



**QUILLEN**  
**COLLEGE of MEDICINE**  
 EAST TENNESSEE STATE UNIVERSITY

Policy Name:

**Quillen College of Medicine Diversity and Inclusion Policy**

Policy Replaces a Previous Policy [Yes/No] (*this includes change in policy name*): **Yes**  
 If so, list name of previous policy (*include policy number if different*): **Diversity Plan (Note: No policy number was issued until this point in time)**

Policy Number: **ADMIN-0812-19**

Originator Name and/or Committee (*if a committee, include name of chair*): **Philip C. Bagnell, MD**

Committees, Departments, or Individuals Responsible for Implementation: **Diversity and Inclusion Council; All of QCOM**

Original Approval Date and Who Approved by: **August 2, 2012 / Philip C. Bagnell, MD**

Revision Date(s) (*include a brief description*) and Who Approved by:

**April 2018 / Diversity and Inclusion Council / University Counsel / Faculty Advisory Council / Administrative Council / Faculty – revision of school-identified diversity categories**

**October 2020 / Diversity and Inclusion Council / Faculty Advisory Council / Faculty – elaboration and clarification of diversity categories**

Effective Date(s): **August 2, 2012; April 2018; October 2020**

Revision(s) (*briefly describe*) by Administrative Staff and Date (*these revisions do not require voting/approval by a committee and/or individual*):

Exemption(s) to Policy (*date, by what committee or individual, and brief description*): **N/A**

LCME Required Policy [Yes/No]: **Yes**

LCME Element(s) Affiliated with Policy (*include Element number/name/statement*):

**3.3 Diversity/Pipeline Programs and Partnerships**

**A medical school has effective policies and practices in place, and engages 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 its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.**

*All policies will be reviewed every four years unless an earlier review is identified.*

**(A.) Policy Statement:**

The Quillen College of Medicine (QCOM) believes that diversity enhances the educational environment and enriches the experience of the faculty, staff, and students. QCOM is committed to providing an educational experience that is respectful, equitable, and inclusive, while providing an environment in which students, faculty,

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and staff have the opportunity to thrive regardless of background and in which access, progress, and advancement are unhindered by bias or exclusion. Our primary mission is to educate future physicians - especially those with an interest in primary care and a desire to practice in underserved rural communities. Fulfillment of this mission requires us to prepare our students to practice in a variety of cultural and social contexts and to understand how issues such as socioeconomic status, systemic bias, identity, and geography affect an individual's or community's ability to obtain appropriate medical care. Thus, we believe it is critically important to support the value of diversity and inclusion throughout the college via functions including pipeline programs, student recruitment and admissions, faculty and staff development, hiring and promotion practices, and community engagement. QCOM values diversity among medical students, faculty, and staff, including but not limited to race/ethnicity, gender, gender identity, sexual orientation, age, physical ability, religion, and socioeconomic, educational, and geographic diversity. QCOM places a special emphasis on and monitors recruitment and retention of students who are members of groups historically underrepresented in medicine, students from socioeconomically and/or educationally disadvantaged backgrounds (including students from rural/Appalachian regions), and those with veteran status or future military commitments. While QCOM is in a geographic region with less diversity than highly populated urban locations, and thus faces challenges in attracting a diverse student and faculty/staff population, we recognize the importance of dedicated efforts to promote diversity and inclusion as necessary and beneficial to fulfilling our mission.

### (B.) Purpose of Policy:

#### Background and Context

An appropriate and functional diversity policy is critical to ensuring ongoing progress toward inclusive and equitable educational and employment opportunities and provision of appropriate clinical care. Several national resources guide the development of this policy: Liaison Committee on Medical Education (LCME) accreditation standards, Association of American Medical Colleges (AAMC) guidance, institutional policy, and state and federal law.

