



**BROWN**  
Alpert Medical School

*DIVERSITY AND INCLUSION ACTION PLAN (DIAP)*

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**AN ACTION PLAN FOR THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY**

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## Introduction

Alpert Medical School (AMS) has a long standing commitment to diversity as exemplified by the Division of Biology and Medicine's diversity statement:

*The Division of Biology and Medicine, in keeping with Brown University's mission, recognizes, supports, develops, and maintains a diverse faculty, workforce, and student population. Dimensions of diversity include, but are not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, veteran status, age, and socio-economic and geographic background. Our commitment ensures respect for diversity, broad representation at all levels, and consistency and compliance with Brown's policies on non-discrimination.*

*Multicultural perspectives are critical to the success of the medical school by enriching educational understanding, fostering outreach in clinical care settings, and enhancing trust in research. Diversity among faculty, staff and students creates a greater number of role models, broadens perspectives, and combats negative and inappropriate stereotyping. Institutional diversity improves outreach to the community, enhances trust and communication, and facilitates development of culturally appropriate clinical and research programs.*

*The Division of Biology and Medicine strives to create and maintain an environment that welcomes and respects individuals with diverse perspectives, experiences, and backgrounds.*

In February 2016, Brown University released [\*Pathways to Diversity and Inclusion: An Action Plan for Brown University\*](#). As part of this plan, the Warren Alpert Medical School (AMS) convened a task force to develop a diversity and inclusion action plan (DIAP) specific to the medical school. (See appendix for task force members.) The Diversity and Inclusion Task Force considered six priority areas, consistent with the university's DIAP, that were felt to be important for creating the plan for AMS. They are as follows: People, Academic Excellence, Curriculum, Community, Knowledge, and Accountability. In each priority area, Actions, Metrics and the Responsible Parties for implementation were identified. After the initial DIAP draft was reviewed by the Dean of the Medical School and the University's Departmental Diversity & Inclusion Action Plan Review Committee, the AMS task force reconvened in October 2016 to propose timelines for the implementation of priority area action items. The DIAP action items are categorized as: *ongoing*, *short-term* (instituted within the next 18 months), *medium-term* (instituted within the next 2-4 years) and *long-term* (instituted in 4 or more years.)

Given the unique structure of AMS and its clinical affiliates, we have preceded the discussion of the six priority areas with a discussion of a new structure, a "Diversity Council" (Figure 1) which will facilitate our ability to address all aspects of diversity in our academic medical center (see below).

The Action Plan is quite detailed and robust, highlighting many opportunities for enhancing and creating an inclusive environment of excellence at AMS. While many of the initiatives identified would require significant resources, we recognize that not all can be immediately achieved, and it will be important to continuously prioritize the use of limited resources and review timelines for implementation of the more critical initiatives. In addition, while a diverse committee of faculty,

residents, staff, alumni and medical students contributed to the development of the Action Plan, it will be important to engage and receive input from more members of these groups, as well as other stakeholders, to review the Plan and assist us in further modifications, strategic planning, open communication on progress and challenges, and obtaining resources for implementation. To be successful, the initiatives suggested below require collective engagement from leadership, faculty, house staff, students and staff.

Central to the success of this plan is a commitment to diversity and inclusion as core values of AMS. Building a culture and climate that values diversity and inclusion is the responsibility of all members of the AMS community. We acknowledge that “diverse people, perspectives, and backgrounds do not compete with excellence, but instead drive it.”<sup>1</sup>

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<sup>1</sup> Nivet, M. AAMC Diversity and Inclusion Framework (*update to full citation*)

## Brown Council for Diversity in Medicine

Medical education at AMS requires an impressive degree of collaboration between AMS and our multiple hospital, health system and faculty foundation partners. To understand the complexity of this undertaking one must appreciate that it involves 2 health systems,  $\geq 8$  hospitals, 8 foundations and multiple physicians in private practice. In addition, unlike the majority of the other faculty at Brown, these faculty are not Brown employees. They are employed by their health systems, hospitals and or practices. Because of this complicated structure, issues of diversity at our medical centers face unique challenges and opportunities. To address these issues in an optimal fashion, we will establish the Brown Council for Diversity in Medicine (BCDM). As noted in figure 1, the council will include the Associate Dean for Diversity and Multicultural Affairs, Associate Dean for Academic Affairs, Associate Dean for Medical Education, student and resident representatives, alumni representatives, representatives from our clinical departments and appropriate educational and administrative representatives from our partner institutions. The Council will report to the Dean of Medicine and Biology and the CEOs of Lifespan and Care New England (or their designees). In turn, the Diversity ambassadors of the clinical departments will report to the Council. This organization will be charged with coordinating, integrating and facilitating efforts to improve diversity and address diversity related issues on our common campus.

