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| Center/Department/Institute | Neurology |
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1. **Introduction**

*NOTE: Use this section to give a brief overview of your Center/Department/Institute’s current vision, strategies, and/or approaches to diversity & inclusion.*

The underlying approach to D&I in the Department of Neurology is to correct systemic and historic impediments to inclusion. We believe that making institutional changes will be more effective and persistent than attempting to change individuals’ beliefs or behaviors but should still benefit all members of the Department. Our approach to institutional change has two other advantages. First, it places the burden of making systemic change on the entire department, led by the diverse D&I Committee, rather than members of disadvantaged groups. Women in neurology, for example, have historically had a difficult time finding mentors. Assigning mentors to all junior faculty by default (a systems rather than personal approach) is a more effective and less burdensome approach for female faculty than telling female faculty that they can improve their chances at promotion by identifying more mentors (an approach that has been advocated in the past). Assigning mentors to all faculty might differentially help women who historically have had a more difficult time finding mentorship, but the policy helps both women and men in need of mentorship. Likewise, our D&I educational programming is predominantly held in department-wide venues rather than targeted just to residents or to teaching faculty because all members of our department should benefit from these experiences.

1. **Summary of Prior Year’s Activities***.*

During 2023-2024 academic year, we identified “accountability” as our theme for the year. This is our second time utilizing this theme, and our D&I Committee felt it was important to perform periodic accountability checks on our department. Our accountability-themed projects this year included analyzing our residency recruitment numbers and the demographics of our grand rounds speakers. A gender pay equity analysis was initiated but is not complete yet. We also performed a census for the department to learn more about who we are, what we like, and where we’re from, etc. Included in the census is also a DEI survey to gauge the department’s impressions of our DEI programming.

Aside from our accountability programming, we continued our ongoing DEI efforts, such as DEI Grand Rounds (3/year), held our second annual Neuroscience Career Day for HBCU students (funded by a generous gift from Harmony Biosciences and held in collaboration with Neurosurgery and Neurobiology). We continue to operate our Underrepresented in Neurology Teleshadowing Program, and our D&I Committee continues to meet quarterly. We added two new leaders to our team this year, a Chief Resident for DEI and a Director of Community Engagement and Education. Our Chief Resident implemented a health equity curriculum in the residency noon conference series.

1. **Plans for Addressing Priority Issues**

The theme for the 2024-2025 year will be “respect.” We have several projects in the work that fit this theme as well as new projects for this year.

Short-term goals:

* Update Staff and Faculty Handbooks to maintain departmental transparency and enhance access to information that will help with career trajectory
* Reassess APP faculty rank and promotion process
* Continue D&I educational lecture series at Neurology Grand Rounds (3 lectures per year).
* Publish Disparities Scorecard manuscript

Mid-term goals:

* Plan and host 3rd Annual HBCU Neurology and Neuroscience Career Exploration Day
* Establish community lecture series to improve neurological health literacy
* Develop the role of DEI Chief Resident

Long-term goals:

* Successfully recruit URM faculty members
* Achieve gender and racial equity in Grand Rounds speaker invitations
* Achieve gender pay equity for faculty
* Identify and train future DEI leaders
1. **Conclusion**

Duke Neurology leadership has been highly supportive of all D&I efforts. Three aspects of this support have been especially crucial to our success. First, departmental leadership has implemented the suggestions for best practice for inclusive leadership. Second, the department provides protected time, a budget, and a vice chair level position for the D&I officer, a rare combination among academic neurology departments. Finally, both our Department Chair, Richard O’Brien, and our Chief Departmental Administrator, Megan Phillips, have invested their time and energy into our D&I efforts. Dr. O’Brien discusses topics relevant to D&I efforts in Departmental meetings, was a vocal proponent of our D&I census, and has attended all of our grand rounds lectures on D&I subjects.

In addition to our support from leadership, our D&I Committee has also been crucial to our success. This committee is the largest of its kind that has been identified nationally, with 50+ members, including members of various genders, ages, races, and positions within our Department (APPs, faculty, residents, fellows, postdoctoral associates and more). All members of the Department are encouraged to attend and our committee meetings, but participation is never required to avoid a tax on those who volunteer for this work. This widespread support shows that the commitment to inclusive excellence is widespread in the department and also allows for more inclusive perspectives as we plan our future efforts.The implications of this commitment should be demonstrable in future surveys and recruitment efforts.