ESTABLISHING A CULTURE OF INCLUSION AS A STRATEGY FOR EXCELLENCE:

A STRATEGIC APPROACH
INTRODUCTION

Vision

The School of Medicine is adopting a strategy of leveraging diversity and inclusion to drive the School’s mission of excellence in the delivery of quality patient care, the conduct of biomedical research, and the training of health professionals. The School of Medicine aspires to be a national leader in the creation and sharing of health knowledge within a culture that promotes equity, diversity, and inclusion.

Diversity and Inclusion in Academic Medicine

As the United States continues to experience unprecedented socio-demographic changes, a focus on achieving institutional excellence through strategic integration of diverse groups, including the integration of racial, gender, and ethnic diversity is essential to both medical education and delivery of quality health care. Consequently, the School of Medicine at the University of Virginia must explicitly embrace this mandate and actively engage faculty, staff, and students in the process of transforming the existing culture into one that better fosters a climate of diversity and inclusion, integrates diversity strategically, and identifies innovative initiatives to expand the access to medical education in support of inclusion. Excellence in this context refers to high quality patient care, research, and teaching, a culturally responsive climate, a focus on community outreach, and an engaged workforce.

Case for Diversity

Marc Nivet, EdD, Chief Diversity Officer for Association of American Medical Colleges (AAMC), speaks of the need to expand beyond the traditional rationales for increasing diversity in the health professions. By tradition, the rationales espouse the values of social justice and equity, demographic parity, eradication of health disparities, and the dividends of diverse and inclusive teams. Dr. Nivet advocates for a new rationale in
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which diversity is a strategic driver of institutional and educational excellence, a means for attracting underrepresented, minorities, and a catalyst for creating the conditions in which all members of the institution can thrive. This new rationale forms the basis for Inclusion as a Strategy for Excellence (ISE).

ISE within the School of Medicine

Inclusion as a Strategy for Excellence in the School of Medicine is the recognition that the institution’s success is dependent on how well it values, engages, and includes diverse faculty, staff, students, patients, and suppliers. More than a short-term project or a narrow initiative, this comprehensive approach requires a fundamental transformation of the School’s culture by embedding and practicing inclusion in every effort, aspect, and level of the institution. The goal is to make inclusion a norm that is implemented and practiced.

The concept of Inclusion as a Strategy for Excellence within the School of Medicine is a departure from a simplistic definition of diversity to a more inclusive, comprehensive, and omnipresent notion of inclusiveness that has the following features:

• Inclusiveness and Excellence are interdependent, as opposed to the traditional perspective that separates the two concepts. To practice inclusiveness is a demonstration of excellence.

• Shifts the responsibility for diversity and inclusiveness to everyone (administrators, faculty, staff, researchers, and students) within the School as opposed to one unit or department shouldering the responsibility for diversity. A department or person can guide the process, but every individual with the School, from the Dean to individual employees assumes responsibility for change.

• Shifts the School away from conceptualizing diversity solely as a numerical goal (numbers only) of diverse faculty, employees, vendors, and applicants to transforming the institution into a vibrant community that embeds diversity
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throughout the institution in multiple areas including (but not limited to): demographics (numbers), policies, research, financial resources, leadership, hiring, organizational learning, organizational structure, marketing, outreach, technology, performance management, communications, promotion, assessment, and evaluation.

• Employs a broad and inclusive definition of diversity that includes disability, gender identity and expression, sexual orientation, age, religion, disability, race/ethnicity, nationality, and other social dimensions that are important for the School and academic medicine.

