

Progress Assessment for a Framework to
Foster Diversity at Penn State
2004-2009

College of Medicine
Penn State University

December 1, 2009

Introduction

Application of the Framework to Foster diversity within the College of Medicine – 2004-2009

During the past five years, the College of Medicine has established programs, initiatives, and policies, described in these responses, which are designed to raise awareness and develop the attitudes needed to motivate qualified multicultural and female students, faculty, and staff to come to Hershey. Once they join us, furthermore, we have provided the resources and opportunities for advancement, also described in these responses, needed to keep them. It is in this way that we may, in time, overcome the geographic obstacles that stand in the way of establishing a truly multicultural community here in central Pennsylvania.

In the request for this response to the challenges posed by the Framework for 2004-2009, an emphasis was placed on providing specific data, including benchmarks and outcomes. Therefore, our responses below outline specific programs and actions taken by the College of Medicine, and include an indication of their outcomes whenever possible.

CAMPUS CLIMATE AND INTERGROUP RELATIONS

Challenge 1: Developing a Shared and Inclusive Understanding of Diversity

Assessment of College of Medicine Initiatives and Outcomes:

1.1 How does your unit define or describe diversity? How is this understanding demonstrated in areas of emphasis within your unit?

1.1.1 Definition of Diversity

The College of Medicine has defined diversity simply yet broadly: *“Diversity is defined as inclusive of all cultures, respect for individuality, appreciate your uniqueness, value human kinds and minds.”*

This definition demonstrates that diversity goes beyond race and ethnicity. Over the past 5 years, it has helped to identify diversity as a shared value across the Hershey campus. The definition is publicized on the web sites of the Department of Human Resources and the office of Diversity and Inclusion (<http://www.pennstatehershey.org/web/humanresources/diversity>) and is a prominent part of the College’s Mission, Values, Strategic plan, and courses or programs regarding cultural awareness across the campus.(see Response 7.1)

1.1.2 Integration into the College structure and Culture

Over the last 5 years, competence in diversity and cultural awareness has become an integral part of the annual evaluation of hospital and college staff. The PEP (Performance Evaluation and Individual Development Plan) Evaluation Tool used by the Penn State Hershey Medical Center for its annual employee evaluations includes competence in diversity as one of five core competencies; the five levels of competence on which employees are evaluated are defined in Appendix 1.

The mean rating of employees on this competency for the 2008-09 fiscal year was 7.19 for the entire Medical Center (on a scale of 1 – 10) with the highest score for an individual department being 9.0 in Child Outpatient Psychology and the lowest being 4.78 in Linen Services. The data for each work unit can be used to identify best practices in the highest ranked work units and target improvement for those not scoring as well.

1.2. How has your unit distributed information to students about the University's diversity initiatives? Does your unit have formal mechanisms in place for discussion of diversity initiatives with students? If so, please describe.

- 1.2.1 The University's diversity initiatives are presented to students as part of the Medical Student orientation program which includes a discussion of the Dean's Council on Diversity and the Penn State Framework to Foster Diversity, as well as unique opportunities available to students.
- 1.2.2 Three courses in the medical student curriculum – Patients, Physicians, and Society; Social Influences on Health; and medical Humanities - are designed to specifically incorporate discussions of broader issues related to diversity and culture. (see Response 5.1)

1.3. How has your unit distributed information to faculty and staff about the University's diversity initiatives? Describe your unit's formal mechanisms for discussion of diversity initiatives.

- 1.3.1 Distribution of Information to faculty and staff:
- Office of Diversity, Inclusion and Employment Equity web site: <http://www.pennstatehershey.org/web/humanresources/diversity>
 - Dean's Council on Diversity (DCOD) web site: <http://infonet.hmc.psu.edu/diversity/>
 - Orientation program for new faculty members – New faculty members have an opportunity to speak with a representative of the Dean's Council on Diversity and receive information on the Council's mission, programs implemented and membership and the PSU Framework to Foster Diversity.
 - Dean's Council on Diversity Bulletin board in main hospital rotunda featuring multicultural displays designed to increase awareness of diverse

contributions to our cultural heritage. The displays for the last year are described in Appendix 2.

1.3.2 Formal mechanisms for the discussion and funding of diversity initiatives

- Dean’s Council on Diversity (See Response 1.4)

1.4 *What is the role of your diversity committee? What is its composition?*

1.4.1 In 2002, Dean Kirch of the College of Medicine established the Dean’s Council on Diversity. Faculty and Staff of COM/HMC initially volunteered to serve and were interviewed by the appointed co-leaders Dr. Deborah Davis and Dr. Margaret Goldman. Currently under the direction of Alan Brechbill, Executive Director of Penn State Hershey Medical Center, the Council is comprised of 14 members. Twelve are full members and two are ad hoc members. The composition is as follows:

HMC Faculty/Staff (9)	COM Faculty/Staff (2)	Medical Students (1)	Ad Hoc Members (2)
Hospital Executive Dir. HR Recruiter HR Liaison HR Manager/Diversity Social Worker Accounts Payable Rep. Chaplin Physicians (2)	Pharmacist Research Technician	Med Student 3	Physician Community Rep.

Interested persons must submit an application found on the DCOD’s website. The person is interviewed by the current Council members. Once approved, the applicant’s application is submitted to the Dean’s Office thru the Associate Dean for Administration. A letter of appointment is sent to the applicant. The DCOD is currently working on improving the representation of the group to include people with positions integral to the diversity of various groups – faculty, medical and graduate students.

Also available on the DCOD website are the funding guidelines and application for requesting funds for diversity related activities.

1.5 *What is the role of your multicultural coordinator? (colleges)*

1.5.1 Deborah C. Davis, D.S.W., Manager, Diversity Inclusion & Employment Equity serves as the multicultural coordinator of the College of Medicine. In that capacity Dr. Davis coordinates the new medical student orientation with the second year students and teaches a course, “Culturally Competent Medicine,” to first year students. She also teaches a mini-lecture on helping to prepare 1st year

students for their field preceptor experience. “When You Are the Only One” is designed to help prepare students for those culturally isolated locations and how to cope with the week-long experience. It is designed to arm them with information and tools for their tool box. Dr. Davis also serves as Faculty Advisor to SNMA and helps to promote the activities of several student group activities that foster greater diversity and inclusion. Recently, Dr. Davis chaired a COM Diversity Office Task Force to assess the need for an expanded diversity office. The Task Force membership consisted of medical and graduate students, COM faculty & staff, HMC Faculty & staff including nursing. The outcome of the year-long study was the production and submission to Executive Council (senior COM/HMC leadership) of plans to implement such an office. The plans were supported but did not receive funding this year. Dr. Davis also led the data gathering process on diversity for the Liaison Committee for Medical Education Study this year. The COM is scheduled for licensing review in February 2010. Finally, Dr. Davis serves as the COM Liaison to Lincoln University, Lincoln, PA

- 1.5.2 A new position of Associate Dean for Diversity was created in November 2009 to support and enhance diversity at the College of Medicine. Harjit Singh, M.D., has been appointed to serve as interim Associate Dean for Diversity. This position will be responsible for implementing strategic initiatives and policies for the recruitment, retention, and recognition of a talented and diverse faculty and student body, and for ensuring the continued vitality of diversity policies and programs within the institution.

1.6. Which strategies have been most successful in addressing this Challenge? Which have been least successful? Which could be termed “best practices”? (Best Practices are processes, programs, and procedures that most successfully lead to the unit’s ability to reach the University’s diversity goals and can be validated through measurable outcomes.)

