

# GREAT & GWIMS Joint Webinars

**GREAT Chair Linda Hyman, PhD**  
**GWIMS Chair-elect Toi Harris, MD**

**Beyond Climate Surveys: Achieving Inclusion  
Excellence in Research and Clinical Settings**

**9/23/2020**

**Creating Safe and Inclusive Environments for  
Faculty and Students in the Biomedical Setting**

**10/14/2020**

**Creating Successful Institutional Culture Change  
Initiatives at Academic Medical Centers**

**11/24/2020**



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# Beyond Climate Surveys: Achieving Inclusion Excellence in Research and Clinical Settings

Toi Harris, MD

September 23, 2020



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# Presenters

Toi B. Harris, MD

Associate Provost of Institutional Diversity, Inclusion and Equity & Student and Trainee Services  
Baylor College of Medicine

Antonio Bush, PhD

Director of Research, Diversity & Inclusion  
Association of American Medical Colleges

Carolyn Smith, PhD

Dean, Graduate School of Biomedical Sciences  
Baylor College of Medicine

Katherine B. Greenberg, MD

Vice Chair, Diversity and Culture Development, UR Medicine Golisano Children's Hospital  
University of Rochester School of Medicine and Dentistry

Paul Klotman, M.D., FACP

President and CEO  
Baylor College of Medicine

# Learning Objectives

Upon completion, attendees will be able to:

- Gain and/or increase their awareness of the Foundational Principles of Inclusion Excellence (FPIE) toolkit to assess and enhance inclusive excellence in the biomedical community,
- Demonstrate an understanding of the potential opportunities and challenges in launching and implementing action plans to assess inclusive excellence across mission areas,
- Reflect and identify opportunities and challenges they may encounter when utilizing FPIE to achieve inclusive excellence in their institution's research and clinical environments.

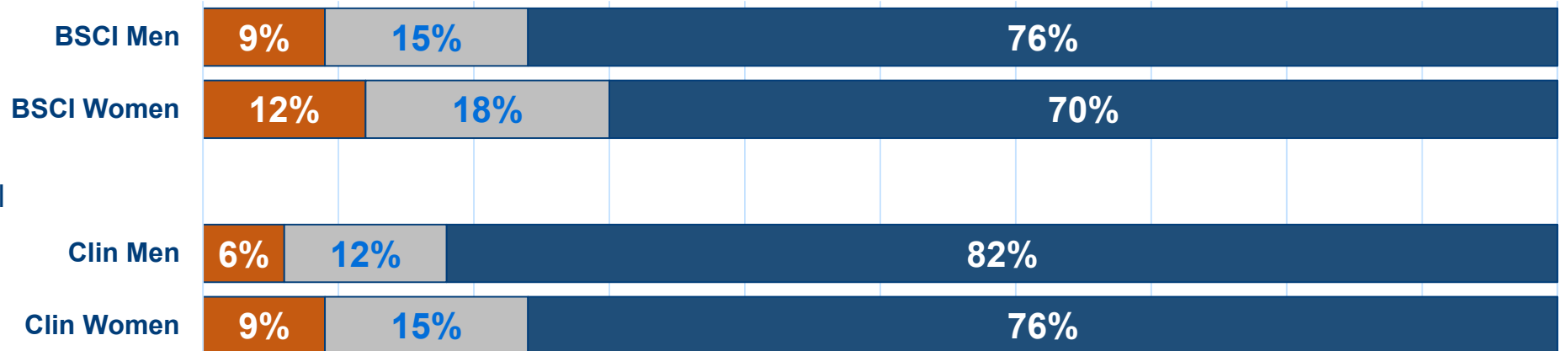
# Institutional Assessment

There is demonstrated alignment with organizational mission, values, and a culture of inclusion.

