

Implementation Plan for the Framework for Diversity 2004-2009
Penn State College of Medicine and Milton S. Hershey Medical Center

Introduction: In the late fall of 2003, the College of Medicine received the completed *Framework to Foster Diversity at Penn State 2004-2009*.

A letter from Dr. Terrell Jones indicated that each Penn State campus was expected to develop an implementation plan for the *Framework to Foster Diversity at Penn State 2004-2009*. The Dean's Council on Diversity, created as a part of the *Framework to Foster Diversity at Penn State 1997-2003* was the logical and appropriate source of a viable implementation plan. In light of this, Dr. Kirch charged the Dean's Council to:

1. Review the plan as written.
2. Develop and submit an implementation plan by the deadline of 2/16/04.
3. Work with Dr. Jones' Office to make recommended edits/changes.
4. Facilitate the actual implementation of the plan.

A copy of that plan was submitted to Dr. Jones' office by February 16, 2004.

On August 9, 2004, Drs. Kirch and Grigsby participated in a conference call debriefing on the *Framework to Foster Diversity at Penn State 2004-2009* with Dr. Terrell Jones. In response to exchange of comments during that meeting, the *Framework* was further revised with input from the Dean's Council on Diversity. The revised plan is as follows:

Framework to Foster Diversity at Penn State 2004-2009

Challenge 1: Developing a shared and inclusive understanding of diversity: By the end of the 2004-2009 time period, organization wide awareness of the importance of and commitment to diversity will exist as a result of our continued efforts. Likewise, our commitment to improving the organizational climate through skill training and education will be demonstrated through on going activities including:

A higher profile for diversity related activities would be typical as a greater awareness of what diversity means in its broadest sense will be the norm across the organization. Diversity is the ability of people who are different to come together, work together and accept each other's differences. These differences can be in sexual orientation, class, ethnicity, age, race, economic status, hierarchy status, gender, religion, physical ability/ disability, and family situation. Therefore, fostering of cultural competency and an understanding of the attitudes, beliefs and values of others who come from different regions and may have different customs will be a key component of the plan.

Determination what needs are not being met will be a first priority. The Dean's Council and Human Resources will develop an appropriate survey and convene focus groups to identify diversity and cross cultural areas to target for improvement. This will include all students, faculty, and staff. The survey will be routinely repeated every two

years. Survey findings will be used to design curricula for training programs and to measure progress. The survey findings will be publicized through use of the web and print based Crescent, in employee meetings, at Faculty Organization meetings, at Teams Council meetings, and at Senior Management and at Medical Staff meetings.

Human Resources will have greater assistance to attract and retain a diverse pool of job applicants. The College and Medical center Human Resources offices and the Dean's Council address hiring and retention of underrepresented groups and women by identifying departments and/or units where improvement and training are needed. Develop. Diversity training will have been completed by all of the Senior Leaders resulting in the application of standards for an inclusive organization. Appropriate training curricula will have been developed and promulgated for students, faculty, managers, supervisors and new employees. Training experiences will be reinforced through brown bag lunches and mini-workshops. More diverse representation on influential committees will be the norm.

Annual and long-term diversity goals will be developed and communicated organization wide. Likewise, measurement of progress towards those goals will be completed. Demonstration that acceptance of differences is a non-negotiable expectation of all organization members will be a hallmark of managing the organizational climate. The celebration of diversity based on global calendar will focus on employee-involvement and ownership for creating greater awareness through direct participation of the employees in planning the events and sharing of their respective cultures. Leadership will set strong expectations in support of diversity and will behave in ways that demonstrate those expectations. Measuring progress by incorporating appropriate diversity/cultural competence questions into HR40 reviews, evaluation of staff, management, and administration (including senior leaders) will be expected, as will demonstrated improvement on patient satisfaction surveys.

A greater acceptance for diversity of ideas and open discussions of those ideas will be manifest. Institutional leaders hungering for change may be tempted to dismiss those who express resistance to this change – or alternatives to the proposed path of change – as being unreasonable and out of step with current realities. In our organization, conflicts of this type will be treated as a type of “creative abrasion” that will ultimately lead to better ideas.

