Faculty Development and Diversity
Task Force Recommendations

Table of Contents

HMS Task Force on Faculty Development and Diversity
2009-2010
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Executive Summary

The Harvard Faculty of Medicine has a long tradition of supporting faculty development and diversity through successful individual programs and initiatives. Several of the Medical School's affiliated institutions also have robust programs in place to support faculty and trainees in their career development and to promote diversity in their organizations. However, it became clear through strategic planning and self-study, that Harvard Medical School (HMS), working with its affiliated institutions, can do considerably more to help faculty members advance professionally. In addition, HMS can build a more inclusive and welcoming community for faculty across all ranks and disciplines – especially for women and members of minority groups.

Committed to advancing faculty development, Dean Flier convened a Task Force on Faculty Development and Diversity, chaired by Dean for Academic and Clinical Affairs, Nancy Tarbell and comprised of over sixty faculty and staff members from throughout HMS and the affiliated community. The inaugural meeting of the Task Force was held in April of 2009 and Dean Flier gave the following charge:

1. To define and prioritize the faculty development and diversity needs within our (HMS) community with the goal of creating a vibrant and diverse faculty (and trainee) community.
2. To develop and present recommendations and an associated action plan for meeting the identified needs of the faculty to the Dean of the Faculty of Medicine.

The committee began its work by considering overarching questions such as: What are the barriers to recruiting women and minority faculty to HMS/HSDM? What practices, policies and infrastructure affect how diverse faculty experiences the academic environment at HMS/HSDM? How can the Faculty of Medicine and the affiliated health-care organizations work together to provide resources to promote a more inclusive academic community for all faculty across ranks and areas? Which faculty development areas need the most attention for junior faculty to thrive in their academic careers at HMS/HSDM? Common themes that emerged from the Task Force's review of these questions led to the formation of three subcommittees: 1) Search Committees and Expanding the Applicant Pool, 2) Mentoring, and 3) Culture/Community/Communications.

Over the course of the next 15 months, these Subcommittees and the larger Task Force met regularly and were dedicated to the study of these topics in relation to the HMS and affiliate environment. The consensus of the Task Force is presented in the recommendations below and described in detail in the attached *"Framework for Action"*:

1. **Infrastructure: Create an identifiable infrastructure to implement and sustain faculty development and diversity efforts, including appointment of an advisory committee to guide the Task Force recommendations.**

2. **Career Support/Mentoring: Establish expectations and programs to help new and existing faculty members advance their careers and feel more connected to the HMS community.**
   • **Annual Career Conferences**
   • **Mentoring**
   • **Career Support**
   • **Faculty Orientation/Introduction to HMS/HSDM**

3. **Faculty Searches: Develop and improve search practices to help broaden recruitment efforts and create a more diverse faculty community.**
   • **Search Training**
   • **Policy Review**
   • **Centralized Database**
   • **Recruitment**
   • **Trainee outreach**
   • **Pipeline programs**

4. **Communications: Develop a thoughtful and expansive communications outreach effort to promote the values, goals, and programs of faculty development and diversity at HMS.**
   • **Centralized HMS website**
   • **E-communications and interactive tools**

5. **Appointments/Promotions: Streamline the faculty promotion process.**
   • **Policy Review**
   • **Information**
   • **Transparency**

6. **Measuring Success: Establish metrics to make sure efforts to support faculty development and expand diversity are effective.**
   • **Diversity Reports**
   • **Policy Review**
   • **Advisory Committee**
   • **Measurements: focus groups, surveys and other research tools**

These recommendations, which are discussed in more detail in the Framework for Action and Task Force Subcommittee reports, represent Harvard Medical School's commitment to engaging the community, enhancing communication, and increasing transparency and accountability around faculty development and diversity.   This process, however, is not an end in and of itself. Our goal is to attract and retain a thriving faculty who will lead biomedical research, provide exceptional care to patients, and ultimately uphold our shared mission.

Our next steps begin with our first *Faculty Orientation/Introduction to HMS/HSDM* on October 18th and the launch of our centralized Academic and Clinical Affairs website at http://www.hms.harvard.edu/aca on November 12, 2010.

Task Force on Faculty Development and Diversity Recommendations
A Framework for Action
November 2010

Introduction

In the spring of 2009, the HMS Task Force on Faculty Development and Diversity met for the first time to tackle a clear and critical charge: to propose strategies for enhancing and supporting a vibrant and diverse faculty (and trainee) community.

To become an organization that effectively leverages the breadth of talent and expertise to serve its mission, the Faculty of Medicine can and should do more to help *all* of its faculty members and trainees reach their potential. It should also ensure that its faculty reflect the broadest possible range of viewpoints and experiences, and that all members, regardless of their background, have opportunities to feel part of a welcoming, inclusive and supportive community and to learn from each other.

Following the "rising tide" metaphor, we believe that enabling all faculty "boats" to rise will lift everyone and will ideally make Harvard Medical School and the Harvard School of Dental Medicine more attractive to potential trainees and faculty, as well as to students and staff, of all backgrounds.

The Task Force's charge also underscored the strengths and challenges of the University. Harvard Medical School and its seventeen affiliated hospitals and research institutions are highly complex and decentralized. There are many advantages to this environment of independence. However, there are also some challenges including effectively communicating to a broad constituency and conducting cohesive professional-development programs aimed at enriching the experience of faculty based at the Quadrangle and HMS affiliates.

In light of the importance of this topic, the Task Force on Faculty Development and Diversity spent just over a year studying the issues and crafting recommendations. It concluded that there are many opportunities to improve by 1) providing new tools, 2) clarifying policies and defining expectations, and 3) leveraging the many faculty development and diversity offices and initiatives at the School and its affiliates to achieve synergies that were deemed unattainable in the past. We believe that we have a unique ability to "connect the dots" to support all faculty, thanks in part to the power of the web, and that we must take action now.

The common themes and proposals that emerged from the Task Force's work call for:
- Creating an identifiable, centralized infrastructure at HMS to support faculty development and diversity, as well as an ongoing advisory committee;
- Continuing to support and expand existing initiatives in faculty development and diversity, both at HMS and at the affiliates;
- Improving communications through interactive tools, such as an enhanced website and social networking, and through other new and traditional communications;
- Establishing an orientation/introduction to HMS/HSDM to provide a formal welcome to new faculty and to increase their awareness of resources throughout HMS;

1

- Expanding resources for faculty networking;
- Encouraging training in effective mentoring and efforts to enhance mentoring of junior faculty;
- Supporting the expectations for annual career conferences for all faculty;
- Facilitating training for faculty search committees;
- Streamlining faculty promotions;
- Developing benchmarks and follow-up metrics to assess the impact of faculty development and diversity efforts; and
- Adopting a Value Statement that affirms the Medical School's commitment to an inclusive and welcoming environment that supports faculty throughout their HMS careers

We believe the recommendations discussed in these pages and the process we followed highlight the Faculty of Medicine's commitment to engaging the community, involving faculty, enhancing communication, and increasing transparency and accountability around faculty development and diversity.

We present this *Framework for Action* with enthusiasm and hope that the Task Force's hard work and thoughtful, creative ideas will translate into important changes in faculty development and diversity. We firmly believe these recommendations, if accepted, will better position HMS/HSDM to attract and retain the best faculty to teach the next generation of clinicians, educators, and scientists, to lead innovative biomedical research, to reach out to local and distant communities, and to provide exceptional care to patients. We believe these changes will strengthen an already outstanding Faculty of Medicine and benefit the entire institution by advancing Dean Flier's vision of a thriving and diverse community of scientists, clinicians, administrators, staff, trainees and students.

With deep admiration and gratitude, I want to thank the members of this Task Force, the tireless chairs and co-chairs of the three Subcommittees, and the ambassadors and administrative staff from the Office for Academic and Clinical Affairs who helped make this process both productive and enlightening.

Nancy J. Tarbell, MD, Dean for Academic and Clinical Affairs
Chair, HMS Task Force on Faculty Development and Diversity

Context
Why This and Why Now?

Faculty members represent the heart of a university. The university thrives because of faculty who teach students, conduct research, provide clinical care, and serve the institution and larger community. Faculty, in turn, need to be supported with resources that enable them to succeed and grow as teachers, clinicians, scientists and community members.

Having a diverse faculty is also necessary for the university's health, especially today. A faculty that reflects a broad range of perspectives, experiences and backgrounds will be better poised to engage in vigorous debate, develop creative solutions to address the health-care needs of a 21st century and multicultural world, and train the next generation of doctors, dentists, and scientists to be leaders in this global space.

The Harvard Faculty of Medicine has a long tradition of supporting faculty development and diversity through successful individual programs and initiatives, from fellowships to leadership courses, visiting lectureships and mentoring awards – among them the Eleanor and Miles Shore 50th Anniversary Fellowship Program for Scholars in Medicine and the A. Clifford Barger Excellence in Mentoring Award. Several of the Medical School's affiliated institutions have separate programs in place to support clinicians, educators, scientists and trainees in their career development and to promote diversity in their organizations. And, like Harvard University as a whole, we have made significant progress in attracting a broader talent pool that reflects the diversity of our student body.

However, it has become clear that HMS, working with its affiliated institutions, can do considerably more to help faculty members advance professionally and to build a more inclusive and welcoming community for faculty across all ranks and disciplines – especially for women and members of minority groups. As Dean of the Faculty of Medicine Jeffrey S. Flier states, "As a standard-bearer for intellectual rigor, HMS must aspire to diversify the ranks of academic medicine. In attracting the best and brightest minds, in training tomorrow's national and international leaders, and in setting standards of excellence in all that we do, HMS leaders, faculty, staff and students must embrace the principles of equal opportunity and inclusion – and substantially increase our efforts to recruit, retain, nurture and promote those who represent the best of this world." (See "Fostering Diversity" in Appendix.)