Building on Success

Our efforts to diversify our faculty and administrative leadership through career progression will be aided by building upon the successes of student-focused inclusion efforts. The School of Medicine has over three decades’ experience promoting diversity among medical and graduate student classes in several educational and mentoring programs. Established in 1984 under the aegis of the UVA SOM Dean’s Office, the Medical Academic Advancement Program (MAAP) provided a six-week residential program for first and second year college students interested in medicine and dentistry but who have been traditionally underrepresented in those fields. In 1985, the program received external support from the Health Careers Opportunity Program of the Department of Health and Human Services. The MAAP eventually joined the Robert Wood Johnson Foundation as part of the Summer Medical and Dental Education Program (SMDEP). The SMDEP focuses on bringing diversity to the population of students entering the M.D. educational program and has become a leading medical school preparatory program for minority and other students from disadvantaged backgrounds. Finally, the Summer Research Internship Program (SRIP), founded in 1992 with funding from the National Heart Lung and Blood Institute and the Mellon Foundation, has sought to diversify the cadre of students entering the Ph.D. educational programs. A recent national review panel from the National Institutes of Health
The commitment of School of Medicine faculty is at the heart of the success of both the SRIP and SMDEP. More than two hundred faculty mentors have participated in SRIP; over 10% have participated for multiple years. In addition, more than 75% of SMDEP’s mentors and lecturers have participated annually over the last 20 years. Faculty leadership and mentoring has impacted individual students’ degree attainment, research publications, and professional jobs. The maturation process to a faculty position is at least 10 years post-SRIP and likely longer. The SRIP, is not far beyond the margin of data for students supported. The percentages of our SRIP alumni (most of whom are in the early stages of their careers) who have successfully published research across degree programs are: 77% (M.D./Ph.D), 64% (Ph.D.), 49% (M.D.), and 29% (other graduate programs). In addition, 13% of SRIP alumni who have not entered a graduate or medical program have at least one publication. Examination of outcomes for students from the entire SRIP program reveals nine assistant professors and one associate professor who hold faculty positions at universities across the country. Other SRIP graduates hold faculty titles of lecturer and instructor. The SRIP program has nearly doubled in size over the last ten years and we look forward to seeing the outcomes from that growth.

The SMDEP program graduates have enjoyed similar professional successes. The SMDEP program counts more than 580 graduates with M.D. degrees among its 2,900 alumni. Twenty-six SMDEP alumni are medical school faculty members, including a former chairman of Ophthalmology, one associate dean, one assistant dean, and two associate directors for residency programs. Two of the program alumni are UVA School of Medicine faculty members and a third is a member of the UVA School of Nursing faculty. In addition, SMDEP graduates have entered a broad range of medical fields including nursing, physical and occupational therapy, and health care administration.
Our efforts with summer programs for students who are typically underrepresented in the field of academic medicine is a considerable strength. We will continue to focus on program outcomes, especially for those students who hail from undergraduate institutions without significant research opportunities. Just as our student programs have matured, it is time for the School of Medicine to diversify its efforts to ensure inclusion is a strategic priority for organizational excellence. We therefore present the following comprehensive vision, which draws upon the experiences and lessons learned from diversity efforts with students.

**OVERVIEW OF THE DIVERSITY AND INCLUSION PLAN**

The plan is organized into seven dimensions that support imbedding the tenets of ISE into the structures, policies, systems, culture, and brand of the School of Medicine. The dimensions were derived from a myriad of data sources including strengths, weaknesses, opportunities, and threats (SWOT) analysis, faculty focus groups, and an exploration of best practices in diversity plan development. Each dimension has associated goals and strategies that align to achieve the stated success indicators. Success indicators are metrics that will be used to create the ISE scorecard and are critical to the evaluation of the plan. The seven dimensions and their respective foci are:

I. **Leadership Engagement and Commitment**—Focuses on leadership throughout the School adopting a shared vision of and commitment to diversity and inclusion. This active engagement and commitment serve as the strategic foundation that weaves diversity and inclusion into the operational fabric of the School. Communication of a coherent message that articulates leadership’s commitment sets the tone for all subsequent strategic diversity and inclusion initiatives.

II. **Organizational Capacity**—Focuses on building long-term organizational capacity and recognizes that “quick fixes” will not sustain the level of
commitment necessary to realize the goals of ISE. Achieving high level outcomes associated with the various dimensions of the ISE plan require the investment of building infrastructure, revamping systems, developing leadership and talent capabilities and allocating appropriate resources.

