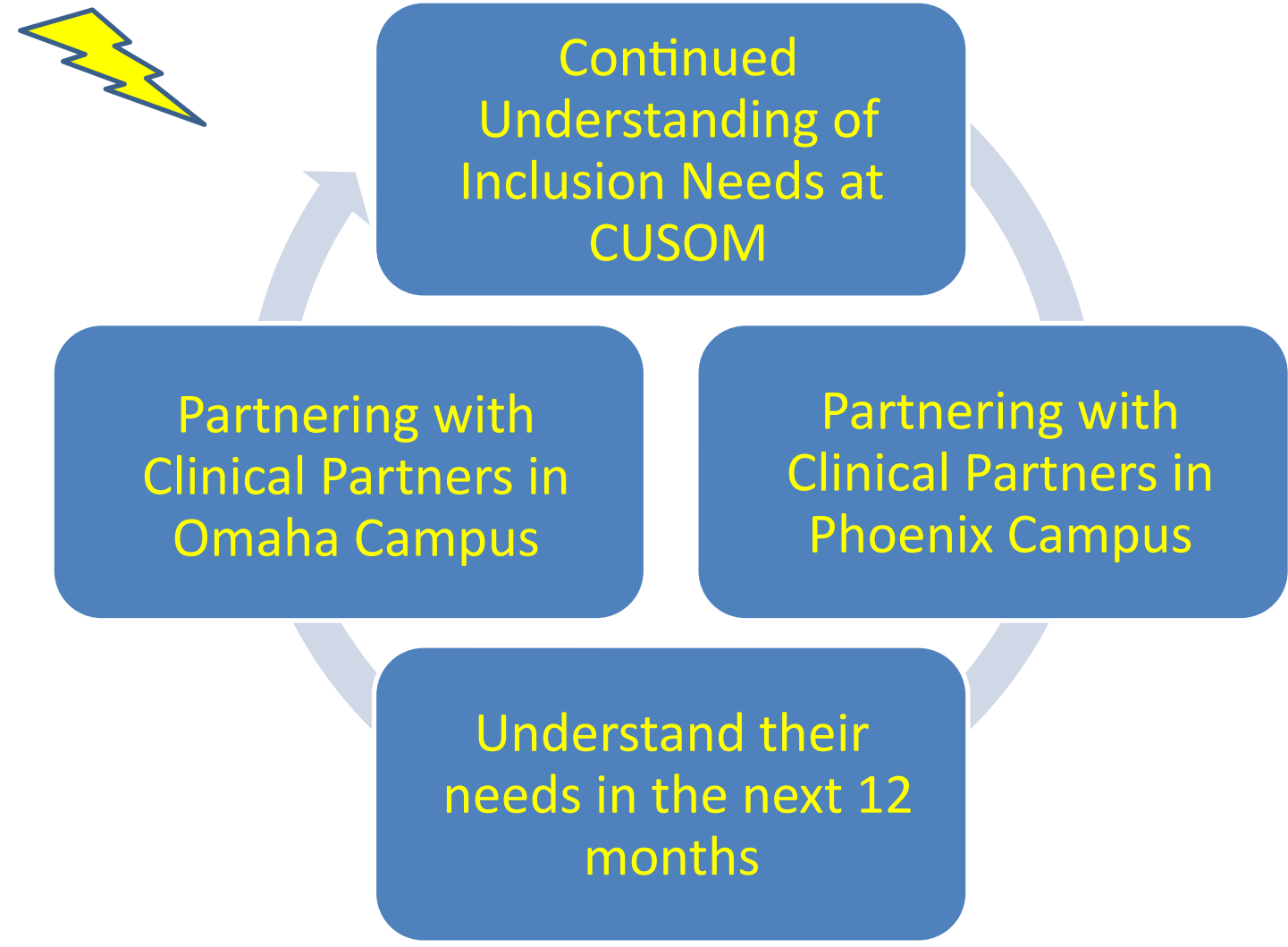







6. School of Medicine leaders attended microaggression and inclusion workshops both in Omaha and Phoenix
7. CUSOM created a committee designed to enhance financial implications of equity and inclusiveness
 - ❑ Advising the Dean on all financial matters with faculty stakeholders to enhance transparency
8. Using a Likert scale, assessment survey demonstrated no differences in average score for diversity and inclusion for faculty or Residents
 - ❑ Average response ranged from 4.57-4.66 from both groups out of 5
9. Engaging our clinical partners to understand their inclusion needs
10. Leadership Coaching for Female Faculty