The time to do this is now.

- According to the U.S Census Bureau, minorities now make up roughly 35 percent of the U.S. population, and the country is en route to becoming "majority minority" in the coming decades. However, although HMS has more underrepresented minority faculty (black, Hispanic, Native American) in absolute numbers (530) than any medical school in the United States, the HMS faculty is less diverse proportionally than the U.S. population, U.S. medical schools, and the HMS student body. Faculty demographics typically change slowly.
- Women comprise almost 40 percent of faculty at HMS/HSDM, but they are still underrepresented at the senior ranks, making up roughly 14 percent of full professors.
- The overall number of underrepresented minority, or URM, faculty has grown at a faster rate than the overall HMS faculty since 1990 – which is good news; for example, the number of URM assistant and associate professors more than tripled during that time. The share of Asian full-time faculty rose from 4.4 percent in 1980 to 18.2 percent in 2010 – also good news. But although minorities represent about 23 percent of full-time faculty here, URM faculty make up only five percent of full-time faculty.

3

- Though the number of URM trainees rose from 221 to 575 between 1990 and 2010, HMS has not been sufficiently successful at retaining URM medical students as trainees. This is especially important because a majority of HMS faculty did some of their training at HMS or an affiliate.
- Recruitment and retention of URMs in the basic sciences has been particularly difficult. One problem lies with a lack of underrepresented minorities going into these fields.

Of course, this is not only about numbers, and it's not only about minority and women faculty. The strategic planning process that Dean Flier launched in the fall of 2007, which sought to identify areas where HMS could improve and lead over the next 15 years, revealed gaps in the School's efforts to retain and reward faculty and help them advance professionally. The HMS Visiting Committee also underscored this opportunity for improvement.

Another driving force behind these recommendations is the need to collaborate. Decentralization has been the historical mantra at Harvard, but more recently the University has looked to foster academic collaboration across its Schools, especially during these financially challenging times. There are many benefits to sharing intellectual and other resources, and the Task Force cited several options for collaborating across departments, programs and institutions.

Task Force

Committed to advancing faculty development, Dean Flier in July 2008 appointed Nancy J. Tarbell, MD, a pediatric radiation oncologist who had directed the Center for Faculty Development and the Office for Women's Careers at Massachusetts General Hospital, as HMS Dean for Academic and Clinical Affairs. In the spring of 2009, Dean Flier convened the Task Force on Faculty Development and Diversity, chaired by Dr. Tarbell, to examine existing HMS practices, identify needs, determine priorities, seek opportunities for collaboration and recommend actions.

Numerous faculty and academic staff weighed in during this process, including the subcommittee chairpersons (Margarita Alegria, PhD, David Hackney, MD, Jean Emans, MD and Tracy Lieu, MD) and the 52 members of the Task Force; see Appendix for membership.

The Task Force decided on the major areas of focus and formed three Subcommittees (on faculty searches, mentoring, and culture/community/communications). The group agreed that improving the efficiency and transparency of the promotions process was also essential. Because work to streamline the promotion process was already under way within the Office for Faculty Affairs, the Task Force did not create a distinct subcommittee on this topic. However, much of the Task Force's work around career support/mentoring issues relates to appointments and promotions.

After a year of study and discussion, the three Subcommittees produced recommendations contained in the following pages. These recommendations aim to:

A. Help *all* the Medical School's more than 11,000 faculty members achieve their potential;
B. Enrich the faculty experience;
C. Articulate the Faculty of Medicine's commitment to supporting career development;
D. Promote the recruitment and retention of women and underrepresented minorities in medicine;
E. Improve the transparency and process for faculty promotion;
F. Help HMS/HSDM faculty find resources for advancement, mentoring and networking;
G. Strengthen a sense of community; and
H. Connect and build on existing programs at HMS/HSDM and the affiliates.

To the last point, Task Force members concluded that there are many opportunities to make the whole greater than the sum of the parts – for example, by maximizing linkages between HMS and the existing faculty development offices and multicultural/diversity offices at our teaching hospitals. Even within HMS, there are options for collaboration between units such as the Office for Diversity and Community Partnership and the Office for Faculty Affairs. The proposals outlined by the Task Force dovetail with efforts of the Consortium of Harvard Affiliated Centers and Offices of Faculty Development and Diversity (CHADD) and the Joint Committee on the Status of Women (JCSW)at HMS/HSDM; representatives of these groups met with Dean Flier shortly after he was appointed dean of the Faculty of Medicine. The Task Force recommendations also build upon the important work done by the HMS Dean's Office, the Office for Faculty Affairs (OFA), the Office for Professional Standards, the Office for Diversity and Community Partnership (DCP) and the DCP's Minority Faculty Development Program.

Recommendations

After considerable discussion, debate and exploration, The HMS Task Force on Faculty Development and Diversity has developed the following recommendations aimed at building a more vibrant and diverse faculty community. We have proposed changes that we believe will most effectively and efficiently accomplish the twin goals of supporting faculty in their careers and attracting and retaining a more diverse cadre of colleagues at Harvard Medical School and the Harvard School of Dental Medicine.

Below are six sets of recommended **strategies and tactics** designed to achieve these goals.

1. Infrastructure: Create an identifiable infrastructure to implement and sustain faculty development and diversity efforts, including appointment of an advisory committee to guide the Task Force recommendations.

This infrastructure is necessary for HMS to provide visible leadership in advocating for faculty development and diversity. The infrastructure should include a designated centralized Faculty Development and Diversity presence and an advisory committee.

Centralized Presence: A centralized resource is critical for providing the accountability needed to pursue the School's priorities in faculty development and diversity, and would help integrate and support the expansion of faculty development programs within offices such as the Office for Faculty Affairs (OFA), the Office for Diversity and Community Partnership (DCP), the Office for Professional Standards and Integrity, the office of Human Resources and the Harvard University Provost Office of Faculty Development and Diversity. Under the leadership of the Dean for Academic and Clinical Affairs, the established and expanded offices would ensure the implementation of the Task Force on Faculty Development and Diversity's accepted recommendations. The goal would be to develop innovative programming and assess policies to further the goals of faculty development and diversity. This infrastructure would augment existing resources at HMS/HSDM.

Advisory Committee: Establish an advisory committee to guide implementation of the Task Force's approved recommendations and generate new recommendations in the future. The committee would consider

progress/metrics in faculty development and diversity. It would include representatives from HMS/HSDM and its affiliate community.*

2. Career Support/Mentoring: Establish expectations and programs to help new and existing faculty members advance their careers and feel more connected to the HMS/HSDM community.

The Task Force firmly believes that regular discussions with mentors and supervisors are essential for enabling faculty members to advance their careers and feel more satisfied professionally. It also holds that all faculty, especially the approximately 700 who join HMS and its affiliates each year, would benefit from a chance to learn about available HMS resources and to connect with colleagues, including fellow newcomers and senior faculty and staff.

It suggests several steps to achieve these aims:

Annual Career Conferences: Work with hospital and HMS Quad leadership to help set the expectation that each faculty member will have an annual career conference. These sessions enable faculty to discuss their professional goals, promotion readiness and mentoring needs with their supervisors and get helpful feedback. The annual career conference should be linked with mentoring efforts, and training should be offered for those conducting career conferences.

Mentoring: Encourage faculty mentoring at HMS/HSDM, especially for junior faculty, by enhancing the climate for mentoring, providing resources and tracking metrics. Mentoring, for many, can improve productivity and career/life success. Mentors can offer guidance around career development, work/family balance, grant proposals, scientific challenges, scholarly writing or other topics. Options to encourage mentoring include:

- Set the goal that each new junior faculty member should be assigned a "career advisor" at the time of his/her appointment and reappointment (for instructors and assistant professors).
- Collaborate with HMS/HSDM departments and affiliates and the Quad to create and promote workshops and other training around mentoring (for both mentors and mentees), career conferences and other related topics, including the "Effective Mentoring" course.
- Create an online toolkit with information about mentoring, career conferences, promotion criteria and survey data at HMS/HSDM and affiliated hospitals. This would help connect the initiatives around career support/mentoring (see Communications section below).
- Consider mentoring as a factor in academic advancement and broaden the promotion criteria related to mentoring – that is, define mentoring as a form of teaching.
- Expand rewards/recognition for high-quality mentoring and innovative programming.
- Provide advice on mentoring activities through groups such as the Council of Mentors.
- Offer opportunities to share best practices, track advances and build a community of mentoring through communications vehicles and collaborative programming.
- Develop new initiatives that utilize findings from research efforts such as the DCP's recently funded NIH Director's Pathfinder Award to Promote Diversity in the Scientific Workforce.

Career Support: In addition to mentoring, there is a continued need to build upon existing faculty development and leadership training programming that is offered through the DCP, OFA, affiliated-hospital faculty development and multicultural affairs/diversity offices, and the Harvard Catalyst Program for Faculty Development and Diversity. This training should include topics critical to career advancement, such as human resource management, grant and journal writing, conflict management and negotiation, and financial and grant management. Additionally, in

recognition of ongoing challenges related to time commitments and funding constraints, it is important to continue and, where possible, expand on faculty support programs such as faculty fellowships that help trainees and faculty advance professionally at HMS and beyond.

