

Response to Task Force Recommendations

February 2022

In recognizing the importance of preparing students and trainees to improve health equity and reduce disparities, the UNC School of Medicine's former Vice Dean for Academic Affairs convened the Task Force for Integrating Social Justice into the Curriculum in October 2020.



SCHOOL OF MEDICINE

Full details on the Task Force's charges, processes, membership, recommendations and more are outlined on its website at <https://www.med.unc.edu/inclusion/about/social-justice-task-force/>.

Our mission is to improve the health and wellbeing of North Carolinians and others whom we serve. We accomplish this by training physicians and medical students to take care of and advocate for patients from diverse backgrounds, cultures and geographies. We strive to promote faculty, staff and learner development in a diverse, respectful environment where our colleagues demonstrate professionalism, enhance learning, and work to eliminate health disparities.

We appreciate the Task Force's work, its feedback, and recommendations. The recommendations were received and reviewed, and the below status report includes important context relative to those recommendations.

Status Report Contents

The status report includes details on each of the Task Force's recommendations, information on related accreditation standards, information related to governance structure, and additional context related to each effort in the Task Force's three outlined categories:

- **Learning Environment**, pages 3-6
- **Curriculum Innovation Update**, pages 7-10
- **Faculty Development Update**, pages 11-14

Learning Environment

Task Force Recommendation	Required to Maintain Accreditation	Responsibility	Status
<p>Recommendation 1.1: Perform a qualitative/quantitative analysis of the personal and professional needs of students to get a better idea of the resources it will take to promote their success.</p>	<p>Required to maintain accreditation: LCME Elements 11.1, 12.1, 12.3, 12.4</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. We strive to individualize student training. SOM Student Affairs has resources in place to understand student needs, and we work to improve support of student success. The Liaison Committee on Medical Education (LCME), the School's accrediting body, requires the SOM to provide effective student support services, including timely access to health care services.</p>
<p>Recommendation 1.2: Perform a qualitative/quantitative analysis of the UNC SOM hidden curriculum and its impact on the learning environment.</p>	<p>Required to maintain accreditation: LCME Element 3.5</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The phrase "hidden curriculum" referenced in Recommendation 1.2 refers to the culture in which students learn. The SOM works to understand and improve this component of training. Additionally, the LCME requires the School to monitor its learning environment to identify positive and negative influences that may impact student professional development.</p>
<p>Recommendation 1.3: Hire an embedded SOM counselor with expertise and interests in diversity and inclusion.</p>	<p>Required to maintain accreditation: LCME Element 12.4</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. SOM counselors are an important part of our wellness efforts and are skilled in understanding the range of student needs. Additionally, the LCME requires the SOM to have an effective system for personal counseling including programs to promote student well-being.</p>
<p>Recommendation 1.4: Perform a qualitative/quantitative analysis of the causes of the opportunity gap in UNC SOM students so that programs to reduce the opportunity gap can be implemented.</p>	<p>Required to maintain accreditation: LCME Element 11.1</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Related to recommendations 1.1 and 1.2, creating an effective academic advising system helps ensure the success of all students. This is an ongoing effort and is required by the LCME.</p>
<p>Recommendation 1.5: Review the composition, training, and processes associated with the Student Progress Committee, Admissions Committee, Student Support Committee, and other committees that impact student success.</p>	<p>Required to maintain accreditation: LCME Element 1.1</p>	<p>Dean's Advisory Committee</p>	<p>Addressed by existing efforts. The LCME requires the School to engage in quality improvement with regard to all Committee standards and elements. In the SOM bylaws, these are standing committees. The Admissions, Education and Student Progress committees are standing committees that report annually to the Dean's Advisory Committee.</p>