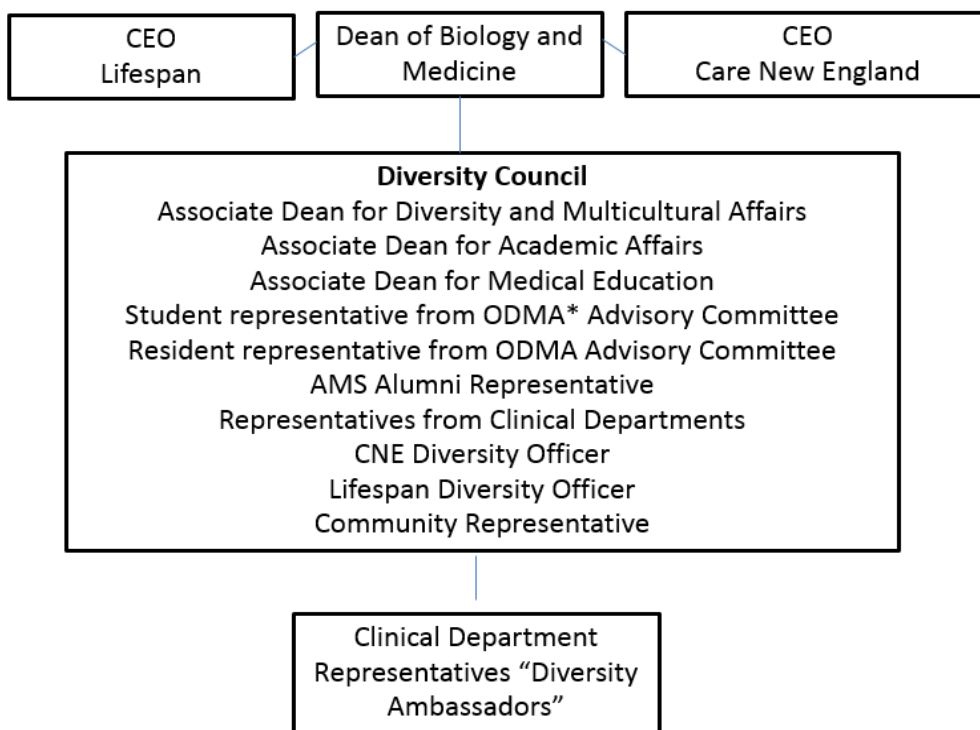


Diagram: Proposed Structure for Diversity Council

\* ODMA = Office of Diversity and Multicultural Affairs

**Figure 1.**

## I. PEOPLE

The Warren Alpert Medical School of Brown University, in keeping with Brown University's mission, recruits, supports and promotes medical students, housestaff (i.e. residents and fellows), faculty (basic and clinical) and administration to maintain a diverse educational community. Diversity may include, but is not limited to, race, ethnicity, religion, sex, sexual orientation, gender identity, ability status, veteran status, age, political ideology, and socioeconomic and geographic background. The medical school does and will continue to create and maintain a welcoming educational and work environment, respecting individuals of diverse perspectives, experiences and backgrounds.

Although the current structure and relationship of the medical school with its health systems and clinical partners limit the medical school's ability to directly diversify the faculty and housestaff, this structure highlights the important role that the Diversity Council will play in oversight of the initiatives set forth in this priority area ("People.")

To achieve Brown University's mission of fostering a diverse community, the role of the Office of Diversity and Multicultural Affairs (ODMA) at the medical school will be expanded to work across departments and offices and help establish protocols for addressing the diversity and inclusion strategic goals at the medical school. The Diversity Council will be the single entity that will work with the leadership of the medical school and health systems to prioritize the resources to carry out comprehensive support of these strategic goals. This process must also be data-driven (with input from Biomedical Faculty Administration, the AMS Registrar, and affiliated Graduate Medical Education [GME] programs) as part of an ongoing continuous improvement process.

### AMS Diversity by the Numbers

Table 1. AMS Faculty in Basic and Clinical Sciences, Academic Year 2015-2016

| Diversity Category | Basic Science Faculty (Raw Data) | Basic Science Faculty (% of Total Basic Science Faculty) | Clinical Faculty (Raw Data) | Clinical Faculty (% of Total Clinical Faculty) |
|--------------------|----------------------------------|--|-----------------------------|--|
| Women              | 39                               | 32.23%   | 892                         | 43.11%   |
| White              | 100                              | 82.65%   | 1420                        | 68.63%   |
| Hispanic or Latino | 4                                | 3.31%  | 41                          | 1.98%  |
| Black or African-  | 2                                | 1.65%  | 28                          | 1.35%  |

|   |           |              |            |               |
|---|-----------|--------------|------------|---------------|
| <b>American</b>                         |           |              |            |               |
| <b>Asian</b>                            | <b>11</b> | <b>9.90%</b> | <b>219</b> | <b>10.58%</b> |
| <b>American Indian/Alaska Native</b>    | <b>0</b>  | <b>0%</b>    | <b>0</b>   | <b>0%</b>     |
| <b>Native Hawaiian/Pacific Islander</b> | <b>0</b>  | <b>0%</b>    | <b>0</b>   | <b>0%</b>     |
| <b>Multi-Racial</b>                     | <b>1</b>  | <b>0.83%</b> | <b>6</b>   | <b>0.28%</b>  |
| <b>Not Specified</b>                    | <b>3</b>  | <b>2.48%</b> | <b>355</b> | <b>17.16%</b> |

**Table 2. AMS Graduates from 2010 to 2016**

| <b>Year</b>                             | <b><u>2010</u></b> | <b><u>2011</u></b> | <b><u>2012</u></b> | <b><u>2013</u></b> | <b><u>2014</u></b> | <b><u>2015</u></b> | <b><u>2016</u></b> |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>Total graduates</b>                  | <b>97</b>          | <b>100</b>         | <b>78</b>          | <b>113</b>         | <b>93</b>          | <b>106</b>         | <b>116</b>         |
| <b>Women</b>                            | <b>46%</b>         | 54%                | 56%                | 51%                | 59%                | 55%                | 56%                |
| <b>White</b>                            | <b>47%</b>         | 51%                | 33%                | 49%                | 31%                | 40%                | 45%                |
| <b>Hispanic or Latino</b>               | 6%                 | 7%                 | 7%                 | 8%                 | 16%                | 14%                | 11%                |
| <b>Black or African-American</b>        | 9%                 | 6%                 | 4%                 | 10%                | 8%                 | 11%                | 9%                 |
| <b>Asians</b>                           | 24%                | 23%                | 44%                | 20%                | 29%                | 23%                | 25%                |
| <b>American Indian or Alaska Native</b> | 0                  | 0                  | 1%                 | 0                  | 0                  | 0                  | 0                  |
| <b>Native Hawaiian/Pacific Islander</b> | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  |
| <b>Multi-Racial</b>                     | 1%                 | 0                  | 3%                 | 4%                 | 1%                 | 5%                 | 3%                 |
| <b>Not Specified</b>                    | 11%                | 9%                 | 1%                 | 10%                | 13%                | 7%                 | 5%                 |
| <b>International</b>                    | 1%                 | 4%                 | 0                  | 0                  | 2%                 | 1%                 | 1%                 |

## Strategic Goals

### Medical Students

The medical school will recruit and support a diverse body of qualified medical students through the following objectives:

#### Recruitment

1. Support pipeline programs, such as the partnership with Tougaloo College and local colleges, as part of Early Identification Programs, to matriculate qualified students to the medical school (*ongoing*)
2. Promote community involvement in medical school activities at local high schools, middle schools, and elementary schools (*ongoing*)
3. Engage in national organizations that support underrepresented minorities in medicine (URiM) (*short*)
4. Promote increase in scholarships offered to underrepresented minority students in medicine; offer stipends to fund underrepresented minority and other recruited students to defray the costs of attending Second Look, an event for admitted students (*short*)
5. Visit select colleges and universities and ensure a consistent presence at recruitment fairs, pre-medical club meetings, minority organization meetings, and other programs for diverse students (*ongoing*)
6. Attend local, regional and national minority organization recruitment fairs such as those sponsored by the Student National Medical Association, the Latino Medical Student Association, the AAMC, SACNAS (Society for Advancement of Chicanos/Hispanics and Native Americans in Science), and NIH-sponsored summer programs; develop local and regional programs where none exist (*ongoing – short*)
7. Host academic advisors from colleges and post-baccalaureate programs, that include minority students, for visits to the medical school (*ongoing – short*)
8. Continue to work with Brown's Program in Liberal Medical Education (PLME) in strategic efforts and student support to promote and improve medical student diversity (*ongoing*)

#### Support

1. Reform the medical school curriculum to include a comprehensive implementation of content that promotes understanding of the role of diversity and inclusion in medicine (see “Curriculum” below) (*ongoing – short*)
2. Provide faculty, staff, and students with financial support to attend meetings of local and national organizations that promote diversity (*short*)
3. Develop and formalize a mentorship program between senior and junior medical students to support first and second year students (*medium*)
4. Establish culturally appropriate resources and personalized services to support the physical and mental well-being of URiM medical students (*medium*)

#### Development

1. Develop professional development and networking opportunities for medical students and Brown-affiliated house staff (residents and fellows) and faculty (*medium*)
2. Promote activities that bridge medical student and house staff community service activities (*medium*)
3. Develop initiatives that facilitate collaborations among URiM medical students and



graduate students (such as those in the Biology Departments, natural sciences, social sciences, Math, Applied Math, the Schools of Engineering and Public Health and the Humanities), with the goal of fostering interdisciplinary collaborations and promoting professional development (*short*)

### **Graduate Medical Education (GME) / Housestaff**

The medical school, in collaboration with its hospital partners, will facilitate the recruitment of a diverse house staff workforce by working closely and collaboratively with the Brown Minority Housestaff Association (BMHA) to accomplish the following objectives:

#### Recruitment

1. Bolster the financial and administrative support provided to the BMHA to support its mission to create a community of diversity and increase URiM representation across Brown University affiliated GME programs (*short*)
2. Facilitate BMHA efforts (e.g., through travel reimbursement and financial support) in collaboration with hospital GME offices to send recruitment representatives to medical schools and recruitment events where there are high numbers of URiM students (*short*)
3. Encourage hospital affiliates to develop and host orientation programs that are welcoming and inclusive of a diverse range of people with programming towards URiM residents (*short*)
4. Promote adoption and implementation of cultural competence training as part of new employee orientation programs at Brown affiliated teaching hospitals (*medium*)
5. Suggest that all clinical departments develop programs to support and celebrate diversity and inclusion among housestaff and faculty (*long*)
6. Maintain data pertaining to diversity that will be shared regularly with the medical school (*ongoing - short*)
7. Enhance the visibility of organizations and programs that support diversity to prospective residents (e.g. hospital and system organized diversity committees and *Culturally and Linguistically Appropriate Standards* (CLAS) committees) (*medium*)
8. In partnership with our hospital affiliates, establish a visiting clerkship program for qualified URiM medical students interested in doing rotations at Brown, with the goals of increasing medical student awareness of opportunities in academic medicine and increasing the number of minority students applying to Brown-affiliated hospital training programs; this would include support for mentorship, financial assistance, housing, and transportation (*medium*)
9. Success indicator: Increase in number of residency applications received from URiM students (*short*)

#### Retention

1. Collaborate with GME programs and clinical departments to develop, maintain, and improve resources to support house staff physical and mental well-being throughout the training program (*medium*)
2. Create funding opportunities for URiM housestaff in collaboration with GME offices to support research, education, and professional development (*medium*)
3. Develop and support mentorship programs for URiM housestaff and faculty (*short*)

### Promotion

1. Collaborate with clinical departments to incentivize new graduates to transition as faculty (*medium-long*)
2. Collaborate with GME programs and clinical departments to advance research and career development opportunities for URiM house staff (*short - medium*)
3. Provide individualized sponsorship and career development to URiM house staff to facilitate promotion and tenure (e.g., on topics such as peer-reviewed publications, grants and patents, teaching, and service) (*medium*)

### **Faculty**

The medical school will work with clinical departments and health system leadership to recruit and support a diverse workforce, consisting of basic and clinical faculty, through the following objectives:

### Recruitment

1. Work closely with national and local organizations to understand best practices for identifying and recruiting URiM minority and women faculty (*short*)
2. In collaboration with the Office of Biomedical Faculty Administration, identify and disseminate a list of productive and cost-effective strategies and resources for basic and clinical departments to use for identifying/recruiting women and faculty from URiM backgrounds (*medium*)
3. Identify a body of people (faculty members, administrators) who are willing to serve on faculty/administrator search committees and who are trained on best practices for conducting inclusive searches and hires (*medium*)
4. Work with Brown affiliated hospital systems via the Diversity Council to create offices of diversity to support and promote faculty from URiM backgrounds (*long*)
5. Increase the number of employment and fellowship offers made to URiM housestaff and graduates (*long*)
6. Provide financial or research incentive packages to qualified individuals who have demonstrated a history of support for URiM students and diversity efforts (*long*)
7. Grow and enhance the visibility of resources available to faculty who support diversity and inclusion in medicine (*medium*)

