

Feedback on Progress Implementing
A Framework to Foster Diversity at Penn State: 2004-09
Penn State College of Medicine and Milton S. Hershey Medical Center
Mid-Term Progress Report
Spring 2007

Collaborative efforts by Penn State's College of Medicine (COM) and Milton S. Hershey Medical Center (HMC) to review and improve areas of diversity are impressive. Commitment at the leadership level is evident. The strategic plan highlights diversity as one of seven critically shared values, and the Dean's Diversity Council oversees a specific group charged to ensure the plan is aligned with the *Framework to Foster Diversity*. Exciting new curricula will challenge students to consider diversity issues and scenarios. Orientation programs for staff and students show great promise. Biannual gender/minority salary surveys and adjustments could be models for other units to consider. The specific goals and timelines format outlined in Challenges 6 and 7 is helpful. Establishing similar timelines for other challenges could help HMC/COM continue an excellent momentum into the future. Additionally, the review team had a few suggestions: develop a more inclusively diverse Web site; cultivate a better awareness, both internally and externally, of the organization's diversity commitment and goals to strengthen retention/recruitment efforts, especially with regard to underrepresented groups; expand upon the definition of and reference to diversity to ensure that the full range of elements addressed in the nondiscrimination statement are recognized; and include more outreach initiatives. Finally, the overarching diversity interaction between HMC and COM is unclear.

Campus Climate and Intergroup Relations

Challenge 1: Developing a Shared and Inclusive Understanding of Diversity

- ❖ The diversity definition is simple and easy to recall; however, it could be broadened to promote a full understanding of its meaning (age, ancestry, color; cf., Penn State's nondiscrimination statement).
RESPONSE: We agree that the definition could be broadened. In fact, this definition is a refined version of a broad statement of nearly one half page in length. The Dean's Council on Diversity worked very hard to create a definition that is easy to recall. This is part of a conscious process to make diversity meaningful to all members of the organization, especially those of the majority culture and sex. We believe this definition more clearly and succinctly captures the spirit of diversity, while an expanded definition captures more detail. At this point in the development of diversity efforts on the Hershey campus, communicating the concept of diversity and its value in a manner that is meaningful to the majority culture is more appropriate. In addition, this definition demonstrates that diversity goes beyond race and ethnicity. It has and continues to be promoted at numerous venues throughout the organization.
- ❖ It is suggested that the diversity definition, commitment, and goals be made accessible on both Web sites.
RESPONSE: In order to promote greater understanding of diversity as an institutional priority, the definition, commitment, and goals are available on our website as components of the new Strategic Plan.
- ❖ The review team would like to see more information about the multicultural coordinator.
RESPONSE: Deborah Davis, DSW, serves as the campus multi cultural coordinator. A doctoral level social worker who wrote her doctoral dissertation on diversity in organizations, Dr. Davis also serves as the Affirmative Action Officer for the Milton S. Hershey Medical Center. As the inaugural co-chair of the Dean's Council on Diversity, Dr. Davis is familiar with the campus climate and organizational culture – and the plan to change it to a place where everyone feels welcome. She also serves as the coach for the Multicultural Awareness Club (MAC), a student run organization committed to promoting diversity on our campus. Dr. Davis is Faculty Advisor to the Student National Medical Association (SNMA). The SNMA has several foci including addressing the health care needs of minorities and promoting medicine as a career choice for minority students. In her role, Dr. Davis teaches 1st and 2nd year medical students, focusing on perceptions and assumptions about and various dimensions of diversity. In the Fall Semester of 2007, she will help launch a series of classes on Diversity & Culture in Healthcare. This is a component of a pilot course titled Social Influences on Health.

- ❖ It is commendable that the 2002 and 2005 employee surveys were conducted by the same professional agency and some results were above the national norm. It is positive that recruitment and retention are recognized as ongoing challenges.
- ❖ Potential best practice: G.O.O.D. (Group for Operational Oversight of Diversity) aligns the *Framework to Foster Diversity* with the strategic plan. Diversity is one of seven Shared Values in the strategic plan; respect for others is a core competency.

