

**Diversity Strategic Plan
School of Medicine
2014-2018**

School of Medicine Diversity and Inclusion Strategic Plan (2014-2018)

Diversity and Inclusion have long impacted medical education and practice; however more recent national attention and strategic imperatives to leverage diversity as a vital contributor to better health outcomes have moved the needle in the development of best practices in this arena. To guide the implementation of more deliberate diversity initiatives in our School of Medicine (SOM) for continued progress in the areas of diversity, inclusion and cultural proficiency across all of its undertakings—educational, research, clinical and community engagement—the Diversity Strategic Plan has been developed as a comprehensive approach to build a palpable and sustainable infrastructure and culture of diversity and inclusion. Aligned with the cultivation of a pervasive, adaptive and respectful environment that promotes diversity, inclusion, equity, professionalism, humanism and opportunity as featured prominently and touted as priority in our SOM Mission Statement, the Diversity Strategic Plan outlines our immediate and mid- and long-term goals to achieve a perceptible culture of diversity and inclusion at the University of Texas Health Science Center San Antonio SOM. Diversity and inclusion have overtly been tied to excellence, thus we endeavor to provide culturally competent education and patient care, scientific discovery, and thoughtful community service in this context.

School of Medicine Mission Statement

The mission of the School of Medicine is to provide responsive and comprehensive education, research and service of the highest quality in order to meet the health-related needs of the citizens of Texas. In all aspects of fulfilling this mission, the School of Medicine is committed to demonstrating particular sensitivity to and focus on the South Texas region while fostering the broadest diversity and inclusion that ensures successful achievement of the institutional priorities to:

- Cultivate a pervasive, adaptive and respectful environment promoting diversity, inclusion, equity, professionalism, humanism and opportunity
- Provide exemplary medical education and training to a diverse body of health career professionals at all levels while fostering a commitment to scholarship, leadership and life-long learning across the educational continuum.
- Build and sustain recognized leadership, and advance scholarship excellence across the biomedical and health-related research spectrum
- Deliver exemplary and compassionate health care to enhance every patient's quality of life
- Serve as a responsive resource to address community health needs whether local or global
- Attain health equity for the diverse patient population of South Texas

The Office for Diversity and Student Professional Development (formerly, the Office for Student Diversity and Professional Development)

The Office for Student Diversity and Professional Development was created in the fall of 2012 and inaugurated a new Assistant Dean to further support and sustain student diversity and inclusion efforts in the SOM. In October of 2013 the Dean's Office underwent restructuring and transitioned all faculty diversity responsibilities to the renamed Office for Diversity and Student Professional Development, which now serves in a broader role to enhance the full diversity agenda of the SOM and across the medical education continuum. Since its inception, the mission of the office has been to develop and administer programs in the SOM that create and sustain a spirit of diversity and inclusion that will further shape academic medicine at the UTHSCSA-SOM by fostering an environment of cultural competency, sensitivity and awareness. All diversity efforts are fundamentally and comprehensively rooted in intellectual vitality and cross-cultural understanding that allow our faculty, staff, physicians-in-training and students to embrace and celebrate distinctive perspectives and viewpoints that enrich all members of the UTHSCSA School of Medicine. We believe that it is through the affirmation of one another's experiences that we become better suited to understand each other and to achieve a greater capacity to affect positive change in the world around us. The office has placed major emphasis on increasing programming to recruit, retain and mentor talented faculty, staff and students among Underrepresented in Medicine (URiM) populations, *especially women, residents of South Texas, and those of the Hispanic/Latino communities.*

UTHSCSA-SOM Diversity by the Numbers

The UTHSCSA-SOM continues to rank among the most diverse U.S. medical schools in graduates and faculty regarding URiM populations. For graduates from 2006 through 2012, the SOM ranks above the 90th percentile for Hispanics/Latinos, in the 65th percentile for American Indians/Alaska Natives, and in the 45th percentile for Blacks/African-Americans. The faculty is similarly diverse as in 2012, our full-time faculty was composed of 39% women, (65th percentile), and 11% URiMs collectively, as nationally compared to all medical schools. *In toto*, racial/ethnic diversity among the faculty ranked UTHSCSA-SOM above the 90th percentile when compared to all US medical schools; it is noteworthy that this ranking is driven predominantly by Hispanic/Latino faculty members (Table 1).