Relevant LCME standards to be pursued and achieved per this policy include elements of Standard 3, which asserts:

*"A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians."*

Specific relevant LCME standards include:

*3.3 Diversity/Pipeline Programs and Partnerships: A medical school has effective policies and practices in place, and engages 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 its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.*

and

*3.4 Anti-Discrimination Policy: A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.*

This policy reflects and interprets the guidance of the AAMC regarding the concept of underrepresentation in medicine. As of 2003, the AAMC no longer identifies specific populations as underrepresented or as minorities, but instead indicates that "Race and ethnicity can be one element of a total picture among other components, such

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as personal attributes, experiential factors, and demographics." As a result, we have defined our diversity and inclusion goals not only around specific racial/ethnic minorities which are historically underrepresented in medicine, but to include the additional mission-critical elements of representation of socioeconomic/educational background and military/veteran status.

The policies of our broader institution, East Tennessee State University (ETSU), also guide our approach to inclusion, diversity, and non-discrimination. ETSU PPP-04 Employment Opportunity, Affirmative Action and Discrimination (<http://www.etsu.edu/humanres/relations/ppp04.php>) provides the following statement of policy:

*ETSU will not discriminate against any employee or applicant for employment because of race, color, religion, ethnic or national origin, sex, disability, age, veteran status, or sexual orientation/gender identity. Similarly, the University shall not, on the basis of a protected status, subject any student to discrimination under any educational program. No student shall be discriminatorily excluded from participation in nor denied the benefits of any educational program on the basis of a protected status. ETSU specifically finds that diversity of students, faculty, administrators and staff is a crucial element of the educational process and reaffirms its commitment to enhancing education through affirmative action to increase diversity at all levels.*

This policy (PPP-04) further outlines relevant procedures and administrative responsibilities to ensure compliance and the promotion of diversity and non-discrimination. An additional policy (PPP-35; <http://www.etsu.edu/humanres/relations/ppp-35.php>) defines responsibilities during hiring processes and explicitly addresses equal opportunity, affirmative action, and related procedures which include review of faculty/staff recruitment plans and candidate pools by the Office of Equity and Diversity.

ETSU and the Quillen College of Medicine (QCOM) are further governed by state and federal non-discrimination law, including Title VI of the Civil Rights Act of 1964 and Tennessee Code Annotated 4-21-401 prohibiting failure or refusal "to hire or discharge any person or otherwise to discriminate against an individual with respect to compensation, terms, conditions or privileges of employment because of such individual's race, creed, color, religion, sex, age or national origin."

The following Diversity and Inclusion Policy is intended to reflect these governing principles and laws and to provide a framework for achieving the important value-added contributions that come from an institutional environment rich in diversity and committed to inclusion and non-discrimination.

### (C.) **Scope of Policy (applies to):**

This policy encompasses College of Medicine faculty, staff, and students while directing our efforts toward the following:

- Pipeline programs intended to encourage and support the pursuit of medical education by a diverse population of potential students, including via community engagement and service programs.
- Student diversity in recruitment and admissions focused on elements of historical underrepresentation in medicine, military/veteran status, and socioeconomic disadvantage.
- Student support and retention programs that provide equal access to resources and support needed by all students to successfully complete medical school, and which reflect an understanding of and support for the challenges faced by students from historically underrepresented and otherwise disadvantaged backgrounds.
- Curriculum content and educational activities through which students acquire the knowledge, skills, and attitudes necessary for delivering patient-centered care to diverse populations. This includes topics and issues faced by patients from a variety of backgrounds and identities, such as disparate health outcomes, lack of access to care, historical abuses in medicine/research, unexamined provider biases, and other factors that interfere with patient-centered care.

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- Recruitment and retention of a diverse faculty and staff via search efforts that reflect institutional values of non-discrimination and appropriate hiring policies and procedures, which include review of recruitment plans and diversity of the applicant pool and selected candidates by the Office of Equity and Diversity.
- Faculty and staff development efforts through which QCOM personnel further develop and enhance awareness of diversity, cultural concerns, health disparities, systemic bias, historical abuses in medicine and biomedical research, and other societal issues which affect the experiences of colleagues, students, and patients.