III. Leadership and Cultural Competency Development—Focuses on building leadership capacity to successfully manage the cultural transformation needed to fully meet and exceed the ISE goals. Leaders are key shapers of institutional culture, therefore leadership development, especially in those competencies associated with diversity and inclusion is critical to cultural transformation. Addressing this challenge also enhances the overall engagement level of the School as the culture shifts toward one that fosters inclusion in all its forms. Creating a learning culture is foundational to meeting ISE goals.

IV. Access and Success—Focuses on recruiting and retaining diverse talent, throughout the School to gain or maintain a critical mass of diverse talent that can be leveraged for organizational success. This dimension also focuses on building strategic partnerships and innovative recruitment methods in support of the access and success goals.

V. Community Outreach, Scholarship, and Education—Focuses on outreach, scholarship, and education that can be a valuable resource for developing diversity and cultural competency in academic medicine. Not only does this focus address issues such as eradicating health care disparities, providing services to the community, and re-shaping the legacy of the University in regard to diverse communities, it also helps build diversity into the next generation of health professionals. Education and awareness programs in elementary schools, middle schools, and high schools, are powerful influences on career aspirations.

VI. Expanding Educational Access—Focuses on access to medical education to ensure that diverse talent is being developed throughout the educational continuum and highlighted in the screening process. This dimension utilizes
the partnerships and programs associated with community outreach initiatives to help shape the education and career aspirations of K-12 students as well as under graduates. This dimension also focuses on developing innovative process in support of the recruiting, screening, and selection of diverse students to include examination of the “whole-person” and enhancing the application experience for all students during the medical school and GME admissions process.

VII. Talent and Leadership Accountability—Focuses on leadership accountability as an important factor in establishing, driving, and sustaining an organizational change agenda. These elements set the tone for communicating the vision, building organizational capacity, and allocating resources necessary for the success of ISE. This dimension also focuses on the accountability of all employees toward meeting diversity and inclusion goals. In addition, this goal focuses on broad training initiatives and developing baseline diversity and inclusion competency across the institution. This dimension also offers a means for sustained learning and development in support of diversity and inclusion.
I. **Leadership Engagement and Commitment**

**Goals**

A. Clearly communicate the commitment of the leadership of the School to diversity and inclusion by sharing the diversity and inclusion plan broadly.

B. Expand the awareness of the business case for diversity and dialogue regarding inclusion as a strategy for excellence.

C. Develop a comprehensive communication strategy and branding effort that defines diversity and inclusion, affirms its tactical importance, and articulates leadership’s commitment.

**Strategies**

1. Develop a web presence that supports the renewed energy toward diversity and inclusion.

2. Develop a diversity and inclusion annual report.

3. Integrate diversity and inclusion initiatives prominently in the academic strategic plan.

4. Assure that leaders at every level of their respective departments brief the plan to their faculty, staff, and students.

5. Identify a diversity and inclusion liaison for each department who, as a member of the Diversity Consortium, will coordinate diversity and inclusion efforts with the Diversity Steering Committee.

6. Design and implement a kickoff event for the Dean to reaffirm the School’s commitment to diversity as an integral part of the School’s strategic plan.

7. Actively seek opportunities to highlight diversity and inclusion efforts occurring throughout the institution via publications, newsletters, and the School of Medicine web page.

8. Develop a diversity and inclusion award and recognition program that rewards individuals and departments/division for innovative diversity and inclusion efforts, practices and results.
Success Indicators

1. The number and percentage of employees who were briefed on the Diversity and Inclusion Strategic Plan

2. The number of department and School leaders who were briefed by the Dean on the tenets and the business case for the Diversity and Inclusion Strategic Plan

3. The number and percentage of staff, faculty, students, and prospective students who report their awareness of the Diversity and Inclusion Strategic Plan, the Diversity Inclusion Steering Committee, and the Diversity Consortium
II. ORGANIZATIONAL CAPACITY

Goals

A. Review School’s policies, procedures and publications (to include recruiting, hiring selection, and promotion) and modify as appropriate to reflect inclusion

