

**Duke University School of Medicine
FY2017 Diversity Metric/Strategic Plan
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1. Describe the current state of the Department.

A. Introduction

The Department of Neurology has worked diligently over the last year to improve the awareness regarding the importance of diversity while continuing to strive toward creating an environment of inclusivity. After assuming the chairperson role in 2014, Richard O'Brien, MD, PhD has conscientiously driven these efforts, and along with a team of core faculty, adopted integrity, teamwork, and diversity as the foundational values of the Department. The following summary represents some highlights of diversity and inclusion challenges and opportunities within the Duke School of Medicine (SOM) Department of Neurology.

B. Demographic Background Data: Faculty

Evaluation of the Duke SOM Tableau Data tool and the Office of Diversity & Inclusion Diversity Trend Worksheet (see Appendix A) reveals that in July 2016, there were 63 faculty within the Department of Neurology. 44 of these faculty (69.8%) were male and 19 were female (30.2%). This distribution was similar to the year prior in 2015; 30.5% of the faculty were female and 69.5% were male. ***

As a reference point, according to American Association of Medical Colleges (AAMC) data, in 2016 39% of all faculty were female. When considering Neurological careers nationally, of the 13,378 active Neurologists in the United States, 71.9% of were male and 28% were female (<https://www.aamc.org/data/workforce/reports/458712/1-3-chart.html>).

Regarding racial/ethnic diversity among the faculty, the Duke Department Neurology is predominantly white. In July of 2016, 51/63 (81%) of the faculty within the Department were white. The remainder of the faculty fell within the Asian subcategory (12/53, 19.0%). There were no underrepresented minority (URM) faculty in the Department of Neurology in 2016 and there has not been a URM faculty member in the Department since 2014.

It is important to note state and national data regarding URM faculty. In the state of North Carolina, approximately 6.4% of physicians were African-American, 1.9% are Hispanic/Latino, 6.4% Asian, 60.8% are White, 0.6% are Native American according to 2014 data. Nationally, the AAMC reports that only about 4%-5% of full-time faculty identify as Black or African American, Latino/Hispanic, Native American/Alaska Native, or Native Hawaiian or Pacific Islander. (<http://www.aamcdiversityfactsandfigures2016.org/>).

The AAMC Diversity in The Physician Workforce Report from 2014 reveals that of all black physicians at that time (40, 541), only 435 were Neurologists. Of the 43, 714 Hispanic/Latino physicians, only 794 (~1.8%) were Neurologists. 2486 or 119,758 (~ 2%) of Asian Physicians are Neurologists. Although there are a larger proportion of white neurologists, white neurologists only represent about 1.8% of all white physicians. (<http://aamcdiversityfactsandfigures.org/>)

***In the last year, 7 faculty have been hired by the Department. This faculty data is not reflected in the above. Thirty-six faculty were considered for these positions. 28 of the 36 included gender data on the report provided, and 18/28 were female (64%). "Race" data was provided for 23 of the faculty considered. Of the 23, 15 were white (65.2%), 5 were Asian (21%), and 3 were listed as more than 1 race/ethnicity (13%). Ethnicity data was provided for 22 of the faculty considered for the position. 4 of these 22 were marked as Hispanic/Latino. One African-American candidate was actively recruited but declined a substantial offer. None of the 7 faculty hired were URMs. 5 were white and 2 were Asian.

C. Demographic Background Data: Staff

Regarding staff demographic diversity, the staff of the Department of Neurology is predominantly made up of white females. There are a total of 99 staff members, 68 of which are female (69%) and 31 are male (31%). 5 of the staff members have been identified as Hispanic (5%). African-Americans make up 15% of the staff; Asians approximately 8%. At the time of this report, SOM data for staff was not yet available.

D. Demographic Background Data: Trainees

There are currently 18 General Neurology residents in the Residency program, and the majority are white female. In the current residency cohort, there are 11 female residents (61.1%) and 7 male (38.8%). In 2016-2017, there were 12 female residents (66.6%) and 6 male residents (33.3%).

Regarding race/ethnicity of the current group of General Neurology residents, there are 8 White residents (77.7%), 7 Asian residents (43.7%), 1 black resident, 1 Hispanic/Latino resident and 1 Middle Eastern resident.

From a national perspective, in 2016 there were 2274 active residents and fellows within Neurology; 55.5% of these residents were male and 44.5 % were female. Electronic Residency Application Service (ERAS) data reveals there were 841 applicants to Neurology residencies from United States medical schools in 2016. 1, 604 international medical graduates applied to Neurology that same year.