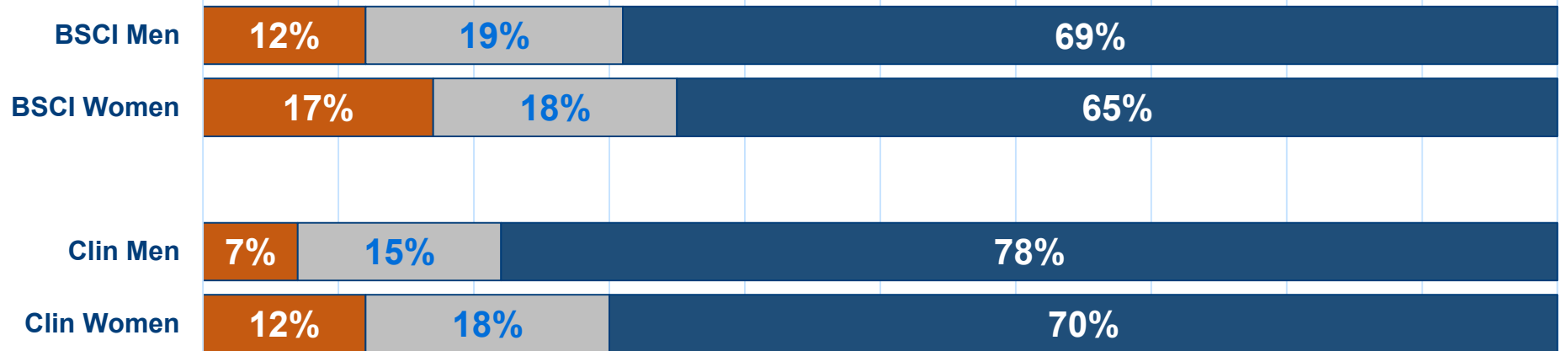
- Demonstrated Commitment and Excellence
- Beginning Commitment
- On the Threshold (awareness)
- No Demonstrated Commitment or Evidence

# Faculty Diversity and Inclusion

Diversity, inclusion, and equity are recognized as components of institutional excellence



My workplace culture cultivates a sense of diversity



■ Strongly Disagree or Disagree   
 ■ Neither Agree nor Disagree   
 ■ Strongly Agree or Agree



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# FPIE Overview and Background

Antonio A. Bush, PhD, MS

Director of Research, Diversity & Inclusion

Association of American Medical Colleges



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# Diversity 3.0: A Necessary Systems Upgrade

Commentary

## Commentary: Diversity 3.0: A Necessary Systems Upgrade

Marc A. Nivet, EdD

### Abstract

This is a defining moment for health and health care in the United States, and medical schools and teaching hospitals have a critical role to play. The combined forces of health care reform, demographic shifts, continued economic woes, and the projected worsening of physician shortages portend major challenges for the health care enterprise in the near future. In this commentary, the author employs a diversity framework implemented by IBM and argues that this framework should be adapted to an academic medicine setting to meet

the challenges to the health care enterprise. Using IBM's diversity framework, the author explores three distinct phases in the evolution of diversity thinking within the academic medicine community. The first phase included isolated efforts aimed at removing social and legal barriers to access and equality, with institutional excellence and diversity as competing ends. The second phase kept diversity on the periphery but raised awareness about how increasing diversity benefits everyone, allowing excellence and diversity to exist as parallel ends. In the

third phase, which is emerging today and reflects a growing understanding of diversity's broader relevance to institutions and systems, diversity and inclusion are integrated into the core workings of the institution and framed as integral for achieving excellence. The Association of American Medical Colleges, a leading voice and advocate for increased student and faculty diversity, is set to play a more active role in building the capacity of the nation's medical schools and teaching hospitals to move diversity from a periphery to a core strategy.

This is a defining moment for health and health care in the United States, and our medical schools and teaching hospitals have a critical role to play. The combined forces of health care reform, demographic shifts, continued economic woes, and the projected worsening of physician shortages portend major challenges for the health care enterprise in the near future.

The federal government's reform package represents a major opportunity to transform the way we access, finance, deliver, and evaluate health care in pursuit of an equitable health system. As the country's population continues to change and as more people gain access to the health care system, medical schools and academic health centers must admit, train, and graduate physicians capable of providing high-quality, culturally responsive care to all patients. This requires strengthening the capacity to adapt and innovate in every aspect of

academic medicine. It also necessitates a reexamination of the role that diversity and inclusion play, not only in the classroom but in the core strategy and workings of our institutions.