Table 1. SOM Faculty Diversity in Basic & Clinical Sciences Departments

Diversity Category	AY 2012-2013, N=1312			
	Basic Science Faculty (Raw Data)	Basic Science Faculty (% of Basic Science Faculty Total)	Clinical Faculty (Raw Data)	Clinical Faculty (% of Clinical Faculty Total)
Women	83/238	34.9%	388/1074	36.1%
White	148	62.2%	677	63%
Hispanic	12	5.0%	170	15.8%
African-American	3	1.3%	13	1.2%
Asian	72	30.3%	163	15.2%
Amer. Indian/Alaska Native	0	0%	3	0.3%
Native HA/PI	0	0%	2	0.2%
Multi-Racial	Not collected	Not collected	Not collected	Not collected
Not Specified	3	1.3%	46	4.3%

Though it is clear that attention has been given to diversity among our faculty, staff and student cohorts, it has not been done so at a level that was deemed adequate for the Liaison Committee for Medical Education (LCME), as indicated by our rating of Non-Compliance for the IS-16 standard that addresses diversity (LCME, May 2013 site visit).

IS-16

An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

While our diversity far exceeds that of most medical schools (Figure 1. MMT, 2014), our current policies and practices do not convincingly show that our diversity profile has intentionally been achieved. Thus, it has been suggested that our faculty diversity may be more a reflection of our geographical location as the number of faculty belonging to URiM groups other than Hispanics/Latinos remains relatively low and has been stagnant over the past years.

TABLE 2 Prepare a Diverse Physician Workforce
 The University of Texas School of Medicine at San Antonio
 Benchmarked against All Medical Schools



Percentile	Graduates from 2007 through 2012							Full-Time Faculty as of December 31, 2012				
	Total Graduates	Number who are Hispanic or Latino	Percent who are Hispanic or Latino	Number who are American Indian or Alaska Native	Percent who are American Indian or Alaska Native	Number who are Black or African-American	Percent who are Black or African-American	Total Faculty	Number who are Women	Percent who are Women	Number who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American	Percent who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American
90	1,229	207	16.8%									11.5%
	1,144	123	13.3%	12	1.6%	90	9.9%	2,156	801	44.4%	160	11.3%
80	996	69	9.2%	9	1.1%	72	8.9%	1,685	622	40.7%	132	9.2%
70	961	56	6.6%	7	0.8%	62	7.8%	1,341	495	39.3%	87	7.7%
60	890	47	5.3%	6	0.7%	56	6.5%	1,157	452	39.1%	75	6.5%
50	816	36	4.5%	5	0.6%	44	5.4%	965	339	35.8%	58	5.6%
40	694	26	3.7%	4	0.5%	34	4.4%	788	274	34.8%	48	5.0%
30	596	19	2.9%	3	0.4%	24	3.7%	626	213	33.4%	37	4.4%
20	541	15	1.9%	2	0.3%	19	2.6%	389	146	32.2%	28	3.9%
10	402	9	1.4%	1	0.2%	6	1.2%	234	82	29.9%	18	3.2%
Mean	796	57	8.3%	6	0.9%	54	7.2%	1,129	422	36.6%	74	9.6%
Valid N	126	126	126	126	126	126	126	126	126	126	126	126

Note: The percentile distributions include reported zero values but exclude missing values.

Source: AAMC Student Records System; AAMC Faculty Roster

Staff Contact: For general report questions, contact Henry Sondheimer, M.D., at hsondheimer@aamc.org. For the data contributors to this table, see the definitions section of the report (pages 5 through 10).

The Case for Robust Programming for Diversity and Inclusion

In light of the diversity that the UTHSCSA-SOM has enjoyed as tradition, the case for diversity is often not an obvious one. Nevertheless, the validity of the argument that our diversity is not broad enough is undeniable. There is a wide body of literature demonstrating that diverse workplace teams function more effectively than work groups that are homogenous and that these same teams excel at problem-solving, in creativity and conflict resolution (Phillips, Liljenquist and Neale, 2010; Page, 2011). As we work to 'Make Lives Better' it is imperative that we impart in our trainees a desire to become not only competent, and ethical physicians, but also culturally proficient clinicians who are able to serve the diverse communities in which they will practice. In order to achieve excellence in all of our enterprises—academic, research and clinical—we must strive to do so in a culture of diversity, inclusion and pluralism.