- 1.6.1 Cultural Competency Training – This program began in 2006. Employees are provided a 3-hour interactive course titled, *Achieving Cultural Competency in Health Care*. The course is designed to increase our employees’ Awareness, Knowledge, and Skill for working with a diverse patient population and workforce. It is required for all HMC Employees. To date 3,200 employees have completed the training. Feedback suggests that the climate is more receptive and accepting of difference. There has been an increase in the percentage of underrepresented persons in the workplace. Training is currently held in collaboration with the Department of Nursing thru Family Centered Care.
- 1.6.2 Cultural Competency Training – Train the Trainer

To help ensure that the Cultural Competency Training continues without adding costs to the budget, employee trainers were recruited at the beginning of the program. Twenty-five employees responded to a Call for Trainers and were taken through a 4-day intensive train-the-trainer experience developed and directed by Dr. Deborah Davis. Days 1-2 focus on the trainer, their experience with difference and their “isms.” Days 3-4 are devoted to the curriculum and completing a trial workshop. Trainers are then required to observe and shadow seasoned trainers for 60 days before conducting the training with a seasoned trainer. Trainers meet once a quarter to discuss what is happening in the field, what are they seeing, and updates on the curriculum content. This model has been highly successful. Train-the Trainer is conducted twice annually in the winter months. A commitment to train once per quarter for 1 year is required and the trainer must have their supervisor’s permission to participate. This schedule has allowed the program to function with a cadre of employee trainers in the range of 25-30 at all times. Trainers are from various departments within the medical center and the college of medicine.

1.7 *What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.*

1.7.1 2007 Penn State Milton S. Hershey Medical Center/College of Medicine

Employee Survey captured the following climate responses.

Statement	% Favorable Response
The organization is respectful of differences such as gender, religion, race, etc.	93%
Employees are respectful of differences such as gender, religion, race, etc.	93%

Source: Penn State HMC/COM Employee Survey, 2007

1.7.2 Penn State Hershey Medical Center “Diversity Report Card” for departments is designed to place workforce information in the hands of the hiring manager. The report card is tied directly to Lawson, our workforce management system, and can let a hiring manager know at a moment’s glance the distribution of their workforce by race/ethnicity and gender by position. However, it does not reveal the workers by name. When positions are at adverse impact according to the Affirmative Action Plan, managers are encouraged to hire an underrepresented applicant if all else in equal such as experience and skill. Perhaps partly for this reason, there has been an increase in the number of underrepresented persons in the workforce.

1.7.3 Participant Evaluations from Cultural Competency Training workshops. The response toward the workshops has been favorable since their inception.

Participants complete a program evaluation which solicits comments regarding the content. A sampling of the anecdotal comments from participants when asked what they found most helpful is:

- *The information given was beneficial!*
- *Videos were a great tool –real life experiences.*
- *The discussions among the group.*
- *I found the role playing, group work and case studies were the most helpful and clearly put what was taught into real life situations.*

In addition, a 10-point Likert Scale is used to gage their overall satisfaction: 1 (extremely low) – 10 (extremely high). The general response range has been 8-10.

Challenge 2: Creating a Welcoming Campus Climate

Assessment of College of Medicine Initiatives and Outcomes:

2.1 How does your unit's leadership demonstrate support for diversity?

- 2.1.1 Dean's Council on Diversity (see 1.4.1)
 - 2.1.1.1 Mr. Alan Brechbill - Executive Director of Penn State Hershey Medical Center - is chair of this Council, giving his support, and that of his office, to this central organization in the College's diversity effort
- 2.1.2 Individuals of both genders and from minority groups are included on search and leadership committees. Specifically, the search committees for 5 recent College leadership positions (Department Chairs of Humanities, Surgery, Psychiatry, and Emergency Medicine, as well as the Hospital Executive Director) included 32% female and/or minority members, and one was chaired by a female department chair.
- 2.1.3 Of the 10 Dean's lecturers in the past 5 years, four were female or from minority ethnic groups.
- 2.1.4 Diversity and Employment equity are prominent in the values, mission, and strategic plans of the College and of its Unified Campus Teams, which provide much of the direction for its teaching, clinical, research, and outreach efforts (see Response 7.1)

2.2 How does your unit identify climate issues?

- 2.2.1 Feedback from Cultural Competency training course participants (see Response 1.7.3)
- 2.2.2 Small group discussions included in the May 14, 2009, Summit on Breaking the Glass Ceiling identified the following specific climate issues that are most important to female faculty members. (see Response 2.4.4.1)
 - Social and cultural isolation
 - Support for career development
 - Perceptions of Inequity

- Invisibility

2.3 How does your unit monitor climate?

- 2.3.1 Patient Satisfaction Surveys performed by the Press-Ganey group
 - 2.3.1.1 In response to a question regarding “How well the staff respected cultural, racial, and religious needs,” the patient responses, tabulated monthly from October 2008 – September, 2009, were ranked at a mean score of 87.1 on a scale of 1–100. 65% of patients responded “very good” and an additional 28% responded “good”.
- 2.3.2 Results of Employee Performance Evaluation and Individual Development Plan Evaluations (see Response 1.1.2)
- 2.3.3 Penn State Milton S. Hershey Medical Center/College of Medicine Employee Survey for 2007. (see Response 1.7.1)

2.4 How does your unit respond to climate issues?

- 2.4.1 Annually at the New Medical Students’ Orientation a 2-hour workshop titled, “Overcoming the Barriers” is conducted by the 2nd Year Medical Students and coached by Dr. Deborah Davis. All 145 students are engaged in activities that allow them to discuss their individual uniqueness along with their fears, concerns, and excitement about starting medical school. It is an opportunity to get to know their fellow classmates that they will in time need to rely upon to get through the process of medical school.
- 2.4.1 Reduction of Ethnic barriers

The Perception of unequal emphasis on Christian holidays is reduced by events celebrating the Islamic IFTAR, or end of Ramadan, which have been held for the last 2 years, sponsored by Rev Angelina VanHise of our chaplain’s office and the regional Islamic Red Rose Foundation. The most recent celebration was on August 26, 2009, and was attended by approximately 100 members of the medical center and local communities. The coordinator of the Red Rose Foundation, with which we have established an ongoing relationship, is Steve Sablak, Ph.D.
- 2.4.2 Exploring the possibility of establishing Affinity Groups on the Medical Center campus by the Dean’s Council on Diversity
- 2.4.3 Reduction of Gender inequity and isolation
 - 2.4.3.1 “Penn State Hershey Summit on Breaking the Glass Ceiling” – sponsored by Luanne Thorndyke and Sue Grigson – May 14, 2009. Some of the outcomes are as follows:
 - Total Attendance – 56, Male-10, Female-46
 - Leaders in Attendance – Dean, 2 Vice Deans, 6 Associate Deans, 9 Department Chairs or Vice Chairs
 - Departments represented – 20

- Faculty Attending – 12 Assistant Professors, 9 Associate professors, 27 Professors, 1 Instructor, 1 post-doctoral fellow, and 5 others
- Evaluations of the program showed that 95% of attendees found the program to be of high quality and 90% of attendees found the program to be relevant to their needs. (see also Response 6.5.2)

2.4.3.2 Formation of a chapter of the Penn State Commission for Women on campus

2.4.4 Provide opportunities for advancement of junior faculty

2.4.4.1 Junior Faculty Development Program

The Junior Faculty Development Program (JFDP) provides a foundation for the success of junior faculty in the Penn State College of Medicine and Milton S. Hershey Medical Center, no matter what their race or ethnic background. Since its establishment in 2003, over 140 junior faculty have participated in the program, guided by almost 90 senior faculty mentors. This program is a model for faculty development programs nationally. Even though the program is open to faculty members regardless of gender or ethnicity, slightly more than 50% are female and approximately 15% are multicultural.