The innovation that we need will not be developed just by calling on the traditional players. I believe that there is a central role for diversity in this process, if we can adopt the mind-set that diversity is a solution rather than a problem. Building the capacity for innovation relies on engaging people with different perspectives, skills sets, and experiences to create strategies and solve problems. This means viewing diversity and its value in a much broader sense.

There have been two distinct phases, or paradigms, in our understanding of diversity over the past five decades, and a third paradigm is emerging today that reflects a growing understanding of diversity's broader relevance to institutions and systems. Technology offers a helpful metaphor for this progression of diversity thinking, as each new wave builds on past accomplishments yet also requires new capacities and infrastructure to serve new or expanded functions. IBM, a corporate leader in diversity and inclusion, has a framework in place for its workforce that incorporates three distinct phases in the evolution of diversity: 1.0, 2.0, and 3.0.<sup>1</sup>

Therefore, I purposefully employ this notion of a 1.0, a 2.0, and a 3.0 version of the diversity operating system (DOS) at our medical schools and teaching hospitals. DOS 1.0 included somewhat isolated efforts aimed at removing social and legal barriers to access and equality, with institutional excellence and diversity as competing ends. DOS 2.0 kept diversity on the periphery but raised awareness about how increasing diversity benefits everyone, allowing excellence and diversity to exist as parallel ends. In the DOS 3.0 paradigm, diversity and inclusion are integrated into the core workings of the institution and framed as integral to achieving excellence. A more thorough description of this progression of diversity thinking follows.

### Diversity 1.0

Though the foundations were laid much earlier, diversity, as it is often understood, has its roots in the Civil Rights era. Advocates in identity-oriented and social justice movements fought to alleviate discrimination and institutionalized racism in pursuit of fairness, access, and equality primarily along gender, racial, and ethnic lines. Concomitant efforts at the federal level resulted in reforms such as the Civil Rights Act of 1964 and the Elementary and Secondary Education Act of 1965, both of which focused on removing

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Acad Med. 2011;86:1487-1489.  
doi: 10.1097/ACM.0b013e3182351779

Academic Medicine, Vol. 86, No. 12 / December 2011

1487

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“Together, diversity and inclusion can become a powerful tool for leveraging those differences to build innovative, high performing organizations.”



# Practice “Conscious Inclusion”

AAMC Diversity Policy & Programs, *Foundational Principles of Inclusion Excellence*, 2017



- Diversity is a **strategic imperative** → **intentional**
- **Authenticity** and **intersectionality** are valued & encouraged
- **Safe & civil environment** to share their voices openly (*brave spaces*)
- **Dignity-consciousness** → everyone feels **validated, valued** and **respected**
- Sense of **belonging** → everyone is part of the *fundamental fabric* of the organization
- **Investment mindset** → *exclusionary practices* identified & addressed
- **Continuous *Diversity* Improvement** → **accountability** for diversity and inclusion efforts

- ❑ Are there any benchmarks that academic health centers can follow to assist us in our efforts?
  
- ❑ Is there a tool that can assist us in our efforts?



# Foundational Principles of Inclusion Excellence (FPIE)



## 9 Principles

- Adapted & modified from *Netter's Principles*
- Toolkit:
  - ✓ FPIE
  - ✓ Institutional assessment
  - ✓ Scorecard
  - ✓ Applications
  - ✓ Glossary
  - ✓ References

# Pilot Sites



**University of Nevada-  
Reno School of  
Medicine**

Nicole Jacobs, PhD

**Washington University  
School of Medicine in  
St. Louis**

Sherree A. Wilson, PhD  
Joseph Pangelinan, PhD

**University of Rochester  
School of Medicine and  
Dentistry**

Katherine Greenberg, M.D.

**Baylor College of  
Medicine**

Toi Blakley Harris, M.D.