Of the 2586 applicants to Neurology in 2016 when race/ethnicity was known, 142/2586 (5.5%) self-identified as black. Note that 98 of these 142 applicants were international graduates. 194/2586 (6.7%) self-identified as Hispanic/Latino and 995/2586 (38.4%) identified as Asian. 33.5% identified as white.

E. Challenges

As evidenced by the demographic data above, racial and ethnic diversity is a major challenge within the specialty nationally and here in the Duke Department of Neurology. Considering the patient demographics within the Health System as well as population statistics for the city of Durham and state of North Carolina, there is significant underrepresentation within the Department of Neurology for minorities at all levels (faculty, resident/fellows, and staff). This is notably consistent across the Duke School of Medicine, but the Department currently has no URM faculty member Neurologists and only 2 URM residents. Of 36 candidates considered for new faculty positions, 4 were listed as Hispanic/Latino. There was 1 black faculty member considered. Seven faculty were hired this past year and none were URM.

It is important to note that nationally the number of URM medical students has increased over the last 20 years, but the proportion of certain populations (e.g. African-American males) has decreased (<https://news.aamc.org/diversity/article/decline-black-males-medicine/>). The Duke School of Medicine MD program is well recognized for its racial/ethnic diversity at the medical student level yet gains have not necessarily been seen within Graduate Medical Education at Duke and less so in the Department of Neurology.

This is complicated by the fact that Neurology is not a common specialty choice for medical students nationally and for graduates of the Duke School of Medicine MD Program. There have only been 4 MD graduates that chose Neurology as a specialty choice (approximately 1.4% of total) in the last 3 years. National data reveals that 1.4% of US Seniors matched in Adult Neurology in 2016, 1.3% in 2015, and 1.2% in 2014. (<http://www.nrmp.org/wp-content/uploads/2016/04/Main-Match-Results-and-Data-2016.pdf>). This value suggests Duke graduates choose Neurology as a career on par with all MD program graduates. The broader challenge is the reality that neurology is not one of the most popular specialty career choices for US medical school graduates. There are more international graduates interested in Neurology as a career, but many academic residency programs do not consider these candidates for residency.

The absence of URM faculty also presents a challenge for the Duke Department of Neurology. This has implications for recruitment, retention, and likely patient perceptions of quality. While there are recruitment efforts for various faculty positions, there are no active or coordinated efforts to recruit URMs.

From a national perspective, the American Board of Neurology (AAN) has only recently begun to address issues of diversity and has developed a Diversity Leadership Subcommittee (<https://www.aan.com/membership/committees/diversity-leadership-subcommittee/>) which is charged with developing recommendations for policies and activities related to diversification strategies of the Academy. It is important to note that there is a Diversity Leadership Program through the AAN. Interestingly, the website reveals that the program is sponsored by Allergan, Inc., Eli Lilly and Company, and Supernus Pharmaceuticals, Inc., which may have long term implications for sustainability and impact if not funded by the AAN directly.

In addition, there are few published studies or commentaries in the Neurological literature regarding diversity in the last few years. One article discusses this issue directly. Entitled “Enhancing Diversity in Academic Neurology: From Agnosia to Action,” the manuscript, published in 2016, aimed to underscore the increasing importance of diversity in Neurology, identify challenges, and suggest strategies to improve it:

<https://www.ncbi.nlm.nih.gov/pubmed/?term=enhancing+diversity+in+academic+neurology>

Another article, published in *Neurology Today*, discusses career opportunities for women in Neuroscience careers;

http://journals.lww.com/neurotodayonline/Fulltext/2017/02020/The_Leakiest_Pipeline_All_Too_Few_Women_Get_to.1.aspx,

Still another from the same publication discusses salary disparities between men and women, suggesting that Neurology as a specialty has some of the largest gaps regarding salary equity.

<http://journals.lww.com/neurotodayonline/pages/articleviewer.aspx?year=2016&issue=11170&article=00005&type=FullText>

Given this data, an emphasis must be placed regionally and nationally (as well as here at Duke) to encourage more students, especially those identified as URM, to select neurology as a specialty.