The goals of the Junior Faculty Development Program are to:

- promote the development and advancement of faculty of the Penn State College of Medicine through a program targeted to and tailored to the specific needs of junior faculty.
- nurture and cultivate junior faculty to become the next generation of academic leaders.
- support the retention of native faculty talent through opportunities and support to continuously build and expand professional skills.

2.5 *What unit-wide and individualized approaches have you developed to enhance overall climate and individual's satisfaction with the environment?*

2.5.1 Identifying and working with local ethnic, religious, and cultural groups within the Hershey and Harrisburg communities to link members of the College community, their spouses and families, with their native or similar cultural groups in our community. Examples include the Red Rose Foundation, a Harrisburg Muslim group, students and staff of the Church of the Latter Day Saints, Hispanic Roman Catholic priests and protestant ministers, local rabbis, an Eastern Orthodox Slovakian priest, and the American Buddhists.

2.5.2 Social Events designed for international or multi-cultural faculty and staff.

- 2.5.2.1 Department of Anesthesia provides a monthly opportunity for international and culturally diverse faculty and residents to present a description of their country or culture of origin as part of the Department Grand Rounds, and has annual social events for international and multi-cultural faculty and residents. Similarly, Paula Labonte, from the department of Nursing sponsors cultural lunches and education programs
- 2.5.2.2 Multi-Cultural Awareness Club (MAC)
The Penn State Hershey Multicultural Awareness Club is an organization composed primarily of medical students, with Dr. Singh, of the Department of Radiology, as faculty advisor. Each year the Club sponsors several Medical Center and community events, which raise money for international charities. Most prominent among these events is the annual “MAC Show and Food Fare”, usually held in November. This is a student run show which celebrates the beauty and appreciation of different cultures from all around the world. All proceedings from the show go towards charity. Last year, the show was held on November 1st and, the proceeds of approximately \$5,000 were donated to Nurturing Orphans of AIDS for Humanity (NOAH). This year, the show will be held on December 5, 2009 and will raise funds for Partners in Health.
- 2.5.2.3 Susquehanna Folk Music Festival – an upcoming event featuring Bulgarian music and dance approved for funding by the Dean’s Council on Diversity
- 2.5.2.4 Increased access for Spanish speaking patients and staff – Language Line translation services
- 2.5.2.5 Muslim and Hindu prayer services are conducted weekly in the Medical Center chapel, and two interfaith services are held each week by our Pastoral Services Department.

2.6 Which strategies for creating a welcoming campus climate for diversity have been most successful? Which have been least successful? Which could be termed “best practices”?

Current programs with the most long-term and far-reaching effects:

- 2.6.1 Cultural Competence Training. These programs reach managers and leaders who have the capacity to influence the climate in their units on an ongoing basis.
- 2.6.2 Junior Faculty Development Program. This program is one of the best and most comprehensive programs for junior faculty, leading to a degree or at least a certificate program.
- 2.6.3 Dean’s Council on Diversity. This group provides a permanent focus and source of support and even funding for activities advancing diversity.

2.7 What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.

- 2.7.1 Penn State Hershey Medical Center and College of Medicine Employee Survey
The most recent Penn State Hershey Medical Center and College of Medicine Employee Survey, conducted in 2007 showed that 93% of employees “Strongly Agreed” or “Tended to Agree” with the two statements: 1) “The organization is respectful of differences such as gender, religion, race, etc.” and 2) Employees are

respectful of differences such as gender, religion, race, etc.” Participation rate for the survey was 46.1%.(see Response 1.7.1)

2.7.2 Scores on diversity and cultural competence on the annual employee PEP evaluation (see Response 1.1.2)

REPRESENTATION (ACCESS AND SUCCESS)

Challenge 3: Recruiting and Retaining a Diverse Student Body

Assessment of College of Medicine Initiatives and Outcomes:

3.1 Describe specific initiatives your unit may have that are intended to contribute to recruiting or retaining undergraduate and/or graduate students from underrepresented groups.

3.1.1 Several faculty and staff can be identified as contributing to programs and partnerships to help enhance the applicant pool. However, the faculty member primarily responsible for minority recruitment is Dr. Alphonse E. Leure-duPree, PhD, Professor of Neural Behavioral Science, Associate Dean for Academic Achievement within the Office of Educational Affairs, and Director of Commonwealth Scholars Program. Dr. Leure-duPree devotes 70% of his time towards recruitment and retention and is funded 100% by the Penn State University. The goal is to increase recruitment, matriculation, and retention of underrepresented minorities in medicine. The Commonwealth Scholars Program is itself funded by the Educational Opportunity Planning Committee (EOPC) within the Penn State University Office of the Vice Provost for Educational Equity.

3.1.2 The programs in the table below identify the major programs in which the College of Medicine participates to help increase student recruitment from underrepresented groups, as well as the exposure of members of these groups to our campus. The program descriptions include their title, type, length of time in existence, enrollment data for the past 3 years and funding sources. (Date not available for particular programs is indicated by N/A)

Program	Type	Length of Time	Enrollment Data	Funding Sources
Graduate Students				
Medical School Scholarships	Dean awards \$8,000-\$10,000 scholarships annually up to four years.	1995 -present	2007: 8 2008: 8 2009: 8	PSU College of Medicine

Undergraduate Students				
PSU Commonwealth Scholars*	Summer Research Experience	1995- present	2007: 6 2008: 6 2009: 3	PSU Educational Opportunity Planning Committee (EOPC)
Summer Undergraduate Research Internship Program (SURIP)	Summer Research Experience	2004-present	2007: 16 2008: 14 2009: 10	PSU College of Medicine
Short-Term Education Program for Underrepresented Persons (STEP-UP)*	Summer Research Experience	2007- present	2007: 10 2008: 9 2009: 9	NIH-NIDDK
Early Assurance Program	Program offers conditional acceptance into medical school for students their junior or freshman year of college	2000 - present	2007: 6 2008: 4 2009: 7	PSCOM
Primary Care Scholars	Undergraduate student exposure to medical school and issues in primary care	1993 - present	2007: 30 2008: 29 2009: 31	PSCOM
Pre-College Students				
Middletown Area High School Pathways	Career shadowing and mentoring of high school students; Educational Tours, Summer Internships	2003 - present	2007: N/A 2008: N/A 2009: N/A	PA Department of Education
Milton Hershey School	1) Health Science Program – clinical rotations to satisfy certification requirements for First Responder and EMT	2004 – present	2007: 25 2008: 51 2009: 32	PSCOM/MHS
	2) Spartan Program – (Includes Summer Internship and School Year Co-Operative Education)	2004 – present	2007: 2 2008: 5 2009: 4	PSCOM/MHS
	3) Career	2008 -	2008: 18	

