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MEDICINE of THE HIGHEST ORDER

Dean's Letter of Commitment to Cultural Protections

National Institutes of Health
Division of Biomedical Research Workforce
Office of Extramural Research

Dear Sir or Madam,

As support to this NIH training grant application, I am pleased to provide documentation of the University of Rochester School of Medicine and Dentistry's absolute commitment to the prevention of harassment and discrimination.

As Dean and CEO of the University of the Rochester Medical Center (URMC), I am responsible for establishing a culture in which every learner, faculty and staff member can reach his or her full potential. Thus, I have made the establishment of a diverse, respectful and inclusive culture the foundation of URMC's strategic workforce development goals. To achieve this goal, the University and Medical Center have adopted clear policies, established complaint procedures, and train our full workforce to prevent and report discrimination and harassment.

University-wide framework

The University of Rochester's institutional employment policies provide a solid framework upon which we have built the Medical Center's efforts. Fundamental is Policy 106, the University's commitment to maintaining a workplace and academic environment free from unlawful discrimination and harassment. The policy defines discrimination and harassment, describes the process for lodging and resolving a complaint, and prohibits retaliation against individuals making a claim of harassment or discrimination. It provides protections to all learners, employees and faculty, regardless of rank.

Specific concerns about harassment of students on the basis of sex are managed through either the University's Title IX office, or if the respondent is a staff or faculty member, through the Policy 106 process. The University investigates alleged violations of all applicable policies, takes interim action where needed, and makes any required notification to the HHS Office of Civil Rights. Where the University of Rochester determines that disciplinary action or other administrative actions must be taken under discrimination or harassment policies against a

person who also serves as a Program Director/Principal Investigator or other key personnel (collectively “PD/PI”) on an NIH funded award, University of Rochester will communicate through its Authorized Organizational Representative to request NIH approval for any necessary changes in the PD/PI. The School of Medicine and Dentistry also has a designated Deputy Title IX Coordinator who interfaces with the University office to ensure that the process for addressing complaints of sex-based harassment and misconduct are handled promptly and equitably at the Medical Center.

For more than 40 years, the University also has offered intercessors who help to resolve interpersonal and departmental disputes and advocate for fairness. Appointed by the Provost, these intercessors provide helpful insight about policy improvements and collaborate on training and education to prevent harassment and discrimination.

In 2018, the University redoubled its commitment to *Cultivating a Culture of Respect* in a campus-wide initiative led by the President, Provost, the Office of Faculty Development and Diversity, the Office of Staff Diversity, Equity, and Inclusion, and the Commission for Women and Gender Equity. This focused process has resulted in the development of shared values and behaviors, clearer pathways for reporting and greater transparency, workforce-wide training in harassment and unconscious bias, numerous conferences and events, affinity groups, and the proposed hiring of the University’s first Vice President for Equity and Inclusion.

Medical Center-specific efforts

In addition to these University initiatives and resources, URMC has developed Medical Center-specific policies, enhanced workforce education, improved procedures for addressing lapses, and clarified oversight responsibilities. Among the steps we’ve taken:

1. The URMC Office for Inclusion and Culture Development was established in 2011 under the direction of Linda Chaudron, M.D., M.S., Associate Vice President and Senior Associate Dean. Dr. Chaudron, who has been active in the School of Medicine and Dentistry’s diversity efforts since she was a medical student here in the early 1990’s, worked with a former dean of the School, David S. Guzick, M.D, Ph.D., in developing the original diversity position in 2006. Since establishing the Medical Center’s Office for Inclusion and Culture Development, she has worked in collaboration with other departments to form multiple critical committees and structures to support and develop policies and processes for assuring a diverse and respectful environment. These include, but are not limited to, the Respectful Learner Environment Task Force, Executive Committee for Diversity and Inclusion, Clinical Cultural Competency Committee, Faculty Diversity Liaison Committee, Deaf Professionals Executive Committee, and Structural Racism workgroup. To increase access to resources including processes for reporting concerns, we have launched an internal central portal that has information and links to

the Office of Compliance's Integrity Hotline. In addition, Dr. Chaudron serves as the Medical Center's Deputy Title IX Coordinator.

Learners

2. To ensure a healthy learning environment, we established the Respectful Learner Environment Task Force, led by the Office for Inclusion and Culture Development, which developed respectful learning environment guidelines that set clear expectations and responsibilities for learners and teachers across all medical center academic areas.
3. Within the School of Medicine and Dentistry, we continue to create a culture of diversity, equity and inclusion from the admissions process through graduation.
4. We have added clarity to our policies and procedures for all learners to report concerns. We continue to have a robust system for investigating and communicating to the reporting individual, while providing a safe environment.