**(D.) Policy Activities:**

I. Diversity Areas of Focus: Our Values In-Depth

A. Pipeline Programs and Student Diversity in Recruitment and Admissions

The Quillen College of Medicine has selected the following as diversity value-added categories for pipeline programs and student recruitment and admissions:

1. Historically Underrepresented Minorities in Medicine:

The Quillen College of Medicine recognizes the importance of increasing the number of historically underrepresented minorities in medicine applying to, enrolling in, and graduating from medical school. Although the AAMC has accepted broader definitions, underrepresented populations have historically been defined as comprising: African Americans, Hispanic/Latinx Americans, Native Americans (including American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans. QCOM's location - Johnson City, TN – per the 2010 Census has a population comprising 86.9% white, 6.6% Black or African American, 2.0% Asian, and 0.3% Native American or Alaskan Native. The 2010 Census also reports a Hispanic/Latinx population of 4.2% (2.6% Mexican American). These demographics present significant challenges for recruiting a diverse student population, but suggest that QCOM's most likely areas for successful recruitment lie in increasing its Black/African American and Hispanic/Latinx populations. Women, while historically underrepresented in medicine, make up nearly half of current QCOM entering classes and thus only modest gains are needed to achieve representational equity; however, effort is needed regarding ensuring women students' equitable access to the pursuit of all medical specialties and in recruiting women faculty and staff in order to enhance the success of pipeline programs in attracting women as students. Quillen's current categories for data collection and monitoring in historically underrepresented populations are women, Black/African American, Hispanic or Latinx, Native American, other non-Black and non-native People of Color (POC), and multiracial persons.

2. Military Service Background:

QCOM was founded in 1974 as one of six U.S. colleges of medicine resulting from the Teague-Cranston Act which drove the creation of new medical schools to be located in proximity to, and in conjunction with, Veterans Affairs medical facilities. QCOM is located on the Mountain Home Veterans Affairs Medical Center (VAMC) campus and works to create positive partnerships with VAMC clinical operations for the benefit of our students and residents. We, therefore, recognize and value the contributions to a diverse class stemming from the recruitment and retention of those who have previously served in the US armed forces and those participating in programs which include a post-graduation military duty commitment, and includes these categories for data collection and monitoring.

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3. Disadvantaged Socioeconomic Background:

QCOM recognizes the contributions to a diverse class stemming from recruiting and retaining students from low socioeconomic status backgrounds, rural/Appalachian, first-generation student or immigrant, educationally disadvantaged, or medically underserved backgrounds, and collects and monitors data on these categories.

*B. Student Support and Retention*

While QCOM has identified the three broad categories of historical underrepresentation in medicine, military/veteran status, and socioeconomic disadvantage as value-added priorities for pipeline programs and student recruitment, we also recognize the value of having a diverse student body beyond these parameters. For example, the inclusion of students from a variety of religions, age groups, and the LGBT+ community can contribute to a learning environment that promotes understanding of and reduced bias toward patients sharing these identities. To this end, student support and retention programs are broadly accessible with the intent of fostering the success of all admitted students. QCOM strives to recognize and provide support for addressing the unique challenges faced by students from non-majority and diverse backgrounds, including but not limited to prejudice faced by ethnic, racial, religious, LGBT+, and other minorities, and economic and social/educational challenges encountered by low-income, first-generation student or American, or otherwise socioeconomically disadvantaged students.

*C. Curriculum Content and Educational Activities*

QCOM recognizes the need for explicit engagement in the medical curriculum with aspects of identity, diversity, inclusion, and bias. We endeavor to provide specific curricular coverage for a range of societal issues that often intersect with identity and privilege; our Medical Student Education Committee defines and approves a list of key societal issues for focus in student education. QCOM further attempts to provide meaningful exposure to and engagement with issues of access, diversity, and inclusion through opportunities for targeted clinical experiences (e.g., Rural Track), exploration of professionalism via the Doctoring course, and supplementary guest speakers and programs throughout the educational experience.