	Connections – Career Mentoring Program: 1 student/1 faculty member	present	2009: 24	PSCOM/MHS
Community Partners Program with Harrisburg H. S. & Sci-Tech H. S.*	1) Monthly Campus visits to expose minority high school students to the various careers within health care through interactive and hands-on experiences. Visits are divided between PSHMC/COM & Penn State Harrisburg	2003 – present	2006: 26 2007: 25 2008: 25	PSHMC/COM, Penn State Harrisburg, Harrisburg School District
	2) High School Summer Research Fellowship (HSSRF)	2007 - present	2007: 2 2008: 2 2009: 1	PSCOM
Science Education Partnership Award (SEPA/CREST)	Summer Research experience and Mentoring for teachers and students from Middletown H. S. (large number of underrepresented minorities)	2009	2009: 22 Students 5 Teachers	NIH- National Center of Research Resources
Surgery LIVE	High School students enter the operating room through interactive high definition videoconferencing technology	2009	2009: N/A	Highmark/Whitaker Center/ PSHMC/COM
PULSE	Conducted by medical students. A semester-long course designed to bring students from surrounding communities to foster an interest in medicine through: interactive lectures, problem	2008 - present	2008: 50 2009: 45	PSHMC/COM

	based learning sessions, and shadowing opportunities			
Observer-Shadowing Program	Provide young people an opportunity to engage in career exploration in their area of interest. It serves as a pipeline program to careers in the life sciences	1968 - present	2006: N/A 2007: N/A 2009: N/A	PSHMC/COM
Educational Group Tours	Information/Education tours include: tour of general facilities, informational career lectures, and specific educational lectures on topics of interest	Unknown	2006: N/A 2007: N/A 2008: N/A	PSHMC/COM

3.1.2 Major Partnerships and Community Relationships identified in the table below help to enhance the relationship of the College of medicine with underrepresented groups.

Partnership/ Community Relationship	Type	Length in place	Frequency of Interaction
Undergraduate			
Lincoln University*	1) Memorandum of Understanding between PSU COM & Lincoln University	2005-present	Twice Yearly
	2) Minority Recruitment Career Fair	2008-present	Annually
	3) NIH Research Infrastructure in Minority Institutions (RIMI) Award (P20)	2009-2014	Monthly
	4) Gene-Environment Interactions & Colorectal Cancer Risk - Collaborative Research Award: Faculty mentoring & research experience for undergraduates. (PA Dept. of Health)	2007-2011	Monthly
	5) Gene-Environment	2007-2011	Monthly

	<p>Interactions & Lung Cancer Collaborative Research Award. Summer Student Internship provided. (PA Dept. of Health)</p> <p>6) SEPA/CREST – two Lincoln University students served as Teaching Assistants</p>	2009	Summer/Annually
Cheyney University, Cheyney, PA*	Bond-Hill Graduate Student Fair	2006 & 2008	Bi-Annually

3.2 Describe specific initiatives your unit may have that are intended to reduce intergroup disparities in enrollment, retention, and graduation rates.

- 3.2.1 Mentoring, tutoring, financial assistance
- 3.2.2 New course that is taken by all medical students “Social Influences on Health” (see Response 5.1)
- 3.2.3 American Medical Women’s Association for medical students
- 3.2.4 Asian Pacific American Medical Students Association for medical students, graduate students, and residents
- 3.2.5 Student National Medical Association (SNMA)
- 3.2.6 Multicultural Awareness Club (MAC) (see Response 2.5.2.2)

3.3 What mechanisms for collaboration has your unit established?

- 3.3.1 Clinical – Simulation Lab courses in Clinical Resource Management teach collaboration among members of all clinical disciplines. These are required for many practitioners in especially critical care and trauma management disciplines.
- 3.3.2 Research – The “FRED” database of investigators, and the work of the developing Clinical Translational Science Institute foster collaboration among investigators with similar interests, and especially basic science and clinical interests in similar fields.

3.4 Which recruitment and retention initiatives have been most successful? Which have been least successful? Which could be termed “best practices”? (Best Practices are processes, programs, and procedures that most successfully lead to the unit’s ability to reach the University’s diversity goals and can be validated through measurable outcomes.)

Number of Students in Each Program Subsequently Entering Health Professions Training in the Years 2006-2009

Program	Area of Admission	2006-2007	2007-2008	2008-2009
Lincoln University*	Medical School (PSU)	3	2	1
	Medical School (Other)			
	Health Profession Schools			
	Health-related Graduate Programs			

Cheyney University*	Medical School (PSU)	0	0	1
	Medical School (Other)			
	Health Profession Schools			
	Health-related Graduate Programs			
PSU Commonwealth Scholars*	Medical School (PSU)	1		0 (1-Fall 2009)
	Medical School (Other)	1		
	Health Profession Schools			
	Health-related Graduate Programs			
Primary Care Scholars	Medical School (PSU)	N/T	N/T	N/T
	Medical School (Other)			
	Health Profession Schools			
	Health-related Graduate Programs			
Early Assurance	Medical School (PSU)	6	4	7
	Medical School (Other)			
	Health Profession Schools			
	Health-related Graduate Programs			
STEP-UP*	Medical School (PSU)	N/T	N/T	N/T
	Medical School (Other)			
	Health Profession Schools			
	Health-related Graduate Programs			
SURIP	Medical School (PSU)	0	0	0 (1-Fall 2009)
	Medical School (Other)			1 (2-Fall 2009)
	Health Profession Schools			
	Health-related Graduate Programs			

Program	Area of Admission	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Milton Hershey School	Medical School (PSU)	----	N/A	N/A	N/A	N/A	N/A
	Medical School (Other)						
	Health Profession Schools						
	Health-related Graduate Programs						

Surgery LIVE	Medical School (PSU)	----	----	----	----	----	N/T
	Medical School (Other)						
	Health Profession Schools						
	Health-related Graduate Programs						
SEPA/CREST	Medical School (PSU)	----	----	----	----	----	N/T
	Medical School (Other)						
	Health Profession Schools						
	Health-related Graduate Programs						
Community Partners Program*	Medical School (PSU)	0	0	0	0	0	0
	Medical School (Other)						
	Health Profession Schools						
	Health-related Graduate Programs						
PULSE	Medical School (PSU)	----	----	----	----	----	N/T
	Medical School (Other)						
	Health Profession Schools						
	Health-related Graduate Programs						

Key:

***Program targeted for minorities**

----Program not activated

N/A – data not available

N/T – data not tracked at this time

3.5 What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.

3.5.1. The following table shows the gender and ethnic composition of the medical and graduate student body of the College of Medicine for 2008, compared to that in 2005 and also to the cohort of all medical school graduates in the United States in 2007. These data show that the number of students in the College of Medicine has increased by 49 between 2005 and 2008 and that the percentage of 50.6% female students is equivalent to or greater than the national benchmark of 49.1%.

The percentage of students in each racial or ethnic category, however, has decreased between 0.4% and 0.7% from 2005 and 2008, and is below national benchmarks for 2007. The percentage of black and African American students was only 2.1% below the national average. However, the percentages of Asian and Hispanic students, perhaps not unexpectedly, were significantly lower at 8.3% and 6.4% below national averages, respectively. The total number of multicultural students has decreased 2.1% from 19.9% to 17.8% since 2005, and is below the national benchmark of all U.S.

medical school graduates in 2007. When international students are included, the number of multicultural and international students is 29.4% of the total, representing a decrease of 0.7% since 2005.

The reason for the low number of underrepresented minority students, and especially of Asian and Hispanic students, at the College of Medicine is of course multi-factorial. Some factors are under the control of the College and others, such as location, are not. Hershey is distant from centers of Asian, Hispanic, and Pacific Islander population, so it is not surprising that these groups are particularly underrepresented. However, the decrease in the percentages of all multicultural students since 2005 shows that the increasing number of programs to attract and retain these students are still not having adequate effect. As we increase class size, we must also be able to increase the number of underrepresented minority students, and especially Asian and Hispanic medical students, as rapidly as possible, within the constraints imposed by external factors.

