

**Strategic Steering Committee – Diversity, Equity and Inclusion Reflections Summary and Key Themes (Focus Areas Draft)**  
 09/28/2020

<b>1. What are the 2-3 key issues that the SOMC addressed to achieve this recognition?</b>			
<b>Key Stakeholder groups and Key Themes by Focus Group (Bolded)</b>			
<b>Faculty and Staff</b>	<b>Students</b>	<b>Educational Focus</b>	<b>General SOMC</b>
<p><b>Hiring</b></p> <ul style="list-style-type: none"> <li>• Gender Inequality in hiring and promotion</li> <li>• We have created more effective faculty and senior staff hiring practices to increase the pools of diverse applicants, resulting in much greater diversity within our leadership team.</li> <li>• Dept. incentives for hiring a diverse faculty workforce</li> <li>• Targeted, recruited, and hired URM minority faculty in the basic sciences areas</li> <li>• SOM Research supplements for hiring underrepresented minorities as staff/junior research faculty</li> <li>• We have created more effective faculty and senior staff hiring practices to increase the pools of diverse applicants, resulting in much greater diversity within our leadership team.</li> </ul>	<p><b>Pipeline and Recruitment</b></p> <ul style="list-style-type: none"> <li>• Developed novel pipelines with HBCUs</li> <li>• High School for the Health Professions</li> <li>• Development of diverse student learning communities in the interim until student diversity goals have been met. Created via partnership with other SOM (ie: HBCU or other school with higher proportions of diverse student body).</li> <li>• Improvement in recruitment of minority students</li> <li>• We enhanced the effectiveness of our diversity pipeline programs through strengthening key partnerships</li> </ul>	<p><b>Curriculum Enhancements</b></p> <ul style="list-style-type: none"> <li>• Integrated DEI throughout the medical education curriculum – horizontally and vertically                             <ul style="list-style-type: none"> <li>○ There was intentional reflection, discussion and/or application of content designed into curricular and extra-curricular activities (as opposed to one-off lectures with voluntary attendance).</li> </ul> </li> <li>• Initiative for Maximizing Student Development (IMSD) and Post-Baccalaureate Research Education Program (PREP)</li> <li>• Partnered URM clinical faculty/residents with URM M1 students</li> <li>• Need for additional diversity, equity, and inclusion training in SOM educational programs curricula</li> <li>• We have built a unique program that addresses the needs and aspirations of minority students as well as one of value to our state and community that places an emphasis on leadership, service, and</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Overcome historical reputation of the SOM</li> <li>• Open dialogue and communications—forums to openly discuss issues</li> <li>• Increased diversity of leadership, faculty, administration, and students</li> <li>• Underrepresentation of racial/ethnic groups in student body, staff, and faculty</li> </ul>

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		<p>partnership/collaboration. The curriculum would include public policy, leadership development, making connections for future collaborations, internships in advocacy and government, involvement with DHHS, and skills development training during the summers that have stipends.</p> <ul style="list-style-type: none"> <li>• We would have developed a tract or curriculum for students specifically that would include an experiential curriculum that will be able to show meaningful impacts to our state and the students who are enrolled. The curriculum would include public policy, leadership development, making connections for future collaborations, internships in advocacy and government, involvement with DHHS, and skills development training during the summers that have stipends.</li> <li>• Basic business and strategic skills would be developed that could include getting a MBA and/or MHA to equip the student for contributing in the future.</li> </ul>	

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		Students would be part of contributions that our SOM would undertake much like we do in rural health. Students would be provided mentors who will insure the development of the necessary skills much like a PHD student, and the SOM.	
<b>Development &amp; Training</b> <ul style="list-style-type: none"> <li>We provided effective continuous development of faculty and staff regarding DEI using highly engaging best-practice education approaches, such as deep learning activities and learning communities/communities of practice</li> <li>Sponsorship of junior URM faculty participation in AAMC Minority Leadership Development Seminars</li> <li>Increased proportion of diverse faculty</li> </ul>	<b>Funding &amp; Scholarships</b> <ul style="list-style-type: none"> <li>Developed a unique mentoring-funding algorithm for SOM students</li> <li>Increase in scholarships for minority students</li> <li>New Scholarships for underrepresented minorities (especially medical students)</li> <li>Solid funding for scholarships to support URM in graduate and medical classes</li> <li>We identified additional resources to support diversity scholarship programs. This, in turn, greatly increased the percentage of students who accepted offers of admission to the School of Medicine medical school program and our graduate programs</li> </ul>	<b>Partnerships</b> <ul style="list-style-type: none"> <li>SOM would become a clearinghouse, connector, partner to communities, churches, schools, and state government to improve the health of our state's citizens but with a focus on our state's minority populations.</li> <li>We would partner at large with the University's other schools and centers to build this innovative program that would be housed in a COE. We would develop this COE in a model with some of the components of rural health and BARSC programs.</li> </ul>	<b>Behaviors and Biases</b> <ul style="list-style-type: none"> <li>Unconscious biases</li> <li>Unconscious bias in SOM organizational practices and culture</li> <li>Reduced intended and unintended microaggressions to create a respectful and inclusive environment experience.</li> </ul>
<b>Salary and Incentives</b>	<b>Retention</b>		<b>Focal shift</b>