<p>Recommendation 1.6: Create systems that ensure that faculty responsible for career advising are effective and accountable including providing them with salary support and protected time.</p>	<p>Required to maintain accreditation: LCME Element 11.2</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Following the last LCME site visit, the SOM was required to implement improvements in the SOM career advising system. The SOM has made a significant effort to improve this process.</p>
<p>Recommendation 1.7: Improve accountability measures for students, faculty, staff, and residents who either fail to promote a positive learning environment, contribute to a hidden curriculum that does not support SOM values, or are involved in the mistreatment of medical students.</p>	<p>Required to maintain accreditation: LCME Element 3.6</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The LCME requires the School to have effective mechanisms in place to address student mistreatment and negative behaviors experienced by students in the learning environment.</p>
<p>Recommendation 1.8: Recruit working group/task force of content experts from SOM and other UNC Schools, including resident, fellow, and medical student representatives, to develop core competencies, content, and case studies for an online curriculum as it pertains to social justice, DEI, and healthcare disparities. From November to end of January, establish core competencies, outline content, and identify case studies that can be used to teach key concepts.</p>	<p>Required to maintain accreditation: LCME Element 8.3</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Regular reviews of our competencies are required by our educational policies and the LCME. Health equity is a vital domain of education for our students. Currently, multiple competencies address health equity. The next examination of our competencies was postponed due to a vacancy in the Director of Curricular Affairs position. We plan to start the review in spring 2022.</p>
<p>Recommendation 1.9: Secure formal sponsorship from the SOM and UNC Hospital GME and designate executive leads. They will be responsible for reviewing and advising upon deliverables, supporting alignment of initiatives and goals between UME and GME as they pertain to this initiative, and help facilitate progress and remove barriers.</p>	<p>N/A</p>	<p>Education Committee</p>	<p>Not yet implemented. The transition between medical school (UME) and residency (GME) has been identified nationally as a significant area of concern. We are part of an American Medical Association consortium reviewing this transition. An advisory committee is expected to begin work on this soon.</p>

<p>Recommendation 1.10: Analyze outcomes of UNC SOM matriculants including academic and professionalism performance, transition to GME, and retention to the North Carolina physician workforce, to instruct a modification of the admissions committee processes by April 2021.</p>	<p>Required to maintain accreditation: LCME Element 8.4</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Collection and review of outcome data post-graduation is an LCME requirement. This data is used to determine the extent to which the curriculum is meeting medical education program objectives.</p>
<p>Recommendation 1.11: Modify existing screening processes to identify applicants with an increased likelihood of success at the UNC School of Medicine and service to the North Carolina community more effectively for implementation by the 2021-2022 Admissions Cycle. Periodically review matriculant outcomes to continue to fine tune recruitment and selection algorithms.</p>	<p>Required to maintain accreditation: LCME Element 10.3</p>	<p>Admissions Committee</p>	<p>Addressed by existing efforts. The Admissions Committee oversees and administers the admissions process. The LCME requires the School to have effective policies and procedures in place for the selection and admission of medical students, and we continually work to improve the selection process. The selection criteria for the SOM are based on the mission of the UNC School of Medicine and recommended intrapersonal, interpersonal and science competencies recommended by the AAMC. Individuals who have participated in programs at UNC, or have some other clear connection to the university or the state of North Carolina, are given increased consideration for interview.</p>
<p>Recommendation 1.12: Develop specific initiatives to recruit applicants from UNC System institutions (both majority and minority) inclusive of potentially developing new/supporting existing healthcare sciences pipeline programs at each institution.</p>	<p>Required to maintain accreditation: LCME Element 3.3</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The UNC system and UNC-Chapel Hill invest significantly in student training. It is our responsibility to North Carolina to ensure a return on taxpayer investments by creating pathways for students across the UNC system to move into the UNC School of Medicine. The LCME requires the SOM to have programs and/or partnerships aimed at increasing diversity among qualified applicants – i.e., pipeline programs.</p>
<p>Recommendation 1.13: Require that all members of the admissions committee complete trainings related to the principles of holistic review, selection bias, and patient care, research, and education goals of the UNC School of Medicine for implementation by the 2021-2022 Admissions Cycle.</p>	<p>Required to maintain accreditation: LCME Elements 10.2, 10.4</p>	<p>Admissions Committee</p>	<p>Addressed by existing efforts. Admissions to the SOM need to be as transparent and objective as possible. Training to eliminate bias is important, and such training has been implemented for all members. The LCME requires training for admission committee members and interviewers regarding the assessment of applicants' personal attributes.</p>