More recent data reported by the College Offices of Student Affairs and Graduate Student Affairs in May of 2009, showing 22.6% total multicultural students in the College of Medicine, hopefully indicate an improvement in this trend.

Medical and Graduate Student Enrollment - College of Medicine – 2005 - 2008

	Year	Students Enrolled	Percentage of Total Students	National Benchmark (AAMC)
ETHNICITY				
American Indian / Alaskan Nationals	2005	4	0.5%	
	2008	0	0%	0.8%
Black / African American	2005	42	5.5%	
	2008	39	4.8%	6.9%
Asian / Pacific American	2005	100	13.0%	
	2008	103	12.6%	20.9%
Hispanic	2005	7	0.9%	
	2008	4	0.5%	6.9%
Multicultural Student Total	2005	153	19.9%	
	2008	146	17.8%	35.6%
International	2005	79	10.3%	
	2008	95	11.6%	
Multicultural / International Total	2005	232	30.1%	
	2008	146	29.4%	35.6%
White / US National	2005	537	69.8%	
	2008	577	70.5%	67.2%

GENDER				
Female	2005	416	54.1%	
	2008	414	50.6%	49.1%
Male	2005	353	45.9%	
	2008	404	49.4%	50.9%
TOTAL	2005	769		
	2008	818		

College of Medicine Data – Provided by the Office of Educational Equity in the spring of 2009

Benchmark Data - Percentages of Graduates of all US Medical Schools in 2007

Source - Diversity in Medical Education, Facts and Figures, American Association of Medical Colleges, 2008, Figure 15

Challenge 4: Recruiting and Retaining a Diverse Workforce

Assessment of College of Medicine Initiatives and Outcomes:

4.1. How has your unit actively and successfully engaged in locating and recruiting faculty and/or staff from underrepresented groups?

4.1.1. Recruitment in publications including those aimed at minority audiences

- Advertisement on websites, radio, paper or publications (Those directed at minority audiences are highlighted):
 - HMC Website
 - **Tile ad with website link on Minority Nurse.com**
 - Radio ad on WMHX-FM 106.7 FM, 30 second ads for 12 weeks
 - **National Student Association (NSNA) website ad**
 - Centre Daily Times
 - Altoona Mirror
 - Patriot News
 - Board of Registered Polysomnographic Technologists (BRPT)
 - **HealthCareers website (covers a variety of websites specific to the particular position that is being recruited)**
 - AAPA.org (American Association of Physician Assistants) via healthcareers
 - APTA.org (American Physical Therapy Assoc)
 - ASHP (American Society of Health system Pharmacist)
 - PSHP (Pennsylvania Society of Health system Pharmacist)
 - APA (American Pharmacist Association)
 - SIDP (Society of Infectious Diseases Pharmacist)
 - PPA (Pennsylvania Pharmacist Association)
 - ASRT (American Society of Radiologic Technologists) via healthcareers
 - Advance Magazine for Respiratory Therapists
 - **Urban Connection –a Harrisburg newspaper**

4.1.2. Human Resources web site and publications emphasize the College's diversity programs, interest in minority applicants, and hospitable climate to minority recruits

- HMC Human Resources Website
 - Enhanced and recreated April 2009
 - For the first time, for our external visitors to the site, we have included a Diversity component which highlights Diversity initiatives of HMC; Statement on our services/purpose; Resources and FAQ's section.
 - For the first time for our external visitors to the site, we have included a Development Opportunities component which is located under our Career Resource Center tab. The Development Opportunities tab will link external visitors to the site to a list of training that is offered – one of those being Diversity/Cultural Competency.
- The Human Resources "ReSOURCES" Human Resources newsletter
 - Created and published by the HR Operations Team – distributed on a quarterly or as needed basis. This newsletter is distributed to all hiring managers and leaders in the organization – the newsletter consists of articles/information that are submitted by each arm of the HR Department (i.e. benefits, diversity, training, recruitment, operations, workers compensation, etc.) One option of increasing awareness on diversity training/issues, etc.

4.1.3. An EEO statement is included on all job postings and on all advertisements in publications, newspapers, internet, etc.

4.1.4. Diverse faculty and staff are very visibly placed on search groups, as recruiters, and on selection committees (see response 2.1.3)

4.2. *What strategies have been implemented to improve identification and assessment of credentials for purposes of hiring and promotion?*

4.2.1. Training in interviewing techniques for Human Resources Personnel

4.2.1.1. Training is held approximately 4x/year. Instructor-led training is designed to teach attendees (hiring managers and anyone who interviews) the aspects of *conducting legal, non-discriminatory interviews.*

4.3. *What retention strategies have you implemented in your unit to retain and promote the success of faculty and/or staff from underrepresented groups?*

4.3.1. Junior Faculty Development program (See Response 2.4.5.1)

4.3.2. Summit on the Glass Ceiling (See Response 2.4.4.1)

4.3.3. Domestic partner benefits

4.3.4. Child care on site

4.3.5. Market bases salary adjustment for female faculty members

4.4. *Which recruitment and retention strategies have been most successful? Which have been least successful? Which could be termed "best practices"? (Best Practices are processes, programs, and procedures that most successfully lead to the unit's ability to reach the University's diversity goals and can be validated through measurable outcomes.)*

Though the College has made significant efforts and has made improvements in some areas, and has made small improvements in the diversity of our faculty and workforce over the past five years, there is much more that can be done to overcome the barriers created by the location and relative cultural isolation of the College.

4.4.1. Most successful programs

4.4.1.1. Human Resources web site

4.4.1.2. Placing faculty with diverse backgrounds in positions as recruiters and on search committees.

4.4.1.3. Junior Faculty Development Program (see Response 2.4.4.1)

4.4.2. Least successful programs: Recruiting programs for minority faculty and students – faculty recruitment is currently in the hands of departments, without a central program for recruiting minority faculty.

4.5. *What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.*

4.5.1. Diversity of the Faculty - The diversity of our faculty has improved in terms of both ethnicity and gender since 2005, with the greatest increases in the percentage of minorities and females at the levels of Associate and Assistant Professor, and the smallest improvements occurring at the rank of Professor. When compared to national benchmarks for ethnicity, the faculty of the College of Medicine compares favorably at the ranks of Assistant Professor and Instructor, while having approximately 3 – 4% fewer minority members at the ranks of Professor and Associate Professor. In contrast, when compared to national benchmarks for gender, the College of Medicine appears to compare most favorably at the rank of Professor, and is within several percentage points at all ranks.

Fraction of minority and female faculty at each academic rank within the College of Medicine (College data provided by the Office of Educational Equity)

College of Medicine FACULTY

	Professor	Associate Professor	Assistant Professor	Instructor	Total
Racial Ethnic Minority – 2005	14	22	90	17	143
Racial Ethnic Minority – 2008	19	35	101	20	175
Percent Racial Ethnic	8.3%	13.4%	27.8%	33.3%	20.2%

Minority – 2005					
Percent Racial Ethnic Minority - 2008	9.1%	17.5%	31.9%	35.7%	22.4%
Percent Racial Ethnic Minority – National Benchmark *	13.2%	19.9%	33.0%	31.8%	25.3%
Female – 2005	31	35	103	20	189
Female – 2008	42	48	117	26	233
Percent Female - 2005	18.5%	21.3%	31.8%	39.2%	26.7%
Percent Female - 2008	20.2%	24.0%	36.9%	46.4%	29.8%
Percent Female – National Benchmark *	17.9%	27.9%	38.7%	49.5%	
Total Faculty – 2005	168	164	324	51	707
Total Faculty - 2008	208	200	317	56	781

(Includes faculty employed by both Penn State University and the Penn State Hershey Medical Center)

Source of Benchmark Data: Diversity in Medical Education, Facts and Figures – 2008, published by the American Association of Medical Colleges, Figures 18, 19, 20, and Table 36.