Faculty Orientation/Introduction to HMS/HSDM: Although many affiliates offer their own orientation, HMS has no orientation of its own, and some faculty never set foot on the HMS/HSDM campus/Quadrangle. The Task Force recommends launching an in-person, Faculty of Medicine-wide orientation/introduction for new faculty and trainees (MDs and PhDs) to welcome them to HMS/HSDM, inform them about the Schools' mission, history, resources, policies, expectations and funding options, and provide opportunities to meet each other and the dean of the Faculty of Medicine. Goals of the orientation would include: conveying that Harvard is a welcoming place, thereby decreasing potential isolation, building awareness of resources, information and activities at HMS/HSDM, and fostering a sense of community and belonging. The orientation would ideally be held twice a year; it could be supplemented by an online version for faculty who start between orientation sessions and possibly a "Welcome to HMS" brochure. [Note: The Task Force reached such a broad consensus that planning has already begun for the first faculty orientation.]

3. Faculty Searches: Develop and improve search practices to help broaden recruitment efforts and create a more diverse faculty community.

Building upon existing resources at HMS, the affiliates, and the University, several steps can be taken to enable faculty members to conduct searches for new faculty in a more inclusive way and to document search practices to increase accountability. Among these steps:

Training: Facilitate training in search and evaluation for those involved in faculty searches (especially search committee chairs, members and departmental leaders), possibly in conjunction with the University's Provost Office. Examine best practices in faculty searches or search training and identify search specialists at each hospital or department to serve on faculty search committees. Partner with hospital-based faculty development and diversity offices to provide training and expertise on such topics as non-biased recruitment.

Policies: Review and revise policies as needed around searches for junior, senior and "target of opportunity"** (TO) hires. Options include:

- Developing tools through the Office for Faculty Affairs (OFA) for departments to document all search activity in real time;
- Documenting the inclusion of women and minority candidates during searches for junior and senior faculty; and
- Establishing standard procedures for TO hires so that prompt offers can be made when necessary, but not for routine hiring.

Database: Continue to support and maintain a centralized database of faculty candidates, speakers and national leaders.

Recruitment: Actively seek diverse candidates for faculty positions. Do so by developing networks within Harvard and outside institutions, inviting URM and women physician-scientists to deliver talks, formally linking diversity programs across HMS/HSDM and tracking former trainees.

Trainees: Take steps to further diversify Graduate Medical Education through, for example, more vigorous outreach to URMs and women. Provide ongoing support for existing and new recruitment, early-career and leadership programs run by the Office for Diversity and Community Partnership, Office for Faculty Affairs and the Harvard Catalyst Program for Faculty Development and Diversity.

Pipeline: Continue to support pipeline programs that raise awareness and entry into career and learning opportunities within HMS/HSDM among middle/high school, college and medical students and trainees. Consider initiatives with peer institutions to support the continued development of students with interest in the basic sciences.

4. Communications: Develop a thoughtful and expansive communications outreach effort to promote the values, goals and programs of faculty development and diversity at HMS.

The Task Force believes that communications are key to a successful program in faculty development and diversity – for raising awareness about resources and policies, for establishing the Faculty of Medicine's [HMS/HSDM] commitment to supporting a diverse faculty, and for ensuring that everyone responsible for communicating online, in print and in person has access to a shared vocabulary to enhance these efforts. To address these communications needs, the Task Force recommends a series of activities, beginning with creation of a robust faculty development and diversity web presence.

Website: Significantly expand the Academic and Clinical Affairs website to highlight and advance faculty development and diversity. The site would centralize information about what HMS and its affiliates are doing to enhance faculty development and diversity (through programs, policies, benefits and events), and to facilitate networking among faculty members. The site would catalog the many opportunities for mentoring, individual career planning, recognition and fellowships, linking HMS/HSDM (including the Quadrangle's basic science departments and the HMS postdoctoral programs office) with the offices and centers of faculty development and minority affairs at HMS and the teaching hospitals. This material would be visible to external audiences, such as potential trainees and faculty recruits, but it could also contain content exclusive to the internal community. The expanded site would be introduced to new faculty at the proposed orientation and through ongoing outreach to new and existing faculty. It would ensure that faculty at all HMS-affiliated institutions have access to the same resources and information, as well as underscore the Faculty of Medicine's commitment to this area. Examples of content include:

- Information on faculty development and diversity events and networking opportunities at HMS/HSDM, such as fellowships, conferences, courses and awards;
- Updated links to faculty development and diversity activities at the affiliated hospitals and the Quadrangle;
- A toolkit that might contain such items as career conference materials, promotion criteria and HMS policies relating to faculty development and diversity;
- A networking feature giving faculty opportunities to meet across institutions.

Other tools: Tap other communications tools to convey issues, challenges and successes around faculty development/diversity and to promote networking, mentoring and programs that encourage inclusion and diversity. These tools include e-communications, video, print publications, online networking and coordination of activities to the degree possible with affiliates. The Office of Communications and External Relations will create interactive platforms to encourage two-way communications that enable HMS to identify faculty needs and build programs based on those needs. Metrics and other feedback mechanisms will be used strategically when developing programs.

5. Appointments/Promotions: Streamline the faculty promotion process.

The stellar clinicians, researchers, and educators who comprise the Faculty of Medicine today are a testament to the extraordinarily successful efforts over the years in recruitment and retention. However, the current process for appointments and promotions has room for improvements that would contribute to a more diverse faculty and better position HMS as a 21st century medical school. There are opportunities to enhance the appointment and promotion system with clearer expectations and standards, as well as more transparency, metrics and celebration.

Options for improving this area include:

Policies: Continually review and, if needed, revise or adapt faculty policies to boost diversity and ensure that HMS/HSDM is a hospitable environment for everyone. For example, consider changing HMS policies so that each faculty member is evaluated for promotion after a fixed period, such as at the time of reappointment.

Information: Convey the multiple advantages of being promoted through the HMS/HSDM websites and elsewhere.

Transparency: Document and publicize annual promotion rates, including information about promotion rates for minority and women faculty.

6. Measuring Success: Establish metrics to make sure efforts to support faculty development and expand diversity are effective.

The Task Force recognizes that setting expectations, updating policies, creating communications tools, offering programs and looking for synergies is not enough; we must track the School's progress in enhancing and supporting a vibrant and diverse faculty and trainee community. We recommend several approaches:

Diversity Reports: Ensure that annual faculty development and diversity reports are produced for each academic department (Quad and affiliated hospitals). These reports would contain data about faculty and trainee demographics within the unit, as well as a narrative describing diversity initiatives and their effectiveness. Also, encourage each department to hold ongoing discussions about barriers, facilitators, and progress in these areas. Some of our affiliate hospitals have already undertaken initiatives to enhance diversity.

Policy Reviews: Conduct ongoing reviews of HMS faculty policies with an eye toward enhancing diversity and enabling HMS to be a more inclusive and welcoming community.

Advisory Committee: [See Recommendation #1, Infrastructure]

Measures: Through such mechanisms as an advisory committee, surveys, focus groups and other research tools, HMS/HSDM should assess whether progress is being made in such areas as:

- Evaluating policies, new initiatives and the promotion criteria.
- Creating more inclusive and welcoming environments at HMS/HSDM and affiliated institutions.
- Improving perceptions of HMS/HSDM's commitment to diversity by demonstrating progress in diversifying our community.
- Enhancing the climate for faculty mentoring.
- Expanding pipeline programs that address academic and career opportunities within HMS/HSDM.
- Assessing faculty retention and advancement.
- Strengthening communications to encourage feedback and share information about faculty development and diversity.

Conclusion

In his statement on fostering diversity at HMS, Dean Flier stated that, "HMS must continue its commitment to building programs and systems that will ensure equity and the steady advancement through the academic and professional ranks of the very best faculty and staff from all backgrounds." The Task Force on Faculty Development and Diversity hopes and trusts that the recommendations outlined in this *Framework for Action* will translate into tangible progress, and that HMS/HSDM will emerge better positioned for the future, thanks to the dedication and vision of so many of its members.

* This Council serves as a resource for mentoring efforts sponsored by the HMS Office for Diversity and Community Partnership (DCP).
** The classic Target of opportunity hire refers to an offer to an outstanding academic leader whose availability is time-limited.

HMS Task Force on Faculty Development and Diversity
Subcommittee on Search Committees and Expanding the Applicant Pool
David Hackney, MD, Chair

Members
Robert Barbieri, Maureen Connelly, Barbara Furie, Judith Glaven, David Hackney (Chair), Douglas Hanto, Darren Higgins, Paula Johnson, George King, David Louis, Bjorn Olsen, Christine Power, Vicki Rosen, Jeffrey Saffitz, Glorian Sorensen, Matthew Warman

Charge
The Subcommittee's charge was "To review search practices that support efforts to create a more diverse community and to recommend strategies for expanding the applicant pool."

Summary of Recommendations
* Develop **annual diversity reports and conduct annual reviews of diversity efforts.**
* Offer **training and support** for faculty searches.
* Take steps to diversify the **trainee classes.**
* Apply **long-term strategies** for Quad and other searches for basic scientists.
* Support efforts to **increase the pipeline** of women and underrepresented minority candidates.

Background
As it began exploring ways to improve the Faculty of Medicine's search practices, the Subcommittee considered these statistics and issues: [Numbers are current as of spring 2010]

* The Faculty of Medicine has 11,215 full- and part-time faculty (including lecturers to full professors), of which 4,563 are assistant, associate or full professors.

* Typical of medical schools, but unusual for other university faculty, full professors are a distinct minority at HMS/HSDM (11 percent of 8,333 full-time faculty).

* The HMS faculty is proportionally less diverse than the U.S. population, national sample of physicians, U.S. medical school faculty, and the HMS student body.

* The faculty becomes progressively less diverse as one moves along the spectrum from HMS student to house staff (trainees) to instructor and up the ranks to full professor.