Challenge 2: Creating a Welcoming Campus Climate

- ❖ Networking and partnering with Hershey churches, libraries, and social organizations is laudable.
- ❖ Cultural Competency train-the-trainer workshops are impressive. More information about these workshops is needed, such as if issues of age, gender, sexual orientation, and religion are included.
RESPONSE: Train the trainer cultural competency training covers issues related to age, gender, sexual orientation, and religion. In fact, the training also addresses organizational climate and the importance of individual and organizational cultural competence.
- ❖ It is laudable to provide HR personnel with resources to conduct diversity surveys and focus groups.
- ❖ It is unclear how climate issues are addressed or if another climate survey is to be completed.
RESPONSE: The Magnet Journey involved the creation of a specific team to address diversity across the Medical Center. In the past, the organization utilized external contractors to conduct diversity surveys and focus groups. Much of the work that would have been done by an outside contractor was completed as a component of the magnet journey. Rather than contracting for a campus wide climate survey as in the past, the work of the magnet team supplanted the work of a contractor. An example of one tool used to measure diversity is the Diversity and Cultural Proficiency Assessment Tool for Leaders co-created by Janice Dreaschlin, PhD, of the Penn State Great Valley School of Graduate Professional Education. While the tool has limited functionality, it has been accepted as a valid tool for measuring awareness of diversity of leaders within an organization. This tool was administered to the MSHMC Management Council in October 2006. The Management Council is comprised of leaders from the College of Medicine and Medical Center. From this assessment, we learned that a gap exists in communicating the full spectrum of diversity activities occurring on our campus to our campus leaders. Plans are underway to conduct a follow-up assessment in October 2007. This assessment does not preclude the possibility of contracting for additional diversity surveys and focus groups in the future.
- ❖ While the update points out the need to recruit and retain women instructors and professors (see Challenge 4), it is not clear what intervention strategies are in place to improve the climate.
RESPONSE: Our first and primary intervention strategy was to systematically study salary equity on our campus. In turn, salary adjustments were made in order to create salary parity for women and minority faculty members. The salary equity study is being repeated to ascertain whether salary parity has been maintained. A second strategy has been implementation of the Junior Faculty Development Program which provides training and support to retain all junior faculty members, of whom a large number are women and minority faculty members. Most recently, we have worked with several individual female faculty members to assure that equity in the distribution of resources e.g. lab space and equipment, is in place.
- ❖ The new orientation programs for staff and medical students are noteworthy.
- ❖ Offering conversational Spanish is advantageous. Consider multi-lingual offerings.
RESPONSE: Offering multi-lingual programs is under consideration. At present, the source of resources (funding or volunteer service) needed to offer expanded language services are unclear at this time. The College and Medical Center are operating at or beyond capacity. These constraints have an effect on all of our programs, including diversity training and achieving cultural competence.
- ❖ The unit could consider a more inclusive sampling of diversity programs that HMC and COM present/sponsor.
RESPONSE: Nearly all of our diversity programs are co-sponsored by the College and Medical Center. This is a function of our Unified Campus – a conscientious approach to break down barriers and

insularity between the College and Medical Center, between scientists and clinicians, between faculty and staff, and across a wide range of diverse groups comprising the organization. In the fall 2007, Dr. Davis' office will offer Sexual Harassment Training which will be open to HMC and COM staff and faculty to help create a more inclusive campus climate.

- ❖ Potential best practices: The multicultural coordinator coaches new employees and medical students during orientation, which shows excellent promise as a welcoming/mentoring tool. The Language Line services provide interpretation capabilities for the increasing Hispanic patient population.

Representation (Access and Success)