**Georgetown University  
School of Medicine**

Susan M. Cheng M.PP, Ed.LD  
Andrea Cammack

**University of  
Connecticut School of  
Medicine**

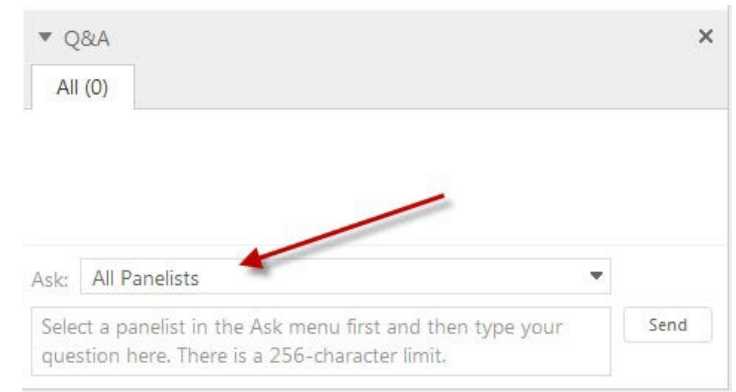
Linda K. Barry, M.D.

**Florida State University  
College of Medicine**

Joedrecka Brown, M.D.  
Kema Gadson Ed.D

# Question for the audience:

- Please use the Q&A panel to answer the next question
- Select “All Panelists” to share your answer with the speakers.
- Your answer will NOT be shared with other attendees



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit.

Send



# In an organization that has achieved inclusion excellence....



- 3. Employees & learners are part of the fundamental fabric of the organizational community.**

Q: How might this principle play out in our institution, or in your departmental unit? What sort of things might demonstrate this?



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# Inclusion Excellence: Research Trainees & Basic Science Faculty

