TIMELINE SUMMARY

Phase 1 Activities

June 2020 to February 2021

Stakeholder analysis

Working groups formed, facilitators/leaders identified

Kick off working group meetings

Steering Committee

Working Group Reports (7)

Task Force Final Report

New SVP and CDO (CC)

New CDO (VTC)

DEI teams restructured (CC and VTC)

Phase 2 Activities

March 2021 to June 2022

Strategic Plan alignment with VT, Carilion Clinic and DEI Priorities

Dashboard to monitor progress

Implement recommendations

Collaboration

Engagement

Communication

Training/Development

Identify/improve/increase resources

Phase 3 Activities

July 2022 and Beyond

Complete outstanding tasks

Collect and analyze data

Identify gaps

Barriers and obstacles

Implement corrective action

Track realized benefits→ VTCSOM Strategic Plan Milestones

Original Map March 2021

| Tasks	Completed before March	Mar-Jun 21	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	July 22 and beyond	Total tasks by unit
Completed	6	21	13	16	11	44	11	122
% Completed	91%						9%	100%

Actual Progress
July2022

| Tasks	Completed before March	Mar-Jun 21	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	July 22 and beyond	Total tasks by unit
Completed	6	21	27	23	**14***	18	14	**123***
% Completed	89%						11%	100%

Jul 22 +	122	100%
Mar – Jun 22	111	90%
Jan – Mar 22	67	55%
Oct – Dec 21	56	46%
Jul – Sep 21	53	43%
Mar – Jun 21	26	21%
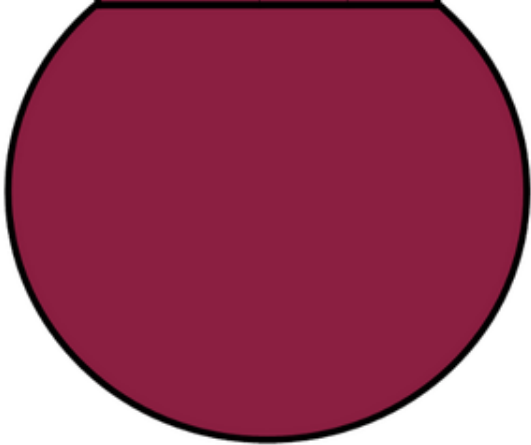
Results

Units	# Tasks	March 2021 to June 2022	Remaining July 2022 and beyond	% Complete
Phase I	30	23	7	77%
Phase II	13	13	0	100%
Student Support	9	9	0	100%
Community Engagement	11	11	0	100%
Admissions	23	20	3	87%
Faculty/Staff Recruitment, Development, Retention	22	20	2	91%
Learning and Work Environment	10	8	2	80%
Diversity, Equity, and Inclusion	5	5	0	100%
Totals	123	109	14	89%
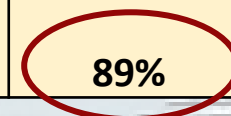
Phase I (Completed)

1.4 Expand current first-year series on self-efficacy, attribution theory, and imposter phenomenon further into the Phase I curriculum. Possibly adding a Foundations to Success Elective.

4.5 Incorporate specific AMA/AAMC guidelines, recommendations, and articles so that the level of detail discussed is standardized across the PBL groups.

Outstanding tasks beyond July 2022

1.5 Implement a longitudinal reading series for students on racism in healthcare. BIC-1 will re-visit this suggestion during the planning of AY23-24. Phase I faculty are considering several approaches to using readings to raise awareness, including the addition of optional reading/book lists on Phase I Canvas sites or the creation of bi-monthly lunch-time book clubs, for example. Implementation will be guided by input from the DEI office and resources such as the AAMC summer reading list.

3.9 Coordinate with other domains on the incorporation of elements from Diversity and Inclusion in Quality Patient Care (Martin et al., 2019), Chapters 1-8. Incomplete. These specific readings were not feasible to incorporate into the existing curriculum, however the topics are included in the M1/M2 curriculum in HSSIP, CS (Blocks V and VII), and a new PBL case in Block III.

Phase I: Outstanding tasks beyond July 2022

3.11 Coordinate with the other domains on the incorporation of Chapters 2, 14, 15, 18, and 22 of LGBT Health: Meeting the Needs of Gender and Sexual Minorities (Smalley et al., 2018). Incomplete. These specific readings were not feasible to incorporate as required resources in the existing curriculum, however they were listed as recommended resources in CS for Blocks V and VII starting in the AY 21-22. The topics are included in the M1/M2 curriculum in HSSIP and CS.

3.13 Involve health equity and social medicine experts in Problem Based Learning (PBL) end-of-week wrap-ups to expand impact and diversity of representation. BIC-1 recommends a school-wide approach to the treatment of the concept of race-based medicine that extends beyond discussions in Research Domain and will work with the DEI office to learn how to best address this recommendation.