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<ul style="list-style-type: none"> <li>Salary Inequities among various demographic groups Improved diversity of faculty and more URM faculty in non-tenure and tenure-track slots</li> </ul>	<ul style="list-style-type: none"> <li>Retention of minority students in employment</li> </ul>		<ul style="list-style-type: none"> <li>Instead of focusing only (or primarily) on improving diversity statistics, we prioritized inclusion, such that we became relentless in our pursuit to imbue our curriculum, our policies, our development of faculty and staff, and our behavior with a palpable sense of belonging for all students, staff and faculty across social, cultural, and intellectual parts of the human</li> </ul>
<p><b>Promotions and Tenure</b></p> <ul style="list-style-type: none"> <li>Improved diversity of faculty and more URM faculty in non-tenure and tenure-track slots</li> <li>Promotion of minority staff to leadership positions</li> <li></li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>Increased proportion of diverse medical student body. Including successful recruitment, matriculation, and graduation.</li> <li>Enhanced diversity in among medical, graduate and health sciences student body</li> </ul>		<p><b>Measures and tracking</b></p> <ul style="list-style-type: none"> <li>Achieved measurable academic outcomes that do not differ by gender, ethnicity, etc.</li> </ul>
			<p><b>Be aware of</b></p> <ul style="list-style-type: none"> <li>The lack of a proactive response by leadership and faculty to identify and address inequities</li> </ul>

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			<ul style="list-style-type: none"> <li>• The failure of many to address the “elephant in the room” by having a safe space to address inequities in an open and professional format.</li> <li>• Lack of educational materials and opportunities addressing discrimination that may be overt or subtle.</li> </ul>

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2. What key behavioral changes among leadership, faculty, and/or staff did you experience or observe that enabled the SOMC to achieve these recognizable changes in Diversity, Equity, and Inclusion?				
Leadership: Key Themes				
Behaviors / Actions	Student Recruitment	Policies / Procedures	Faculty Recruitment	Faculty Training/Development
<ul style="list-style-type: none"> <li>Removed institutional bias “this is the way it has always been done.”</li> <li>Community leaders lead fundraising activities to increase scholarships</li> <li>Leadership more present with staff and students</li> <li>Actively modeling, supporting, and communicating inclusion</li> <li>Recognized that diversity and inclusion also meant inclusion of all SOM students, including those in the advanced practitioner programs.</li> <li>The prioritization of this program, unprecedented effort, commitment and passion</li> <li>Increased support for the Dean</li> <li>Provided opportunities for students, staff, and faculty to regularly socialize and build relationships outside of the classroom or clinic</li> <li>Development of organizations and groups</li> </ul>	<ul style="list-style-type: none"> <li>Leaders expanded and created pipeline programs with local and state partners, e.g. Claflin</li> <li>University, Orangeburg High School for Health Professions, local high schools.</li> <li>Embrace the idea of revisiting the make-up and focus of the Admissions Committee</li> </ul>	<ul style="list-style-type: none"> <li>Those in leadership put processes in place whereby inequities could be identified and once identified addressed proactively.</li> <li>Holding those accountable who are in violation of policies related to respect of diversity, equity, and inclusion.</li> <li>Dean clearly communicated to all SOM faculty, staff and students the importance of building a robust culture of diversity and inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>An understanding that we have to actively attract and hire a diverse faculty and making a concerted effort to attract underrepresented minorities.</li> <li>Recognizing one of the hurdles is the pool of applicants is small and often searches (for faculty) don’t yield the needed pool of individuals</li> <li>All leaders understood the importance of proactively seeking diverse candidates for all faculty positions and senior staff positions, thus broadening the pool of diverse applicants.</li> </ul>	<ul style="list-style-type: none"> <li>The promotion of training and events that brought awareness to Diversity, Equity, and Inclusion, as well as the development of policies and procedures to promote workplace DEI</li> <li>Took deliberate steps to achieve sustained faculty engagement in SOMC curricular and extra-curricular activities and initiatives addressing DEI and our overall culture</li> <li>Enabled and empowered faculty to increase their engagement in direct UME teaching</li> <li>Leaders ensured that as faculty were developed for potential leadership roles, diverse faculty members were included in such initiatives.</li> <li>Consistent offerings of events, trainings, and open forums that address barriers and challenges encountered by minority groups (cultural,</li> </ul>