### Retention

1. Ensure that the medical school communicates diversity and inclusion values to new and existing faculty members (*short*)
2. Facilitate career development programs in collaboration with the Office of Women in Medicine and Science (OWIMS) geared towards junior URiM and women faculty (*medium - long*)
3. Collaborate with hospital and clinical partners to create mentorship programs between senior and junior faculty across clinical departments (*medium*)
4. Increase research support for URiM faculty (e.g., in the form of office space, administrative support, grant writing workshops, skills building, software, and existing datasets) (*long*)
5. Encourage clinical departments to provide protected time to faculty interested in developing programs to enhance community diversity and outreach (*long*)

### Promotion

1. Establish promotion metrics for existing career tracks that reward efforts for promoting diversity and inclusion (*medium*)
2. Recognize and develop incentives for individual faculty and clinical departments to engage and support diversity-related initiatives (e.g., diversity award) (*medium*)
3. Facilitate a variety of mentoring and networking opportunities in collaboration with OWIMS for diverse basic and clinical faculty at all levels (*short*)
4. Bolster financial support for URiM faculty to participate in national professional development programs to support diversity (e.g. AAMC's Minority Faculty Career Development Seminar) (*short*)
5. Develop safe spaces for women, minority, and LGBTQ faculty to obtain career advice, and identify potential mentors and collaborative opportunities (*long*)
6. Ensure minority and women faculty achievements are acknowledged appropriately, especially upon promotion (*medium*)

### **Administration**

The medical school will recruit and support a diverse community of qualified employees through the following objectives:

#### Recruitment

1. Invest in recruitment efforts of administrators at all levels with experience in identifying, supporting, and addressing the unique needs of URiM faculty and students (*ongoing*)
2. Enhance visibility of resources within the medical school to support diversity and inclusion among administration and employees (*medium*)
3. Augment recruitment efforts to attract the most talented individuals with experience in promotion of diversity locally and nationally (*short*)

#### Retention

1. Provide resources and services to support administrators in efforts to promote diversity and inclusion (*short*)
2. Increase diversity on all medical school advisory boards and committees (*short*)

#### Promotion

1. Implement career tracks for promotion among administrators who have a demonstrated history of promoting diversity and inclusion within the University (*short*)

### **Alumni**

1. Foster an increased awareness of the diversity within our AMS alumni (*medium*)
2. Develop culturally appropriate communication and engagement strategies to encourage diverse alumni to return to the medical school for signature events (*long*)
3. Organize programs and events tailored to the specific needs and interests of URiM, women, and LGBTQ alumni (*long*)
4. Engage diverse alumni in mentorship and networking programs to support the personal and professional development of URiM medical students (*short*)
5. Increase URiM alumni giving (e.g., financial contributions and committee service) to the medical school (*long*)

6. Encourage the Brown Medical Alumni Association to represent the medical school alumni as a whole in gender, ethnicity, discipline, background, class years, and clinical and research interests (*short*)

| ACTION  | METRICS  | RESPONSIBLE  | TIMELINE               |
|---|--|--|------------------------|
| Issue a publically available and thorough annual report detailing trends of student recruitment, enrollment and retention, which would further inform advocacy and outreach initiatives.  | Annual report by Spring 2017   | Office of Admissions<br>AMS Registrar  | <i>Short</i>           |
| Promote participation by the Office of Diversity and Multicultural Affairs into all stages of the recruitment and admissions process.   |  | Associate Dean for Diversity and Multicultural Affairs<br>Office of Admissions                     | <i>Short</i>           |
| Have admissions officers and interviewers undergo unconscious bias training; this would include the requirement for training of new interviewers and admissions committee members   | Execution and evaluation of unconscious bias training during Fall 2016                       | Associate Dean for Diversity and Multicultural Affairs<br>Office of Admissions                     | <i>Ongoing - Short</i> |
| As feasible, increase aid to attract talented, URiM students to attend AMS; this should include increased aid throughout the application and interview process, including money for travel expenses<br><br>Engage the Medical School Development Office to seek out philanthropy to assist in funding scholarship | Trends in the numbers of URiM students who interview at AMS                                  | Office of Financial Aid<br>Office of Admissions<br>Development Office                              | <i>Medium</i>          |
| Provide unconscious bias training and strategies to improve teaching and interaction with URiM, LGBTQ and female students for all administrators,   | Unconscious bias training curriculum identified and adapted if necessary<br><br>Inclusion of | Associate Dean for Diversity and Multicultural Affairs<br><br>Associate Dean for Medical Education | <i>Short</i>           |

|   |   |   |              |
|---|---|---|--------------|
| preclinical faculty and clinical faculty  | <p>unconscious bias training as a professional development opportunity for all faculty</p> <p>Track occurrence of training sessions and evaluate their quality using participant surveys</p>  |   |              |
| Establish a protocol for addressing issues of discrimination in academic and clinical settings  |   | <p>Associate Dean for Medical Education</p> <p>Associate Dean for Academic Affairs</p> <p>Associate Dean for Clinical Affairs</p> | <i>Short</i> |
| Provide timely access to psychological support service to students who reported racism, classism, sexism, homophobia, or other forms of systematic exclusion                  | <p>Track number of faculty who have received development around diversity and inclusion</p> <p>Track number of residents who have received development around diversity and inclusion</p> <p>Track mistreatment reports received as part of course evaluations</p> <p>Track mistreatment reports as part of the AAMC Graduation Questionnaire</p> | <p>Assistant Dean for Student Affairs</p> <p>Associate Dean for Medical Education</p>   | <i>Short</i> |
| Establish an “ambassador program” in which individual departments will identify representatives who report to the Diversity Council on the topics of diversity and inclusion. |   | <p>Associate Dean for Academic Affairs</p> <p>Clinical Department Chairs</p>  | <i>Short</i> |

## II. ACADEMIC EXCELLENCE

AMS firmly upholds the belief that diversity and inclusion are vital in medical education. We understand that the absence of diversity and inclusion among students, staff and faculty may be a threat to our institution’s potential achievements in academic excellence. Many studies have shown that there are demonstrable intellectual and cognitive benefits for all learners when diversity is an integral component of the educational climate. Simply put, to practice inclusiveness is to demonstrate excellence - the two are inseparable. Therefore, it is our goal to cultivate a learning environment that is diverse in people, ideas, and thoughts. Diversity and inclusion must become a part of who we are, and engrained in how we teach, conduct research, provide health care, and engage with the communities we serve. It is the responsibility of every individual within the AMS community to value the power of our differences and embrace diversity and inclusion.

