2021 Diversity Strategic Plan Report Template

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<th>Center/Department/Institute</th>
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A. 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 (or D&I committee) rather than the disadvantaged group. 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.

B. Key Findings & Priorities ***

What key findings emerged as priorities from the Diversity and Inclusion Committee? Provide any insights into areas of strength and opportunities for improvement.

During FY2020, we identified “accountability” as our theme for the year. Neurology undertook 5 departmental self-assessments to be able to hold ourselves accountable to our mission. One project was a departmental census. The census identified many ways in which our department is diverse, including family backgrounds, languages spoken, and religious identities, to name a few. However, we also confirmed a lack of racial diversity among the faculty. Among clinical neurologists, only one respondent identified as Hispanic and none as Black. Gender diversity, while better than the national average, was still lacking with fewer than 50% identifying themselves with female pronouns.
Another assessment looked at gender pay equity, finding that we had achieved gender pay equity among assistant professors on the clinic side but not the research side of the department. However, the male research assistant professors had been on faculty for a much longer time than the female assistant professors and the data did not control for career duration. Nevertheless, gender pay equity emerged as a strength on the clinical side and an area for monitoring and potential improvement on the research side.

Our next analysis looked at our grand rounds speakers to ensure gender and racial diversity. The gender analysis of Grand Rounds speakers indicated that men and women from Duke speak in proportion to their numbers in the department (62%-38%). When outside speakers are invited, women and men speak at a rate much closer to 50% each. The racial analysis of Grand Rounds speakers among Duke speakers is again proportionate to the rates in the department (72% White, 23% Asian, 5% Black/Hispanic/Native American). Duke Neurology did not invite a guest speaker from a traditionally underrepresented racial group to speak at Grand rounds between 2016-2019. As a result of this analysis, the Duke Neurology Department has increased the number of invited speakers from underrepresented in medicine groups for 2020-2021 (three speakers presented in the latter half of 2020, more than in the entire previous 3 ½ years combined) and will continue to make inviting speakers from these backgrounds in the future. We have also broadened diversity of our grand rounds speakers by inviting advanced practice providers (APPs), physical therapists, pharmacists, and other clinical experts to deliver lectures and brief case presentations (previously only delivered by neurology residents) starting in FY 2021.

We continue to monitor our residency recruitment process. Since changing to a holistic review method of selecting applicants to interview in 2016, we have offered interviews to effectively the same percentage of candidates from underrepresented and non-underrepresented backgrounds. This is a marked change from before revising the interview selection procedure when non-underrepresented candidates were much more likely to be offered interviews. Preliminary data from the 2020 interview season (2021 match) show that our new trend continues.

Lastly, we performed a D&I satisfaction survey to learn the department’s views on our D&I program. The chair, D&I officer, and D&I grand rounds series were highly rated. However, two groups stood out as being less satisfied with the culture or work environment of the department: women and members in their 20s and 30s. We have prioritized addressing the concerns about disrespect based on gender/sex by teaming with the Women in Neurology group (https://neurology.duke.edu/about/diversity-and-inclusion/women-neurology). From their insights, we learned that a good deal of the concern was related to salaries and advancement, so we are working to address these concerns.

C. Entity Progress and Plans for Addressing Priority Issues ***
Two years ago, our annual theme was “transparency.” This past year, it was “accountability.” For 2020-2021, the theme is “equity.” Sources of inequity noted above will be specific targets, such as recruitment of URM faculty and guest speakers. We continue to strive toward equity in residency recruitment.

We have several new projects launching this year. First, we have created the Duke Underrepresented in Neurology Teleshadowing Program. The goal of this program is to introduce college students from groups that are traditionally underrepresented among neurologists to clinical neurology via telehealth visits. This allows students from across the country to get exposure to neurology before medical school, including students at HBCUs, most of which do not have affiliated medical schools to provide in-person shadowing opportunities. This program has received widespread national interest, with more than 150 students from 28 states showing interest within the first few weeks of launch.

As part of our goal of improving health equity, we are initiating a project to track health disparities across each of our divisions. Residents from the PGY1-4 classes are participating in this work.

The Women in Neurology Group is now under the D&I umbrella and provides regular updates to the D&I Committee to enhance the committee’s role in advocating for gender equity. Since its founding in 2016, WIN has expanded from faculty and residents only to include Advanced Practice Providers, fellows, postdoctoral associates, and other female members of the discipline of neurology.

Short-term goals:
- Publish parental leave policy addendum to faculty handbook
- Increase number of grand rounds speakers from underrepresented backgrounds
- Continue D&I educational lecture series at Neurology Grand Rounds (3-6 lectures per year).

Mid-term goals:
- Find partner institution to help manage overwhelming interest in Duke’s UIN Teleshadowing Program
- Publish research on attitudes toward neurology among med students based on gender and race
- Develop health disparities scorecard

Long-term goals:
- Develop metrics that demonstrate improvement in key priorities
- Successfully recruit URM faculty members
- Publish algorithm for determining pay to ensure equitable compensation by gender and rank

D. 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, JT Solomon, 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. Mr. Solomon regularly attends our D&I Committee meetings and has approved several budget requests to expand the scope of our work.

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 35+ 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. 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.