Carolyn Smith, PhD

Dean, Graduate School of Biomedical Sciences

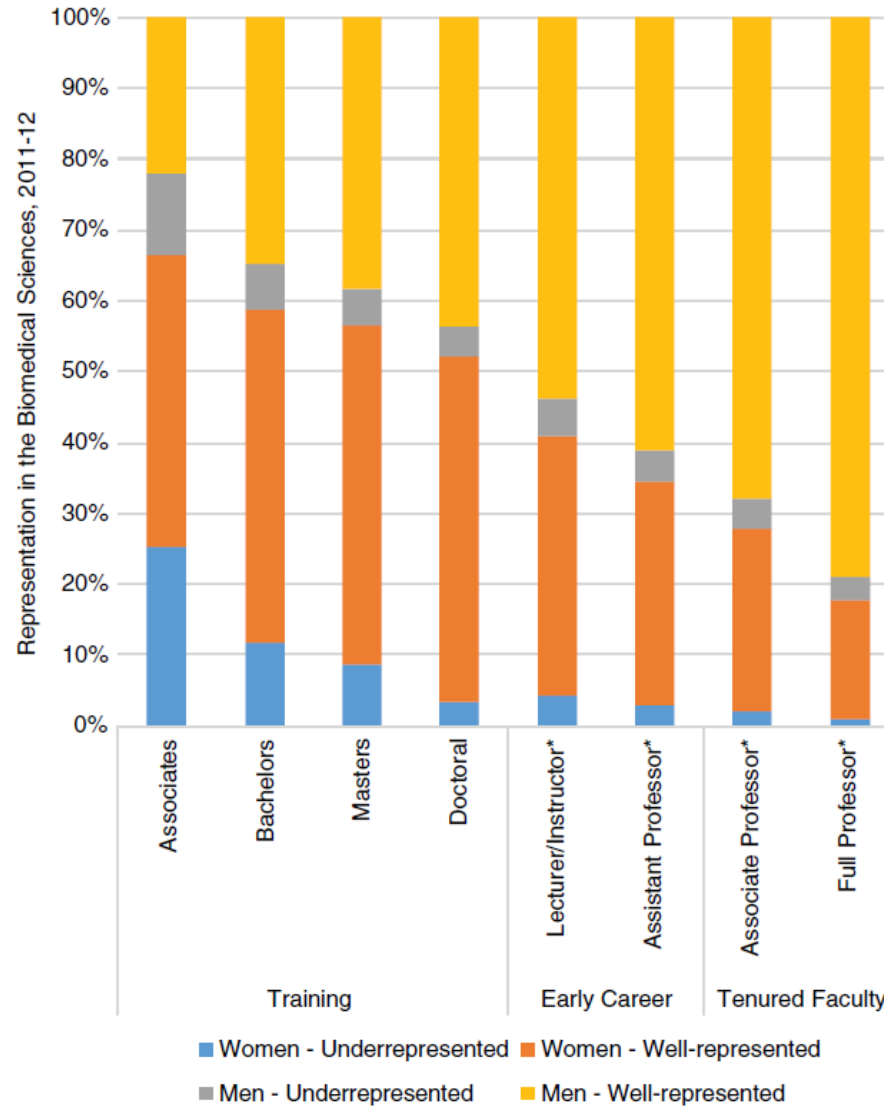
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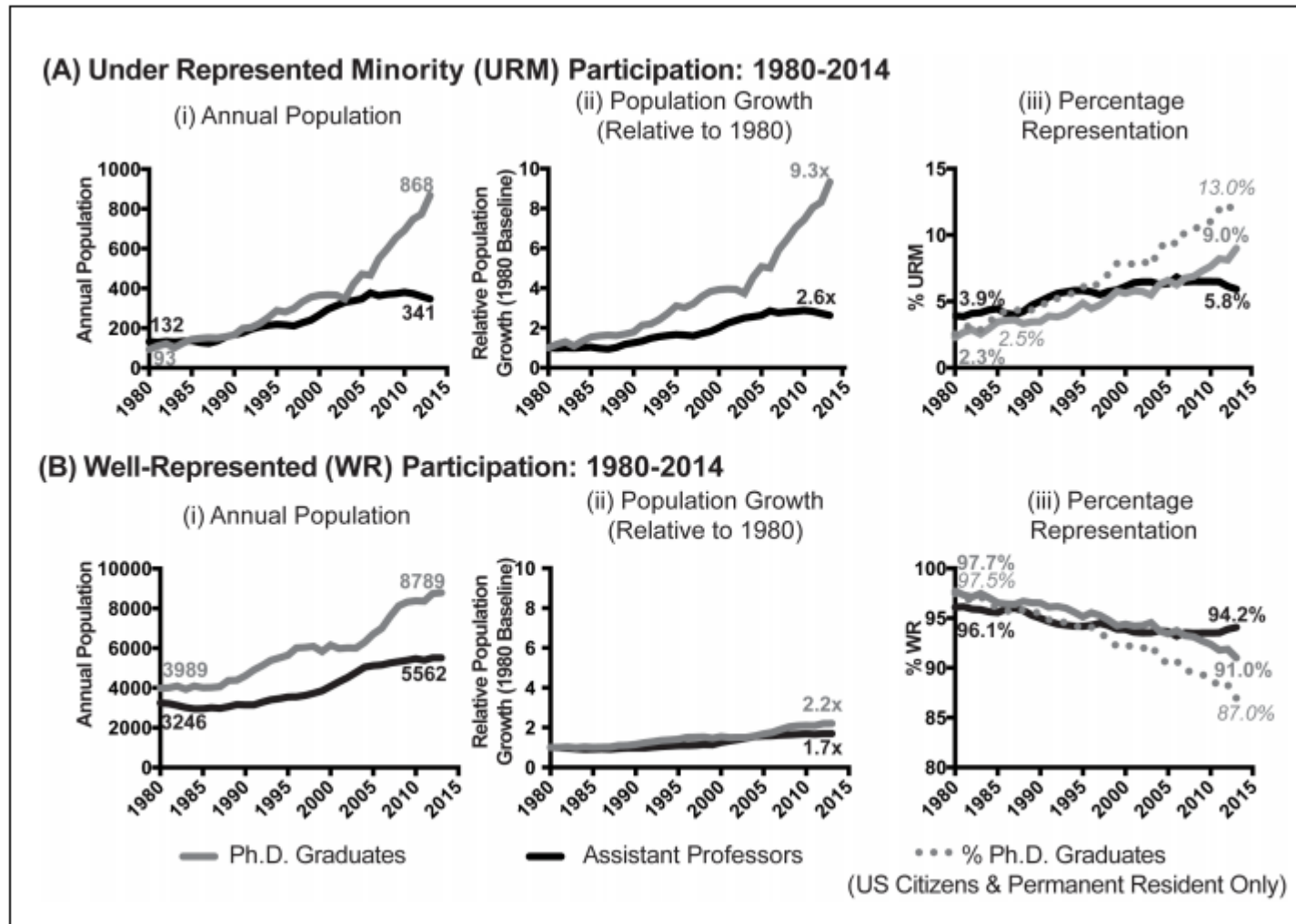
# Percent of UR and WR trainees across career stages in the biomedical research workforce.