<p>Recommendation 1.14: Modify the applicant selection algorithm to prioritize applicant factors consistent with success with the UNC School of Medicine curriculum and retention to the North Carolina physician workforce.</p>	<p>Required to maintain accreditation: LCME Element 10.3</p>	<p>Admissions Committee</p>	<p>Addressed by existing efforts. No specific algorithm is used or being developed. Related to recommendation 1.12, the SOM's mission is to serve North Carolina communities. The LCME requires the SOM to develop and utilize a criteria for student selection. The School's criteria are based on the School's mission and is informed by science competencies recommended by the American Association of Medical Colleges (AAMC). Individuals who have participated in programs at UNC, or have some other clear connection to the University or the state of North Carolina, are given increased consideration.</p>
<p>Recommendation 1.15: Examine barriers to recruiting and maintaining an admissions committee that mirrors North Carolina's demographics by 2021. Develop a plan to sustainably minimize those barriers by 2022.</p>	<p>N/A</p>	<p>Admissions Committee</p>	<p>Addressed by existing efforts. The UNC School of Medicine uses a holistic, individualized and comprehensive approach to admissions. Importantly, the School has no specific goals in place regarding gender or race/ethnicity. Student applicants are evaluated by the Admissions Committee individually based on a multitude of factors.</p>

Curriculum Innovation

Recommendation	Required to Maintain Accreditation	Responsibility	Status
<p>Recommendation 2.1: Provide/develop workshops by content experts for phase leadership and departments on how to incorporate outlined core concepts of anti-racism, with a plan for ongoing use.</p>	<p>Required to maintain accreditation: LCME Element 7.6</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Understanding the influence of race and racism on health is vital for physicians to successfully address health equity and improve outcomes for patients. Related content is informed by the AAMC framework for addressing and eliminating racism in academic medicine and the LCME requires the SOM to ensure that medical curriculum provides opportunities for medical students to learn and appropriately address their own biases, others’ biases, and biases in the health delivery process.</p>
<p>Recommendation 2.2: Directors of all phases will begin to examine and change content as needed to include anti-racist concepts as defined in the objectives.</p>	<p>Required to maintain accreditation: LCME Element 8.3</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Related to 2.1, this content needs to be effectively taught in all phases to allow students to meet the SOM’s Social and Health Systems Science competency. Related content is informed by the AAMC framework for addressing and eliminating racism in academic medicine.</p>
<p>Recommendation 2.3: School of Medicine and directors of all phases will examine and develop assessment procedures (including post-foundation, post-application, and finish-line questionnaires, AMA grading tool, and focus groups) that are ongoing to measure student and faculty impressions.</p>	<p>Required to maintain accreditation: LCME Element 8.5</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The LCME requires the SOM to collect student input on courses, clerkships, instructors and more. We revise survey instruments on a regular basis.</p>
<p>Recommendation 2.4: OIE will secure formal relationships with REI, UNC LGBTQ+ Center, and other leading expert organizations or individuals for use in the curriculum as needed.</p>	<p>N/A</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. We work closely with multiple partners, both inside and outside of UNC-Chapel Hill, to ensure best practices in education.</p>