3.14 Insert learning objective that includes history of race-based medicine in research. BIC-1 recommends a school-wide approach to the treatment of the concept of race-based medicine that extends beyond discussions in Research Domain and will work with the DEI office to learn how to best address this recommendation.

4.3 Encourage better student engagement with the psychosocial faculty learning objectives, through more direct assessment on the Integrated Clinical Exam (ICE) exam. There is a larger ongoing effort to revise the Integrated Clinical Exam that will address this recommendation. Initial implementation will occur in AY22-23 (for Block IV), with full implementation projected in AY23-24.

4.6 Recruit a Standardized Patient (SP) pool that reflects the diversity of the United States patient population. Efforts are continuing to increase diversity within the SP pool, but this recommendation will require ongoing attention.

Phase II (Completed)

1.2 Re-visiting and re-emphasizing in ongoing HSSIP lectures and lectures should be interactive.
Health equity is threaded throughout the curriculum.
1.3 Providing students pre-lecture reading assignments and sources to further their own knowledge in these subjects.
For the majority of the M3 HSSIP curriculum, all required content is contained within the clerkship sessions which was a deliberate curricular design. Some sessions have required pre-reading which is related to the content of the sessions; this is not necessarily related to health equity.
4.2 Considering the use of student assessment coaches and 4.3 Training instructors, clerkship directors and other assessors in assessment of students.
An assessment resource regarding bias is available on the TEACH website per Dr Whicker. Here are the details: Drs. Nguyen and Permashwar presented on Bias in Assessment on February, 15, 2022. (https://www.carilionclinic.org/faculty-development/healthcare#section).
4.4 Enhancing the quality of feedback.
The TEACH Academy has session(s) available on feedback. One recent session in May was on "Delivering Bad News" and was interactive with faculty participation. (https://www.carilionclinic.org/faculty-development/healthcare#section).

Community Engagement (Completed)

2.1 Creating a short reading/video module for incoming students that highlights the history of diversity and inclusion/exclusion and the relationship between race and health in Roanoke.
The Hidden in Plain Site Project was officially kicked off on 6/28. This is what will be required watching for the incoming M1 students. Plans have been completed for the orientation wrap up that will go along with the movie. The activity will begin in July 2023.

5.1b Coordinating and engaging with interdisciplinary health professions from Virginia Tech in Blacksburg and Radford University-Carilion would be beneficial.
The new group is currently the Roanoke Higher Ed Partners, but that will probably change. It includes VTCSOM, VT Graduate School, RUC, FBRI and VT Roanoke Center. We have meetings monthly, and already have activities on the calendar.   The partnership with VT HNFE is solid, and leadership on the VTCSOM end had been turned over to Renee LeClair.   Center for Oral History at VT is up and running. Dr. Cindy Unwin and Dr. Dave Trinkle will represent VTCSOM in the group.

Editorial: Roanoke Collaboration Project promotes mutual respect over toxic division

Jul 3, 2022

https://www.youtube.com/watch?v=iv_eXV4uu7c

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Leadership Roanoke Valley

Leadership Roanoke Valley (LRV) was established in 1983 to encourage community leadership in the region. The interactive 10-month program helps participants better understand issues facing the Roanoke Valley. Creative ideas and approaches help build leadership skills and show participants how to make a difference in business and the community.

Faculty, Staff Recruitment, Development, Retention (Completed)

1.1 Create a mandatory faculty development series that emphasizes the importance of framing material and contextualizing curricular content and presentations within racism, health equity, and structural racism healthcare.

1.5 Ensuring transparent and well-coordinated recruitment/interviewing for all candidates.

Outstanding tasks beyond July 2022

1.4 Establishing a unified point person(s) for assisting w family transition to area. We did not meet the June 30th deadline because of the complexities of working across various medical center entities and figuring out how to address the issue within each of the institutions involved.

3.3 Creating or revisiting URM faculty mentoring program. We have started a new faculty mentoring program that will include interested faculty from URM groups; but we do not at this point have agreement with the idea of having mentoring groups made up of only faculty from the same cultural/ethnic group. We want to re-visit this issue with the department chairs at a future chairs/deans meeting.

Admissions (Completed)

4.1 Investing and expanding the Early Identification Program.
Two students are currently participating in the program.

4.2 Providing opportunities for EIP students to engage with VTCSOM medical students.
This is taking place.

4.3 Utilizing a constant contact system with EIP students before, during and after students' participation in summer experiences at VTCSOM.
 Continues to take place.

4.4 Increasing visibility and advertising of URM diversity recruitment on the school's website, specifically highlighting the Early Identification Program.
Next cycle Admissions will be in charge of recruitment to the EIP.