Data represent the 2011–2012 academic year.



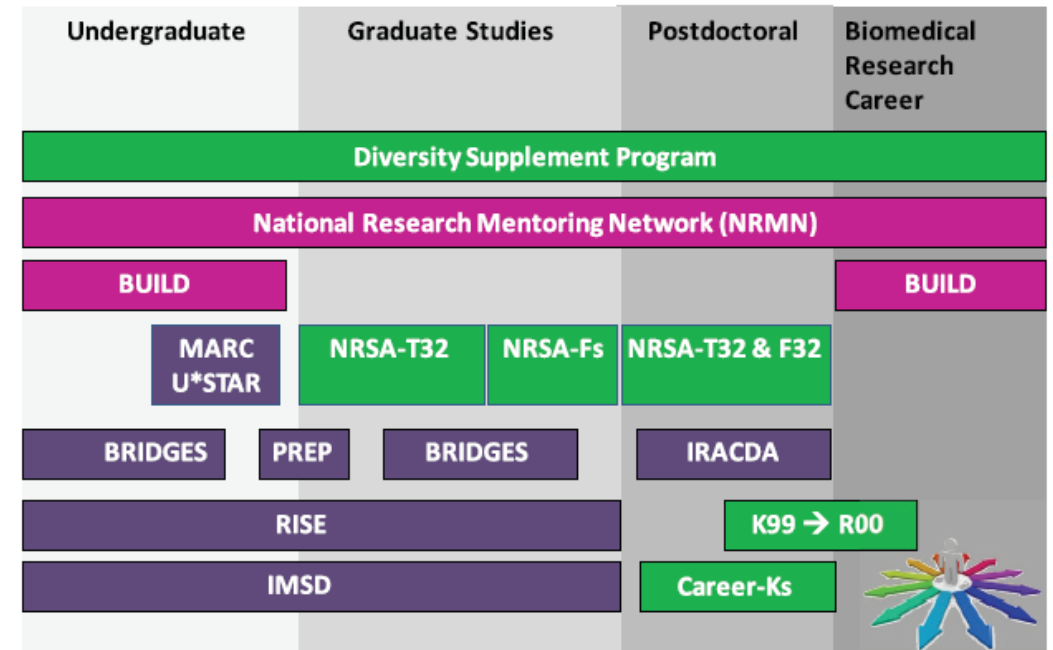


# Temporal trends in the populations of biomedical URM and WR PhD graduates and assistant professors, 1980-2014



# What Drove Increase in Diversity in PhD Programs?

- Building Relationships (pipeline)
- Recruitment & Admissions
- Student Support
  - Academic
  - Psychosocial
  - Environment/Climate
  - Mentoring
- Funding, e.g. NIH



# Inclusion for Faculty in Research



**Q: What might Basic Science Departments do within your institution to:**

Promote a sense of belonging?

Optimize talent and leverage differences?

# Inclusion for Faculty



## NIH Distinguished Scholars Program

A Cohort Model for Enhancing Diversity and Inclusion of Principal Investigators in the NIH Intramural Research Program



NIH Distinguished Scholars Program participants with Dr. Francis Collins, NIH Director.

- Mentorship
- Professional Development
- Peer & Leadership Networking

# Good Mentoring Relationships Promote Institutional Diversity & Inclusion

## Positive effects for individuals include:

- enhanced science identity
- sense of belonging and self-efficacy – which lead to increased persistence
- research productivity
- career satisfaction



# What Does Faculty Mentoring Look Like at Your Institution?

- Experience & success with mentoring of graduate students and postdocs
- Institutional and School support
- Diminishing resources as move towards faculty, junior and advanced
- Mentoring for Faculty
  - Institutional or Departmental?