As we continue to strive for academic excellence, this DIAP calls for increased scholarly resources to support our medical trainees and faculty with resources in areas that include, but are not limited to, health care equity, health care disparities, history of race and injustice in medicine, and race in medicine and genetics. Deployment of resources will need to be prioritized by the Associate Dean for Diversity and Multicultural Affairs in order to ensure an appropriate timeline for specific initiatives. For AMS, the academic excellence in the context of diversity and inclusion is similar to that noted in the University’s Pathways to Diversity and Inclusion Action Plan: (1) creating learning environments in which medical trainees and faculty from all backgrounds can thrive in their chosen fields; (2) providing scholarly resources to support education and research on issues of diversity, inclusion, especially as they relate to health disparities and health equity; and (3) fostering AMS’ commitment to the highest standards of research and medical education.

### Strategic Goals

| ACTION  | METRICS  | RESPONSIBLE  | TIMELINE            |
|---|--|--|---------------------|
| <p>Expand the Office of Diversity and Multicultural Affairs</p> <p>Provide ODMA with additional resources to carry out expanded responsibilities for oversight of diversity and inclusion activities at AMS and enhance capacity to provide support for URiM students</p> <p>Develop academic support</p> | <p>New hires</p> <p>Track number of personnel with dedicated effort in ODMA</p> <p>Track number and quality of diversity and inclusion related programs sponsored by ODMA</p> <p>Track number of students, residents, and faculty engaged in ODMA activities</p> | <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Associate Dean for Medical Education</p> <p>Associate Dean for Academic Affairs</p> | <p><i>Short</i></p> |

|   |   |  |                       |
|---|---|--|-----------------------|
| resources to identify and address challenges faced by our diverse students  | Follow number of students seeking supplemental academic support   |  |                       |
| Complete and maintain the AMS annotated bibliography of recent scientific dialogue about the role and use of race, religion, and culture in medicine and genetics<br><br>Include annotated bibliography into academic curriculum starting in 2016-17  | Regularly updated bibliography published on AMS website<br><br>Evidence of inclusion of bibliography in academic curriculum   | Associate Dean for Medical Education<br><br>Medical Curriculum Committee   | <b>Short</b>          |
| Facilitate the growth of research expertise/emphasis on health disparities and health equity<br><br>Conduct AMS-wide assessment of existing academic excellence in disparities/equity research and programming<br><br>Engage currently NIH-funded researchers around opportunities to apply for NIH diversity supplements<br><br>Develop research/educational expertise in race in medicine<br><br>Promote existing projects and expertise in related research and education to grow AMS' imprint on academic excellence in these areas | Publish and regularly update lists or related programs, publications, and grants<br><br>Publish and regularly update lists of AMS researchers and educators with active interest and expertise<br><br>List AMS NIH funded research for consideration of diversity supplements including responsible principal investigators | Clinical Department Chairs, Division Chiefs, Research Centers and Institute Directors<br><br>Associate Dean for Academic Affairs<br><br>Associate Dean for Diversity and Multicultural Affairs | <b>Ongoing - Long</b> |
| Provide ODMA with resources for the Associate Dean to establish a Dean's Diversity Fund to provide seed funding to students, housestaff, and faculty for research and programming   | Establishment of fund and track granting of awards  | Associate Dean for Academic Affairs  | <b>Medium</b>         |

|  |  |  |  |
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| on race, ethnicity, and health disparities/equity<br><br>Engage the Medical School Development Office to seek out philanthropy to fund academic excellence efforts |  |  |  |
|--|--|--|--|



### III. CURRICULUM

Alpert Medical School (AMS) has made a committed effort in the past few years to implement a curriculum that addresses the diverse needs of the patient population. Engagement and collaboration between students and administrative bodies such as the Office of Medical Education, the Office of Diversity and Multicultural Affairs, and selected faculty have led to dialogue and curricular additions that seek to continue improving and examining AMS curricula.

Some of these additions include the following examples:

- Establishment of a Race in Medicine Task Force charged with analyzing and reforming the operationalization of race in teaching materials
- A specific Race and Medicine block added to the Health Systems Science course required for all first year students
- Round-table discussions on implicit bias in the first and second year doctoring courses
- Lecture on childhood health disparities in second year human reproduction block
- Health disparities workshops/teach-ins for faculty
- Annual Health Disparities Symposium
- Annual Trans Health Conference
- Robust student-led preclinical elective program focused on a wide range of issues relevant to diversity and inclusion (some examples include Healthcare for the Underserved; Refugee Health and Advocacy; Sex-Ed by Brown Med; Sex and Gender-Based Medicine; Poverty, Health, and Law; Medical Spanish; and Race, Health, and Biomedical Interpretations)

A modern curriculum that addresses the complex problem of bias in medical practice and research requires a multi-faceted approach. Diversity and Inclusion at AMS should encourage a careful, interdisciplinary, and explicit analysis of the different ways in which bias manifests in biomedical knowledge production, practice, and training in the preclinical and clinical years, both inside and outside of Alpert Medical School. Such a curriculum would draw not only on biomedical research, but also research on race and ethnicity from the humanities and social sciences in order to explore causes for health inequality, develop solutions, and prepare graduates to be conscientious and competent providers.

Ongoing curricular reform at AMS requires resources and support from the University as a whole. Furthermore, it is crucial that AMS not only supplement, but expand, the curriculum on all levels and across academic disciplines to be more inclusive and relevant to the diverse communities for whom we will and do provide care. This must include education and training of those who teach across the medical school and clinical affiliates.

It is also imperative to recognize that medicine has been rooted in a history of colonialism, racism, bigotry, and violence against marginalized people. Therefore, diversity and inclusion cannot be isolated entities, but rather fully integrated into medical training throughout. This is important to truly support medical trainees, especially those of marginalized backgrounds, and to build trust and to communicate with our communities in Rhode Island and elsewhere.