Purpose

- ❑ This project aims to advance inclusion at CUSOM
- ❑ The objective is to develop programming that teaches the various components of inclusion to school of medicine and clinical partners faculty and administrators.
- ❑ Creating an inclusive environment will increase our diversity category numbers
 - All categories of human resources as we will recruit and retain more diverse individuals
 - These numbers will be tracked yearly for progress

NEXT STEPS



Conclusion

- ❑ The goal is to engage and promulgate an inclusive culture and environment, which we anticipate will be a 3 to 5-year journey
- ❑ Secondary gains will be observed in increasing diversity and retaining diverse talent in our institution

ABSTRACT: 2021 ELAM Institutional Action Project

Project Title: Advancing Inclusion **Name and Institution:** Creighton University School of Medicine (CUSOM), NE
Collaborators and Mentors: Robert Dunlay, Tom Svolos, Joann Porter, Ronn Johnson, Poonam Sharma, Maureen Tierney, Chris Destache, Randy Pritza, Nicole Thomas, Katie McKillip, Nicole Piemonte, Claudia Chambers, Laurie Baedke **Topic Category:** Education

Background, Significance of the Project:

There are 155 accredited medical schools, 37 DO granting institutions, and over 6,000 hospitals in the US. Most do not have a critical mass of diverse healthcare staff or learners, thus highlighting the importance of fostering inclusion in the academic and clinical partner medical settings. At CUSOM, our designated diversity category for medical students is first generation with 10% of all students falling within this LCME diversity category. Our school-selected diversity category for faculty and senior administrators is female (only 35%), whereas the national benchmark for female faculty is around 43%. Therefore, advancing institutional inclusion is essential to fulfilling our mission and is the focus of this project.

Purpose/Objectives:

This project aims to advance inclusion at CUSOM. The objective is to develop programming that teaches the various components of inclusion and how to create an inclusive environment for faculty, staff, administrators, and learners. Creating an inclusive environment will increase our diversity category numbers in all categories of human resources because we will recruit and retain more diverse people. This can be measured yearly with the increase or decrease in number of recruitment and retention of diversity categories. A mini-survey tool which has been developed will obtain the current climate of inclusion.

Methods/Approach/Evaluation strategy:

- Identification of institutional and clinical partner stakeholders
- An assessment delivered via a survey tool
- Recruited SOM Deans to serve as project champions
- Started a SOM Grand Rounds series: Advancing Inclusion
- Started a SOM microaggression case series
- Collaboration with CU school of business executive healthcare fellowship training for female faculty
- Delivered education to senior leadership
- Expanded Women in Medicine and Science (WIMS) programing to include clinical partners
- Book club on anti-racism for Dean's Cabinet
- Partnered with our major clinical partner understand their inclusion needs in the next 12 months
- Created CUSOM financial committee

Outcomes/Results:

Our goal was for staff, faculty, learners, and administrators to understand the difference between diversity and inclusion. We had successful Grand Round offerings of: (1) what is inclusion; (2) how to teach inclusively; (3) what is a microaggression; (4) mentorship, allyship, and sponsorship; and (5) how to create an inclusive academic environment. A year-long microaggression case scenario session on how to approach microaggression in a humanistic manner that utilizes Dr. Ackerman-Barger's Triangle Model is being implemented. School of Medicine leaders received training on DEI and microaggression workshops at an executive retreat. CUSOM has also created a committee designed to enhance financial implications of equity and inclusiveness, while advising the Dean on all financial matters with faculty stakeholders to enhance transparency. Leadership training for female faculty at CU school of business and yearlong WIMS leadership programing. We are engaging our major clinical partners on how to create an inclusive environment and participating in their inclusion journey so that they can better understand their opportunities to improve.

Discussion/Conclusion with Statement of Impact/Potential Impact:

The goal is to engage and promulgate an inclusive culture and environment, which we anticipate will be a 3 to 5-year journey. Secondary gains will be observed in increasing diversity and retaining diverse talent in our institution. This culturally responsive investigation revealed that the SOM is further along in the diversity and inclusion journey than our clinical partners. As a result, efforts are being made to engage our clinical partners in their shift in the culture process.