Admissions: Outstanding tasks beyond July 2022

1.1 Increasing the presence of URM students at VTCSOM to mirror public institutions.
Currently there are 49 active acceptances who have completed intention to matriculate documentation. 5 of the matriculants are URMs (2 identify as AA and 3 as Hispanic/Latino) comprising 10.2% of the matriculating class.

1.2 Paying special attention to "disadvantaged" prospective students.
Currently there are 49 active acceptances who have completed intention to matriculate documentation. 13 (26.5%) of the matriculants disclosed some distance travelled or socioeconomic disadvantage and one is a first generation college student.

1.5 Formalizing VTCSOM Admissions' collaboration with Virginia Tech's Health Professions Advising program, with the intent to enhance URM student's preparation for and interest in VTCSOM. Events completed with VT since December 15, 2021:
4/6/2022 -Admissions staff provided over 40 one-on-one counseling sessions with VT students on campus at VT.

Learning Environment (Completed)

1.5 Identifying LEAC members and their interest in serving as a resource for students, faculty and staff. Also appoint one person to be the curator of the website.
The Vice Dean and Vianne Greek, VTCSOM webmaster, are the current points of contact for updating the Learning Environment website and making suggestions for improving access and functionality of the website with the administration and the LEAC.

Outstanding tasks beyond July 2022

3.1 Creating a clinical faculty liaison committee at Carilion Clinic to specifically address issues of racism or discrimination during clinical rotations that would allow processing of event and ensure anonymity.
This recommendation is currently on hold and will need to be explored over the next year.

3.3 Increasing wellbeing programs for learners and the work environment.
The Dean has requested Dr. Musick chair a wellness taskforce by fall 2022 to begin developing a VTCSOM wellbeing program.

Diversity Equity and Inclusion (Completed)

1.2 Update and provide resources for LE individual development.
Integration of Diversity Education Series into curriculum, TLOS: VT Professional Development online resource for faculty, and ongoing process of resource review by DEI team. Drexel University College of Medicine is developing a comprehensive module on antiracism that is free for institutions to use with their students, staff and faculty and has been funded by the Macy Foundation.

3.6 Establishing a faculty inclusivity-mentoring award.
This goal is reliant on establishing a URM faculty mentoring program (Faculty/Staff). The process for establishing diversity awards (e.g. Diversity Champion award) has been established and will be used for this in the future.

Diversity Equity and Inclusion Infrastructure
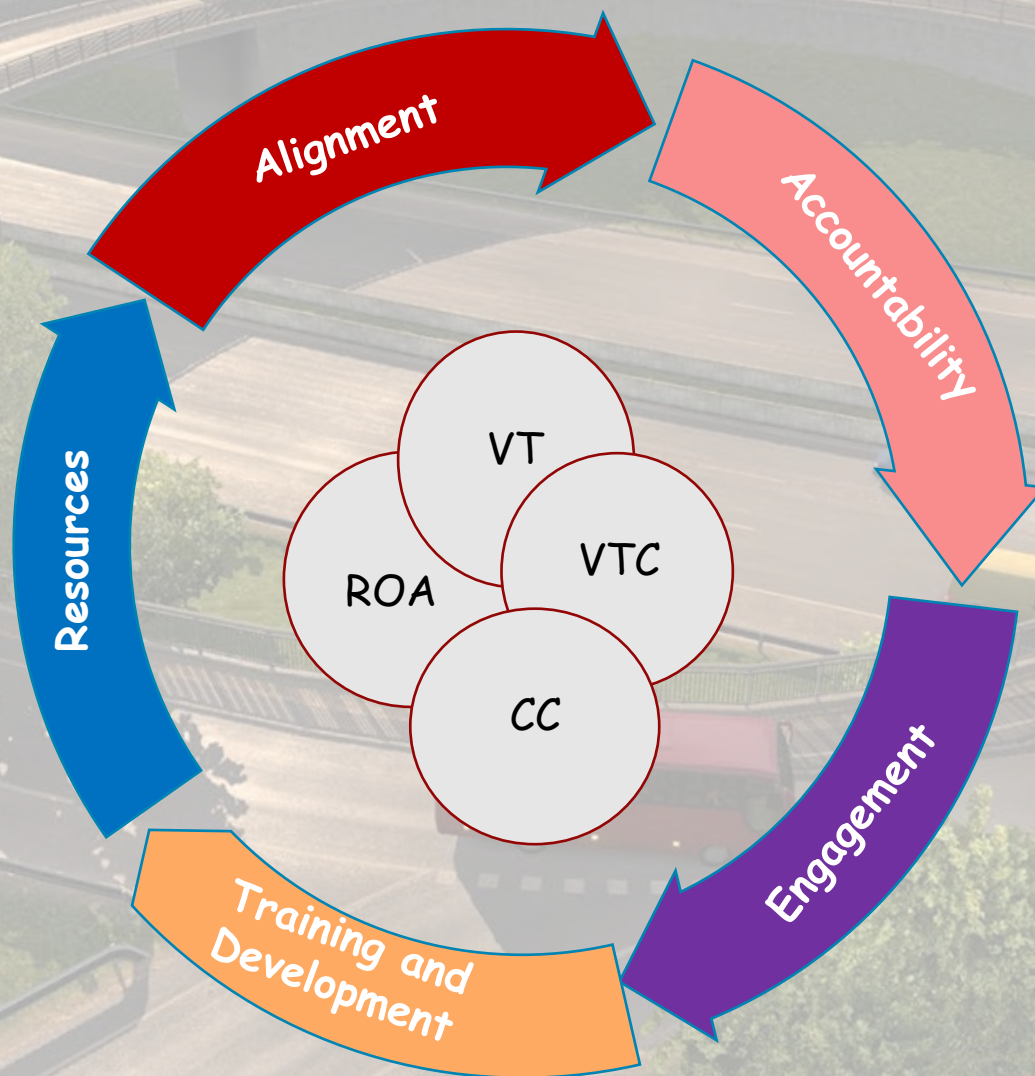
Challenges