## Strategic Goals

| ACTION  | METRIC  | RESPONSIBLE  | TIMELINE                      |
|---|---|--|-------------------------------|
| <p>Conduct a full review of the curriculum with regard to diversity and inclusion; these would include, but not be limited to, race, ethnicity, sex, gender expression, ability status and LGBTQ populations</p> <p>Define goals and objectives of the curriculum</p> <p>Identify and correct biases and inaccuracies that are present within lectures, supplementary materials, and small group sessions</p> <p>Provide standardized feedback to faculty about problematic language and content</p> <p>Routinely review the curriculum to ensure that important changes have been incorporated</p> <p>Engage experts from Brown University and elsewhere to participate in the curriculum review</p> <p>Add questions on diversity and inclusion to examinations in the preclinical courses and clerkships</p> | <p>Ensure that a committee of scholars, faculty and students convene at least twice each year for the purpose of reviewing curriculum to identify biases and inaccuracies</p> <p>Track the curriculum twice each year to ensure that important changes with regard to diversity and inclusion have been incorporated</p> <p>Evaluate outcomes of curricular changes annually by surveying faculty and students, and with use of standardized assessment tools</p> <p>Analyze student performance on exam questions related to diversity and inclusion</p> | <p>Race in Medicine Task Force</p> <p>Associate Dean for Medical Education</p> <p>Medical Curriculum Committee</p> | <p><i>Ongoing - Short</i></p> |
| <p>Enhance and expand the curriculum on diversity and inclusion,</p>  | <p>Track the curriculum to ensure that important changes on diversity and</p>   | <p>Course Directors</p> <p>Associate Dean for</p>  | <p><i>Ongoing - Short</i></p> |

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| <p>and structural competency</p> <p>Identify specific places in the curriculum in which important content on diversity and inclusion, and social medicine/determinants of health can be added; this would include all preclinical courses, Doctoring, and clerkships. This would be created as a “living curriculum” that can continue to be modified and updated as new information is available</p> <p>Ensure that content is integrated horizontally and vertically within the curriculum</p> <p>Develop faculty with expertise around diversity and inclusion</p> <p>Develop residents and fellows with expertise around diversity and inclusion</p> <p>Critically reflect on current courses that are teaching these topics and restructure if necessary</p> <p>Communicate with other medical schools that have developed, implemented, or are planning to implement curricula on diversity and inclusion</p> | <p>inclusion have been incorporated and monitor the relevancy of the content</p> <p>Track numbers of faculty who have received training around diversity and inclusion</p> <p>Track numbers of residents who have received training around diversity and inclusion</p> <p>Survey medical students, residents, and faculty to assess their knowledge, skills and attitudes around diversity and inclusion issues; assess before and after curricular changes</p> <p>Survey medical students, residents and faculty around their satisfaction with curricular changes and the impact of development on career objectives; would assess before and after curricular changes</p> | <p>Medical Education</p> <p>Associate Dean for Medical Education</p> <p>Medical Curriculum Committee</p> |  |
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| <p>Encourage review of residency and fellowship curricula around diversity, inclusion, and structural competency</p> <p>Recommend the enhancement and expansion of curriculum in graduate medical education programs around diversity, inclusion and cultural competence</p>                      | <p>Track the number of curricular changes to residency and fellowship curriculum around diversity, inclusion and structural competency</p> <p>Survey residents and fellows as to their satisfaction with curricular changes</p> <p>Track the Accreditation Council for Graduate Medical Education (ACGME) milestones that have been satisfied as a result of new content around diversity, inclusion and structural competency</p> | <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Residency Program Directors</p> <p>Fellowship Program Directors</p> <p>Designated Institutional Officials at Lifespan and CNE</p> <p>Associate Dean for Academic Affairs</p> | <p><i>Medium</i></p>         |
| <p>Enhance and expand curriculum of continuing medical education programs around diversity, inclusion, and structural competency</p> <p>Include topics on diversity, inclusion, and structural competency in Grand Rounds programs and other department-specific faculty development programs</p> | <p>Track the number of Grand Rounds and department-specific development programs around diversity, inclusion and structural competency</p> <p>Survey faculty as to their satisfaction with these new Grand Rounds and faculty development programs</p> <p>Monitor and track the knowledge, skills and attitudes of faculty around diversity and inclusion</p>  | <p>Department Chairs</p> <p>Associate Dean for Clinical Affairs</p>   | <p><i>Medium</i></p>         |
| <p>Provide additional resources and funding mechanisms for ongoing curricular assessment, curricular reform, and research and scholarly activities around diversity and inclusion</p> <p>Incentivize research and programming that</p>  | <p>Track numbers of research and scholarly projects that are related to diversity and inclusion</p> <p>Track numbers of faculty that have been hired and are developed around diversity and inclusion</p> <p>Track faculty development</p>   | <p>Associate Dean for Medical Education</p> <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Medical School Development Office</p>  | <p><i>Short - Medium</i></p> |

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| <p>focuses on diversity, inclusion, and social medicine</p> <p>As feasible and under the direction of the Associate Dean for Diversity and Multicultural Affairs, provide resources for the ODMA to offer stipends for students interested in research and scholarship around diversity and inclusion; these could be for summer research or year-long projects (i.e., a diversity fellowship)</p> <p>Create an oversight committee to review and assess the scholarly concentrations that focus on health disparities and/or community engagement with the goal of collaborating on joint projects around diversity and inclusion</p> <p>Monitor and assess the curriculum, and provide ongoing feedback to faculty and medical education leadership</p> <p>Promote funding for URiM faculty and resident development programs</p> <p>Where possible, recruit faculty with expertise and interests in diversity and inclusion</p> <p>Engage the Medical School Development</p> | <p>programs and assess outcomes around new initiatives around diversity and inclusion</p> <p>Track funding efforts around diversity and inclusion</p> |  |  |
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| <p>Office to seek out philanthropy to fund curricular efforts around diversity and inclusion</p> <p>Engage experts, as needed, to provide consultative services to enhance diversity and inclusion in medical education</p> |  |  |  |
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#### IV. COMMUNITY

Multicultural perspectives contribute to the success of the medical school by enriching educational understanding, fostering outreach in clinical care settings, and enhancing trust in research. Diversity and inclusion, as institutional core values embraced by our community, broadens perspectives and combats negative and inappropriate stereotyping. These values also improve outreach to the community, enhance trust and communication, and facilitate the development of culturally appropriate clinical and research programs.