B. Build human capital infrastructure and core expertise within the School to support diversity and inclusion initiatives

C. Build necessary data systems in support of diversity and inclusion initiatives

D. Allocate necessary financial resources to invest and sustain effective Diversity and Inclusion initiatives

Strategies

1. Formalize the Diversity and Inclusion Steering commitment and provide a program coordinator to assist in communications and office management

2. Organize the Diversity Consortium into working groups that create action plans to operationalize the dimensions of the Diversity and Inclusion Plan

3. Provide budget for professional development and networking opportunities for the Diversity and Inclusion Steering Committee to ensure that the School is on the cutting edge of diversity and inclusion business practices

4. Identify external resources in support of diversity and inclusion programs, including focused educational programs

5. Institute reporting systems for accountability and continuous improvement to optimize the realization of ISE goals

6. Develop and implement a database that captures the accomplishments of diverse faculty and students that can be highlighted in marketing materials

7. Annually review allocation of funding for initiatives to determine their effectiveness and reallocate resources accordingly

8. Formulate a budget that provides adequate financial support of key programs and initiatives

9. Develop an awards committee to nominate and recognize the accomplishments of diverse students, trainees, and faculty for national awards focused on diversity and inclusion
10. Identify a suitable physical space for the Diversity and Inclusion office that signifies commitment to diversity and inclusion efforts.

11. Develop goals that reflect the commitment to the utilization of women, minority, and diverse vendors and or suppliers. Collaborate with institutional procurement leaders to develop a plan to increase supplier diversity.

**Success Indicators**

1. Identification and allocation of sufficient resources to support the goals of the Diversity and Inclusion Strategic Plan.

2. Establishment of the Diversity and Inclusion office as a centralized office accountable for the implementation of the Diversity and Inclusion Strategic Plan.

3. Development of the ability to collect and report data that informs progress toward the plan’s goals and resource allocation.

4. Identify, set targets, and monitor utilization rates for diverse suppliers.

5. The number of nominations and recipients of the Diversity and Inclusion awards program.
III. LEADERSHIP AND CULTURAL COMPETENCY DEVELOPMENT

Goals

A. Develop and refine leadership competencies for faculty leaders and key administrators that enable them to effectively manage diversity, develop cultural adaptability, build teams, manage change, leverage diversity of thought and work styles to foster innovation and creativity

B. Continue efforts to improve employee engagement to engender increased commitment and teamwork, retain talented faculty and staff, cope with change, and support a more inclusive working environment

C. Systematically monitor the diversity climate within the School through surveys, the Diversity Consortium, and informal networks.

Strategies

1. Assess key leadership for competencies that support managing diversity, developing cultural adaptability, managing change, and fostering innovation

2. Assess executive leadership to identify any key career derailment perspectives or behaviors.

3. Design a faculty and administrator development program for leaders based on the results of the leadership assessments

4. Review engagement survey data and isolate issues regarding diversity and inclusion disparately impacting under-represented groups. Use baseline data to identify areas of focus and intervention

5. Leverage and support effective employee resource and affinity groups, highlight their activities, and share best practices across departments to increase the number and level of activity

Success Indicators

1. Alignment of engagement levels with benchmark and aspirational benchmark organizations within academic medicine

2. Increased levels of employee engagement

3. Lack of disparity between engagement levels of majority and minority employees
4. Number and proportion of leaders making satisfactory progress toward addressing competency gaps based on their respective development plans

5. Expansion of the span and scope of existing Employee Resource Groups (ERGs) and/or affinity groups
IV. Access and Success

Goals
A. Recruit highly qualified diverse student, graduate trainee, and faculty talent across the School

B. Retain highly qualified diverse talent within the School

C. Build new strategic partnerships and strengthen existing connections with graduate medical programs, associations focused on underrepresented populations, and communities of historically underrepresented groups to develop pipeline programs for attracting diverse talent

Strategies

1. Develop partnerships with colleges and universities serving underrepresented groups to recruit talent

2. Develop research or internship experiences that position the School of Medicine as the employer of choice

3. Identify areas of focus where there are significant gaps in compositional diversity (by department, faculty or employee level, or specialty)