Our success in building a palpable and pervasive culture of diversity and inclusion rests on employing a broad approach that highlights UTHSCSA-SOM's educational and research opportunities on a national stage. The main strategies to propel this undertaking are:

Main Strategies:

<p>1 Increase visibility of the UTHSCSA-SOM on a national platform to attract individuals of superlative talent.</p>	<p>2 Implement a national recruitment strategy to grow the diversity of our faculty, resident, staff and student communities.</p>	<p>3 Enhance existing pipeline programs and create innovative pipeline programs at the residency level.</p>
---	--	--

In an effort to more intentionally build the diversity of our faculty, staff and student communities in the SOM, the following goals and objectives have been established to support the completion of the main strategies:

Goal #1: Implement all diversity-related remediation plans and secure a lifting of 'noncompliance' status from the LCME by October 2014.

Objectives:

- To prepare a cogent and concise diversity policy for the SOM that identifies the 'value added' groups **specific** to our institution—Hispanics/Latinos and women
- To implement policy requiring the appointment of two Diversity Liaisons for each Basic and Clinical Sciences Department of the SOM for participation in school-wide diversity and inclusion endeavors, particularly in searches for all position vacancies (not strictly leadership positions). These representatives will work in conjunction with Diversity Committee members for searches for leadership positions.
- To require each Department to prepare and submit a Diversity Action Plan that will be updated bi-annually (every two years). Within that plan, diversity goals should be clearly identified. These goals will be taken into consideration in the annual review of each department's overall performance.
- To administer the Diversity Engagement Survey to collect baseline data regarding the current diversity and inclusion climate at our SOM.
- To develop a school-wide process to track and measure the effectiveness of diversity recruitment efforts.
- To require every SOM employee to complete diversity training underscoring unconscious bias, principles of inclusion and general cultural competency content regarding the Hispanic/Latino community and culture and health disparities that plague women.

Goal #2: Create an Underrepresented in Medicine Physician Recruitment Program

Objectives:

- To implement a recruitment strategy to establish a UTHSCSA-SOM presence on a national platform and build awareness of UTHSCSA UME and GME program offerings as viable training options.
- To build and maintain active partnerships with special interest groups (specifically, national affinity groups) and professional associations at the regional and national levels.
- To create and fill a position for a Director of Diversity to oversee recruitment efforts and to assist with school-wide diversity programming.

Goal #3: Develop Support and Mentoring Programs for Underrepresented in Medicine MS-3s/MS-4s/ and Residents

- To establish a URiM Resident Association.
- To create a network between the URiM Resident Association and community/local physicians and identify faculty mentors to advise in professional development of URiM residents.
- To offer a more robust 'Careers in Medicine' Series geared specifically toward concerns and issues of URiM students and residents.

Goal #4: Expand the SOM Pipeline and URM Recruitment Programs for the Office of Undergraduate Medical Education

- To develop a summer enrichment program for at-risk medical students.
- To inaugurate protocol for a 'Posse Program'-approach (groups of URiM from same community/high school) to applicant recruitment.
- To create a summer program opportunity targeting male URiM students interested in medicine.
- To institute facilitated acceptance agreements with local/regional Minority Serving Institutions (MSI) (e.g. Huston-Tillotson and Prairie View University)

In order to achieve the aforementioned goals, it is paramount to successfully link the efforts of the Admissions, UME, and GME Offices along with those of the various SOM Departments to create a cohesive team that will work with a collective responsibility for meeting all our SOM diversity and inclusion goals and objectives.

Page S.E. (2007). *The Difference: How the power of diversity creates better groups, firms, schools, and societies*. Princeton, NJ: Princeton University Press.

Phillips, K.W., Liljenquist, K.A., and Neale, M.A. (2009) Is the pain worth the gain? The advantages and liabilities of agreeing with socially distinct newcomers. *Personality and Social Psychology Bulletin*. 35, 336-350.