*D. Faculty and Staff Diversity*

The Quillen College of Medicine recognizes the importance of diversity among its faculty, staff, and academic leadership. Because faculty play a critical role in establishing educational experiences and serve as key professional role models for medical students, a diverse faculty is especially important. QCOM has set the following priorities with regard to faculty and staff diversity:

1. Recruitment and retention of women faculty

QCOM recognizes the value of having equitable access to faculty positions for women as well as the value of providing professional women role models for medical students. The faculty body of the Quillen College of Medicine historically has been male-dominated. While the gender balance of the faculty has improved since the college's founding, it remains a priority to recruit and retain women in positions as full-time faculty in order to approach a more equitable distribution of women and men in faculty roles.

2. Recruitment and retention of faculty from other groups which are historically underrepresented in medicine and/or experience broad societal exclusion/discrimination

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QCOM recognizes the value of a diverse faculty body representing dimensions of diversity to include race/ethnicity and other factors, which provides support and role modeling for the educational and social experiences of a diverse student body. Faculty recruits have unique opportunities to shape the long-term institutional culture and to provide critical mentoring to underrepresented/minority students. Our efforts to recruit and retain a diverse faculty parallel the underrepresentation in the student body. We also recognize the value of a broader approach to diverse faculty to include the dimensions of age, religion, national origin, disability, sexual orientation, and gender identity reflected in our institutional policies. For data collection and monitoring purposes, categories are the same as for students including: women; other groups historically underrepresented in medicine (Black/African American, Hispanic/Latinx, Native American/Indigenous, Other POC, multiracial); Military Service Background; Disadvantaged Socioeconomic Background.

Regarding items 1 and 2 above, we also recognize that a diverse faculty can provide valuable perspectives to inform inclusive, insightful, and meaningful curricular activities that explicitly engage cultural awareness, systemic and socioeconomic barriers to care, and the experiences of diverse patients.

### 3. Recruitment of diverse staff

In some respects, the QCOM staff has historically been more diverse and representational of broader society than the QCOM faculty. This likely relates to systemic societal inequality issues such as access to higher education, which historically may have been less available to minorities and underrepresented populations at the level needed to obtain faculty positions; however, QCOM recognizes the value of a diverse staff and commits to continuing its efforts to maintain and promote a diverse staff. This will be done by ensuring awareness and commitment to institutional hiring practices and through further developing mindfulness of diversity and equity issues among hiring committees that fill staff positions. For Senior Administrative Staff, who play key leadership roles in the College, data is collected and monitored in the same categories as for faculty: groups historically underrepresented in medicine, women, military service background, and disadvantaged socioeconomic background.

### 4. Faculty and staff development

While recruitment and retention of diverse faculty and staff is a key priority, supporting the development of existing faculty and staff regarding diversity and inclusion issues is also critical. Existing faculty and staff have many responsibilities which may have diversity/inclusion components, such as: roles on hiring and promotion committees, roles in student recruitment and admissions, influence over curricular content related to societal issues, influence over student advancement and opportunities, and control of other resources. Thus, it is critical that QCOM provide and promote opportunities — directly and indirectly through other avenues — for faculty and staff to increase their understanding of diverse experiences in American education, healthcare, and society while also assisting faculty and staff in working to recognize and reduce their own biases related to diverse populations.

