



## **Strategic Action Plan 2018-2023**

### **Our Mission**

The mission of the Robert Larner, MD College of Medicine at the University of Vermont is to educate a diverse group of dedicated physicians and biomedical scientists to serve across all the disciplines of medicine; to bring hope to patients by advancing medical knowledge through research; to integrate education and research to advance the quality and accessibility of patient care; and to engage with our communities to benefit Vermont and the world.

### **Statement on Diversity & Inclusion at the College of Medicine**

The Larner College of Medicine at the University of Vermont values diversity as a driver of excellence. We actively seek diversity and inclusion within our academic community of students, faculty, and staff, as well as those we serve through teaching, research, patient care and community engagement.

Recognizing the limited ethnic and racial diversity of Vermont, we will actively seek students, faculty and staff to develop an academic community that is more diverse than the population of our State. We believe the ethnic and racial diversity of our College is an asset in teaching, research and patient care, and we strive to develop culturally competent students and graduates who reflect and understand the increasingly diverse populations they will serve here in Vermont, across the nation and around the world.

In alignment with the mission of the University of Vermont and the College of Medicine to serve the citizens of Vermont, we seek to educate and provide physicians for the state of Vermont. We will work to encourage Vermonters to pursue careers in medicine, and actively recruit and educate Vermonters who are more likely to stay and practice in the state. We aim to provide the opportunity for exposure to a faculty and to patient populations that are more diverse than the population of our state by developing clinical training sites outside of Vermont. We define ethnic and racial diversity in alignment with the University of Vermont ALANA (African, Latino/a, Asian, and Native American) classification.

We embrace diversity in its broadest forms, encompassing and exploring the dimensions of not only racial and ethnic diversity, but also gender, gender identity, sexual orientation, religion, belief, thought or philosophy, disability, education level, socioeconomic background, Veteran status, and life experience. We strive to provide an education and a culture that is accepting and supportive of this broader diversity. We are guided by the tenets in [UVM: Our Common Ground](#) and are committed to creating a culture that supports and encourages respect for every individual, recognizes and values our diverse backgrounds.

Because health cannot exist where justice does not prevail, we commit to extending these values to the wider community by engaging individually or collectively to advocate for health equality and justice in our community, state, country and the world in which we live.



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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 enhance clinical effectiveness, inform research and result 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.\*
2. **Promote the use of data-driven, evidence-based, and practical approaches** for all objectives and actions in the Strategic Action Plan.

\*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



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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.)
  - Collaborate with UVMCM in areas of faculty recruitment and mentoring.
  - Collaborate with UVMCM by linking LCOM students to UVMCM 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).
  - 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)

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- 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.



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### **Overview: Process, Categories of Study, and “What Works?” from the Literature**

The Strategic Planning Committee on Diversity and Inclusion met nine times from December 2016 through May 2017, reviewed all available Larner College of Medicine (LCOM) data, including the 2015 climate survey, and progress from the current strategic action plan. The current statement on Diversity and Inclusion was reviewed and additions were made in the areas of diversity of thought, Veterans, disabled individuals, educational level, and a statement was added on the need for justice and health equity.

2015 Climate Survey Highlights, although limited by low response rates (except for staff), reported that faculty who are ALANA, women, LGBTQ were less likely to report adequate representation or view LCOM environment as respectful and supportive. 14% faculty and 18% staff respondents reported inappropriate conduct, most often “joking” or derogatory verbal comments, usually in an office setting, but sometimes in public spaces.

The committee also explored the literature looking for evidence of “what works” in improving diversity and inclusion in categories of recruitment and retention of students, faculty, staff; and organizational culture, environment, and climate. In areas where evidence was sparse or lacking in the academic medical, scientific, or higher education literature, the committee also used evidence from business and other organizations.

The Committee agreed that consistent data are needed to set priorities and monitor progress. Particular emphasis was given to data gaps, especially for faculty, and potential practical strategies to assess progress, using university data, national surveys, and validated methods. After review of the 2015 LCOM Climate Survey, and based on the literature, categories of women, ALANA, and LGBTQ faculty were highlighted for special focus in faculty recruitment and retention.

A Draft plan was distributed electronically to faculty, staff, and students, and three Open Forums were held in May, one each for Faculty, Staff, and Students. Feedback about the draft plan was gathered by email and in the Open Forums.