* Faculty demographics at the senior ranks change extremely slowly. Of those ultimately promoted to the rank of professor, the time frame for those who start at the instructor level at HMS may be 15-25 years. Professors may remain on the faculty another 30-40 years. So there is a long "tail" on any changes to the professor demographics. This trend could change more rapidly if there were to be large numbers of hires to the full professor ranks. However, this approach to enhancing diversity at the senior ranks is impractical and unlikely to be implemented on a wide scale.

* Junior faculty are added annually, and people move up to higher rank or leave HMS on a regular basis. For these reasons, there is substantial turnover in the junior ranks. Thus, junior faculty demographics can change far more quickly than is possible for full professors.

* HMS medical student classes are very diverse, and have been for many years. However, the HMS student body is quite small compared to the numbers of trainees at the affiliated institutions.

Approximately 165 MDs graduate each year from HMS, vs. approximately 1,000 new appointments to training positions annually. If there are approximately 40 URM (underrepresented minority) graduates per year, and half stay at HMS affiliates to train (as has been the case in recent years), then they account for 2% of new appointments to training positions. If all HMS URM graduates were to stay, then they would constitute 4% of the training positions. HMS graduates alone cannot close the diversity gap.

* Approximately 60% of our faculty did some of their training at HMS or affiliates. Therefore, diversifying the trainee classes can lead to further diversity at the faculty level.

* HMS policies require searches to fill faculty positions. For faculty members who did some of their training at HMS or an affiliate, this requirement is deemed satisfied by whatever search may have been done at the time of acceptance into a training program. Since most of our faculty did some of their training here, most have bypassed the requirement for a search before the faculty appointment. It is difficult to compare the demographics of faculty appointed with documented searches to those hired from our ranks of trainees, since it is impossible to know how many hired from outside were the products of true, open searches evaluating the broadest possible pool of candidates.

Recommendations

1. Develop annual diversity reports and conduct annual reviews of diversity efforts.
     Creating a more diverse Faculty of Medicine will require establishing benchmarks and monitoring and measuring the progress of diversity efforts within HMS and its affiliated institutions. To that end, the Subcommittee recommends that annual diversity reports be produced for all academic departments and that HMS and affiliate leadership review diversity efforts annually.
          A. **Produce annual diversity reports** that should include:
                    1. Snapshots of the faculty and trainee demographics in each department
                    2. Changes over time
                    3. Narrative describing diversity efforts and their effectiveness
          This information should include faculty and trainees by rank, gender, race and ethnicity. It should include time in rank and percent promoted over time. The data should address the three dominant areas of excellence: clinical expertise, investigation and teaching. The reports should cover new hires, retention, and departures from the faculty. Although the data should be compiled and reported annually, this level of fine detail will be difficult to interpret for all but the largest departments, without aggregating and reporting trends over multiple-year periods. The data should be benchmarked against national pools for trainees and medical school faculties, as well as against data for our peer medical schools.
          Ideally, the reports would be compiled by a collaboration of Departments with HMS, and would include content and data from the departments and a narrative from the department chair describing diversity efforts and evaluating their effectiveness. The narrative should also include descriptions of departmental efforts at enriching the pipeline.

          B. **Review diversity progress**
          There should be annual reviews of diversity efforts at the highest level of HMS and the affiliated institutions. This review should include evaluation and planning for the coming year. The diversity efforts should be reviewed by the hospital CEOs, the Dean of HMS, and the Provost. Although some data about promotions may be sensitive, for the most part the reports should be available to faculty within the department and HMS as a whole.

2. Offer training and support for faculty searches.

Currently, the chair of each search committee to fill a professor position receives an orientation to search committee procedures. There is no set training program for those who participate as members of search committees for professor or junior faculty positions. To help address that gap, the Subcommittee recommends the following steps:

A. **Develop and train search specialists. One possible model would be:**
1. Each department could have one, or more, search specialist(s).
2. The specialists would study search strategies and limitations in more depth and represent the department at an annual search summit, where they would exchange ideas on effective approaches.
3. The search specialists would serve on departmental search committees, help train faculty members who are involved in searching, and provide expertise to the remainder of the department.
4. HMS should develop and maintain resources to support search specialists and to assist in individual searches. This might include web-based support, suggestions about search strategy and a database of potential hires.
5. The search process should be linked to the Faculty Affairs database so that searches can be documented as they take place. This real-time documentation will help with the application of existing policies requiring searches to fill faculty positions.

B. Provide **training in search and evaluation – Ideally centralized within HMS**
1. Such training should be required for those conducting searches:
General for search committee members
More in-depth for search committee chairs
2. Independent of searches, training should ideally be provided to departmental leaders, such as:
Department heads
Division directors
Training program directors
Other faculty members with substantial supervisory responsibilities

C. **Ensure that content covers such areas as:**
1. Unconscious bias
2. Explicit, prospective and objective criteria
3. Importance of structured interviews

D. **Offer support tools for conducting searches**
1. Develop a database at HMS of potential candidates for faculty positions. Populate this from prior searches at HMS and affiliates, from speakers who have presented here, and from lists of national leaders.
2. Raise awareness about available support materials for faculty recruitment. The Harvard University Office for Faculty Development and Diversity offers resources for conducting faculty searches, such as a guide to acceptable interview questions, and has links to materials from peer institutions at: http://www.faculty.harvard.edu/appointment-policies-and-practices/resources-conducting-faculty-search

F. **Revise HMS policies around faculty searches**
The Subcommittee recommends a review of current search policies. These include:
1. Adjust search process to improve documentation and encourage searches that evaluate the broadest possible pool of candidates.
a. We recommend that HMS explore possible policy changes to ensure documentation of the search at the time of hire.
b. As this approach represents a potentially substantial change in practice, any policy change could be phased in over several years, beginning with departments that are currently following this practice.
c. Such policy change may require reformulating the "Instructor" rank, which is presently used both for short-term positions and true entry-level faculty posts.

2. Review the exception to search policies for those who trained here.

3. Develop procedures for "Target of Opportunity" hires.
Background: We strongly recommend that HMS work collaboratively with the affiliates to develop mechanisms for supporting rare target of opportunity searches. In some instances, candidates are identified, positions created, and individuals are hired and begin work before a formal search takes place.
It should remain possible to make a prompt offer to truly outstanding academic leaders whose availability is time-limited, i.e., classic Targets of Opportunity (TO), but this process should not be used in routine hirings. TO hiring could and should contribute to faculty diversity goals.
One approach to this situation could include either an annual or rolling three-year limit on the number of TO hires allowed at HMS and its affiliates. The permitted number of TO hires at a particular affiliated institution could be assigned based on the percentage of total HMS faculty represented by that institution. The specific details related to implementing the procedures could be guided by an advisory committee and vetted at appropriate levels.

3. Take steps to diversify the trainee classes.
Given that many of our faculty were previously HMS trainees, the Faculty of Medicine must commit itself to recruiting a diverse trainee population. Proposed measures include:
A. Conduct systematic outreach to medical schools with high enrollment of URMs.

B. Conduct systematic outreach to women in those fields in which they are underrepresented.

C. Work with GME leaders to assess current criteria:
1. Determine the criteria currently employed to select applicants for interviews. Often these are implied rather than explicit.
2. Review the predictive accuracy of these metrics. Do they produce better residents?
3. Review the impact on diversity. Do they exclude large numbers of underrepresented potential applicants? If so, are they based on valid considerations?

D. Have the Medical School play a more active role in the Graduate Medical Education (GME) training programs. There should be centralized links on the School's website to the HMS training programs. HMS could convene the GME directors for a program on diversity.

E. Provide ongoing support for existing programs that assist in bringing medical students here for rotations, and that help identify URMs for possible recruiting. These are currently run by the Office for Diversity and Community Partnership. Maintenance of the programs is vital and expansion is desirable.

F. Expand existing diversity programs that provide post-residency fellowship support, assist in trainee transition from resident/fellow to junior faculty, and provide support for early-career faculty members.

4. Apply long-term strategies for Quad and other searches for basic scientists.
Recruiting and retaining underrepresented minorities in the basic sciences at HMS has been particularly difficult; this is partly due to the lack of underrepresented minorities going into these fields. The Subcommittee recommends these strategies to help expand the pool of candidates in chemical biology, immunology, neuroscience and other basic science fields:
    A. Conduct active searches:
        1. Seek potential candidates who are publishing in the field.
        2. Develop networks with other institutions and labs that might be sources.
        3. Invite URM and women leaders to give talks, grand rounds, etc. Use them as resources as well as potential candidates.
        4. Maintain communication with former trainees as a pool for future searches.
        5. Look for junior people who are winning awards and speaking at national meetings.

    B. Support formal linkages between Quad-based diversity programming and HMS central diversity efforts.

    C. Create formal visiting lectureships and/or visiting professorships to serve as a vehicle for expanding exposure to diverse leaders in the basic sciences.

    D. Establish a mechanism for tracking Harvard alumni graduate students and postdoctoral fellows to be used as a resource for identifying individuals for lectureships, symposia, committees, collaborations, etc.

5. Support efforts to increase the pipeline of underrepresented minority candidates.
The Subcommittee suggests these steps to help grow the number of underrepresented minority candidates for faculty positions at HMS/HSDM:
    A. Provide ongoing support for pipeline programs that raise awareness of academic and career opportunities within the HMS community among middle/high school, college and medical students and trainees. These programs serve as feeders to HMS-affiliated student, residency and fellowship programs.

    B. Work with HMS-affiliated programs and offices, as well as with other major biomedical research institutions, to enrich the pipeline of diverse candidates interested in careers in medicine.