<p>Recommendation 2.5: Phase leaders will ensure that instructors in all phases coordinate to make explicit connections between the topics/concepts addressed in the curriculum.</p>	<p>Required to maintain accreditation: LCME Element 8.3</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Coordination across phases is a vital part of education pedagogy. It was a central motivation for the new Translational Education at Carolina (TEC) curriculum in 2014. The LCME requires regular review and revision of content and content sequencing within the curriculum.</p>
<p>Recommendation 2.6: Continue TEC Leadership work group to develop case bank for Foundation Phase.</p>	<p>N/A</p>	<p>Education Committee</p>	<p>Completed. Cases used in the curriculum, both for teaching and assessment, are addressed by existing efforts. This is a key function of the curricular deans and the curriculum phase leaders.</p>
<p>Recommendation 2.7: Develop and start relationship-based training for faculty and students on team-work, conflict resolution, and inclusivity including evidence-based concepts of the relationship between belonging, trust, wellness, and anti-racist curricula.</p>	<p>N/A</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Multiple leaders across the institution have participated in this optional, national interprofessional leadership training.</p>
<p>Recommendation 2.8: Appoint inclusive work-group for long-term transformation of curriculum.</p>	<p>Required to maintain accreditation: LCME Element 8.3</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The LCME requires regular curriculum review and revision under the direction of the Education Committee.</p>
<p>Recommendation 2.9: Full implementation of new curriculum 2023-2024.</p>	<p>N/A</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. To keep up with national trends, the Education Committee is redesigning the initial phase of medical school education to focus on small-group versus large-group instruction. This redesign was already underway and is scheduled to be implemented in fall of 2023.</p>

<p>Recommendation 2.10: Form a work-group to:</p> <ul style="list-style-type: none"> • Determine the breakdown of assessments in all phases by 2021. • Identify best practices for use of a wide variety of assessments for a student portfolio by 2022 with phased implementation. • Identify the necessary resources required for portfolios and determine if institutionally feasible (software, coaches, admin support). 	<p>Required to maintain accreditation: LCME Element 9.4</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The LCME requires the SOM to have a system of student assessment that includes students' acquisition of knowledge, core clinical skills and behaviors, and attitudes specified in the School's medical education program objectives. It should be noted that metrics in this area are ever evolving based on national trends in medical education. We continue to monitor medical education trends and best practices that will benefit our students and help us achieve our mission.</p>
<p>Recommendation 2.11: Appoint group (including colleagues from the Gillings School of Public Health) to:</p> <ul style="list-style-type: none"> • Revise advocacy competencies for medical students. • Develop group project assignment, assessment method(s), and implementation plan. • Should include longitudinal, robust community partnership projects, that involve needs assessments, evidence-based interventions, assessment, and sustainability plans made effective by Individualization phase at the latest (Refer to work done by Dr. Pedro Greer at Florida International University SOM). • Determine best placement in curriculum for this project. 	<p>N/A</p>	<p>Education Committee</p>	<p>No plans for implementation as written in the objectives of the Task Force Report. However, it is vital for clinicians to use medical expertise to advocate for and improve health outcomes for their patients. Efforts are ongoing to improve physician advocacy for patient health and for providing the highest quality care for patients who come from diverse backgrounds, cultures and geographies. This work is essential to eliminating health disparities. We will work closely with colleagues in other health affairs schools at UNC-Chapel Hill and work to form robust relationships with our communities.</p>