This priority addresses two interconnected communities: (1) the AMS community including medical trainees, faculty, administration, and staff; and (2) the broader Rhode Island communities where we live, work, and care for patients. Members of the AMS community must be free of experiences and threats of harassment or intimidation on the basis of who they are or what they believe. We, therefore, strive to create a community that works to counteract inequity and injustice while promoting attitudes of mutual respect.

The mission statement of the Division of Biology and Medicine includes the following: “to improve the health of individuals and populations and the environments in which they live.” The fulfillment of this mission starts with the communities we care for in greater Providence and throughout Rhode Island. We strive to identify and work to eliminate health disparities locally and be recognized by our community as collaborators and partners.

#### Strategic Goals

| ACTION   | METRICS  | RESPONSIBLE  | TIMELINE               |
|--|--|--|------------------------|
| Develop a social mission statement to guide AMS as it educates students to become physicians and change agents   | Social mission statement   | Associate Dean for Diversity and Multicultural Affairs<br><br>Associate Dean for Medical Education | <i>Ongoing</i>         |
| Establish a Community Advisory Board composed of stakeholders from health care, social service, and faith-based organizations in Rhode Island to provide strategic advice to the medical school with regards to community-based research, service-learning, and outreach | Recruit community leaders and community-based organizations to serve on this board<br><br>Track number and frequency of meetings | Associate Dean for Diversity and Multicultural Affairs   | <i>Medium</i>          |
| Assess and monitor community engagement activities throughout AMS  | Create roster by Fall 2016   | Associate Dean for Diversity and Multicultural Affairs   | <i>Ongoing - Short</i> |

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| <p>(student, residents, and faculty) by creating and maintaining a roster of community-based activities in which students are executing or participating</p> <p>Collaborate and engage with the Swearer Center for Public Service to establish a broader reach to medical student projects</p> | <p>Develop and implement an online interface for easy and regular data collection and surveillance</p>                            |   |               |
| <p>Develop standards for community engagement and research to be introduced to first year medical students and be made public on the AMS website</p>   | <p>Identify key people to develop standards</p> <p>Develop and publish standards by Spring 2017</p>                               | <p>Associate Dean for Medical Education</p> <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Community Advisory Board</p> | <b>Short</b>  |
| <p>Develop and implement educational programs to provide medical students with practical knowledge and skills to interact with communities in a culturally sensitive and respectful manner</p>   | <p>Identify topics to be included in educational programs</p> <p>Implement and evaluate first set of training programs</p>        | <p>Associate Dean for Medical Education</p> <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Community Advisory Board</p> | <b>Medium</b> |
| <p>Establish an infrastructure for the supervision of community-based projects lead by medical students and residents, in an effort to increase accountability, sustainability, and impact of projects</p>   | <p>Develop data collection system and strategy</p> <p>Develop an annual report highlighting projects</p>                          | <p>Associate Dean for Diversity and Multicultural Affairs</p>   | <b>Medium</b> |
| <p>Provide short-term research opportunities and internships to support URiM high school students in the state of RI</p> <p>Develop collaborative relationships with minority-serving institutions and/or</p>  | <p>Identify the number of AMS programs serving URiM youth</p> <p>Track programmatic outcomes and reach</p> <p>Monitor student</p> | <p>Office of Institutional Diversity and Inclusion</p>  | <b>Medium</b> |



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| <p>NIH-funded programs geared towards increasing diversity in biomedical fields, with the goal of promoting STEM careers among URiM RI youth</p>   | <p>outcomes and career trajectories</p>  |   |                       |
| <p>Increase presence in community programs and events (e.g., Progreso Latino Gala, Latino Public Radio's Annual Gala)</p>  | <p>Create a listing of all the annual events in which the medical school will participate</p> <p>Increase the number of events in which the medical school participates</p>  | <p>Associate Dean for Diversity and Multicultural Affairs</p>   | <p><i>Ongoing</i></p> |
| <p>Develop events and programs to benefit the greater Providence community and RI, with a focus on the poor and underserved</p> <p>Develop lectures and symposia that focus on issues of known importance to RI's diverse population</p> <p>Educate underserved populations that might not otherwise have access to health and science information</p> <p>Increase the reach of existing programs to underserved communities</p> | <p>Identify the number of events geared to/welcoming of community members</p> <p>Increase the number of events designed for this purpose and continue to arrange sponsorships and events that promote diversity</p> <p>Increase participation among community members in AMS events</p> <p>Program evaluation/ participant assessment and feedback</p> <p>Provide evidence of marketing and promotional strategies that will broaden the medical school's reach to a more diverse population</p> | <p>Clinical Departments</p> <p>Health Systems</p> <p>Associate Dean for Diversity and Multicultural Affairs</p> | <p><i>Ongoing</i></p> |
| <p>Improve external relations with minority-serving health care, social service, and faith-based organizations in the state, as well as with</p>   | <p>Develop a strategic action plan to assess, monitor, and strengthen existing community partnerships</p>  | <p>Associate Dean for Diversity and Multicultural Affairs</p>   | <p><i>Short</i></p>   |