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<p>that create a safe space and opportunity to connect with counterparts of diverse groups.</p> <ul style="list-style-type: none"> <li>• Cultivated an environment of inclusivity. Created policies that provide a supportive environment allowing for diversity and inclusivity at all levels of the organizational body.</li> </ul>				<p>gender, sexual orientation, etc).</p>
<b>Faculty: Key Themes</b>				
<b>Behaviors / Actions (Role Model)</b>	<b>Accountability</b>	<b>Recognition of Others</b>	<b>Student Focus</b>	<b>Training / Development</b>
<ul style="list-style-type: none"> <li>• Enhanced collaborative structure and broke down conventional barriers between departments and disciplines.</li> <li>• Using positive and respectful language and examples in teaching that are not demeaning to any individuals or groups</li> <li>• Faculty members modeled inclusive behavior and speech because they had been prepared to do so. The culture encouraged faculty members to challenge non-inclusive behavior/speech or inequitable treatment if</li> </ul>	<ul style="list-style-type: none"> <li>• Holding colleagues accountable when observing behaving that works against creating an environment of inclusivity.</li> <li>• Each one contributed and played a part</li> <li>• Clinical and basic science faculty developed and participated in activities that integrated their professional expertise for the</li> </ul>	<ul style="list-style-type: none"> <li>• The recognition and appreciation for cultural differences, rather than adhering to stereotypes and generalizations</li> <li>• Focused efforts on identifying individuals (students, postdocs) and encouraging them to apply to our programs and/or open positions</li> <li>• An effort to seek out underrepresented minorities as potential applicants for job through networking at national meetings and</li> </ul>	<ul style="list-style-type: none"> <li>• Making sure during the medical school admission process that an individual’s potential is evaluated as well as the grades and MCAT score.</li> <li>• Faculty developed new curricular content in education programs with a focus on social determinants in healthcare, cultural competency, and diversity and inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage in bias training</li> <li>• Willingness to participate in workshops/seminars to enhance ability to infuse diversity, equity and inclusion related topics in lectures</li> <li>• Commitment to applying learned principles of cultural sensitivity.</li> <li>• Fully- engaged participation in offerings of trainings involving the identification of unconscious bias.</li> <li>• Faculty participated in diversity, equity and inclusion learning opportunities,</li> </ul>

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<p>they observed it within the School of Medicine.</p> <ul style="list-style-type: none"> <li>• Faculty open dialogue with students—they need to feel comfortable to communicate issues with faculty</li> <li>• Faculty members, who by nature of their teaching and mentoring responsibilities, took an active role in modeling appropriate behavior and addressing issues promptly. They fostered a climate of inclusivity within the teaching environment treating each other and students with respect.</li> </ul>	<p>benefit of education and scholarship.</p> <ul style="list-style-type: none"> <li>• All faculty actively participated in regular social activities provided by SOMC leadership as well as those created and promoted by faculty themselves.</li> </ul>	<p>among peers at other institutions.</p> <ul style="list-style-type: none"> <li>• Taking advantage of minority administrative supplements on grants.</li> <li>• Faculty actively engaged in SOM cultural climate assessments and participated in respectful dialogue around differences.</li> </ul>		<p>including unconscious bias training for search committees.</p>
<b>Staff: Key Themes</b>				
<b>Behaviors / Actions (Role Model)</b>	<b>Accountability</b>	<b>Workforce Recruitment</b>	<b>Recognition of Others</b>	<b>Training / Development</b>
<ul style="list-style-type: none"> <li>• Engaged staff in major initiatives and grass roots efforts.</li> <li>• Staff openness to considering promotional opportunities and access to training programs</li> <li>• Respectful and inclusive interactions with everyone</li> </ul>	<ul style="list-style-type: none"> <li>• Were involved as our faculty, they were part of the team and contributed in the experiential and support to the COE and the student tract.</li> </ul>	<ul style="list-style-type: none"> <li>• Qualified Staff member to assist search committees (especially for faculty slots) reach out to URM groups and/or identify highly qualified individuals and urge them to apply in order to</li> </ul>	<ul style="list-style-type: none"> <li>• The demonstration of genuine care and concern for one another; listening nondefensively and trying to understand the perspective of others.</li> <li>• Staff actively engaged in SOM cultural climate assessments and</li> </ul>	<ul style="list-style-type: none"> <li>• New initiatives during orientation that recognize diversity</li> <li>• Fully- engaged participation in offerings of trainings involving the identification of unconscious bias. Commitment to applying learned principles of</li> </ul>