Regarding other challenges specific to the Duke School of Medicine Department of Neurology, focus groups, correspondences and individual meetings were convened by the Director of Diversity in 2016 and early 2017. This yielded a list of concerns and other challenges which have been included in Appendix B of this report. 3 domains of concerns were identified:

1. Diversity/Demographics
2. Inclusion
3. Work Environment/Climate.

One of the consistent challenges identified through these efforts was inclusion of female faculty in higher level leadership positions and a traditionally male oriented perspective within the Department.

Strengths

Under the guidance and leadership of the Chair, the Department of Neurology has made significant strides towards laying the groundwork to diversify the Department while creating a more inclusive working environment.

- ✓ As a result of his participation on the School of Medicine Inclusion council in 2015-2016, and with the support of then Dean Nancy Andrews, Dr. O’Brien created a faculty position solely dedicated to Diversity & Inclusion work, a model instituted by few Departments within the School of Medicine. Dr. Kenyon Railey, Assistant Professor in the

Department of Community & Family Medicine, began his work as Director of Diversity Programs in the fall of 2016. As a result of this bold decision and the work by many others within the department prior to the creation of this position, there has been an enhanced environment of transparency regarding diversity and inclusion. This has yielded increased awareness of concerns for the Department at multiple levels within the last academic year.

- ✓ William Alexander, MA, Director of Communications for the Department has worked diligently to broaden representation within the Neurology newsletter Department website. He has been intentional in including female department members in the weekly “Neurology News” newsletter and has worked to include staff members in weekly “Spotlight” interviews to increase representation of previously underrepresented groups. URM representation increased from 4% in 2015 to 17% in 2017. In addition, he has created a monthly column entitled “Diversity, Inclusion, and Justice in Medicine.” Column topics range from current representation of women in neurology, to why black men and women are underrepresented in medicine, to stories from Neurology faculty about why diversity and inclusion efforts are personally important to them.
- ✓ Mr. Alexander also currently serves as the Department’s representative on the School of Medicine Inclusion Council and co-chairs the Innovative Learning Strategies Working group within the council. He and Dr. O’Brien organized three dinners between Neurology Department faculty members and residents and medical students. One event was geared toward Duke Student National Medical Association (SNMA) students; another was geared toward local (NC and Georgia) SNMA and LMSA members, and a third was geared toward the Duke Neurology interest group. This exposed approximately 30 students (50% were URM students) to Duke Neurology residents and faculty.
- ✓ Dr. Spector attended the SNMA Annual Medical Education Conference in April 2017 in Atlanta, GA. He and Dr. Railey worked to create the Neurological Interest and Career Exploration (NICE) Survey, receiving IRB approval on 3/20/17. The purpose of this survey was to assess knowledge of neurological scope of practice while identifying factors that may influence underrepresented students to select Neurology as a specialty choice. This survey was administered during the conference in April of 2017. This endeavor yielded 38 individual responses from URM medical students. Dr. Spector also attended Meharry Medical College’s recruitment fair.
- ✓ The Neurology Department partnered with BOOST (Building Opportunities and Overtures in Science and Technology) - a multidimensional program is designed to excite young people – particularly underrepresented minorities, girls, and kids from economically challenged backgrounds – about science and inspire them to pursue careers in medicine and related fields. The Department hosted two “field trip” style events with a total of ~50 students. In addition, the Department partnered with the Office of Diversity & Inclusion to begin coordination of Visiting Scholar’s Program.
- ✓ By examining the Department’s current applicant selection criteria and procedures, the Residency Program was able to identify processes that will likely immediately improve the number of URM medical students who will interview for the residency program and simultaneously reduce the influence of bias on the resident application process.
- ✓ The neurology residency training program proudly recruits approximately 50% of females in each residency class. This percentage is similar for neurology fellowship positions. The Duke Neurology Women in Neurology (WIN) group was founded in 2016 to address issues related to gender equality within our department and workplace. The primary goal of WIN is to empower female trainees and faculty physicians within the Department of Neurology and under the leadership of Christa Swisher, MD, the WIN group met regularly throughout the year.
- ✓ In June of 2017, the Neurology Book club discussed Sheryl Sandberg's *Lean In*. Sandberg was the former Chief Operating Officer of Facebook and her book discusses issues of women in the workplace including scrutiny based on appearance or "likeability," building successful mentor-mentee relationships and successfully raising a family in households with two working parents. This event was open to faculty, staff, and trainees.
- ✓ The Chair and others have led efforts to improve formal female representation in the leadership structure. Within the last year alone, multiple female faculty members have been promoted to leadership positions. Janice Massey,

MD was promoted to Senior Vice Chair; Jodi Hawes, MD was appointed as Vice Chair of Clinical Operations; Christa Swisher, MD was appointed as Medical Director of the NCRO; Theresa Sevilis, DO was appointed to be Co-Medical Director of the Duke Tele-stroke Network and Jodi Dodds, MD was made Medical Director of the Neurosciences Stepdown Unit. Regarding staff positions within the Department and hospital, Caroline Folger was appointed to be Director of Revenue Cycle, Clinical Operations and Dee Dee New was appointed as HR Manager.