<p>Recommendation 2.12: OIE to secure relationships with NCMS (North Carolina Medical Society), NC School of Public Health, and NC Law School for partnerships available for student projects/collaboration.</p>	<p>N/A</p>	<p>N/A</p>	<p>Addressed by existing efforts. We are proud of our long history of partnerships across North Carolina that create opportunities for our students to broaden their education and learn from organizations and communities across the state. We will continue to work to expand those opportunities.</p>
<p>Recommendation 2.13: Appoint a diverse advisory group to develop expectations/milestones, and review course directors and curriculum leads every three years with a decision for renewal or not. Portfolio for review will include:</p> <ul style="list-style-type: none"> • DEI Certificate • Demonstration of growth mindset with application of learning theory to program/teaching • Student and peer evaluations (including anonymous evaluations) 	<p>N/A</p>	<p>SOM Office of Medical Education</p>	<p>Addressed by existing efforts. Having clear expectations of teaching faculty is vital, and these expectations are developed by the Office of Medical Education. In addition, the Senior Associate Dean for Medical Student Education is responsible for ensuring that these expectations are met by teaching faculty.</p>
<p>Recommendation 2.14: Course directors who already have a documented history of discrimination (two or more actions) will be excused from leading teaching responsibilities.</p>	<p>Required to maintain accreditation: LCME Element 3.6</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The SOM has a mistreatment process in place that is mandated by the LCME. The SOM takes allegations of student mistreatment seriously and examples may include sexual harassment; discrimination based on race, color, gender, national origin, age, religion, creed, disability, veteran’s status and more; purposeful humiliation; verbal abuse; threats; or other forms of mistreatment; as well as physical harassment, endangerment or harm. Following a thorough review process that ensures due process for those involved, if faculty are found to be engaging in mistreatment they may be dismissed from their teaching responsibilities. Additionally, the SOM process intersects with other University processes such as UNC-Chapel Hill Equal Opportunity and Compliance Office investigations and SOM Human Resources investigations. Decisions are made on a case-by-case basis in consultation with the curricular deans and the Senior Associate Dean for Medical Student Education.</p>

Faculty Development

Recommendation	Required to Maintain Accreditation	Responsibility	Status
<p>Recommendation 3.1: Develop curriculum for core education training sessions which includes but is not limited to training on implicit bias, the history of discrimination and racism in the US and their relationship to health and health care, and skills to effectively incorporate issues of discrimination based on race/ethnicity, gender, sex, sexuality, nationality, religion, veteran status, socioeconomic status, body size, and other factors into teaching.</p>	<p>Required to maintain accreditation: LCME Element 7.6</p>	<p>SOM Office of Faculty Affairs and Leadership Development</p>	<p>Addressed by existing efforts. Inclusivity training is core to preparing faculty for effective teaching (see also recommendation 2.1) and will continue to be modified to ensure we have the best teachers preparing our students. It is vital that medical students understand the range of factors that affect patient health conditions and outcomes in order to best serve their communities after they graduate.</p>
<p>Recommendation 3.2: Allocate the resources and support needed to develop the capacity to train all UNC SOM faculty.</p>	<p>N/A</p>	<p>SOM Office of Faculty Affairs and Leadership Development</p>	<p>Addressed by existing efforts. Resources are allocated for the Office of Faculty Affairs and Leadership Development to support professional development and growth of all SOM faculty.</p>
<p>Recommendation 3.3: Develop a system to help faculty develop and use Individualized Education Plans.</p>	<p>Required to maintain accreditation: LCME Element 4.5</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. The medical student curriculum has three phases and the Individualization Phase is the third phase. The School helps with this and the Office of Academic Excellence has a core group of faculty skilled in individualizing training for all students. The LCME requires the SOM to provide opportunities for faculty development in various areas.</p>
<p>Recommendation 3.4: Develop a communication strategy system where reflection prompts are widely disseminated to SOM and UNC Health Employees and where high-quality reflections are shared and celebrated.</p>	<p>N/A</p>	<p>N/A</p>	<p>No plans for implementation.</p>