Challenge 2: Creating a welcoming campus climate: Every member of the organization will be held accountable to certain standards of behavior, as well as sensitivity and responsiveness to issues of culture and diversity. (Many of the activities parallel those described in Challenge 1).

Orientation of newly hired persons will include each being welcomed into a department/unit. Diversity/ cultural awareness interactive programs will be a part of employee orientation so that our commitment to appreciating and valuing diversity is clear. The current Helping Hand Buddy program for staff and the Big Brother/Sister program for pairing incoming medical students with second year students will continue.

Each department will have developed an orientation booklet specific to that unit. Mentoring programs will be part of the professional development and support infrastructure.

In addition to orientation at work, newcomers, especially those from ethnic or racial minorities, will be assisted as they settle into the relatively homogeneous Hershey community. Partnering with religious connections or inclusion in organized social functions will be options in assisting with assimilation into the local community. Family members – especially spouses- will be assisted with integration into the community. Information about relevant social events and school-related groups will be available to any persons requesting this information. If the spouse has a career, help with professional networking will be routine.

In the surveys and focus groups that are described in Challenge 1, questions that address climate issues to identify areas that need improvement will be included. Every organization member will be evaluated on the effectiveness of his/her interactions with coworkers, as well as on the evaluation of other work products. Employee behavior will be shaped through training and education so that individuals can be held accountable for her/his behaviors in performance evaluations. Management and leadership will serve as role models. All training and education will address components of effective work relationships and interactions. A Diversity of Multicultural Ambassador Group will be developed in each work area and will meet quarterly for on-going training in addressing the work area climate.

College and Medical Center Human Resources offices will be provided with resources necessary to conduct diversity related surveys, focus groups, and training programs. Financial, support staff and other resources will be available to the Dean's Council for the provision of campus-wide activities that foster a welcoming climate. Such support may include the services of an events coordinator.

At present, the EEO/AA office for the College of Medicine is located at University Park. Creation of a College of Medicine Equal Opportunity/Affirmative Action Office or a branch office on campus to work with Hospital EEO personnel in HR will facilitate improved services including monitoring college and hospital policies for uniformity. Such an office will provide a unified approach to policy compliance and recruitment, retention and promotion of underrepresented groups and women.

Routine *ex post facto* review of the number of diverse candidates recruited and retained across the campus will contribute to the Unified Campus. In the hiring process, potential leaders with a record of supporting diversity will be actively pursued. A gender equity salary survey has just been completed. Results have been shared with the College of Medicine faculty and indicated adjustments in salary will be made retroactive to July 1, 2004. The gender equity salary survey will be repeated biannually to ensure salaries of women and underrepresented groups are equitable. Again, appropriate actions will be based on the results of the analysis of the survey data.

Increasing the diversity in our patient population is and will be a continuing challenge. The advent of public transportation between Harrisburg and Hershey has been a first step and will need to continue. Likewise, working cooperatively with area hospitals with diverse patient populations will provide access to a more diverse patient population. This will require necessary services for foreign language translation and employment of a greater number of bilingual staff and communications personnel. Conversational and/or medical Spanish lessons will be offered on a routine basis for staff and students. This challenge of increasing our attractiveness to the patient population will be met by also employing more diversified workforce in all areas of COM and HMC, including physicians and staff of diversified background, residents and students from different cultures. In general, an effort will be made to create an organization with an environment, where all feel welcome and will be able to identify themselves with others, will be supported with cultural understanding and respect.

Seeking increased diversity of our faculty, postdoctoral fellows and house staff will continue in the recruitment and hiring processes. This may include pursuit of NIH funded minority loan repayment programs and NIH funded partnerships with minority institutions, as these programs provide individuals from underrepresented groups with opportunities for professional development in academic medicine and in research careers and will produce future leaders and role models. Inclusion of diverse individuals in professional training and networking will add value to the organization in creating a welcoming climate on campus. Support for the development of junior faculty through training, conferences, courses, and mentoring will continue as will the promotion of diverse faculty, postdoctoral scholars/fellows and house staff to leadership positions appropriate for their backgrounds and career goals.