- ✓ Within the Division of Vascular Neurology and Neurocritical Care, efforts were made to respect the various religious traditions by not scheduling meetings and gatherings on any of the major religious holidays. In addition, efforts were made to schedule meetings and educational sessions with respect for the time needs of faculty with young families. Child care was offered in the evenings when needed.
- ✓ In March of this year, Honey Jones, MSN, DNP was selected as a fellow for the Duke-Johnson & Johnson Nurse Leadership Program for the 2017-2018 Academic Year. A key objective of this program is to provide leadership development opportunities to enable fellows to become more effective and efficient health care service providers to underserved populations. Dr. Jones' anticipated project will focus on workplace culture in the Neuro ICU through an emphasis on education, engagement and morale of Neuro ICU nursing staff.
- ✓ The administrative office also notably participated in a partnership with NCCU (North Carolina Central University) and hired a communications intern for the summer 2017.
- ✓ Lastly, in order to continue Department goals and espoused values that contribute to a culture of success, the Chair convened a committee to create a Department Value Statement. Through the guidance of Dr. O'Brien and others on the committee, the statement "Duke Neurology: committed to Excellence through Integrity, Teamwork, and Diversity" notably including diversity as one of its key elements. The chair asked faculty members to include this statement as part of their individual email signature.

2. How does your current state inform our short term, midterm, and long term/aspirational goals in improve/increase diversity?

The current state of the Department in 2017 from a racial/ethnic demographic perspective presents a unique challenge, but one that is currently being addressed at the early pipeline level. Moving forward, however, an equal amount of effort will need to be placed in the racial/ethnic demographic sphere at the resident and faculty recruitment level. Given the complexities of Neurology as a specialty choice and availability of URM faculty within Neurology, improving URM residents and faculty at Duke will require resources, focus, and time. Despite this challenge and the simultaneous work of improving inclusion for female faculty members, increasing URM representation should remain a major priority.

3. What are the specific aspects of your diversity strategic plan that will address these goals?

There was no Diversity & Strategic Plan written in 2015-2016. However, we will be suggesting a framework to the Department in 4 key areas moving forward:

- A. Learning
- B. Leverage
- C. Linkage
- D. Leadership

A. Learning

This is based on the idea that change is rooted in discovery and awareness. Within the "learning" realm, we should work to identify and institute educational initiatives for faculty, staff, and learners about diversity, cultural competency, bias, and inclusion; but also strive to learn about the current environment in the Department based upon quantitative (i.e. demographics) and qualitative (surveys, conversations) analysis.

Short Term Goals: Learning

- ✓ Analyze current hiring processes and improve data collection procedures regarding race/ethnicity and gender to accurately capture relevant data.
- ✓ When available, utilize the Faculty Diversity Trend data provided by the School of Medicine to analyze Department demographics related to “race,” ethnicity, gender, rank and tenure status. Make this information available to all members of the Department.
- ✓ Regarding demographic data, provide opportunities for faculty, staff, and residents to review racial/ethnic identification and modify if necessary.
- ✓ Catalog current educational opportunities hosted/sponsored by the Department regarding issues within diversity and inclusion (including but not limited to cultural/structural competency, bias, racism, sexism, gender inequality, LGBTQ) including the medical student clerkship and residency teaching programs.
- ✓ Analyze NICE Survey results to identify trends.

Mid Term Goals: Learning

- ✓ Identify professional development opportunities in the areas of mentorship for underrepresented groups, structural competency, cultural competency, bias, and healthcare disparities and provide financial support for interested faculty and staff who desire to attend trainings in these areas.
- ✓ Work with SOM Office of Diversity & Inclusion and the anticipated Diversity Engagement Survey (DES) to get 90% participation from faculty/staff (allowing for subgroup analysis of Department culture). This survey will likely be available in the Fall of 2017.