<p>Recommendation 3.5: Develop uniform policies and procedures on how social justice contribution is integrated into the annual reviews and tied to incentives.</p>	<p>N/A</p>	<p>Incentives are governed by SOM compensation plan. Annual reviews are performed by department leadership.</p>	<p>Addressed by existing efforts. The SOM does not have thresholds for social justice contributions tied to employee reviews or incentives. The SOM has a process in place to evaluate incentives. Professional advancement for employees in the SOM is related to a multitude of factors, such as clinical output, research productivity, teaching, scholarship, engagement in service, engagement in DEI activities, and administration.</p>
<p>Recommendation 3.6: Revise Promotion and Tenure Guidelines to include a social justice domain required for promotion.</p>	<p>N/A</p>	<p>UNC-Chapel Hill Office of the Provost and SOM Office of Faculty Affairs and Leadership Development</p>	<p>Addressed by existing efforts. The SOM weighs a multitude of factors in Promotion and Tenure Guidelines. Positive contribution to the School's teaching mission is the first listed. Other criteria include research accomplishments, scholarship, and professional service and DEI efforts. Faculty efforts are conceptualized in the broadest context, and contributions may extend across research, teaching, service and clinical work.</p>
<p>Recommendation 3.7: Develop mechanisms for rewarding faculty members who demonstrate excellence in their teaching in the domain of social justice above and beyond the typical incentive plans (e.g. rotating endowed chairs).</p>	<p>N/A</p>	<p>N/A</p>	<p>No plans for implementation.</p>
<p>Recommendation 3.8: Ensure that the selection process for leaders at the UNC SOM includes assessing an applicant's growth mindset as it relates to social justice.</p>	<p>N/A</p>	<p>SOM Office of Faculty Affairs and Leadership Development</p>	<p>Addressed by existing efforts. Applicants are hired based on their experience and expertise. Hiring managers look for a complete candidate, incorporating important factors such as leadership skills, academic expertise, research experience and more relative to a position's qualifications. Potential contributions to DEI is one component among many assessed during the hiring process.</p>

<p>Recommendation 3.9: Increase financial investment to recruit, support, mentor, and retain URM faculty</p>	<p>Required to maintain accreditation: LCME Element 3.3</p>	<p>UNC-Chapel Hill Office of the Executive Vice Chancellor and Provost as well as the SOM Office of Diversity, Equity, and Inclusion</p>	<p>Addressed by existing efforts. The LCME requires the SOM to engage in “ongoing systematic and focused recruitment and retention activities to achieve mission appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of the academic community.” The SOM also partners with the Provost’s Office on programs aimed at faculty recruitment and retention and mentoring.</p>
<p>Recommendation 3.10: More visibly display our commitment to social justice and the concrete action steps we’re taking to move toward that goal to learners, faculty, staff, and the wider community. Examples might include but are not limited to multimedia public relations campaigns, inclusive signage, and architectural and design changes in the physical space.</p>	<p>Required to maintain accreditation: LCME Element 3.5</p>	<p>Education Committee</p>	<p>Addressed by existing efforts. Creating inclusive spaces for all of our learners is required by the Liaison Committee on Medical Education and is key to training effective physicians. A variety of mechanisms are in place to help the School achieve this, including student groups, lectures, and community service activities.</p>
<p>Recommendation 3.11: Develop more rigorous pathways and outreach programs to recruit, mentor, support, and retain URM faculty, trainees, and students.</p>	<p>Required to maintain accreditation: LCME Element 3.3</p>	<p>SOM Office of Diversity, Equity, and Inclusion</p>	<p>Related to Recommendation 3.9.</p>
<p>Recommendation 3.12: Develop an active URM faculty network that can raise awareness about open positions and encourage applications.</p>	<p>N/A</p>	<p>SOM Office of Diversity, Equity, and Inclusion</p>	<p>Addressed by existing efforts. The School created the Associate Dean for DEI Faculty Access and Success position.</p>

<p>Recommendation 3.13: Increase the diversity of educational leaders and faculty serving on key committees to reflect the diversity of the communities of North Carolina.</p>	<p>N/A</p>	<p>SOM Faculty Affairs and Leadership Development</p>	<p>Addressed by existing efforts. The School of Medicine does not have specific goals regarding gender or race/ethnicity for leaders and faculty serving on key committees. Per the SOM Constitution and Bylaws, the Nominations Committee is responsible for developing a slate of candidates who will stand for election to the Standing Committees of the School of Medicine. The Nominations committee solicits nominees for committees in an open transparent process, and a vote by the SOM is conducted to identify committee members. Standing Committee members may also be appointed via the Dean's Office.</p>
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