Challenge 3: Recruiting and Retaining a Diverse Student Body

- ❖ The update indicates that COM “will” include a more supportive environment for diverse students. It would be helpful to list the strategies planned to create this environment.
RESPONSE: Recruiting and retaining a diverse student body is somewhat daunting for a number of reasons, not the least of which is the dearth of resources available to support programs of this type. We know we are more successful than many of our peer medical schools in terms of recruiting. We know our retention rate is very high – but high retention rates (95 %+) are common to all AAMC medical schools. Garnering resources to support programs that will allow our faculty to develop true cultural competence is a problem. Cultural competence training is a key component of our Junior Faculty Development Program, but senior faculty must be “self- motivated” to participate in this training. Likewise, the demand on faculty for commitment of effort to clinical and research responsibilities is highly demanding. Unlike the other campuses at Penn State, we operate a nearly \$1 billion dollar clinical enterprise. This enterprise fuels the educational mission within the College of Medicine. The demand for revenue leaves little room for other activities e.g. diversity training – even when faculty members are highly motivated to participate in those activities.
- ❖ It is unclear what constitutes the “multicultural” student body category.
RESPONSE: Multicultural students are those students who are United States citizens (non-US citizens are categorized as International) included in the US Census non-white categories e.g. Hispanic, Black, Asian, etc. We are uncomfortable with this definition and believe that individuals should reserve the right to define the category, if any, in which they are included. For the purposes of reporting, we feel this is the most reasonable approach.
- ❖ Expectations for faculty participation in advising/mentoring/promoting diversity are also unclear.
RESPONSE: All faculty members are expected to complete training in cultural competency. In the clinical environment ACGME standards requiring residents to display professional behavior and cultural competence is a component. In support of this component, Dr. Davis conducted a cultural competency workshop as a core competency for CME credits in November 2006 for clinical faculty, residents and students.
- ❖ More information is required to evaluate student retention and how it compares nationally.
RESPONSE: While the exact retention rates are not included in this document at this time, extensive effort is made to recruit a diverse medical student body. The 2006 AAMC data reflects that PSU College of Medicine admissions rate for Black/African American students ranks 2nd when compared to the five remaining medical schools in Pennsylvania. Extensive assistance is granted to retain a student with tutoring, mentoring, counseling, and financial assistance when needed and appropriate. Furthermore, the development of “pipeline” programs with historically black colleges and universities (HBCUs), urban Harrisburg high schools, and the Milton Hershey School have offered greater opportunity to recruit a diverse student body. An extension of the pipeline now includes a High School Summer Research Fellowship (HSSRF), a pilot launched in June 2007. Two Harrisburg High School students receive a stipend to support their learning about and conducting research in the Department of Orthopedics and Rehabilitation. Likewise, the Summer Undergraduate Research Internship Program (SURIP) has offered a diverse group of students, many of whom come from HBCUs, opportunities to work with our faculty to experience laboratory science first hand.

- ❖ Potential best practice: New course for medical students-Social Influences on Health-will address diversity issues/scenarios and their impact on healthcare and employee/student/patient relationships.

Challenge 4: Recruiting and Retaining a Diverse Workforce

- ❖ Low numbers of underrepresented groups are acknowledged. Retention efforts are planned but not in place. A proactive approach is encouraged to address this issue.
RESPONSE: As with the previous challenge, the College and Medical Center is making progress in recruiting and retaining a diverse workforce. The rural-suburban location, limited public transportation, and lack of visibility to under-represented populations create great difficulty in meeting this challenge in a manner that is acceptable to us. It is likely that it will require a decade to recruit and retain a workforce more reflective of the population of our nation at large. We have involved employees of underrepresented groups and representative organizations to assist us in increasing our visibility. Likewise, advertisements in publications aimed at minority audiences are utilized to identify potential applicants. We continue to try to recruit talented minority and female faculty. We now have three female department chairs.
- ❖ It is noteworthy that a diversity Web site is planned: a timeline is suggested.
RESPONSE: The current web technology limits the development of a timeline. A new model is being piloted at present. The model is expected to be more widely available in the near future. Until then, it would be premature to develop a timeline.
- ❖ It is commendable that HR distributed Diversity Scorecards (12/06) to unit leaders to show workforce gaps in race/ethnicity and gender. Gaps will be highlighted allowing for increased focus on diversity.
- ❖ Collaborating with universities of minority populations to form employee pipelines is positive. Internships/co-op programs for students are planned but not yet active. It is suggested that affiliations evolve between HMC/COM and Historically Black Colleges and Universities, Hispanic Serving Institutions, and Tribal Colleges.
RESPONSE: The Summer Undergraduate Research Internship Program (SURIP) has offered a diverse group of students, many of whom come from HBCUs.
- ❖ While Domestic Partner Benefits is mentioned, how it is publicized or used to recruit is not.
RESPONSE: Domestic Partner Benefits are publicized on the Internet and HMC Infonet under Hershey Benefits. They are also used as a recruitment tool by recruiters.
- ❖ More information is needed on how search firms and Human Resources contribute to the recruitment and retention of a diverse workforce.
RESPONSE: Search firms have been instrumental in helping to identify diverse candidates for the positions in question. Human Resource Recruiters collaborate with the hiring manager to encourage that qualified diverse candidates be strongly considered for an open position. The HMC HR Office of Diversity, Inclusion and Employment Equity will conduct an internal audit this summer to assess the hiring and promoting practices of managers.