4.5.2. Administrators and Staff

The diversity of the College administrators and Staff has also improved since 2005, with the percentage of multicultural staff increasing somewhat from 9.1% to 10.8%, coming within 3% of their representation in the regional population overall. The representation of women is much better, with women being over-represented overall in both 2005 and 2008. However, both women and cultural and racial minorities remain significantly under-represented at the higher

administrative and staff levels. Thus some progress has been made in overall representation, but more attention still needs to be paid to advancement into the administrative ranks.

College of Medicine ADMINISTRATORS AND STAFF

	Administrators	Academic Administrators	Staff Gr 26-32	Staff Gr 20-25	Staff Gr 11-19	Staff Comp	Tech	TOTAL
Multicultural - 2005	0	1	1	13	29	4	2	50
Multicultural- 2008	0	1	0	17	37	4	2	61
Percent Multicultural - 2005	0%	4.2%	10.0%	6.9%	10.9%	19%	6.1%	9.1%
Percent Multicultural- 2008	0%	4.3%	0%	7.9%	14.7%	21.1%	5.6%	10.8%
Female – 2005	2	2	6	142	227	10	20	409
Female – 2008	1	4	5	166	213	9	21	419
Percent Female – 2005	50%	8.3%	60.0%	75.1%	85.3%	47.6%	60.6%	74.6%
Percent Female - 2008	33.3%	17.4%	33.3%	76.9%	84.9%	47.4%	58.3%	74.3%
Total Staff – 2005	4	24	10	198	266	21	21	548
Total Staff – 2008	3	23	15	216	251	19	36	564

(Information provided by the Office of Educational Equity)

Benchmark for Staff and Administrative Data from the ethnic composition of the local area – Dauphin, Lebanon, Lancaster, York, Cumberland Counties:

	Cumberland	Dauphin	Lancaster	Lebanon	York	Regional Total
American Indian & Alaska Native	0.1%	0.2%	0.1	0.1%	0.2%	0.1%
Hispanic	2.1%	2.6%	1.7%	0.9%	1.2%	1.7%
Asian	2.4%	5.9%	3.0%	1.6%	4.5%	5.5%
Black or African American	3.1%	16.7%	7.3%	7.1%	5.0%	5.7%
Other	92.2%	74.7%	87.9%	90.3%	89.1%	86.9%

Source: *Inclusion* 2009 Edition, Central Penn Business Journal

EDUCATION AND SCHOLARSHIP

Challenge 5: Developing a Curriculum That Fosters Intercultural and International Competencies

Assessment of College of Medicine Initiatives and Outcomes:

5.1. What initiatives has your college taken in supporting multicultural curriculum efforts?

- 5.1.1. The medical student curriculum includes three courses which are dedicated to issues including diversity and cultural awareness. They are:
- 5.1.1.1. Patients, Physicians, and Society
 - 5.1.1.2. Social Influences on Health
 - 5.1.1.3. Medical Humanities

This year, the fall curriculum included five specific lectures on diversity and cultural competence for the first and second year students, each attended by approximately 120 students:

1. SIH 711 – Drs. D Davis and S Gross: Culturally Responsive Medicine and Intro to Culture. December 2, 2009
2. SIH 711 – Drs. D Davis and S Gross: Disparities Related to Sexual Orientation: Patient Panel. December 9, 2009
3. Family and Community Medicine - P Lewis and patient panel: Cultural Competency and the Clinical Encounter. October 14, 2009

5.1.1.4. Diversity is evident within the various curricula for medical students. The range of diversity topics including gender identification; disabilities; cultural diversity; complementary & alternative medicine; care giving and the elderly; CLAS Standards; race/ethnicity; sexual orientation; access; and holistic health are woven in varying degrees into, and included in the course syllabi, for the following courses: Cellular & Molecular Basis of Medical Practice II; Medical Humanities; Social Influences on Health; Structural Basis of Medical Practice; Cardiology; Endocrinology; Gastroenterology; Foundations of Clinical Medicine; Neural & Behavioral Science; PPS/ Behavioral Science, Bioethics, Psychiatry; Renal Medicine; Reproductive Medicine; Internal Medicine Clerkship; Island 3-Communication & Professionalism; Island 4-Improving Health Care; Pediatrics Clerkship; Primary Care Clerkship; Psychiatry Clerkship; and Neurology Clerkship. The program outcomes are evaluated through observation, taping of interviews, writing of clinical cases, reflection papers and exams.

- 5.1.1.5. A Medical Spanish course for health care providers and students at all levels was begun last year by the medical student Global Health Interest Group, with about 30 participants. This year, the program is expanding and is being funded in part with a \$700 grant from the Dean's Council on Diversity. It is expected to be an ongoing program within the College of Medicine.
- 5.1.2. Dean's lecturers throughout the past 5 years from diverse backgrounds – 4 out of 11 were female or from minorities. Attendance at each lecture was approximately 120 - 150
- 5.1.3. Rotations for medical students around the world
- 5.1.4. Volunteer medical service is provided at home and around the world, including work in Ecuador, Honduras, Brazil, China, Vietnam, Africa and the Middle East. These medical missions include medical students as part of their training
 - 5.1.4.1. In the fall of 2008, under the direction of Drs. Wilson and Frederick, 69 students participated in elective clinical field experiences with the largely Hispanic migrant labor workforce in central Pennsylvania, under the auspices of Keystone Health
- 5.1.5. Global Health Interest Group – Brandt P. Groh
- 5.1.6. Multicultural Awareness Club (MAC)

This Club sponsors two multicultural events each year, a Multicultural Food Fair and a multinational dance exhibition, for the benefit of the local and the Medical Center communities. The most recent food Fair was held on September 28, 2009, and was attended by approximately 150 people, and the next dance exhibition is scheduled for December 5, 2009. (see Response 2.5.3)

- 5.1.7. Language Line Interpretation and Translation services for patients and staff

5.2. What research and teaching in your college has advanced the University's diversity agenda?

- 5.2.1. Research in differing ethnic groups' susceptibilities to colon cancer and other disorders, aside from leading to medically important differences in treatment, has led to an increased research interest in black and Hispanic populations. In addition, this research has increased volumes of patients from these groups at Penn State Hershey, and has increased the number of employees in these minorities. These projects have been led by our Department of Public Health Sciences, the Penn State Hershey Cancer Institute, and the Appalachian Cancer Project.

5.3. How is diversity integrated into the curriculum of your college?

- 5.3.1. Formal medical student courses are described in response 5.1.1
- 5.3.2. Cultural and ethnic diseases, attitudes, and customs, as well as different pre-dispositions to disease, are discussed in the medical student "Problem-based learning" sessions

5.4. Which strategies for developing a curriculum that fosters intercultural and international competencies have been most successful? Which have been least

successful? Which could be termed “best practices”? (Best Practices are processes, programs, and procedures that most successfully lead to the unit’s ability to reach the University’s diversity goals and can be validated through measurable outcomes.)

5.4.1. The Patients, Physicians, and Society and Social Influences in Health courses have been most successful. The less formal course, elective, and social programs, especially those providing international learning and service exposure, are extremely effective, but for a small number of students.