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# FPIE to Assess Clinical Inclusive Climate

Katherine Blumoff Greenberg, MD

Vice Chair, Diversity and Culture Development, UR Medicine  
Golisano Children's Hospital

University of Rochester School of Medicine and Dentistry



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# #winningforkids

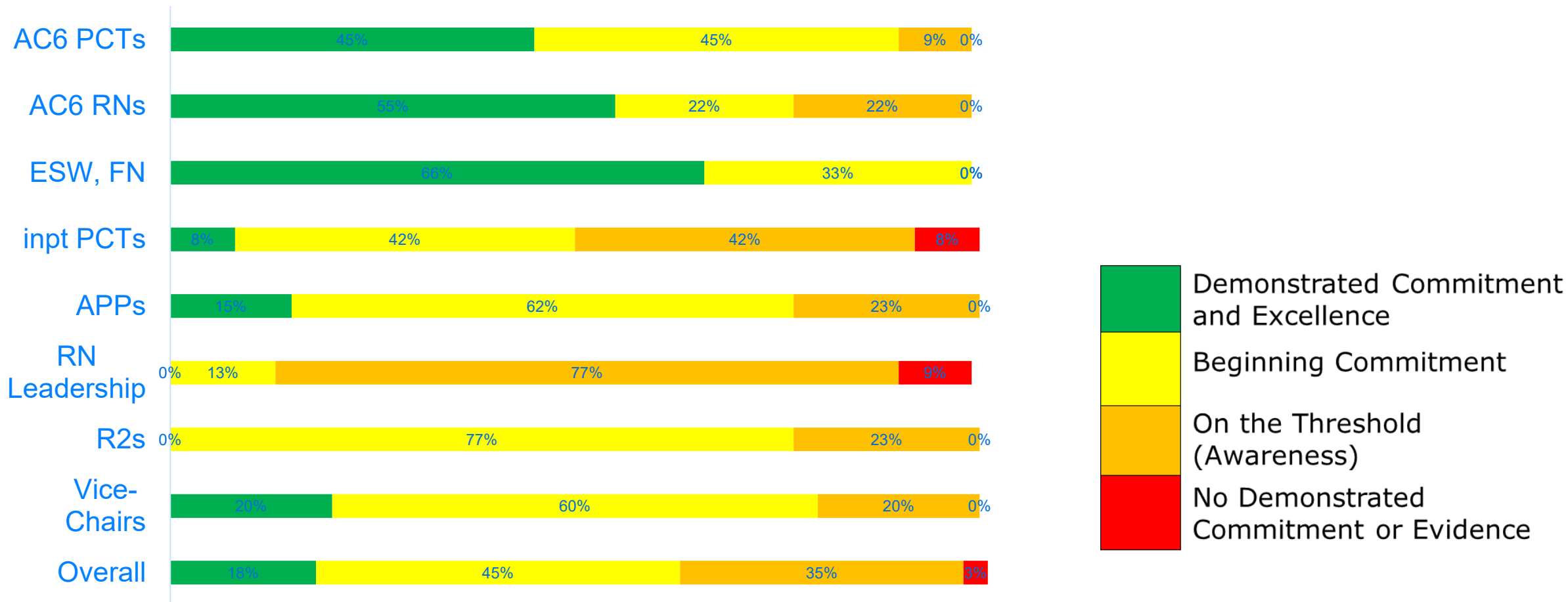


***Mission and Vision:*** Do everything in our power to help every child reach their fullest potential.

***Inclusive Climate and Culture Goal:*** Build a healthy, inclusive environment to attract and retain diverse talent for GCH; Grow a diverse, inclusive, and anti-racist work environment that fosters creativity and innovation and promotes colleague engagement.