### **Examples of Questions from Committee Members:**

- How do you create a culture of inclusion? How do you incorporate the concept of justice?
- How do we publically talk about diversity? About inclusion? What messages resonate with faculty and staff?
- To promote inclusion and innovation, the culture of science and medicine at LCOM may differ from other UVM colleges. What approaches can be used to enhance universal respect for faculty and staff?
- As business literature shows, mandatory diversity training may achieve the opposite results. What approaches will be effective in reaching faculty, staff, and students at LCOM?



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- What do we know about accepted students vs. matriculating students? Do we need additional efforts for accepted applicants in the areas identified in our Statement on Diversity and Inclusion?
- In exit interviews of faculty and students who leave: is academic medicine or medicine, if a student, a good fit? Are there institutional or geographic reasons for leaving?
- How can we create surge capacity within departments to address medical or parental leaves? Should the Dean require each Chair to have a brief but written plan?
- What practical approaches can we use to gather data to monitor our progress?

#### **Key Concepts from the Literature** (medical, scientific, higher education, and business):

- Dobbin and Kalev, 2016: This Harvard Business Review article presents data demonstrating why popular methods (such as mandatory diversity training) fail. Programs that show results include voluntary training, self-managed teams, cross training, college recruitment, mentoring, diversity task forces and managers
- Page KR et al. 2011: State minority demographics were the strongest predictor of faculty diversity. Medical student diversity 10 years earlier was strongest modifiable factor associated with faculty diversity.
- Miller CJ et al. 2014. Summer Pre-matriculation Program (SPP) for students from rural areas, economically disadvantaged backgrounds, ethnic minorities, and other at-risk students resulted in strong performance in Medical Physiology course for most participating students.
- Smith SG et al. 2009: This article highlights the importance of pipeline programs in an extensive review.
- Grumbach K and E Chen 2006: Discusses effectiveness of postbaccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students.
- Deas D et al. 2012: South Carolina's ten-year experience demonstrated effectiveness of strategic planning, and departments' development of their own specific plans consistent with the COM plan. URM students doubled, matriculation of African American male student increases, URM residents and fellows tripled, and URM faculty nearly doubled with expansion of pipeline and mentoring programs.
- Zambrana RE 2015. U. Maryland: Diversify the Faculty, Transform the Institution: [Evidence-Based Recommendations](#) for Higher Education Policies and Practices included Mentoring, Work-Family Balance, Transparency in Promotion and Tenure Protocol, and Valuing of Research Foci in URM Faculty.



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### Open Forums:

**Themes from the Faculty Open Forum:** Faculty expressed support for the following priority actions in the plan: Actions 1.1 (Department level plans), 1.3 (Specific language in the bylaws); 2.1 (Faculty Pipelines), 2.2 (University of Maryland Diversify the Faculty program); 3.1 (Expanded student pipeline programs), 3.2 (Enhanced student support). Faculty noted that some of the actions would be easy and relatively quick to implement (for example Actions 5.3, 4.4, 3.3, and 1.3).

**Themes from the Student Open Forums:** In the student forum, the importance of affordable housing was a prominent theme. Including graduate students in our definition of and discussion of students was emphasized. Another suggestion was to better develop and offer our narrative as to why students of color should attend LCOM. At this forum, the idea of using the Alumni network as an informational base and link to other communities was discussed related to both faculty and students.

**Themes from the Staff Open Forum:** Themes included needs for HR flexibility, mentoring, leadership, and coaching programs, and engaging staff both across departments and across the LCOM. Staff attending the forum expressed support for 1.1 (Department level plans), 1.4 (Communications strategy), 1.5 (Educational strategy), 3.1 (Expanded Student Pipelines), 3.1 (Enhanced student support), 4.1 (HR pilot), 4.3 (Increased staff participation), 4.4 (Staff recognition).

**Other Themes (Electronic Feedback):** Faculty highlighted importance of our surrounding community (sites of worship, cuisine, schools, cultural centers, etc.) during faculty recruitment. Another comment expressed concerns from Vermont students that rural life and culture are sometimes viewed as inferior and/or less sophisticated. Other comments prioritized 2.1 (Faculty pipeline), 2.2 (University of Maryland Diversify the Faculty program), and 3.1 (Expanding student pipeline programs) as having the most effect. Affordable childcare was mentioned as a critical need, along with other workplace changes as detailed in May 8, 2017 Research Letter in *JAMA Internal Medicine*.

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**Key References** (Complete Bibliography available separately):

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