5.5. What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.

5.5.1. Establishment of 3 medical student lecturers each attended by 120 students (see 5.1.1) (Student evaluations not available)

5.5.2. Expansion of 3 medical student courses to include diversity and cultural awareness topics (see 5.1.1) (Student evaluations not available)

INSTITUTIONAL VIABILITY AND VITALITY

Challenge 6: Diversifying University Leadership and Management

Assessment of the College of Medicine Initiatives and Outcomes:

6.1. How are unit leaders actively involved in diversity efforts?

6.1.1. Harold L. Paz, M.D., Senior Vice President for Health Affairs and Dean of the College of Medicine, is the sponsor of the Dean’s Council on Diversity

6.1.2. Alan Brechbill, Executive Director of the Penn State Hershey Medical Center, is co-chair of the Dean’s Council on Diversity

6.1.3. The Office of Diversity, Inclusion, and Employment Equity has been established within the Human Resources Department and is directed by Deborah Davis, D.S.W.

6.1.4. Harjit Singh, M.D., newly appointed interim Associate Dean for Diversity, will oversee diversity efforts and enhance efforts to recruit and retain a diverse faculty and student body.

6.2. What is the diversity profile of the unit’s administrative and executive levels?

6.2.1. The ranks of the College’s administration and academic administration includes one multicultural individual (4.3% of the total), and 4 women (17.4% of the total). (see response 4.5). These numbers are obviously far below benchmarks, and emphasize the distance we have to go in recruiting and promoting female and multicultural administrators to our leadership.

6.3. Describe the procedures followed to create both diverse applicant pools and search committees for administrative searches. How is information about expectations regarding

candidates' skills and experience with managing diversity communicated to the committee and to the candidates?

- 6.3.1. National advertisements include, and specifically target, female and minority audiences.
 - 6.3.2. Search Committees to fill faculty and administrative positions include women and multicultural minorities, as defined in Penn State Policy HR-22 – Search Procedures for Academic Administrative Positions, as often as possible
 - 6.3.3. Search Committees report on their efforts to locate female and minority applicants
- 6.4. *How does your unit identify staff and faculty from underrepresented groups who have administrative aspirations and potential, as well as assist them in developing leadership and management skills? How are such individuals supported in identifying opportunities for advancement?*

- 6.4.1. Faculty members who have administrative potential are most often identified by their Department chair through the annual HR 40 evaluation process, or by their Departmental Promotion and Tenure Committee as part of their bi-annual review process. They are also identified when they express interest in a program for faculty advancement such as the junior Faculty Development Program or the Unified Campus Teams program. Once they have expressed interest and are identified as having potential, they are mentored and advanced, usually first through their department.
 - 6.4.2. Nursing and patient care staff who have administrative interest are often identified through their Performance Evaluation and Individual Development Plan (see Response 1.1.2) established annually, and are targeted for academic and professional development.
- 6.5. *Which strategies for diversifying your unit's leadership and management have been most successful? Which have been least successful? Which could be termed "best practices"? (Best Practices are processes, programs, and procedures that most successfully lead to the unit's ability to reach the University's diversity goals and can be validated through measurable outcomes.)*

- 6.5.1. The work and visibility of the Dean's Council on Diversity has been perhaps the most successful, but additional efforts are needed in supporting the hiring, retention, and advancement of current employees into upper administrative positions.
- 6.5.2. The Recent Summit on Breaking the Glass Ceiling, sponsored by our Office of professional Development, was targeted specifically at the advancement of female faculty members and mid-level administrators into senior administrative and academic positions. This day-long summit was held on May 14, 2009, on the Hershey campus, and was attended by 56 people, representing 20 College departments and including our Dean, 2 Vice-Deans, 6 Associate Deans, and 9 Department chairs or vice-chairs.

Recommendations from the leaders and participants included:

- 6.5.2.1. Reactivate the chapter of the Penn State Commission for Women at Hershey, to increase a sense of community and decrease isolation of women on campus.

6.5.2.2. Establish and Charge a Dean's Advisory Group to advance diversity and equity for women at Penn State Hershey

6.5.2.3. Improve faculty mentorship for women

6.6. *What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.*

6.6.1. Advancement of minority and female employees into senior administrative roles-

Currently, the College of Medicine has three female Department chairs, of the Departments of Biochemistry and Molecular Biology, Pathology, and Radiology, as well as the following Associate Deans and senior administrators:

6.6.1.1. Associate Vice President for Medical Center Development

6.6.1.2. Associate Dean for Basic Science Research

6.6.1.3. Associate Dean for Faculty Affairs

6.6.1.4. Associate Dean for Pre-Clinical Curriculum

6.6.1.5. Associate Dean for Clinical Education

6.6.1.6. Associate Dean for Professional Development

6.6.1.7. Director of Governmental Relations

Challenge 7: Coordinating Organizational Change to Support Our Diversity Goals

Assessment of College Initiatives and Outcomes:

7.1. *How does your unit's strategic plan reflect the importance of diversity for meeting your goals and objectives?*

7.1.1. Specific references to diversity in College and Teams Strategic Plans:

7.1.1.1. Two of the seven values of the College of Medicine, in the College's Strategic Plan – 2008-2013, support diversity:

7.1.1.2 Individual Dignity

Our central responsibility to our patients is to provide humane, compassionate, and expert care, emphasizing individual dignity.

7.1.1.3 Diversity

We are committed to diversity among the faculty, staff, students, and volunteers and to promoting an environment of mutual support and respect for others. Differences in ethnicity, culture, and socioeconomic status are valued organizational assets. Diversity of individual backgrounds and points of view are affirmed and respected.

7.1.1.2. Academic Mission Goal II, Objective A – Implementation of the Interdisciplinary Practice Unit and the interdisciplinary 4th year elective in Humanities and Family Medicine (foster collaboration) (within 5 years)

7.1.1.3. Academic Mission, Goal II, Objective E – Design and provide educational channels of experience that attract qualified students, including those from underrepresented minority and underserved

- populations, to pursue careers in medicine, nursing, and research at the Pennsylvania State University (within 2-3 years)
- 7.1.1.4. Academic Mission, Goal II, Objective F - To coordinate and expand programs to attract students from underrepresented and underserved populations (within 5 years)
- 7.1.1.5. Academic Mission, Goal IV, Objective B – Support community health educational opportunities for medical students, nursing students, and residents. Includes Keystone Health projects in which students participate in field experience in migrant labor camps (within 5 years)
- 7.1.2. The Educator’s Code of Conduct – Established by the Academic Team of the College in May 2003, the Code of Conduct was designed in support of ethical teaching practices within the College of Medicine. This document identifies Four Norms to Govern Teaching: Honesty, Promise-Keeping, Respect for Persons, and Fairness. The “Respect for Persons” norm specifically addresses several key dimensions of diversity that exists within our organization:

Respect for Persons

The educator must approach the learner with personal respect. In addition, the educator ought to encourage mutual respect among students. In particular, respect for race, religion, sexual orientation, disability gender, age, marital status, cultural differences, and political conviction should be supported and encouraged in all aspects of the educational process. Additionally, educators ought to show respect and common courtesy for students both during interpersonal interactions and in responding promptly to students' need for guidance and feedback. An environment free from harassment and discrimination, verbal abuse, physical violence, and intimidation in any form must also be provided for all learning activities.