## II. Specific College of Medicine Programs and Responsibilities

### A. College of Medicine Diversity and Inclusion Council

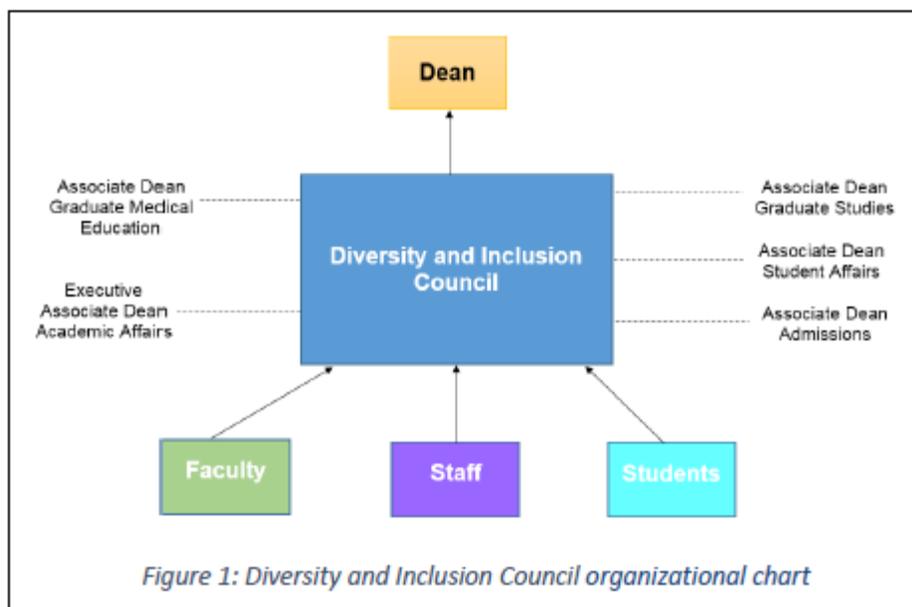
The designated functions of the College of Medicine's Diversity and Inclusion Council are:

- Assessment of the Diversity Culture and Climate at QCOM
- Implementation and monitoring of institutional diversity plan

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- Develop data collection tools to monitor the institutional diversity profile annually and to ensure achievement of diversity goals
- Review current recruitment and retention efforts and identify opportunities to enhance diversity.
- Develop and recommend initiatives, programs, policies and practices to promote diversity among students, residents, faculty, and administration
- Coordinate activities with university diversity/affirmative action programs

The members of the Council are appointed by the Dean of the College of Medicine. Membership shall consist of fifteen to twenty members representative of the diversity of the College (*Figure 1*). Members will include faculty, staff, and students. Faculty members will be appointed in accordance with the College of Medicine Committee Appointment procedure. The Associate Dean and Chief of Staff in the Dean’s office serves as an ex officio member and liaison between the Council and the Dean. The Council is tasked with monitoring and contributing to the institution’s goals regarding student pipelines, recruiting, and retention, faculty/staff recruitment, retention, and development, and curriculum content. The broader goal of the Council is to achieve the value-added educational and societal benefits associated with having a diverse and inclusive educational community. The Council works with and provides support for the assessment for activities throughout the college, such as admissions and recruitment.



***B. College of Medicine Office of Student Affairs and Admissions Committee***

The College of Medicine’s Office of Student Affairs, via its Admissions Committee, is responsible for conducting a holistic admissions process whereby the College’s compelling interest towards creating a diverse student population that will contribute to the educational depth and breadth of the campus, region, and society will be realized. The Admissions committee is responsible for understanding the value-added categories as defined in this policy, actively working via faculty development activities and Committee procedures to critically review admissions procedures ensuring they include the valuing of diverse communities as well as follow all other relevant diversity and inclusion policies and are compliant with existing state and federal law. The Chair of the Admissions committee is responsible for promoting awareness and respect for the value of diverse applicants and matriculants, subsequently ensuring that individuals and groups conducting potential student

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interviews are trained in appropriate interview practices, are oriented to the College's diversity/inclusion goals, and are provided leadership which modifies any practices which may unintentionally reduce the diversity of the applicant/acceptance pool. The Office of Student Affairs also provides ongoing student support services which contribute to the retention and success of QCOM students.

### ***C. College of Medicine Faculty Search Committees***

Faculty Search Committees are charged with upholding the College's interest in recruiting a diverse faculty as a central principle of the academic search and hiring process. Search Committee Chairs are responsible for considering elements of diversity and inclusion in developing search committee rosters, ensuring committee member education regarding diversity/inclusion goals as outlined in this policy, and ensuring that institutional policies regarding recruitment and hiring are appropriately followed. Search Committee members are responsible for conducting ethical and inclusive searches for new faculty members, which recognize the value added by a diverse faculty body. As search committees are temporary bodies, members of each search committee are expected to be proactive in identifying their own and their committee's needs for training related to recruiting and hiring diverse faculty, such as information on how bias can affect hiring processes. Search committees may consult with the QCOM Diversity and Inclusion Council and/or the ETSU Equity and Diversity Office for information and resources.