# At Golisano Children's Hospital, there is a demonstrated commitment to diversity (AAMC) American Association of Medical Colleges (FPIE) Foundational Principles of Inclusion Excellence



## GCH FPIE -- Qualitative Data

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|   |   |
|---|---|
| <p>Increase community engagement in our physical spaces</p>                             | <ul style="list-style-type: none"> <li>• Would like to see more commitment to reaching our patients and families; eg bus passes, parking vouchers, relationships with Uber/Lyft</li> </ul>  |
| <p>Enhance our culture of safe&amp; respectful communication</p>                        | <ul style="list-style-type: none"> <li>• “There are folks who get it and folks who don’t” re diversity and inclusion</li> <li>• Communication, microaggression training for attendings to create a climate of accountability “even if you don’t get it”</li> <li>• 360 evaluations for faculty with questions focused on inclusion and equality</li> <li>• Witnessed micro/macroaggressions and received trauma for staff of color watching white colleagues judge patients &amp; families</li> </ul> |
| <p>Cultivate appreciation for individual talents</p>                                    | <ul style="list-style-type: none"> <li>• Staff lower on the hierarchy want to engage w/ their perspectives “we have a lot to contribute” but are not always allowed to do so</li> </ul>   |
| <p>Change culture of tolerating harassment by families in service of their children</p> | <ul style="list-style-type: none"> <li>• Adequate tools to respond to patient/family bias</li> <li>• Non-punitive behavioral management plans for families who can be harder to work with</li> <li>• Zero tolerance for bias (bidirectional; see also safe communication)</li> </ul>  |
| <p>Funding is a barrier to opportunities</p>  | <ul style="list-style-type: none"> <li>• For non-clinical work</li> <li>• For time with immigrant and refugee patients and materials to support them</li> <li>• Access to supported time off for entry-level staff to have upward mobility by taking advantage of tuition waiver, etc.</li> <li>• Continuing education funding for non-physician providers</li> </ul>   |



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# Institutional Accountability

Paul Klotman, M.D., FACP

President and CEO

Baylor College of Medicine



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# Strengthening Our Commitment to Racial Justice to Improve Public Health

The screenshot shows a website header with navigation links: Baylor College of Medicine, Mission, Vision, Values, Leadership, Diversity, Inclusion and Equity, Our Campus, Affiliates, Life In Houston, Alumni, and More. The main content area features a sidebar on the left with a search icon and a list of articles including 'Measles Response', 'Baylor College of Medicine Taking Action to Address Youth Smoking and Vaping', 'Baylor College of Medicine propone mejoras para la donación de órganos', 'Organ Donation Policy', 'Respuesta al brote de sarampión', and 'Tomando Acción Fumar E cigarillos juvenud'. The selected article, 'Strengthening our commitment to racial justice to improve public health', is highlighted in green. Below the sidebar is a 'Media Queries?' section with contact information: 'During business hours call 713-798-4710' and 'After business hours call 713-775-6912'. The main article content includes the title, a paragraph about the impact of racism on public health, a call to action, and a numbered list of five strategic goals.

We are called to action to realize change, both within our own institution and more broadly in the communities we serve and pledge to:

1. **Evaluate and improve practices, policies and traditions within Baylor College of Medicine that impact the recruitment, productivity, retention and advancement of all faculty, staff, trainees and students of underrepresented minority and underrepresented in medicine and science (URM and UIM) groups.**
2. **Broaden and accelerate efforts to improve science, technology, engineering and mathematics (STEM) education for URM and UIM students.**
3. **Educate our healthcare workers, scientists and communities to address structural racism and mitigate its negative impacts on health and healthcare.**
4. **Develop a comprehensive strategy for the recruitment and retention of underrepresented minorities in clinical trials.**
5. **Address inequitable health outcomes affecting underrepresented minorities.**



**QUESTIONS?**

# Next Steps

## Upcoming Webinars:

10/14/2020 Creating Safe and Inclusive Environments for Faculty and Students in the Biomedical Setting

11/24/2020 Creating Successful Institutional Culture Change Initiatives at Academic Medical Centers

To join GREAT email [great@aamc.org](mailto:great@aamc.org)

To join GWIMS email [gwims@aamc.org](mailto:gwims@aamc.org)



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