Development of better working relationships with community partners (Hershey Foods, HERCO, Milton Hershey School) will continue as a means for making Hershey an inviting place to live and work for persons of diverse backgrounds. The Medical Center will strive to become a more domestic friendly workplace that attracts people by offering job-sharing opportunities, domestic partner benefits, accessible elder care, and convenient, affordable child-care.

Challenge 3: Recruiting and retaining a diverse student body.

The College of Medicine will continue the recruitment practices that have enabled it to successfully diversify its medical and graduate student classes.

In 2004-2005, the Dean's Council will determine if it would be beneficial to have a Multicultural Coordinator (or *Coordinators*) in addition to the Associate Dean for Academic Achievement. If it is found to be beneficial, an individual or individuals will be recruited to fill these roles.

A more supportive environment to include services for graduate and medical students with personal, academic adjustment, or disability related problems would be established. Students with national origins outside of the United States will receive

appropriate support for integrating/assimilating/acculturating into the Hershey community.

Curricula at other medical schools and graduate programs will be reviewed to determine what goals should be set for students to acquire competencies related to diversity and culture. The curricula will be revised to include problem based learning cases inclusive of diversified populations and related health issues / diseases, population studies involving population based predominant gene expression of specific diseases. Topics in the medical school curriculum will be expanded to include understanding how the culture and customs of different ethnic and religious groups affect healthcare, meeting the healthcare needs of gay, lesbian, bisexual, and trans-gendered persons, alleviating the disparity of health care for underrepresented and underserved groups, eliminating gender bias in healthcare, as well as ameliorating the effect of low socioeconomic status. All students will learn about the detrimental effects of stereotyping patients and allied health care workers and about healthcare disparities and differences in disease frequency and presentation in different populations. This approach will include measurable goals and objectives that will allow achievement to be documented. Likewise, inclusion of a class or series of lectures on the religions of the world and the influence of a faith tradition on how various groups view physicians and the healthcare system will be a priority. Lectures and seminars will also be conducted for the students and others by inviting the outside faculty and government officials to keep them abreast with the healthcare issues pertaining to different population, possibly disparities and initiatives / measures to improve those.

Faculty members will demonstrate a commitment to diversity and cultural competence by developing, organizing, promoting and leading activities that are aligned with this mission. Advising and mentoring diverse student groups will be encouraged and rewarded. Environment and education will be provided to students, residents and postdoctoral fellows through educational workshops, panel discussions, seminars, and other events.

More members of underrepresented groups will be employed as simulated patients. Partnerships with area hospitals that serve patient populations and socioeconomic groups more diverse than those seen at Hershey will be cultivated in order to develop formal and informal exposure to these groups along with concomitant learning opportunities.

Challenge 4: Recruiting and retaining a diverse workforce

Diversification of leadership at all levels of the organization, including senior management and department chairs will be accomplished through affirmative recruiting and hiring practices. This will include development and implementation of strategies to improve the success attracting diverse candidates in the search processes. Evaluation of the composition of search firms to ascertain that diverse groups are represented will be standard practice, as will be monitoring recruitment outcomes. Development of internet diversity web site to encourages potential job applicants will be undertaken. Employees

of underrepresented groups, representative organizations, and advertisements will be utilized in publications aimed at minority audiences in order to identify potential applicants.

Advertisements in the mass media will include photographs of underrepresented individuals to create the right image of our organization and to encourage the members of the minority community to join our workforce or to be our customers for the healthcare services. Establishment of formal relationships (pipelines) with schools with diverse student bodies to recruit in minority communities and at minority colleges and universities is already underway and will continue on a broad basis. Implementation of college and high school internships and/or co-op programs within multiple units of the medical center and business units will be a priority, as will acknowledgement and rewards for promoting diversity related service and scholarship.