- Communication responsibility between units and delegation of responsibility between units.

- Really challenging to work across various organizations because each has a way of doing things.

- We realized after we started working through the implementation that there were things we were not doing but we were successful in fixing that.

- We found overlap in our tasks, some could have been consolidated or prioritized.

- None of us felt we were the experts, in the process we needed more education and best practices.

- The tasks themselves are never truly done, rather they are ongoing as we continue to improve them.

- We talked about things that were uncomfortable.

- Time and money.

- During COVID there was a hiring freeze.

- Clarity of where we go from here, a process in place for monitoring.

What we learned

- Everyone coming together for the DEI effort, figuring out what needed to be done. Before it was not on the radar and now starting to be part of our culture.

- We learned how to collaborate.

- We enjoyed collaborating, before there were silos but the implementation removed that and as a result we are consistently collaborating with other units.

- Encouraging to experience openness, transparency, and willingness to share.

- People and teams knew what limitations were present and that saved time.

- Understanding how other partners worked, what their workflow was like or process that needed changing. That type of information was very helpful.

- People are starting to see importance of it, example GME asking questions about what we are doing.

- I learned the entire time, we were passionate about doing this.

- The school was committed to changing the system and we made structural changes.

Resources

- There is alignment with the strategic plan and results.
- New resources for faculty development, a training module has been created and will be available to all faculty.
- We created a strong web presence, DEI website became central depository and faculty development links are there and this has reduced redundancy. DEI meets weekly to review the website on a weekly basis to keep content fresh
- Approved additional FTE's to support DEI across some units (DEI/Admissions)
- Diversity Champion Award (students)
- Aequitas – honor society that promotes student/faculty efforts with DEI. Students selected are doing a year long project, this year's it will be on language and use of interpretative services.
- Better utilizing the resources to connect with underserved communities.
- New Recruitment scholarships (3) and new diversity scholarships (6)
- Improved Medical Student Recruitment and Retention programs (14)
- Revised standards of operation and created new processes.
- Creation of DEI student center (VTCSOM, FBRI).
- DEI education series/imbedded into M1 & M2 curriculum.
- The DEI team will be starting a new mentorship program
- Created synergy centralizing calendars of engagement activities across our organizations (Carilion and Student Interest Groups).

Impact

- Processes in terms of the work we do in our unit.
- We work better across units.
- Collaboration across units, FBRI, VT, Carilion Clinic, and our community.
- We never approached the tasks as checkboxes we worked with the attitude of "what can we do."
- Accountability was very important, we presented at the AAMC to a full room of peers interested in our work. The general statement we heard several times was that they wished their top level leadership at their institution would give them the same accountability and transparency to implement change.
- Increasing awareness of the importance and impact of the work that's being done.
- Bringing the discovery to light that we are missing so many things. I feel we have definitely made a difference.
- It's too early to really know, some of the tasks that have been implemented are new and need more time to assess impact.
- Established new or deepen existing relationships.
- Formalized DEI team collaboration across all units.
- Committed budget dollars to support DEI going forward

What are we doing now?

Diversity, Inclusion, Culture, & Equity Inventory

Council of Deans Insight Circle - Leadership Accountability

AAMC Group on Diversity and Inclusion Professional Development Conference

New taskforces!

Creating new networks

Community Partnerships

Telling our story

Where do we go from here?

DEI team will be developing a process that helps maintain engagement with all units and stake holders.

Collect and analyze data

Identify gaps

Barriers and obstacles

Implement corrective actions

Track realized benefits