Long Term Goals: Learning

- ✓ Increase number of grand rounds or educational topics that address disparities in care.
- ✓ Improve/instate scholarship projects in the disparities, diversity/inclusion sphere.
- ✓ Develop and publish articles, posters and other materials addressing disparities in care and neurological health issues facing underrepresented groups.

B. Leverage

This is related to finding the most effective actions and opportunities to enhance diversity & inclusion in the Department, hospital, and community.

Short Term Goals: Leverage

- ✓ Modify Neurology residency application processes to reduce biases in applicant screening.
- ✓ Identify best practices in faculty recruitment
- ✓ Identify networks of providers of color locally and nationally to announce open positions in the Department

Medium Term Goals: Leverage

- ✓ Develop sustained relationships with medical students and student organizations representing underrepresented groups (SMNA, LMSA, LGBT+ organizations, etc.) from the Duke School of Medicine as well as nearby universities (ECU, Wake Forest, etc.)
- ✓ Develop policies to improve workplace policies for new parents within the Department and ease the transition to new parents (mothers and fathers) returning from paternity leave.

Long Term Goals: Leverage

- ✓ Share lessons learned in residency application, faculty recruitment, and provider communications with other Departments within Duke, or possibly the larger academic community.

C. Linkage

This element is related to coordinating and connecting initiatives within the various divisions and institutes in the Department but also in the community. It is secondarily related to creating transparency among stakeholders and members. Improving transparency has the potential to enhance inclusion as more members are aware of opportunities and obstacles and can work collectively to improve outcomes.

Short Term Goals: Linkage

- ✓ Identify a faculty member to join the School of Medicine Inclusion Council.
- ✓ Make DSP available to all members of the department for review.
- ✓ Improve dissemination of information of broader School of Medicine initiatives in the diversity and inclusion sphere.
- ✓ Engage Advanced Practice Providers (APPs) within the Department in conversations related to their experience, utilizing this data to enhance inclusion and pursue scholarship as well as leadership.

Medium Term Goals: Linkage

- ✓ Engage medical student Neurology interest group in Duke MD program to provide mentorship and support while promoting Neurology as a specialty choice.

Long Term Goals: Linkage

- ✓ Establish relationships with other medical student and APP training programs (PA and NP) in the state of North Carolina in order to create opportunities that will promote Neurology as a specialty choice.

D. Leadership

This process involves equipping formal and informal leaders with the skills needed to live and model an organizational culture that celebrates diversity and builds inclusion. Accountability in this realm will be extremely important and starts with the Chair. Majority members (both in "race"/ethnicity or gender) in the department should "lead the charge" regarding diversity and inclusion, which removes the burden from potentially marginalized groups to consistently champion a cause theoretically important to all members.

Short Term Goals: Leadership

- ✓ Chair reengagement and attendance in the School of Medicine Inclusion Council.
- ✓ Chair identification of faculty member to attend School of Medicine Inclusion Council meetings and report to Department during regularly scheduled faculty/staff meetings.

Medium Term Goals: Leadership

- ✓ Develop an ongoing platform (such as a "Coffee with the Chair," afternoon or anonymous suggestion box) for faculty, staff and housestaff of all levels to communicate with Department Chair.
- ✓ As stated above, identify professional development opportunities in diversity and inclusion and provide financial support for interested faculty and staff who desire to attend trainings in these areas.
- ✓ Utilize NICE survey results to create a manuscript for submission to peer reviewed literature.

Long Term Goals: Leadership

- ✓ Improve awareness at National Meetings of the importance of diversity and inclusion through a presentation or poster at a National Academy Meeting.
- ✓ Look for opportunities to increase disparities research profile among investigators in the Department.
- ✓ Engage residency program leadership and create opportunities to interface with medical students to promote Neurology as a specialty choice.

4. What assistance/support do you need to help advance these goals?

The current structure and leadership within the Department provides a solid foundation to set Neurology up for future success. It would be helpful to get examples of how hiring and recruitment efforts are done within the broader School of Medicine. Identifying Departments that have successfully updated their processes for faculty, staff, or trainees would allow for efficient reorganization based if necessary.