4. Conduct disparate impact analysis reviewing diverse faculty candidate pool utilization rates, selection rates, compositional diversity by faculty rank, and flow statistics (promotions and transfers)

5. Analyze the selection and yield rates of diverse candidates to determine if there is a gap in selection and hiring yield rates for diverse and underrepresented applicants and candidates

6. Design and implement a diversity branding and communication initiative that articulates the commitment of the School to diversity and inclusion and positions the School as the employer of choice for diverse candidates

7. Resource and staff a central resource for faculty recruitment and devote a portion of this effort to diversity recruiting

8. Identify specific barriers to the career development and success of diverse and under-represented employees
9. Develop a mentoring and sponsorship program that provides professional guidance, career development, and networking opportunities for diverse and underrepresented employees

10. Implement a process to capture data on the factors that influenced unsuccessful hires

11. Implement an employee exit survey for staff and analyze faculty exit interview data to identify issues and opportunities for continuous improvement

12. Continue to provide support for the National Medical Association Chapter in support of minority faculty development, outreach, recruitment, and commitment to diversity and inclusion

Success Indicators

1. Number of new pipeline programs identified for diverse recruitment

2. Increased yield of diverse and underrepresented candidates selected for interview and hire

3. Increased retention rates of diverse and underrepresented employees

4. Reduction of voluntary turnover for diverse employees

5. Number and proportion of diverse faculty in alignment with peer benchmark institutions
V. Community Outreach, Scholarship, and Education

Goals

A. Integrate the Center on Health Disparities and the School of Medicine Committee on Women under the auspices of the Diversity Inclusion Steering Committee to better leverage resources and sharpen the focus of these strategic outreach and scholarship initiatives.

B. Utilize the Center on Health Disparities to develop programs and partnerships that provide opportunities for students, faculty, and staff in the SOM to improve access to care and increase engagement in the health and welfare of diverse communities locally, regionally, and nationally.

C. Leverage existing outreach, service and educational activities across the School and Grounds related to diversity and inclusion to reduce redundancy, ensure consistent branding, provide resources as necessary, and raise awareness.

D. Develop consistent partnerships with local schools to create learning and awareness programs aimed at shaping career aspirations and creating an affinity for the university.

E. Develop community partnerships to identify formal and informal support services and resources that can be used in making the community at large more attractive for diverse groups.

F. Engage in scholarship and research related to diversity and inclusion that fosters collaboration with other academic medical institutions and allows for the sharing of best practices.

G. Utilize the Committee on Women in developing programs and partnerships that provide opportunities for improved academic advancement and career success for women faculty, students and staff.

H. Advocate for polices that support customized career paths for all faculty allowing those with competing personal and professional demands to remain engaged, productive and supported during periods of diminished availability for professional activities.

I. Engage in research and scholarship related to the career trajectory for women in medicine with a focus on the advancement of women to major institutional, regional and national roles.
Strategies

1. Gain a better understanding of the context and vision for the Center on Health Disparities and leverage its resources to better align with the focus of the Diversity Plan and the Strategic Plan for the School of Medicine

2. Create an inclusive clinical service, learning, and research environment that results in a better understanding of existing barriers to care and serves as a catalyst for pragmatic interventions

3. Identify sites for outreach to underserved populations

4. Incorporate learning focused on unconscious bias in diagnosis and treatment into healthcare team training

5. Focus on clinical site development with attention to cultural needs of population served

6. Identify the activities occurring within the School related diversity and inclusion so that these activities can be highlighted, best practices shared, and collaborations encouraged

7. Collaborate with the University’s Office of Diversity and Inclusion to identify community resources and opportunities for partnership to support both educational programs and services that would benefit diversity and inclusion

8. Optimize existing relationships with local schools and community colleges by developing partnerships and sponsorship of clubs and associations related to health sciences

9. Create internships and summer research experiences focused on health sciences for high school and undergraduate students from groups underrepresented in medicine

10. Review the structure and function of the Committee on Women realigning and expanding resources to provide ongoing, regular opportunities for women faculty to receive peer support and institutional career mentorship

11. Create policies related to flexible work schedules and customized career paths with a goal of retaining faculty by diminishing workload and career pace during periods of accelerated personal demands with a short term goal of retaining these faculty and a long term goal of allowing them to return to full engagement in their professional work
12. Utilize internal and external satisfaction and engagement data for program planning, policy adaptation, national presentation, and peer-reviewed publications.