Medical Education

5. The percentage of our students from groups that are historically underrepresented in medicine continues to increase due to the holistic application review process and mandatory implicit bias training for Admissions Committee members. The gender makeup of our entering undergraduate medical classes now includes a higher percentage of females than males.

Graduate Education and Postdoctoral Affairs

6. Within Graduate Education and Post-doctoral Affairs, a new position of Director of Graduate Enrollment has been added. The current director, Aleta Anthony, has a Master's degree in Higher Education Administration and more than a decade of experience in recruitment. Her goals are to increase the quality and diversity of applicants to the SMD graduate programs. To this end, we use a broad range of tools and events to specifically attract students at historically black colleges and universities. We have also updated the URMC values and culture resources online portal. These steps are proving effective: nearly 10% of our current graduate student population is comprised of underrepresented minorities, a 7% increase from 2013-14; nearly 29% of our current underrepresented minority graduate students are now supported by predoctoral training fellowships or grants, a 16% rise since 2013-14.
7. To provide independent, confidential support for graduate and post-doctoral trainees who may be experiencing difficulties, the School of Medicine and Dentistry's (SMD) graduate education program established an ***Ombudsperson program***. These experienced faculty members fill the gap when a trainee feels unable to approach faculty advisors, department chairs or deans for help. The Ombudspersons provide a resource for and information about institutional policies, act as facilitators to help trainees resolve their problems and connect trainees with those who can help, accompany the trainee in discussions of problems or issues with faculty or

administrators, and act as an informal mediator between the trainee and faculty or administrators. The three Ombudspersons can also help to effect positive change by providing feedback on patterns of problems and complaints to appropriate administrators.

8. All Ph.D. students complete a confidential Rotation Evaluation Form which is submitted to the SMD's Office of Graduate Education and Postdoctoral Affairs (GEPA). This form asks open-ended questions such as "was your mentor a good rotation advisor?"
9. We have implemented the CARE network, which is a community resource that allows students and/or faculty to report a concern about an individual, incident, or issue by submitting either a CARE referral, bias-related incident report or community concern report. CARE staff then reach out to the affected individual(s) to offer a supportive conversation, course of action and recommendations of resources.

Faculty

10. As part of the focus on assuring a respectful work and learning environment, I appointed the School of Medicine and Dentistry **Faculty Professionalism Council** at the recommendation of a faculty task force. The Council is comprised of faculty and relevant staff leaders, as well as faculty-at-large, trainee, and staff representatives. The Council advises me on ways to fairly and consistently address lapses in professionalism. While professionalism also is expected of *all* URMC trainees and staff members, the unique roles of faculty as institutional and programmatic leaders, and their unique status as governed by the UR Faculty Handbook and the SMD Regulations of the Faculty, require specific, publicly visible approaches regarding faculty professionalism. This newly-formed Council:

- a. articulates expected behaviors (based on the ICARE values described below) and provides education to bolster skills that support those behaviors,
- b. refines policies and processes that heighten awareness and accountability across all faculty, including respectful learning environment guidelines covering everything from poor treatment through harassment, and
- c. standardizes reporting and remediation processes. The group can play a role in remediation in concert with the remedial and disciplinary processes already established through Department Chairs and other leaders. When appropriate, a wide range of supportive, remedial, and disciplinary actions are taken, up to and including reduction in salary or other resources provided, decisions not to reappoint or to recommend revocation of tenure, and termination.

We will strictly comply with guidelines and policies announced by the NIH with regards to holding our faculty accountable, specifically, "adopting and following institutional procedure for requesting NIH prior approval of a change in the status of the Program Director/Principal Investigator (PD/PI) or other key senior personnel if administrative or disciplinary action is taken that impacts the ability of the PD/PI or other key personnel to continue his/her role on the NIH award described in the training grant application."

General Workforce (including Faculty)

11. The Medical Center's ICARE values (Integrity, Compassion, Accountability, Respect and Excellence) which were developed and successfully deployed within clinical areas, are now being adapted to encompass the entire Medical Center workforce. Inclusion has been added to the "I" as an overarching value, and specific behaviors are being developed that apply across scientific, educational, and clinical workforce members.
12. To augment already-available classroom training, we recently launched annual, mandatory, two-hour online training emphasizing prevention of harassment and other discriminatory practices, as well as mandatory unconscious bias training through the Cook-Ross Diversity learning series.

While I am proud to share these efforts, they are only the start of a multiyear initiative to ensure that the University of Rochester Medical Center and School of Medicine and Dentistry sets the standard for a safe, welcoming and nurturing place to work and learn.

Best regards,

A handwritten signature in black ink that reads "Mark B. Taubman". The signature is written in a cursive style with a long, sweeping underline.

Mark B. Taubman, M.D.