Professional and social networks of minority employees will be facilitated to help them feel part of the organization. Women and minority employees and faculty new recruits will be provided with buddies and mentors with similar, as well as dissimilar cultural backgrounds to help them adjust into their immediate work environments. Surveys and focus groups previously mentioned will be used to better understand factors important in retention of diverse employees. Continuous monitoring of the climate and opportunities for diverse groups will be routine. This will include exit interviews, review of grievances, as well as EEO and Affirmative Action Office and ombudsperson complaints. All underrepresented groups will be included in programs for workforce and professional development as well as mentoring programs. Creation of a career development plan for each employee will provide a strategy for growing within the institution rather than leaving it. Available employee support programs and common interest groups will be publicized through posters, website links, and programs as part of a campaign strategy. Acceleration of the introduction of “family friendly” policies and programs, expansion of rewarding and recognition of valued employees, and provision of professional development opportunities will be priorities at all levels.

A clear strategy to include measurable goals will be implemented at all levels of the organization. Senior management, managers, and department chairs will be held accountable for clearly articulated goals. However, all members of the organization will be expected to strive to meet goals and will be held accountable accordingly. Those persons responsible for achieving the goals will be provided with the resources, knowledge and skills necessary to accomplish them.

As persons with diverse backgrounds may feel isolated and excluded, leaders will need to be cultivated who are able to discern important information from their coworkers and staff as a means for developing solutions that promote employee retention.

Challenge 5: Developing a curriculum that fosters intercultural and international competencies.

The College of Medicine and Medical Center will reflect an enhanced sensitivity to health and disease on a more global scale. Development of an awareness and appreciation for the variety of health care needs and customs of other cultures and underserved groups will be a manifest goal. Both students and faculty members will attain a more worldly perspective of the healthcare needs of others and the impact of nutritional status, availability of clean water, poverty, educational level, religion, politics, have on those traditional health care services available.

Curricula and research initiatives will be implemented to provide students with the skills and orientation needed to function effectively in our multicultural society and in the larger global environment. Reevaluation of what is taught in the first four years of medical training will be necessary to determine how intercultural topics can be incorporated. In the first and second year medical school curricula the effort has been initiated to revise the problem based learning of the case scenarios pertaining to different human disease conditions to be inclusive of the diversity aspects. This effort should bring out appropriate learning tools in the following few years. The fourth year humanities elective will allow for curriculum innovation and development by our students. Curriculum might be developed on the Hispanic perspective on death and dying, preventive health practices of Sudanese immigrants, and the effects of poverty on family planning. Dietary and religious observances of Muslims, Hindus, Jews and other groups might be explored as well as Amish perspectives of illness and debt. Students will gain an understanding of the cultural-specific challenges and barriers to providing healthcare to different groups, preferences of male versus female personal physician based on the cultural background and beliefs of the respective patient populations. Students will also acquire the understanding that enables them to effectively work with multi-cultural teams to deliver health care in a variety of settings.

CUMED, the component of the medical school program responsible for curriculum, will review and monitor faculty policies and practices for curricular transformation to determine expected as well as actual outcomes. The problems caused by the disparity in health-care and access to healthcare for the underrepresented and underserved, the elderly and the mentally will be integral to the curriculum. Therefore, all courses will include documentation of health disparities research as well as cases, modules, or simulated patients that help medical students to develop competency to practice in a multicultural environment.

More information and experiences related to epidemiological thinking and the critical role that public health plays in medical care in world communities would be a core element of the curriculum. Opportunities for international clinical and research rotations will be promoted. Students will be assisted in procuring visas and funding for travel expenses. Building international exchange networks will be facilitated to support students with these experiences. Service learning opportunities that allow students to integrate research and service while gaining experience in diverse communities will be

increased. The number of clinical rotations that provide opportunities for students to practice in diverse communities also will be increased. A centralized effort will be made to bring the faculty and students together interested / involved in international service opportunities.

Challenge 6: Diversifying University Leadership and Management

The legacy of senior leadership in the College of Medicine is that leaders have been predominately white male. There is danger that perpetuation of this legacy may send a message of *exclusivity* to the organization and the community and may obscure the progress in diversity that has been achieved at lower levels. More women and underrepresented groups will be recruited, hired, or developed from within for these very visible key leadership positions. Of course, deserving candidates will only be appointed based on excellent performance – not minority status. Contracting with an executive search firm will include a review of references and confirmation of the firm’s record of a high percentage of diverse candidates in the recruitment pool and their ability to place diverse candidates with successful outcomes.