HMS Task Force on Faculty Development and Diversity
Subcommittee on Mentoring
Jean Emans, MD and Tracy Lieu, MD, Co-chairs

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Charge
- To refine and prioritize the faculty development and diversity needs within our
  community *related to mentoring* with the goal of creating a vibrant and diverse
  faculty & trainee community.
- To present recommendations and an associated action plan for meeting the
  identified needs *related to mentoring* to the Dean of the Faculty of Medicine.

Background
As part of the Task Force on Faculty Development and Diversity, the Subcommittee on
Mentoring assessed the multifaceted challenges faced by faculty beginning careers at
Harvard Medical School and reviewed the results of present and prior efforts, such as the
HMS mentoring course, the BWH mentor training program, the MGH mentoring pilot
program, surveys about mentoring, and educational materials created by the hospital
faculty development offices, Catalyst, Harvard University, and others (UCSF) aimed at
addressing career development. The Subcommittee focused its recommendations on
HMS but stressed the need to consider implementation across the continuum of the
Harvard community: Harvard University to HMS to hospitals/Quad to departments to
individual faculty members.

The Subcommittee recognized that the term "mentoring" has variable definitions and
different meaning to faculty across HMS and on the Subcommittee. In addition, data on
the availability and quality of mentoring at HMS are limited. Several surveys have asked
faculty about their experience with mentoring at HMS, and HMS has a long track record
of recognizing mentors at various levels through the Office of Diversity and Community
Partnership (DCP). The 2003 HMS faculty survey found that 45% of faculty reported
having a mentor (51% of women and 42% of men); of those not having a mentor, 65% of
women and 37% of men wanted a mentor, and 21% of women and 11% of men could not
find one. In the 2008 MGPO survey, 44% affirmed that they had a mentor and 21%
wanted one; 48% served as a mentor and an additional 30% would like to. The recent
2009 JCSW survey of women faculty found that 54% had a mentor and 32% wanted one.
The limitations of these surveys were that the response rates varied, little is known about
what definition of mentoring the responding faculty used in answering the questions, and
there are no data on the non-responders.

Despite these limitations, the Subcommittee felt strongly that the mentoring climate of HMS could be enhanced to improve faculty productivity and career/life success.

The Committee discussed several **models of mentoring**:

A. The conventional mentor-mentee dyad often defines the mentor (or perhaps the "super-mentor") as the role model, coach, advocate, valued friend, door-opener, critic, authority, and career advisor. Such pairings usually result from common projects, working relationships, goals, or tasks to be completed. Spontaneous mentor-mentee relationships are generally more effective than matched dyads, but availability of good mentoring, regardless of the origin, is the goal for most faculty.

B. Increasingly, however, current mentoring models have expanded beyond the two-person dyadic relationship to include multiple relationships. Thus, one mentor may provide part of the needed coaching and career development; one professional may provide scientific critique and expertise, another may advise on family/work juggling, and yet another advise on grantsmanship or scholarly writing or networking in professional societies. These multiple relationships may include traditional scholarly/research mentors, career advisors, co-mentors, peer mentors and e-mentors. One model of mentoring, implemented at the University of California, San Francisco (UCSF) (1) includes a "Career Mentor," a more senior faculty member, who provides the new faculty member with career support and guidance. The "Career Mentor" is assigned by a faculty "Mentoring Facilitator" within each department or school. In addition, academic faculty have a scholarly/research mentor specific to their area of focus.

C. *Developmental Networks* are a newer framework for career development and mentoring that have been defined by academic business leaders David Thomas, Kathy Kram, Monica Higgins and others (2,3,4). Developmental Networks are composed of a broad range of people (including mentors, colleagues, staff, mentees, family and friends) who can provide career advice and support. These people, drawn both from the faculty member's own organization as well as external organizations and communities, provide access to knowledge, opportunities and resources. Developmental Networks can thus offer diverse viewpoints, experiences and two-way learning more readily than those dyadic relationships that draw only on the experience of a single senior faculty member. In addition, developmental networks can change in parallel with a faculty's career trajectory and work/life needs. Further information on Developmental Networks and checklists for mentors and mentees are in the Children's Hospital Mentoring Guidelines (5). The BWH has also piloted a well-received longitudinal program for training mentors, and the MGH and BIDMC have piloted matched mentoring programs.

Given this background, the Subcommittee was divided on the most appropriate name for the required relationship at the beginning of a person's term as an instructor or assistant professor on the HMS faculty – "Career Advisor" vs. "Career Mentor." While all agreed that the optimal relationship included mentoring, it was recognized that the appointment of a "Career Advisor" who would meet with the new faculty member 2-3 times a year was meant as *minimum* but a significant new standard. All agreed on the importance of **annual career conferences**. Programs developed under this faculty initiative are intended to reinforce continuity of career development across one's life and underscore

the importance of connection to HMS and faculty values of mentoring, respect, diversity, and professionalism.

The Subcommittee's recommendations that follow are targeted at enhancing the mentoring climate at HMS, promoting communication and transparency of expectations, providing resources and tracking metrics. Although the recommendations primarily are meant for full-time faculty members (PhD and MD), part-time faculty should have access to the same information, and the themes are clearly salient for students, residents, clinical fellows and postdoctoral research fellows.

Overview of Goals and Strategies
The overall goal of these recommendations is for HMS to become nationally recognized for **Excellence in Mentoring**. The Figure provides an overview of the continuum across HMS, the hospitals, departments and faculty. These recommendations for HMS focus on (1) the dissemination of the HMS Dean's **Expectations** for faculty development, career conferences and mentoring; (2) the establishment of a **Faculty Development and Mentoring Program (Office) at HMS**; (3) an **HMS Orientation/Introduction** for new faculty; (4) creation of an **HMS Resources/Toolkit for Mentoring**; (5) the **Linkage of Mentoring to Academic Advancement;** (6) **Reward/Recognition of Mentors and Innovative Mentoring Programs**; and (7) **Accountability and Metrics**.

Recommendations

<u>**HMS**</u>
Goal: HMS will be known nationally for Excellence in Mentoring.

1. Disseminate and publicize the Dean's *Expectations* for faculty career development, mentoring, annual career conferences and diversity across HMS, Hospitals and the Quad, with emphasis on new faculty. This will involve changing the culture at HMS to ensure broad recognition and promotion of the importance of mentoring. The Dean should emphasize the responsibilities of the affiliated institutions and the HMS offices, Catalyst, and the department chairs to ensure resources and accountability and to track metrics.
Specifically, the subcommittee recommends:

 a. All new junior faculty members (instructors and assistant professors) should have an identified "career advisor" in their recruitment letter (with the recognition that the career advisor may play a long-term role as an advisor, be/become a "career mentor," or serve an interim role until the new faculty member establishes relationships with other future scholarly/research/career mentors).

 b. "Career Advisor" could be a required field on initial HMS appointment forms (and at reappointment at instructor and assistant professor levels).

 c. The Dean should expect that all affiliated hospitals will have faculty development offices and/or identified resources.

d. The Dean will include aspects of mentoring and/or career conference training as a regular part of the agenda for HMS Department Chair meetings or annual retreat.

e. The Dean should expect that every faculty member has an annual career conference to facilitate faculty career development.

f. HMS will monitor metrics related to mentoring, and the metrics will be an important part of departmental reviews and accountability.

2. Establish a dedicated Faculty Development and Mentoring Program (FDMP) at HMS which will be responsible for the creation of innovative programming and resources in collaboration with the hospitals and HMS Offices. Identify and leverage existing resources at HMS, such as the Office for Faculty Affairs (OFA), the Office for Diversity and Community Partnership (DCP), the Joint Committee on the Status of Women (JCSW), Office of Work and Life, HMS Postdoctoral Office, and the Catalyst administration.

a. Develop a staffing plan and infrastructure using existing models such as the UCSF Faculty Mentoring Program (FMP). That program has 0.5 FTE faculty and 0.5 FTE Administrator for 2,000 faculty; there is a separate Mentor Development Program through their CTSI (Clinical & Translational Science Institute). Based on the FMP model and the programs at 6 of the HMS hospitals, the subcommittee recommended 1.0 FTE faculty leader, 1.0 FTE Administrative Director, and 1.0 FTE administrative assistant, plus IT resources. The FDMP would coordinate activities with the hospital centers and the DCP and look for areas of synergy.

b. Establish an Advisory Committee to the FDMP, which might include members of this subcommittee, as well as members from the Council of Mentors, Catalyst, and others. The Council of Mentors would provide advice and potential "manpower" for initiatives. The Advisory Committee would offer counsel on the implementation plan based on the recommendations of this report.

c. Provide seminars/courses in collaboration with the affiliated hospitals, the OFA, and DCP on topics such as Mentor and Mentee Training/Responsibility (including the existing Mentoring Course), Successful Models for Annual Career Conferences, Leadership Training for Department Chairs and for Junior Faculty, and Promotion Criteria. The FDMP would also plan new initiatives; for example, developing cases of successful and unsuccessful mentoring and creating a guide for mentor/mentee training. The FDMP would work with the DCP and Council of Mentors and other mentoring awardees and interested faculty to contribute to these cases and help link junior faculty to mentors.

d. Link HMS resources and expectations to existing Harvard University resources and expectations, and vice versa.
http://www.faculty.harvard.edu/development-and-mentoring/faculty-mentoring-resources

3. Develop an HMS orientation/introduction for new faculty – Information and networking. This orientation/introduction to HMS would ideally be an in-person greeting and welcome, plus internet resources, given twice per year at HMS (and possibly at MGH) with breakout sessions to meet the divergent needs of PhDs and MDs. The HMS orientation should leverage any existing orientations at affiliated institutions. All new (PhD and MD) faculty would be expected to attend. The session should be considered a "value-added" activity so that new faculty will look forward to attending. The elements of a successful orientation would include information about resources available through HMS, expectations for mentoring and career development, an opportunity to meet and hear from senior HMS leadership, and informal networking with other HMS faculty.