Appendix A

Duke School of Medicine Office of Diversity & Inclusion

Tableau Faculty Diversity Trend Worksheet Department of Neurology

1. What are the demographics in your department related to sex?

	Neurology	Duke SOM Data (7/1/16)	National AAMC Data (2015)
Male:	44(69.8%)	1,347 (61.2%)	97, 769 (61%)
Female:	19 (30.2%)	855 (38.8%)	61, 924 (38.7%)

2. What are the demographics for faculty in your department related to race/ethnicity?

	Neurology	Duke SOM Data (7/1/16)	National AAMC Data (2015) *
Asian	12 (19%)	366 (16.6%)	23,301 (15%)
Black	0	98 (4.5%)	4,796 (3%)
Hispanic/Latino	0	61 (2.8%)	3,432 (2.1%)
Multiple (Hispanic)	0	N/A	3,753 (2.3%)
Native American	0	3 (0.1%)	186 (0.1%)
NHPI**	0	3 (0.1%)	284 (0.2%)
White	51 (81%)	1,664 (75.9%)	100,703 (63%)
Unknown		N/A	17,643 (11%)

*Total N for 2015 AAMC data = 159, 693

NHPI** = Native Hawaiian, Pacific Islander

3. What are the demographics for faculty in your department regarding rank and sex?

	Neurology	Duke SOM Data (7/1/16) **	National AAMC Data (2015)*
Female, Professor	2 (13%)	~121 (14%)	7,758 (12.5%)
Male, Professor	13 (87%)	~425 (31%)	27,425 (28%)
Female, Associate Professor	5 (45%)	~199(24%)	11,191 (18%)
Male, Associate Professor	6 (55%)	~288 (21%)	20, 825 (21%)
Female, Assistant Professor	11 (33%)	~444 (51.9%)	31,850 (52%)
Male Assistant Professor	22 (67%)	~395 (29%)	40, 461 (41%)
Female, Instructor	1(25%)	81 (9%)	8992 (14.5%)
Male, Instructor	3 (75%)	82 (6%)	6974 (7.1%)

*The national data represents percentage within each category related to sex (e.g. %rank female/total female), not percentage of entire category (%rank female/total male and female). AAMC data N = 61,924 women and men, N = 97,769.

** Duke SOM total women N = 855, total men N = 1,347

4. What are the demographics for faculty in your department regarding rank and race/ethnicity?

	Neurology	Duke SOM Data (7/1/16)	National AAMC Data (2015)*
Asian, Professor	~8%	17%	14.3%
Asian, Associate Professor	~8%	28%	19.5%
Asian, Assistant Professor	~83%	46%	53%
White, Professor	~28%	27%	27.7
White, Associate Professor	~20%	26%	21.6%
White, Assistant Professor	~45%	39%	40.2%
White, Medical Instructor	~8%	6%	

Appendix B

The following represents a summary of multiple stakeholder conversations, focus groups, surveys, e-mails, and correspondences during the 2016-2017 Academic Year. This information remained confidential or was collected anonymously.

Demographic Diversity Concerns

- Do we give women, people of color who do want to be involved in diversity and inclusion efforts time and resources to recognize their work
- Number of lack/AA applicants to Neurology residency
- We lack the depth of diversity of individuals to place in leadership positions, need a larger “pool.”
- Need to have a more formal process in place to create diverse pool of candidates for leadership positions and hiring
- Process of hiring is not transparent
- In the past, men were hired more than women
- Real faculty searches are not happening; people are hired because they “know somebody”
- Too many people working independently on diversity
- That we make decisions in vacuum without considering diverse points on view

Inclusivity Concerns

- Lack of minorities & women on faculty
- The higher level leadership is less inclusive
- Making women feel included, especially within leadership and decision making
- Women faculty not getting the respect they deserve
- Labs should be run by a more diverse group
- Women are not given enough opportunities
- Women not offered same opportunities
- There is a lack of visibility to chair of APPs (non MD faculty)

Working Environment, Climate/Culture Concerns

- People are not recognized for their time
- Lack of time, workload
- Many are overworked
- Stability of funding resources
- Stability of resources
- Commitment to change
- Lack of vision
- Need to solidify core principles
- Attitude of superiority
- Faculty and staff relationships, staff assistants are not treated nicely
- Lack of trust, lack of sensitivity
- Some faculty are “inconsiderate”
- White males are not defending women who are being treated in sexist manners, women are not valued by the team
- People have left because of gender related issues
- Overt sexism as well as subtle sexism and misogyny
- Female faculty have to seem to fight “harder,” it seems that it has taken the women longer
- There is a sense that the “old white boys” club still exists
- Lack of mentoring for URMs

- People not interested in mentorship
- Lack of interactive space
- Culture of “Duke”
- “This is Duke” mentality
- Team dynamics in the hospital