A strategy to change the mix of the very top leaders as well as other leaders throughout the organization will be implemented. The plan will be predicated upon developing some of the current diverse leaders in the organization, as well as bringing in new talent from outside the organization. Career development, succession planning, and the implementation of a career ladder will help women or underrepresented groups when diverse candidates aspire to stay in the organization. Creation of a mentoring climate at all levels of the institution to help in retention and promotion of a diverse pool of managers and leaders is a priority. Training leaders at all levels in the meaning and application of managing diversity will continue and will include developing action plans and means for holding leaders accountable for achieving diversity.

Specific Goals and timelines:

1. Obtain demographic data of our employees from both the HMC and COM HR offices to ascertain the scope of gender, race and ethnicity, age. Of particular interest are the employee demographics within leadership. (2004)
2. Search Committees for key leadership positions will be composed of diverse persons. Compositions of such committees will be reported to the respective HR Offices or another more appropriate office. (2004-2009)
3. Diversity Training for all organizational leaders beginning with senior officers conducted/led by the Dean’s Council on Diversity and Human Resources. (2004-2005)
4. Diversity Training for all staff led by the Dean’s Council on Diversity and Human Resources with additional internal training resources made available by the organization. (2005-2008)
5. Implementation of a Women and Minority Leadership Academy incorporating career counseling, career paths, stretch assignments and mentoring will be explored. Sponsorship provided by The Center for Leadership Development and the Office of Professional Development. (2005-2009)

Challenge 7: Coordinating organizational change to support our diversity goals.

Measurable goals for achieving diversity on our campus will be developed early on with concomitant articulation and public advertisement of those goals. Periodic information updates on progressing towards those goals will be made in a timely and public manner. The HR40 annual evaluation process, staff evaluations, and yearly review of administrators will provide a mechanism for insuring individual accountability. Implementation of new strategies, achievement of goals, and distribution of resources for diversity initiatives, scholarships, and pipeline programs will occur by working with University Development, Alumni Relations, and Corporate Relations Offices. Funding for research on the positive impacts of recruiting a diverse workforce will be explored through the Office of Research Affairs, working in conjunction with the Chief Academic Liaison Officer, the Dean's Council, and the Center for Leadership Development.

Specific goals and timelines:

1. Job candidates for new and existing positions will be exposed to and interview & selection process that utilizes behavioral-based interview questions that reveal a candidate's support of diversity. (2005-2009)
2. Partnerships will be established with the Governor's Advisory Commission on Asian Affairs, Hispanic Affairs, and African American Affairs to assist with attracting diverse pools of candidates. (2005-2009)
3. COM & HMC Performance Appraisals for leaders at all levels will include measurement of active involvement in achieving a more diverse workforce and creating a work climate of respect and inclusion. (2005-2009)
4. The Dean's Council on Diversity will review all new personnel policies as developed prior to final approval to help ensure the intent and language support the tenets of diversity and an inclusive workforce. (2005-2009)
5. Meet with HMC Leaders (Senior Management Team) to gain their buy-in for participating in bringing the Framework to the medical center's daily work life. (2004)
6. Implement gender and minority salary equity adjustments based on the completed salary study. (2004)
7. Ongoing biannual salary surveys to insure salary equity. (2006; 2008)
8. Benchmarking with other Academic Health Centers will be explored and implemented if a valid comparison group of peer institutions can be established. Penn State College of Medicine is somewhat unique in its status as receiving the lowest amount of state support of all state-related colleges of medicine. (2004-2008)

Summary: The Implementation Plan for the *Framework to Foster Diversity at Penn State 2004-2009* at the Penn State College of Medicine and Milton S. Hershey Medical Center builds on the strategy developed in response to the challenges set forth in the *Framework to Foster Diversity at Penn State 2004-2009*. It is our expectation that this plan is a "work in progress" that will require mid-course evaluation and, possibly, mid course adjustments. Most immediately, an adjustment in salaries for female and minority faculty members will establish salary equity. Our intention was to create a plan that is

operationally sound with enough plasticity to allow for change over time. Hopefully, it is a collective statement about a desired future state that will be manifest by 2009.