> a. Convene a working group of representatives of OFA, Quad leadership, hospital faculty development offices and hospitals, and the new FDMP to develop the agenda and format of the orientation. Consider an informal survey of faculty at HMS for 5 years asking them what they "wish they had known." The components of the orientation should include:
> - Meet and greet HMS Deans, Ombudsperson, etc.
> - Mentoring Expectations (responsibilities of the mentor and mentee) and Resources
> - Career Conference Expectations and Resources
> - Faculty and Administrative Directors of FDMP
> - Promotion Criteria
> - HMS CV
> - Conflict of Interest Policies
> - Review of opportunities within the Harvard Catalyst
> - Funding Opportunities through HMS
> - Office of Work and Life
> - Networking Opportunity (e.g., reception)
>
> b. Create (2-3 page) "Welcome to HMS" pamphlet providing an overview of the components of the orientation.
>
> c. Invite all new faculty members to the orientation to provide HMS identity and networking.
>
> d. Invite mid-level and senior faculty to welcome and network with new faculty.
>
> e. Develop an online module that includes the critical elements of the HMS orientation for faculty hired at times when orientation will not be offered for several months and to supplement hospital orientations.

4. Develop HMS resources/toolkit on the HMS and/or Catalyst websites with *annotated* links to HMS and affiliated hospital resources, including:
> - HMS and Task Force mission and climate – Goal is recognition of HMS for Excellence in Mentoring;

- o Definition and value of mentoring – mentor vs. advisor; types of mentors and career coaches; models such as UCSF, which includes an Individual Development Plan and a departmental/divisional mentoring facilitator in each department who assigns a "career mentor" to each new faculty member (meets 2-3x/year) and works with faculty seeking a scholarly or research mentor (meets every 1-3 weeks for projects, research, etc.) as well as co-mentors (for additional expertise in an area); framework of Developmental Networks (Kram, Thomas, Higgins);
- o Definition and value of annual career conferences – forms, minimum questions to be included across HMS, resources such as "What is a career conference?" "Tips for chiefs, reviewers, and junior faculty." (see metrics);
- o Survey questions and data, such as 2003 HMS faculty survey, 2008 MG-PO, 2009 JCSW survey of women faculty and implications, other JCSW info and overview of challenges;
- o Toolkit for departments, mentors and mentees containing such items as:
  - ➢ Forms/sample documents – e.g., intake forms for matched programs, contracts, action plans, templates for writing recommendations, timelines for K awardees, AAMC salary information, etc.
  - ➢ Mentoring information – e.g., tips on excellence in mentoring for mentors, tips on career development and *responsibilities* for mentees, developmental networks, creation of cross-HMS faculty profiles (similar to Catalyst); outline of mentoring curricula and guidelines (BWH, MGH, CHB)
  - ➢ Evaluation Tools – e.g. sample survey questions used by HMS and others
  - ➢ Promotion criteria
  - ➢ Articles/research/Innovations at HMS and other institutions
  - ➢ Links to existing resources, such as Faculty Development Offices, Catalyst, JCSW, ORMA, DCP, HMS and Hospital Teaching Academies, UCSF

To facilitate creation of this toolkit, the subcommittee recommends establishing an implementation working group that would include representatives from the hospital offices of faculty development and diversity. They would work with the new FDMP Faculty and Administrative Director to collect the materials above and post on website.

b. Develop a framework and 4-6 standard required questions/domains for the annual career conference across all hospitals and Quad, such as "Please describe/highlight your significant accomplishments from last year. Please describe your goals for the next 1-2 years. Do you currently have someone you consider your mentor or mentor team? Is there someone who considers you his or her mentor? Are you familiar with the HMS promotion criteria? What resources and skills do you need to help you achieve your goals for next year?"

5. Link academic advancement at HMS to mentoring. Broaden promotion criteria related to mentoring and define its value beyond the current "Formally Supervised Trainees and Faculty." Include intra- and extra-departmental mentoring not related to direct supervision in promotion criteria. Create a separate "Mentoring" category on CV that includes mentees and specifies formal/informal evidence of impact/relationship (manuscript, presentation, etc).

> a. The OFA should re-examine the terminology used in the promotion criteria to include mentoring not related to direct supervision.

> b. The cover letter from the chair for promotion of all faculty members to associate and full professor should include a separate section entitled "Mentoring."

> c. The Advisory Committee for the FDMP, along with other experts at HMS, would assist in defining specific criteria for assessing the *quality of mentoring,* including recognition, awards, grants, and other measures of mentoring that demonstrate excellence. The measures would be added to the "Criteria for Appointment and Promotion."

6. Provide reward/recognition for both mentors and innovative mentoring programs. The DCP programs should continue to be highlighted, but additional categories should be established, including awards for departmental/divisional initiatives and model programs. The concept of a "HMS Council of Mentors" from those recognized as Mentors through HMS and Hospital Programs should be further developed. The subcommittee also recommends that:

> a. The new FDMP, in collaboration with the DCP, Council of Mentors, Advisory Committee, and hospital offices, establish criteria and a nomination process for recognizing a department, division or program for mentoring.

> b. HMS should try to leverage existing activities, such as Catalyst or Council of Mentors, to undertake initiatives such as additional mentoring resources for assisting the transition of K awardees to R awards, minority faculty, etc., across HMS.

7. Create and monitor metrics to ensure accountability. Establish baseline measures and benchmarks for mentoring processes, including career conferences. As noted above, the Advisory Committee should define "mentoring" and excellence in mentoring so that the metrics capture not only the presence of a mentor, but the *quality* of mentoring. The metrics could also include questions about having an "advisor," or this term could be explicitly subsumed under a separate question about the "developmental networks framework." Potential metrics include:

a. Core metrics -- to be evaluated annually or periodically for all faculty members by HMS, hospitals, or departments:
- % of faculty who have a mentor/developmental network, among all faculty;

- % of faculty who have a mentor/developmental network, among those who want a mentor/developmental network; and
- % of faculty who have had a career conference in the previous 12 months.

b. Metrics for departments -- to be evaluated at the time of HMS Departmental Review. A departmental framework of mentoring should ideally include the following components:
- % of faculty who have a mentor/developmental network, among all faculty;
- % of faculty who have a mentor/developmental network, among those who want a mentor/developmental network;
- % of faculty who have had a career conference in the previous 12 months;
- Does the department mandate that each faculty member have an annual career conference? If yes,
    - Does the department use a specific form to guide the annual career conference?
    - Does it include mentoring questions?
    - Do faculty members receive individualized written feedback?
    - For how many years has the department mandated annual career conferences?
- Does the department provide training for mentors and/or mentees?
- How does the department encourage and recognize mentoring? Is mentoring factored into promotion?
- Does the department have an academic advancement and/or promotion committee? How often does it meet, and how many CVs or faculty members does it review in an average cycle? What % are recommended for promotion? What feedback or changes are offered to those who are not recommended for promotion?
- Number of faculty at each rank and average # of years at rank at each level. Among those faculty members who self-identify as in a promotion trajectory, average # of years at rank at each level. For clinicians who have been instructors for more than 10 years, specify plans, e.g., Longer Service promotion in progress; eligible for LS and not initiated yet; not eligible.

Other possible metrics include faculty retention; the % of junior faculty receiving K awards and early-career development grants; and the % of junior faculty who successfully compete for R grants (specific metrics related to the conversion of K awards to R grants should be tracked to look for opportunities to increase success).

To address the above metrics, HMS can:

      a. consider a survey of faculty annually/periodically and/or collect data at time of appointment and reappointment. Another option would be to survey junior faculty annually about mentoring and career conferences.

      b. Report data in aggregate and to individual hospital CEOs. Expect CEOs to identify issues and implement improvement strategies.

Recommendations for specific entities:
(See also mentoring framework Table 1)
Hospitals/Quad
1. Ensure departmental frameworks for mentoring and advising, starting with new instructors. Identify "career advisor" at time of initial recruitment and academic appointment and at reappointment for instructors and assistant professors. Define the elements of mentor/mentee responsibility and the establishment of developmental networks for success.
2. Expect that the Quad and all HMS-affiliated hospitals will identify a dedicated faculty development office/resource.
3. Ensure that hospital orientation includes the institutional commitment to mentoring and career development and links with proposed HMS orientation.
4. Ensure all faculty have access to faculty development/diversity programs and resources, such as career advice/consultation service, teaching academies, Catalyst resources, and seminars (e.g., grant writing, scholarly writing, project management, teaching, QI, mentoring).
5. Expect all faculty members to have an annual career conference using a form that includes mentoring questions (naming mentors, developmental network, and mentees)
6. Develop hospital/Quad-based rewards/recognition for mentors.
7. Create and monitor mentoring metrics (see above under HMS) such as:
- % of faculty who have a mentor/developmental network, among all faculty;
- % of faculty who have a mentor/developmental network, among those who want a mentor/developmental network;
- % of faculty who had a career conference in the previous year; and
- Qualitative measures of the mentoring climate that address such questions as: How valued is mentoring at your institution? Your department/division? Has the climate over the past year improved, stayed the same, worsened? What has changed?

These metrics can be evaluated via annual or periodic surveys, as well as collection of annual career conference forms. Hospitals and institutions should set the expectation that improvement strategies be identified and implemented.