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<ul style="list-style-type: none"> <li>• Staff members modeled inclusive behavior and speech because they had been prepared to do so. The culture encouraged staff to challenge non-inclusive behavior/speech or inequitable treatment if they observed it occurring within the School of Medicine.</li> <li>• Acceptance of idea that Diversity, Inclusion, and Equity is not just the role of one office, but the role of each persons associated with the SOM</li> <li>• Treating everyone equally</li> </ul>		<p>improve the candidate pools for searches.</p>	<p>participated in respectful dialogue around differences.</p>	<p>cultural sensitivity. Holding colleagues accountable when observing behaving that works against creating an environment of inclusivity.</p> <ul style="list-style-type: none"> <li>• Staff participated in diversity, equity, and inclusion learning opportunities.</li> <li>•</li> </ul>
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3. As a member of the Strategic Planning Steering Committee in 2020-2021 (and possibly beyond) as well as an active member within the SOMC, what actions did you take that helped the SOMC achieve this recognition?				
<b>Key Actions and Behaviors</b>				
Focused	Participative/Participate	Spoke Up	Role Model	Encouraged
Committed	Development	Accountability	Persistent	Fostered
Showed Respect	Engaged others	Hosted events	Established and Enhanced Relationships	Reached out
Advocate	Promoted	Served	Learned	Sought Opportunities
Provided Support				

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4. What were the major barriers the SOMC overcame to achieve this recognition?					
Key Themes					
Financial / Funding	Historical Issues	Competition	Inertia	Change Management / Training	ISM's
<ul style="list-style-type: none"> <li>• Finance structure/bias of a conventional school of medicine structure</li> <li>• Financial resources</li> <li>• Failure to devote resource of time and personnel in departments and across school</li> <li>• Viewing money as the only resource (as opposed to also seeing the value of time, personnel, and organizational factors as resources to be optimized)</li> <li>• We needed to dedicate more monetary and</li> </ul>	<ul style="list-style-type: none"> <li>• Historical structure/bias of a conventional school of medicine structure</li> <li>• Low level of diversity among leadership, faculty, administration, and students</li> <li>• To not accept Status quo. We usually hire new faculty based on research and funding primarily. In some cases, the diverse candidate is not the strongest candidate and we need to be willing to mentor candidate towards successful research and acquiring extramural funding. For students, we need to be willing to</li> </ul>	<ul style="list-style-type: none"> <li>• Competition from other medical students</li> <li>• Enhancing the pool of diverse but highly qualified applicants in our candidate pools</li> <li>• As we tried to recruit outstanding faculty and students to our SOM, we were competing against 150 other medical schools trying to attract the same qualified individuals. We realized</li> </ul>	<ul style="list-style-type: none"> <li>• Overcoming the us/them mentality</li> <li>• fear that this was not possible or would achieve meaningful results so the inertia at the beginning, and “here we go again” was a real factor</li> <li>• Inertia, succumbing to status quo and not achieving the use of evidence-based, best-practice methods for education, development, and engagement</li> <li>• Workplace culture is complex and slow to change.</li> <li>• Faculty, staff, and students are often fearful of engaging in open dialogue about race and social justice.</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty for leaders to engage in effective change management</li> <li>• The lack of formal training that would help expose the nuances of prejudices and allow team members to better appreciate what many within a given minority must face within the SOM and the greater community.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexism; lack of females in senior positions</li> <li>• Racism; lack of respect for cultural differences</li> <li>• Gender/minority stereotypes, including perceived underperformance</li> <li>• Lack of appreciation, understanding, and identification of inequities that existed within the school on the part of faculty, staff, and even some students.</li> </ul>

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<p>resources and personnel time to tackle the problem. Also increased outreach to other institutions.</p> <ul style="list-style-type: none"> <li>• Funding for student scholarships to assist in recruiting the very best applicants</li> <li>• Funding challenges and some persons resistance to change because this is not how things were done in the past.</li> <li>• Limited financial and human resources were available to build pipeline programs.</li> </ul>	<p>take a chance on minority students.</p>	<p>that in addition to enhancing the attractiveness of our SOM to candidates, we also had to invest in pipeline programs that broadened the pool of qualified applicants.</p>			
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