

## In the Spotlight: Interim Dean Steve Zweig

1. *What is your definition of diversity? How do you encourage others to honor the uniqueness of each individual? How do you challenge stereotypes and promote sensitivity and inclusion?*

I would define diversity as characteristics or experiences that differ from those predominantly represented in the existing community of interest. I think you have hit on exactly the right point: respecting each person as unique and valuable is at the core of honoring diversity and inclusion. We do – or should – in every patient encounter. Each new patient we meet brings his or her own history, experience, and heritage. Accepting and respecting that uniqueness enables trust and confidence, which leads to better communication, goal setting and plans that help the patient get better. Attending to values of respect and inclusion, with the expectation that we will challenge each other when we don't attend to those values, is key to moving forward.

2. *Please describe how you created an environment that is welcoming, inclusive and increasingly diverse as a chairman and now as a dean. What approaches/strategies did you employ to promote diversity and inclusion in the department of Family Medicine and now at the SOM?*

As in any situation, leaders help to provide a vision and sustain a mission of the enterprise they are leading. When leading change, one must identify the issue as important and engage others to help address that change. This requires both a plan and persistence. Several years ago, the Family and Community Medicine faculty spent one entire morning revisiting our mission, vision, and values. While respect had always been among these values, we decided it was important to explicitly add diversity and inclusion to our other values of excellence, integrity, innovation, growth, collaboration, compassion, and humor. Next we recruited volunteers from the department who expressed a desire to work on a diversity plan. Over the next two years, our task force became a committee dedicated to informing and guiding this work in the department and in collaboration with others over time. Any change requires a commitment of people and resources. We were fortunate to have Debra Howenstine as a departmental leader who had spent a career committed to public service and respecting the uniqueness of each individual. We paid for a portion of Debra's salary to work on this for the department as we would for anything of importance such as teaching, research or patient care. The dean's office also paid for a portion of her time to lead in curricular change and faculty development.

Under Debra's stewardship, the FCM committee created a strategic plan which included faculty and staff development, building relationships with students, curricula for the residents, and changes in our residency selection and hiring processes. We assigned human and financial resources to that plan and met monthly to report back, evaluate our progress and make modifications. These minutes were circulated to faculty and staff. Debra also wrote a fantastic annual report which described these activities as well as faculty accomplishments in patient care, teaching and research that advanced our values of diversity and inclusion. These included things such as patient care and curricula in transgender care, research on the health behaviors of sexual and gender minority populations, and a new elective rotation to bring underrepresented minority medical students to our campus.

3. *What have been your most successful accomplishments with respect to increasing diversity and inclusion in the department of Family Medicine and now in the SOM?*

I think the best thing we did in FCM was to build relationships with our own medical students and underrepresented minority faculty through the Inclusion Gatherings. We made a commitment to attend SNMA's annual meeting which helped us meet many students from around the country. The more we could hear from other people, the better informed we were about their experience. This is consistent with what attorney and author Brian Stevenson calls for. He describes it as proximity -getting to know each other's experience. In FCM, Dr. Michael Hosokawa created a simple model of proximity which he calls the Inside Out seminar. Here an individual in the department shares the experiences – both good and bad – that helped shape them a person. Department members learned about differences which through acceptance and respect actually brought them close together. These seminars also highlighted the fact that our differences make us better -more creative, more understanding, and better able to serve the needs of our multiple stakeholders.

One of my proudest moments as chair of family and community medicine was being able to announce simultaneously three endowed professorships for Drs. Erika Ringdahl, Richelle Koopman, and Debbie Parker-Oliver. This meant that following the first, Dr. Betsy Garrett, we now had our second, third, and fourth endowed women faculty members in the history of our department.

Before I assumed the role of interim dean, there were people such as Associate Dean Dr. Ellis Ingram who worked and continues to work tirelessly to support stronger diversity and inclusion at the school and in the community. During the last five years, the School of Medicine made great progress in advancing its diversity and inclusion – particularly in its student body. Former dean Patrice Delafontaine was instrumental in this process. He named Laine Young Walker as associate dean for student programs, invested funds in scholarships for minority students, and named Dr. Laura Henderson-Kelley assistant dean for diversity and inclusion. Working with Dr. Hosokawa, Dr. Jim Stevermer and other faculty leaders, the school developed a more holistic review process for applicants acknowledging the importance of what students could bring to our school beyond science GPA and MCAT scores. Similarly outreach and applicant development programs like MEDPREP and the PAWS program brought us more well-prepared applicants. The numbers of underrepresented minority applicants increased from 250 in 2015 to over 1000 in 2019 and the proportion of the class grew accordingly.

Here at MU we have seen both growth and impact of the WIMS (Women in Medicine and Science) program which has helped women faculty create relationships that support fellowship and mentoring. Dr. Henderson-Kelley is currently leading a study to work toward gender equity in faculty compensation. The School of Medicine also has both staff and faculty diversity committees. We have been fortunate to both support and attract outstanding women leaders at the School of Medicine. Stars like Dr. Laine Young-Walker and Kristin Hahn-Cover are now leading the departments of psychiatry and medicine respectively. An exceptional woman scholar and leader will soon become the chair of medical microbiology and immunology.

4. *What were your main obstacles to promoting diversity in the department of Family Medicine? How did you overcome these obstacles? What do you see as the biggest obstacles for the School of Medicine in its efforts to increase diversity, inclusion and equity?*

I think some see efforts to enhance our diversity as potentially discriminatory against those who come from majority groups. I see this as a difference between equality (giving everyone the same resources) and equity (providing each person what they need to succeed). Changing the status quo is hard; many people in our society have experienced hundreds of years of discrimination and inequity. This is why it is important to be guided by mission, vision, and values –which if set correctly, will almost always lead us to greater respect, acceptance, inclusion, collaboration, and excellence.

In the School of Medicine, as in any environment, we will advance diversity and inclusion when three things are in place: our leaders make diversity and inclusion a priority, we develop a plan for change, and we assign human effort and financial resources to the task. I regret that there have been so many things that have taken my attention in my 9-month tenure that we have not made more progress.

Working with our dean's office and department leaders, our plan must include:

- An inclusive environment for all based on mutual acceptance and respect.
- Recruitment and support for an increasingly diverse group of medical students and residents.
- Changes in both human resources and faculty recruitment to enlarge our net of applicants.
- Selection committees that are intentional in both being aware of unconscious bias and expanding the pool of underrepresented minority candidates.
- Valuing work to advance diversity and inclusion in considerations of salary, promotion and tenure process for those who make the commitment to advance diversity and inclusion in the care of patients, development of curricula, research focus, mentoring, faculty and staff development, and committee work.
- Specific plans and ongoing investments by each department to commit to school, campus, and department activities that enhance each of the areas listed above, in addition to recruitment and retention of faculty and staff members.

5. *Did you get any resistance from staff or others with respect to the programs you implemented, and how did you address those concerns?*

I think all of the principles appropriate for faculty apply to staff members as well. The more we include staff members in the mission, vision, and values of the organization and respect their contribution to advancing diversity and inclusion, the quicker we will see our environment transformed and become a place where everyone wants to work.