The entire Code of Conduct can be found on the College web site at www.pennstatehershey.org/web/college/home/resources

- 7.2. *What organizational realignments, systems of accountability, resource mobilization and allocation strategies, and long-term planning strategies have been implemented by your unit to ensure the realization of the University’s diversity goals?*
- 7.2.1. Use of leaders with diverse backgrounds to promote recruitment. (see Responses 2.1.3 and 6.3.1)
- 7.2.2. Recruitment at Lincoln and Cheney Universities, both with minority student bodies
- 7.2.3. Creation of the new position of Associate Dean for Diversity.
- 7.3. *What budget and development approaches have been implemented by your unit to ensure financial stability of diversity priorities?*
- 7.3.1. Funding - Dean’s Council on Diversity, Junior Faculty Development Program, Office of Diversity, Inclusion, and Employment Equity

- 7.3.2. Priorities
 - 7.3.2.1. Recruiting and Retention of multicultural and female faculty and staff
 - 7.3.2.2. Multicultural emphasis in medical and graduate student teaching
 - 7.3.2.3. Cultural competency training of faculty and staff
- 7.4. *Describe the systems of accountability and reward that support the achievement of diversity goals.*
 - 7.4.1. Diversity Scorecard (see Response 1.7)
 - 7.4.2. Surveys and measurement tools (See Response 1.7)
 - 7.4.2.1. Most Recent Employee Satisfaction Survey
 - 7.4.2.2. Salary Equity Survey – 2005 (See Responses 4.3.5 and 6.6.2)
 - 7.4.2.3. Magnet Journey surveys
- 7.5. *What partnerships, with internal or external units and/or constituencies, have you created to advance the University's diversity goals?*
 - 7.5.1. Department of Humanities in co-sponsorship of medical student courses
 - 7.5.2. Department of Humanities Global Health Initiative
 - 7.5.3. Office of Professional Development
 - 7.5.4. Memo of Understanding with Lincoln University
 - 7.5.5. Penn State Commission for Women
 - 7.5.6. Center for Global Health
- 7.6. *Which strategies to coordinate organizational change in support of diversity goals have been most successful? Which have been least successful? Which could be termed "best practices"? (Best Practices are processes, programs, and procedures that most successfully lead to the unit's ability to reach the University's diversity goals and can be validated through measurable outcomes.)*
 - 7.6.1. The Dean's Council on Diversity and the Office of Employment Equity and Inclusion have been most successful
- 7.7. *What measures of success have you identified to gauge your progress in this Challenge? Include data demonstrating outcomes.*
 - 7.7.1. Increased number and prominence of faculty and staff of diverse backgrounds.
 - 7.7.2. Promotion and Tenure of diverse faculty & staff

The percentage of multicultural and female faculty has increased at all ranks, though not as rapidly at the rank of professor as at the rank of associate professor. These statistics indicate that efforts to retain and promote these faculty members, and the increasing prominence of women in administrative roles and as part of the faculty promotion process, are beginning to bear fruit. However, additional efforts are required, especially at the most senior levels.

(See Response 4.5)

APPENDIX 1

PEP Evaluation Tool Criteria for the five levels of competence in Diversity and Cultural Awareness:

1. Create a culture that taps the full potential of teamwork within areas of responsibility and between departments and groups. Promotes and rewards organization wide collaboration. Fosters group identity and cooperation. Creates an environment of fair and equitable treatment. Develops and communicates expectations of team skills and team behaviors. Uses teams to accomplish significant change and improvement. Develops partnerships with external groups and interests. Develops partnerships between organizational groups and with community organizations. Builds an environment that allows all people to feel appreciated, included and valued. Establishes development and succession plans and programs that promote a diverse workforce. Establishes, communicates and holds self and others accountable to zero tolerance for discrimination or harassment toward all individuals.
2. Charters operational and project teams. Establishes, communicates and holds self and others accountable to zero tolerance for discrimination or harassment toward all individuals. Shares own knowledge and experience with others. Defines goals and expectations. Demonstrates, encourages and rewards collaborative efforts. Creates an environment of fair and equitable treatment. Ensures effective teamwork between subordinates and related areas. Mentors others. Builds and maintains an effective network. Identifies and manages all organizational barriers to team success. Develops partnerships between organizational groups and with external customers and the community. Promotes and holds self and others accountable to diversity and commitment to EEO/AA in hiring, promoting and opportunity identification and assignment. Creates a culture that taps the full potential of team members and builds an environment that allows all to feel appreciated, included and valued.
3. Leads teams by working well with and respecting others. Engages, encourages, and rewards team members. Solicits and values feedback and input from team members. Maintains awareness of cultural differences and demonstrates culturally competent behaviors in daily interactions. Anticipates the needs of others. Demonstrates respect and consideration for others. Has zero tolerance for discrimination or harassment toward all individuals. Welcomes diverse opinions and backgrounds. Demonstrates a commitment to the team by consistently performing to the best of his/her ability. Puts team's agenda ahead of personal agenda. Ensures that work environment supports and promotes teamwork. Seeks opportunities for collaborative work and activities. Participates in identifying and making improvements. Identifies where team work is lacking and takes corrective action. Actively looks for cross functional opportunities to improve. Readily and promptly shares information with team members and others who need to know. Promotes diversity within the team and its team members.
4. Works well with, and is respectful of all others. Seeks and values the input/expertise of others and readily shares own knowledge and information with others. Maintains awareness of cultural differences and demonstrates culturally competent behaviors in daily interactions. Asks for help, when needed. Anticipates the needs of others. Demonstrates respect and consideration for the feelings and needs of others. Welcomes diverse opinions and backgrounds. Demonstrates a commitment to the team by consistently performing to the best of his/her ability. Puts team's agenda ahead of personal agenda. Seeks opportunities for collaborative work and activities. Participates in identifying and making improvements.
5. Works well with, and is respectful of all others. Seeks and values the input/expertise of others and readily shares own knowledge and information with others. Asks for help, when needed. Anticipates the needs of others. Demonstrates respect and consideration for the feelings and needs of others. Welcomes diverse opinions and backgrounds. Demonstrates a commitment to the team by consistently performing to the best of his/her ability. Puts team's agenda ahead of personal agenda.

Appendix 2

DEAN'S COUNCIL ON DIVERSITY HOSPITAL ROTUNDA DISPLAYS
TO PROMOTE DIVERSITY AWARENESS

Sept/Oct 2008 Hispanic Month

November 2008: A Display on the Vietnam flag

December 2008: Sharing a Diverse of holiday celebrations of December featuring Kwanzaa, Eid Al-Adha (Muslim holiday), Hanukkah; and Christmas with displays of holiday symbols and their definitions.

January 2009: Display of Barack Obama becoming president of the United States of America

February 2009: Celebrate Black History featuring Dr Martin Luther King, President Obama, & President Lincoln also indicating NAACP 100th Anniversary

March/April 2009: “**Professional Healthcare Women at PSHMC**” with photos and profiles. Presented Dr Judith Bond; Dr Luanne Thorndike, Ananya Das, Patricia Frey, June Gerhart; Dr Kathleen Eggli; Dr Shou Ling Leong; Linda Kilefner;

May/June 2009: **Gay Pride Month** display

July/August 2009: **Celebrate International Independence days**: Featured over 6 different countries including Mexico, Greece, India, Pakistan, Finland; Israel; Columbia with history of their Independence Days or Freedom Days.

Sept/Oct 2009: **Hispanics Month** showing all the countries flags included in the celebrations, a few photos of Hispanics famous celebrities, featuring ‘Cesar E. Chavez Holiday’ a new holiday established by California in 2002.

November/December 2009: **Multicultural Celebration of Veteran’s Day**, featuring contribution of Veterans of all ethnic and cultural groups