Departments
1. Enhance the climate for mentoring at the departmental level with explicit framework for mentoring and career development.
2. Identify an advising/mentoring plan for each new faculty member in recruitment letter and identify "career mentor" at time of appointment and reappointment for Instructors and Assistant Professors. Reinforce with orientation, including recognition of differences in varying trajectories of students, residents, fellows, post-docs, new faculty (PhDs and MDs). Appreciate differences in gender, race/ethnicity and culture with an overarching value of respect.
3. Ensure that departmental orientation explicitly includes career development and mentoring.
4. Identify career development plans for all faculty members.
5. Ensure that all departments have annual career conferences and include mentoring and promotion as part of the discussions.

6. Create and monitor mentoring metrics such as:
- % of faculty who have a mentor/developmental network, among all faculty;
- % of faculty who have a mentor/developmental network, among those who want a mentor/developmental network;
- % of faculty who had a career conference in the previous year; and
- Qualitative measures of the mentoring climate that address such questions as: How valued is mentoring at your institution? Your department/division? Has the climate over the past year improved, stayed the same, worsened? What has changed?

These metrics can be evaluated via annual or periodic surveys, as well as collection of annual career conference forms. Departments should set the expectation that improvement strategies be identified and implemented.

Faculty
1. Ensure the faculty know about HMS/Quad/Departmental mentoring framework, resources, responsibilities, checklists, and Mentor/Developmental Networks.
2. Invite participation in new-faculty orientation and in mentoring activities.
3. Ensure annual career conference (using structured format) with reflection on mentoring others and being mentored, career goals, and resources.
4. Encourage faculty to reflect on the mentoring of other faculty as well as the mentoring framework for students and trainees as future members of a more diverse faculty body.
5. Ensure a climate of mentoring, diversity, respect and professionalism across the entire faculty spectrum.
6. Use metrics of HMS and hospitals to assess success and implement change.

References:
1. Feldman, MD, Huang, L, Guglielmo, BJ, et al. Training the next generation of research mentors: The University of California, San Francisco, Clinical & Translational Science Institute Mentor Development Program. *Clinical and Translational Science* 2009, 2(3):216-221

2. Higgins MC, Kram KE. Reconceptualizing mentoring at work: A developmental network perspective. *Academy of Management Review* 2001; 26(2):264-288.

3. Higgins MC, Thomas DA. Constellations and careers: Toward understanding the effects of multiple developmental relationships. *Journal of Organizational Behavior* 2001; 22(3):223-247.

4. Kram KE, Higgins MC. A new approach to mentoring. *The Wall Street Journal* (Eastern edition). New York, NY: September 22, 2008; R10

5. Children's Hospital Boston 2010-2011 Guidelines for Mentors and Junior Faculty (see www.childrenshospital.org/research/ofd)

HMS Mentoring Framework

HMS

Dean's expectations for faculty development, mentoring, annual career conferences, and diversity

Dedicated HMS Faculty Development and Mentoring Program

HMS Orientation for new faculty (PhDs, MDs)

Mentoring resources (toolkit), framework, and links on website to resources

Academic advancement linked to mentoring

Rewards/recognition programs

Career conference training for Chairs

Mentor/mentee training

Metrics (tracked with annual HMS survey, hospital surveys, and Departmental reviews); central database; use to implement change

Hospitals and Quad

Hospital/Quad/Departmental frameworks for career development and mentoring

Faculty Development office/resources at Quad and all hospitals

Orientation

Faculty development/ diversity programs (e.g., seminars, mentor/mentee training, career conferences, and consultation)

Annual career conferences (with mentoring questions included)

Mentor/mentee training

Rewards/recognition programs

Metrics (tracked through periodic surveys)

Departments

Framework/climate for mentoring and career development

Advising/mentoring plan for new faculty; "career advisors" for all junior faculty

Orientation with resources on mentoring, career development

Departmental resources for career development

Annual career conference (with mentoring questions and discussion; readiness for promotion assessed)

Mentor/mentee training

Mentor recognition

Metrics

Faculty

Knowledge of HMS mentoring framework, resources, responsibilities, checklist

Mentor/developmental network/mentees

Participation in new faculty orientation

Access to "career advisor" and mentor teams

Participation in mentoring activities

Annual career conference (using structured format)

Mentoring of faculty as well as students, trainees as future diverse faculty

Respect and professionalism

Metrics

Updated Fall 2010

HMS Task Force on Faculty Development and Diversity
Subcommittee on Culture/Community/Communications
Margarita Alegria, PhD, Chair

Members
Margarita Alegria (Chair), Christian Arbelaez, Sylvie Breton, Melissa Brodrick, Rafael Campo, Liza Cariaga-Lo, Maureen Connelly, David Golan, Audrey Haas, David Knipe, Roberto Kolter, Elena Olson, Nancy Oriol, Joan Reede, Selwyn Rogers, Margaret Shipp, Nicole Ullrich, Gina Vild, and Rochelle Walensky.

Charge
After reviewing the available materials, the Culture/Community/Communications Subcommittee defined as its charge:

- To establish benchmarks to measure progress in making HMS an environment that is inclusive and welcoming to a diverse community of faculty, trainees and students.
- To ascertain the challenges to increasing diversity in the HMS community.
- To describe how HMS' leadership can enhance communication that embodies a message of commitment toward faculty diversity in our community.
- To identify steps needed to prioritize faculty development and diversity within our community to make HMS an environment that is inclusive and welcoming to a diverse community of faculty, trainees and students.
- To identify and promote HMS policies demonstrating our commitment to faculty diversity.
- To develop an action plan for meeting the identified needs to the Dean of the Faculty of Medicine.

<u>**Recommendations**</u>

1. To measure progress and ascertain the challenges and obstacles to increasing diversity, the Subcommittee recommends that HMS:

Establish benchmarks and assess progress in: a) faculty development and diversity within our community; b) HMS/Harvard-affiliated hospitals as an environment that is inclusive and welcoming to a diverse community; c) challenges and obstacles to increasing diversity; d) perceptions of HMS/Harvard-affiliated hospitals' commitment toward diversity; e) knowledge and perceived impact of enacted policies/initiatives toward increasing faculty diversity; and f) likelihood of faculty remaining at HMS in the next two years.

To achieve this objective, the Subcommittee recommended, for example, conducting a survey, exit interviews of underrepresented minority (URM) and women faculty leaving HMS, and other types of assessments (focus groups, in-depth interviews).

An HMS survey could be used throughout the School, including affiliated hospitals/institutions, to evaluate progress and create a uniform database on organizational climate. It would also serve as a diagnostic tool to aid in recruiting and retaining top faculty. The Subcommittee discussed the alternative of having a rotating panel take part in a yearly survey (so a third of the faculty would be surveyed every 3 years, with oversampling of URMs and women) that could provide a broad spectrum of opinions and ideas, without HMS faculty feeling overburdened by an annual

survey. The Subcommittee also suggested doing exit interviews every couple of years. The idea of a longitudinal study could be helpful for illuminating patterns that could be addressed in recruitment and retention of URMs and women faculty.

The Subcommittee suggested evaluating the following domains in the survey:

Institutional Climate
- Departmental climate, Hospital climate, HMS climate, Faculty member's Fit with department and close work group, Collegiality, Work appreciation, Awareness of local resources, Quality of personal interactions, Quality of professional interactions, Personal respect and appreciation for each other, Equal opportunity for advancement, and an open-ended question to identify why climate is/is not collegial and supportive.

Workload
- Childcare, back-up care, elder care support, parental leave policies, reduced work schedule, tuition benefits for dependents, work benefits and demands; Intensity of work (workload and hours spent); and open-ended questions to identify satisfaction/ dissatisfaction in these areas.

Career Satisfaction (by rank, gender and   ethnicity)
- Work appreciation, Overall Job satisfaction, Satisfaction with compensation (salary, benefits, start package), Satisfaction with collaboration, Clarity about roles and responsibilities, and open-ended questions to identify satisfaction/dissatisfaction in these areas.

Satisfaction with Career Development and Advancement (by rank, gender and ethnicity)
- Perceived barriers to advancement and promotion; Benchmarking therein/advancement metrics, Research Opportunities, Academic opportunities, Mentoring resources including access to networking; and open-ended questions to identify satisfaction/dissatisfaction in these areas.

2. To describe how HMS' leadership can enhance communication that embodies a message of commitment toward faculty diversity in our community, the Subcommittee recommends that HMS:

Develop a thoughtful and expansive programmatic outreach that communicates the values, goals and programs of diversity at HMS. Ensure that communications goals are embedded in all aspects of communication throughout the School. Encourage awareness of diversity efforts to ensure that all individuals with responsibility for communicating through print, e-communications and public presentation have access to language that will enhance their efforts.

Specifically, to address these communications needs, the Subcommittee recommends a series of activities, including (but not limited to) the following:

Disseminate an HMS value statement throughout the community to generate awareness and promote support for the School's values and supporting programs. We propose the following statement:

Value Statement

At Harvard Medical School, we value an inclusive environment and are fully committed to ensuring one that is welcoming to a diverse community of faculty, trainees, students and staff. We are actively engaged in fostering a diverse community throughout HMS and its affiliated hospitals and institutions to ensure that HMS is:

- Respectful of diversity;
- Responsible for advancing our understanding of how diversity contributes to the well-being of a community and the success of an institution;

- Appreciative of how diversity is a catalyst for individual achievement, creativity and innovation;
- Committed to visible and sustainable efforts that support and advance our diverse populations; and
- Embracing of the letter and spirit of equal opportunity, rights and privileges, without regard to race, ethnicity, gender, disability or sexual orientation.