**Success Indicators**

1. Recognition of The Center on Health Disparities is recognized as a valuable resource of education and service in the academic medicine community as evidenced by publications, invited presentations, and extramural funding.

2. Increased awareness of diversity and inclusion activities in the School and new collaborations and partnerships formed between departments.

3. Creation of a portfolio of community resources and service that can be used in the recruitment of diverse students, faculty, and staff.

4. The number of new relationship and partnerships that are in alignment with the focus of the Diversity and Inclusion Plan.

5. Number of new programs, volunteers, and participant involved in internship and/or summer research experiences for diverse high school and summer research programs.

6. The number of professional development programs (local, regional and national) for women students, faculty, and staff supported by the Committee on Women and the Office of Faculty Affairs and Faculty Development and listed among the Faculty Leadership Programs.

7. Recognition of the Committee on Women as an advocate and resource for faculty who seek a decelerated career progression, providing mentoring and resources to allow career customization.

8. The number of presentations in national venues and publications in peer reviewed publications regarding the work of the Committee on Women.
VI. EXPANDING EDUCATIONAL ACCESS

Goals

A. Achieve a more diverse and inclusive candidate pool for all educational programs within the School

B. Ensure the success of talented diverse and under-represented students in their respective educational programs

C. Create an educational climate that is conducive to the success of under-represented students

Strategies

1. Conduct a comprehensive review of the selection criteria for access to educational programs to ensure that diverse populations are not disparately impacted

2. Benchmark best practices from peer institutions and implement innovative recruitment strategies as appropriate

3. Leverage the increased focus on diversity and inclusion, including leadership commitment and supports, as a branding strategy for recruitment

4. Develop academic support resources to identify and address challenges faced by value-added groups

5. Actively support existing and create new affinity student groups

6. Assess the levels of engagement and the cultural climate within education programs and develop intervention as needed

7. Collect exit interview data for applicants that will enhance continued improvement of the candidate experience

8. Develop a concierge type service that removes barriers to access including assistance with the application process, interview planning, and financial support if needed

9. Expand the “second-look” program consistently across departments

10. Develop a peer recruitment program where existing diverse students and trainees actively participate in the recruitment process
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Success Indicators

1. Increased yield of diverse and underrepresented candidates selected for admission into educational programs

2. Increase retention rates of diverse and underrepresented students and trainees

3. Increased engagement of students and trainees

4. Increase participation of diverse students and trainees in the recruitment of applicants
VII. TALENT AND LEADERSHIP ACCOUNTABILITY

Goals

A. Integrate and position the Diversity and Inclusion Plan as a core strategic focus

B. Align human resource systems (performance management, compensation, and development) to support the Diversity and Inclusion Plan

C. Identify appropriate strategic diversity and inclusion development and training expectations for all employees

Strategies

1. Develop and publish an ISE Scorecard and report the results of the ISE Scorecard as an indicator of the progress toward the goals of the ISE plan and the effectiveness of diversity and inclusion efforts.

2. Link performance evaluation and compensation of leaders to the performance of their units on agreed upon diversity and inclusion success indicators

3. Reward and incentivize extraordinary individual, team, and unit achievements related to diversity and inclusion goals and initiatives

4. Identify ongoing diversity and inclusion training and development activities for all employees and link to performance evaluations and compensation

Success Indicators

1. Achievement of diversity and inclusion goals for leaders and their respective teams

2. Development of department-level action plans in support of the School’s Diversity and Inclusion Plan

3. Number of employees who complete required training

4. Number of incentives awarded for diversity and inclusion initiatives