Education and Scholarship

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

- ❖ Plans to diversify curriculum are addressed as future initiatives. Starting now is recommended.
RESPONSE: Significant progress has been made in this area with the revision of our Physicians, Patients, and Society (PPS) courses in Medical School Year One and Year Two curriculum. The revised courses will be initiated in Fall Semester 2007. We expect to have more information about the success of the changed curriculum later in the year. Problem-based learning cases have been revised and updated to include more content related to diverse populations. However, recruitment of diverse simulated patients has been difficult with the exception of disabled persons.
- ❖ It is noted that CUMED will review and monitor faculty policies, regarding health care and access to health care for underrepresented groups, including mental illness.

- ❖ Promising plans for diverse course content exist, but little information is given about current status.
RESPONSE: The Social Influences on Health will be piloted September 17, 2007 thru December 5, 2007 with the following schedule: Social Epidemiology (3 sessions.), Social Dimensions of Health Care (6 sessions), Medical Economics (3 sessions), Poverty (9 sessions), Diversity & Culture in Health Care (9 sessions).
- ❖ Potential best practices: Increased opportunities for international clinical and research rotations; and added opportunities for students to practice in diverse communities.

Institutional Viability and Vitality

Challenge 6: Diversifying University Leadership and Management

- ❖ The review team acknowledges the issues of leadership being historically white male and mentoring/professional development needs for women and underrepresented groups. However, many goals in this section are still “in progress” or “incomplete.”
RESPONSE: Frankly, our campus remains challenged in this area. We are not alone, however, as this situation is common across Academic Health Centers in the US and Canada. While great progress has been made in terms of increasing the number of women in medicine and science, we remain challenged in trying to recruit more persons from diverse racial and ethnic backgrounds. We remain committed to these goals although some are incomplete or in progress. Our campus actively participates with the AAMC Women in Medicine Program (see <http://www.aamc.org/members/wim/>) and Aspiring Docs program designed to increase diversity in medicine (see aspiringdocs.org).
- ❖ There has been some positive progress in increasing the number of women in leadership positions.
- ❖ It is laudable that leadership set standards of accountability for diversity achievements. Acceptance of others is a non-negotiable expectation, and cultural competency is included in performance appraisals.

Challenge 7: Coordinating Organizational Change to Support Our Diversity Goals

- ❖ Goals indicated in the update are significantly positive; however, progress seems slow.
RESPONSE: As stated in the Mid-Term progress report, “progress in this area seems slow”. We are not only a College, but also a nearly \$1 billion per year clinical enterprise operating at or beyond capacity. The dearth of available resources resulting from operating at or beyond capacity while expenses have escalated has placed us in a situation where we are committed to diversity but find ourselves struggling to find available resources to commit to these endeavors. While our progress has been slow, nonetheless, there has been progress. We remain committed to organizational improvement and expect to be successful in further diversifying our organization. However, we remain cognizant that complete success is unlikely to occur in the immediate future and may take another decade of effort.
- ❖ HMC’s Office of Diversity, Inclusion & Employment Equity; the multicultural coordinator position; the Dean’s Council on Diversity; and G.O.O.D., are commendable structures. However the lines of communication and collaboration among these groups are unclear.
RESPONSE: Dr. Deborah Davis heads the Office of Diversity, Inclusion & Employment Equity (funded by HMC) and serves as the Multicultural Coordinator (funded by COM). She has dual reporting lines to the college and the medical center. Dr. Davis collaborates closely with the Dean’s Council on Diversity of which she is a former co-chair and now serves as a member. G.O.O.D. is an action group of the Dean’s Council on Diversity. G.O.O.D.’S activities are reported to the Dean’s Council.
- ❖ The review team recommends that organizational diversity goals include more than culture. While futuristic statements are noted, “... goals ... will be developed,” “Measurement of progress toward those goals will be completed,” “...annual evaluations ... yearly reviews ... will provide mechanism for insuring accountability”; current details are necessary to evaluate progress.
RESPONSE: Organizational goals do include more than culture. They also include better recruitment and retention of diverse faculty and staff.

- ❖ University Development, Alumni Relations, and Corporate Relations Offices are positively included in future diversity efforts.
- ❖ HMC laudably gathers and studies patient demographics in order to provide culturally sensitive services.