Create a central website for faculty that facilitates networking and promotes resources, policies and benefits as a vital service to new and established faculty. The site should feature updated links so the HMS hospitals and affiliates can share information on resources and create meaningful synergies. In addition, the website should be designed to serve as a source for information about diversity events and networking opportunities. It should attempt to centralize all the current efforts at HMS institutions to enhance diversity, as well as facilitate connections between faculty members. It would be introduced to all faculty members and staff as part of an introduction/orientation to HMS (see recommendation 3). As such, it could ensure that all institutions within HMS have access to the same information and that there is transparency in many of its processes.

Create an annual report to highlight successes of the past year and to raise awareness of resources available to faculty.

Support an array of networking opportunities, including online connections through networking media, orientation support and communications, and orientation "reunion" opportunities.

Create a "diversity guide" for distribution to peer institutions' communications offices to offer a template and checklist to help guide them on areas of cultural and racial sensitivity.

3. To help make HMS an environment that is more inclusive and welcoming to a diverse community of faculty, trainees and students, the Subcommittee proposes that HMS:

Establish a Faculty Introduction to the HMS Community to ensure that we are welcoming to a diverse community of faculty and that we provide opportunities for connecting and developing a sense of belonging at HMS.

We should have an introduction to HMS as faculty and trainees enter, and also a 'refresher' for anyone who wishes to attend. This could be accompanied by a web-based program or an "Orientation Tab" within the Faculty Affairs website that could help prepare new faculty and trainees for the introduction event, held yearly. People often just want the opportunity to meet other faculty members who are going through the same process of getting to know the Medical School.

Based on the discussion, the Subcommittee agreed that the goals of the Faculty Introduction to the HMS Community should be to: a) Promote an environment where HMS faculty, trainees, students and staff feel they belong to a community; b) Create a welcoming transition for novice faculty with more established veteran faculty and staff that connects them to available resources and information; c) Decrease a sense of isolation for some existing faculty, trainees students and staff; d) Raise awareness about the resources and activities in HMS and the wider Boston

community such as Partnership Inc., Stepping OUT; and e) Highlight opportunities for involvement, including social activities.

To achieve those goals, the Culture/Community/Communications Subcommittee suggested several types of activities that could be developed:
- As faculty are hired, pair them with effective resources at HMS ("the go to people at HMS"), possibly called HMS Coaches.
- Provide seed money to fund social networking activities that are generated by a contest of the best ideas for helping connect new faculty.
- Use the Meetup website to connect folks with common interests in HMS (www.meetup.com).
- Design seminars and materials for self-care and on how to balance academic life with private life. Make sure that administrators participate so they can model the importance of self-care and creating a social network.
- Initiate coffee breaks (45 minutes) every other month to create a space for new faculty to meet the different Deans and CEOs and to allow for people inside and outside the Quad to feel part of HMS.

We also would distribute the "Olson puzzle" in a brochure that outlines the roles and responsibilities of all stakeholders in creating and nurturing a diverse community at HMS. This one-page puzzle (included in Appendix) contains the following descriptions:

HMS
- **Develop, adopt & communicate to faculty/trainees:**
  - ✓ **value statement** for creating and fostering a diverse community
  - ✓ **policy/guidelines** for campus climate, valuing diversity, professional codes of conduct
  - ✓ **institutional obligation to support career development** for all faculty/trainees
- **Maximize collaborations** with Hospital Offices for Faculty Development and Diversity
- **Promote networking** across Quad and Hospitals
- Establish central orientation **for new faculty**
- Create central Office and **website for faculty development and diversity**
- **Survey all HMS faculty** for feedback

Hospitals/Quad Affiliates:
- **Adopt and communicate** HMS value statement, policies and institutional obligations to Hospital leadership and faculty/trainees
- **Maximize collaborations** with a new HMS central Office and Affiliate Offices for Faculty Development and Diversity/Faculty Affairs
- **Enhance networking** across HMS/Hospitals
- **Promote recruitment and retention** of women and underrepresented minorities in medicine (faculty/trainees)
- **Coordinate hospital orientations** for faculty and trainees with HMS central orientation
- **Link HMS and Hospital websites** for Offices for Faculty Development and Diversity

Faculty:
- **Engage** in the offerings of HMS and Hospital Offices for Faculty Development and Diversity
- **Provide feedback** to enhance faculty experience
- Take **responsibility for membership in** the HMS community

- **Promote recruitment and retention** of women and underrepresented minorities in medicine (faculty/trainees)
- **Participate in networking** opportunities
- **Seek and provide mentorship**
- **Attend orientation for new faculty**

<u>**Trainees/Students**</u>:
- **Engage** in the offerings of HMS and Hospital Offices for Faculty Development and Diversity
- **Provide feedback** to enhance experience for trainees
- Take **responsibility for membership** in the HMS community
- **Participate in networking** opportunities
- **Seek mentorship** and guidance from faculty and Offices for Faculty Development and Diversity

4. To identify and promote HMS policies demonstrating our commitment to faculty diversity, the Subcommittee proposes that HMS:

Identify and implement policies to increase diversity and enable HMS to be an environment that is inclusive and welcoming to a diverse community.

The Subcommittee suggested the adoption of policies like the example presented below from the University of California in Los Angeles (UCLA). It was also noted that the policy statements at HMS regarding teaching expectations include faculty obligations but little about the School's obligations to faculty. These policy statement(s), if rephrased, should also include some commitment to career development and responsibility of the institution to faculty, staff and trainees.

We also recommend the Medical School's ongoing policies be evaluated to see how they can be modified to increase diversity. Automatically instituting the evaluation process for promotion after the faculty member has been at HMS for a fixed time period (8-10 years) is an example of a policy change that would affect all faculty at HMS and could have a profound effect.

UCLA Policies:

Nondiscrimination Policy

It is the responsibility of all Deans, Chairs, Directors and Academic Administrators to demonstrate their commitment to equal opportunity and diversity by taking active steps to disseminate and enforce the University's policy prohibiting illegal discrimination. University policy, consistent with State and Federal laws, prohibits discrimination, including harassment, on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation.

Campus Climate

Every effort should be made to provide an educational environment that is welcoming and supportive of all participants, regardless of their race, color, ethnicity, or gender. Support for campus groups to sponsor speakers, discussions, and other educational events to discuss questions of affirmative action, diversity, and equal opportunity should be actively encouraged. Such discussions also may be effectively introduced on the campuses via the curriculum in a broad array of disciplines. Exploring and implementing diversity in approaches to teaching and research can support ethnic and gender diversity in the classroom, and can assist departments in diversifying and strengthening their faculty. Research efforts to pursue scholarly exploration of topics such as affirmative action, equal opportunity, and diversity in education are also encouraged. It is important to maintain an ongoing and civil dialogue that will result in a welcoming academic environment for women and minority faculty.

Valuing Diversity

Departments are encouraged to support and conduct research that contributes to the overall diversity of the academic curriculum. Contributions made by faculty toward K-12 outreach or other educational pipeline programs as well as those who are active in research or service programs working with educationally disadvantaged students should be valued and recognized. Valuing diversity will not only improve the campus climate for women and minorities, but, more importantly promote equal opportunity for all members of the academic community.

5. To implement and sustain the recommendations outlined above, the Subcommittee proposes that HMS:

Expand the infrastructure for an HMS faculty development office so it can better implement and sustain the Task Force's approved recommendations.

Oftentimes, recommendations are not implemented and remain ideas because appropriate resources are not allocated to make it a successful initiative. For HMS faculty development and diversity, there must be a function or entity that is responsible for developing the ideas suggested – an 'office or home' that serves as a structure for implementation. The Subcommittee agreed that both the ideas and the people who will be responsible for following up and developing those ideas are critical to the success of this effort. We recommend some form of accountability with dedicated staff to achieve the selected priorities.

The Subcommittee also recommended naming an Advisory Board to provide advice on implementation of the recommendations. Ideally, the Dean would attend the Advisory Board to signal the importance of this initiative to the HMS community.

Components of creating and nurturing a diverse community at HMS

HMS

- **Develop, adopt & communicate to faculty/trainees:**
  - ✓ **value statement** for creating and fostering a diverse community
  - ✓ **policy/guidelines** for campus climate, valuing diversity, professional codes of conduct
  - ✓ **institutional obligation to support career development** for all faculty/trainees
- **Maximize collaborations** with Hospital Offices for Faculty Development and Diversity
- **Promote networking** across Quad and Hospitals
- Establish central **orientation for new faculty**
- Create **central Office** and **website for faculty development and diversity**
- **Survey all HMS faculty** for feedback

Hospitals/Quad Affiliates

- **Adopt and communicate** HMS value statement, policies and institutional obligations to Hospital leadership and faculty/trainees
- **Maximize collaborations** with new HMS central Office and Affiliate Offices for Faculty Development and Diversity/Faculty Affairs
- **Enhance networking** across HMS/Hospitals
- **Promote recruitment and retention** of women and underrepresented minorities in medicine (faculty/trainees)
- **Coordinate Hospital orientations** for faculty and trainees with HMS central orientation
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Faculty

- **Engage** in the offerings of HMS and Hospital Offices for Faculty Development and Diversity
- **Provide feedback** to enhance faculty experience
- Take **responsibility for membership in** the HMS **community**
- **Promote recruitment and retention** of women and underrepresented minorities in medicine (faculty/trainees)
- **Participate in networking** opportunities
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- **Attend orientation for new faculty**

Trainees/Students

- **Engage** in the offerings of HMS and Hospital Offices for Faculty Development and Diversity
- **Provide feedback** to enhance experience for trainees
- Take **responsibility for membership** in the HMS community
- **Participate in networking** opportunities
- **Seek mentorship** and guidance from faculty and Offices for Faculty Development and Diversity