### ***D. College of Medicine Staff Hiring***

Those charged with the responsibility for hiring qualified staff for the College of Medicine are expected to keep as a central principle the University's and College's compelling interests in recruiting and maintaining a diverse support staff. When search committees are used to conduct staff hiring, the same responsibilities apply as outlined in the College of Medicine Faculty Search Committees section above. When staff recruitment and hiring is conducted by an individual rather than a committee, the individual is responsible for conducting inclusive searches, consciously incorporating the College's diversity and inclusion goals as outlined in this policy. Individuals should proactively seek training and resources where needed to support inclusive hiring practices and ensure that institutional policies regarding recruitment and hiring are appropriately followed.

### ***E. Quillen College of Medicine Office of Academic and Faculty Affairs***

The Quillen College of Medicine's Office of Academic and Faculty Affairs, along with the Medical Student Education Committee (MSEC), serve a leadership role in the education of students and the ongoing development of faculty and staff. The Office is responsible for ensuring ongoing faculty development, including opportunities for learning about diversity, inclusion, educational strategies, personnel-related practices, and relevant cultural and societal issues. These opportunities include a variety of offerings such as monthly course development workshops, informative presentations at faculty meetings, and other learning activities. The MSEC is administratively responsible for the College's medical curriculum, including content and content integration goals, sequencing, course and clerkship evaluations and subsequent recommendations, and monitoring the curriculum for achievement of institutional goals. This includes provision of recommendations and actions on curricular issues such as defining focus areas for instruction on societal issues and ensuring appropriate development, delivery, and assessment of content that reflects a holistic view of patients to include how issues of identity and access affect medical care and outcomes.

### ***F. College of Medicine and Office of the Dean***

The Office of the Dean, acting as leader for the College of Medicine, is responsible for vision-setting and leadership to include the College's priorities for diversity and inclusion. The Office, via the

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Dean's leadership, is responsible for providing financial support as appropriate for resources and training necessary to promote the College's diversity and inclusion goals.

III. Measuring Success

The College of Medicine has elected not to set strict numeric goals for its diversity and inclusion programs, due to small class size and relative lack of diversity of the surrounding rural/Appalachian community. Instead, the College sets as a goal to ensure broad awareness of and work toward the priorities and values outlined in this policy, and to ensure training and resources are available to support these priorities. The College commits to documenting and tracking data relative to diversity outcomes where possible and appropriate, such as in documenting faculty development offerings and reviewing data on pipeline program outcomes, admitted students, hired faculty/staff, and general diversity engagement/environment surveys, while recognizing that data may in some cases be limited by the need for voluntary self-report. In general, QCOM strives to increase levels of enrollment of students from historically underrepresented in medicine categories to approach levels of representation in broader society, and in general to approach levels of faculty/staffing that are comparable to representation in broader society.

Policy Review and/or Revision Completed By <i>(if applicable)</i>		Date(s)	
		Reviews	Revisions
X	Office of the Dean	2017; 2018; 2020	2017; 2018; 2020
X	Academic Affairs <i>(this includes the four-year reviews by administrative staff)</i>	2017; 2018; 2020	2017; 2018; 2020
	Student Affairs		
	Medical Student Education Committee		
	Student Promotions Committee		
X	Faculty Advisory Council	March 2018; April 2018	March 2018; April 2018
X	Administrative Council	March 2018; April 2018	March 2018; April 2018
	M1/M2 Course Directors		
	M3/M4 Clerkship/Course Directors		
	Student Groups/Organizations <i>(describe):</i>		
X	Other <i>(describe):</i>		
	Diversity and Inclusion Council	2017; 2018; 2020	2017; 2018; 2020
	University Council	August 2017	October 2017
	QCOM Faculty	April 2018	April 2018

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<b>Notifications of New or Revised Policy (<i>if applicable</i>)</b>		<b>Date and Method of Notifications</b>
	Medical Students	
	Administrative Council	
	Faculty Advisory Council	
X	All QCOM Faculty	May 2018 - email
	All QCOM Staff	
	Admissions Office for Catalog	