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| underserved segments within the RI community   | Increase number of collaborations and strategic partnerships (both formal and informal) with local organizations focused on serving underserved populations  |  |                |
| <p>Develop a multi-pronged, cross-disciplinary strategy for understanding and addressing community health concerns</p> <p>Establish strong ties with minority communities across the state with the goal of increasing awareness of minority health issues and increasing opportunities to facilitate research and service projects in diverse communities</p> | <p>Work collaboratively with health system affiliates to assess community needs and promote community health</p> <p>Partner with RI DOH Division of Community Health and Equity to promote awareness of disparities in local communities</p> <p>Encourage medical trainees to become involved in health promotion and health equity efforts</p> <p>Develop a method to assess the outcomes of community outreach programs</p> <p>Develop a plan, in collaboration with the Office of University Advancement, to establish a permanent funding stream for service learning at AMS, aimed at improving the health and well-being of underserved communities and patients in Rhode Island</p> |  | <i>Ongoing</i> |
| Develop culturally appropriate resources and opportunities for medical trainees and  | Track number of resources and activities geared towards URiM   | Associate Dean for Diversity and Multicultural Affairs | <i>Medium</i>  |

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| faculty to recruit, retain, and build a more diverse AMS community   | medical trainees and faculty  |  |              |
| Produce an annual community report highlighting community-based partnerships, research and outreach initiatives conducted by medical students, residents, and faculty. | <p>Devise a multi-pronged and feasible strategy for collecting this data from students and faculty</p> <p>Draft content and design scheme for annual report</p> <p>Publish first report online by Spring 2017</p> | Associate Dean for Diversity and Multicultural Affairs | <i>Short</i> |

## V. KNOWLEDGE

As diversity and inclusion develop as core values, we must know more about the diverse communities at AMS. This includes not only our community of medical trainees, faculty, administration and staff, but also the communities of patients that we serve as healthcare providers. As we strive to create a culture and climate that values diversity and fosters inclusiveness, we need to develop benchmarks against which we can measure progress. A fundamental step is assessing our current culture and climate regarding diversity and inclusion. The AAMC defines culture as “the values and beliefs of an institution” and climate as “perceptions, attitudes, and behaviors reflecting those beliefs.” We believe the initial step in any progressive initiative involves a thorough assessment of our current status with relation to the priorities we have defined.

Our primary goals are to:

1. *Improve data collection to assess and monitor demographic trends:* the medical school includes a broad group of medical trainees, faculty, staff, healthcare and community affiliates and partners throughout Rhode Island and the region. We will work with them to collect basic demographic information for compositional diversity metrics to better define our communities.
2. *Conduct culture and climate surveys to gauge progress in areas relevant to diversity and inclusion:* AMS will participate in the University’s campus wide climate surveys. We will also measure diversity and inclusion engagement across the medical school and affiliates by administering the AAMC’s Diversity and Engagement Survey (DES). The DES is a reliable and valid instrument developed with academic medical centers to assess, evaluate and benchmark levels of engagement and inclusion.<sup>2</sup>

### Strategic Goals

| ACTION  | METRICS   | RESPONSIBLE   | TIMELINE                     |
|---|---|---|------------------------------|
| <p>Improve data collection on medical trainees, faculty, administration and staff</p> <p>Assess diversity and inclusion culture and climate via (1) Brown’s campus-wide surveys and (2) AAMC’s DES</p> <p>Track and report demographics per residency program aligned with both institutional diversity and affirmative action placement goals.</p> | <p>Composition of our community relative to local, regional, and national populations; data to be displayed on AMS website</p> <p>Survey medical students, residents, and faculty to assess their knowledge, skills and attitudes around diversity and inclusion issues</p> <p>Baseline results for Brown’s survey (2016); track progress with annual surveys</p> | <p>Office of Admissions</p> <p>Office of Diversity and Multicultural Affairs<br/>Advisory Board</p> <p>GME Offices</p> <p>Faculty</p> | <p><i>Short - Medium</i></p> |

<sup>2</sup> <https://www.aamc.org/initiatives/diversity/portfolios/349308/diversityengagementsurvey.html>

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| <p>Track and report ratios of offers made to prospective candidates ranked and matched to residency and fellowship programs</p> | <p>Baseline results of AAMC DES to be conducted within 2016-17 academic year; track progress with surveys every 3 years</p> <p>Results of both surveys displayed on AMS website</p> |  |  |
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## VI. ACCOUNTABILITY

Without oversight and review of the progress in implementing the recommendations of the AMS DIAP, there is the risk that momentum will be lost and little will be accomplished. While the responsibility for effecting change rests with all members of the AMS community, the Diversity Council and the Advisory Board of the Office of Diversity and Multicultural Affairs (ODMA) will provide oversight of monitoring the plan's implementation and facilitating a transparent accountability system. Critical to creating a culture that values diversity and inclusion is sharing diversity and inclusion as common core values across the medical school and its partners. As such, each clinical department will develop and submit department-specific DIAPs. Department Chairs will submit progress reports to AMS on diversity and inclusion specific metrics which will be included as part of their reviews with the Dean of the Medical School prior to their reappointment.

AMS will expand resources for the Office of Diversity and Multicultural Affairs under the direction of the Associate Dean for Diversity and Multicultural Affairs. This may include the appointment of Assistant Dean/s for Diversity and Multicultural Affairs and the provision of resources to facilitate the successful implementation of the priority initiatives set forth in this DIAP. AMS will also ask healthcare system partners to demonstrate their commitment to diversity and inclusion by naming Chief Diversity Officers who will work with the Associate Dean/s for Diversity and Multicultural Affairs to foster a culture of diversity and inclusion across the medical school and its affiliates.

### Strategic Goals

| ACTION  | METRICS  | RESPONSIBLE  | TIMELINE               |
|---|--|--|------------------------|
| Establish Diversity Council and charge with oversight of diversity and inclusion action plan  | Diversity Council's charge articulated, members named, and plan outlined for the completion of an annual review and report to Dean of Medicine and Brown community                       | Associate Dean for Academic Affairs<br><br>Associate Dean for Diversity and Multicultural Affairs<br><br>Associate Dean for Medical Education    | <i>Short</i>           |
| Appoint Associate Dean for Diversity and Multicultural Affairs for AMS<br><br>Appoint Chief Diversity Officers at Lifespan and Care New England | Diversity Officers and Associate Dean positions filled at AMS and health system affiliates in 2016<br><br>Track number and frequency of meetings between senior diversity administrators | Chief Executive Officers of Care New England and Lifespan<br><br>Associate Dean for Academic Affairs<br><br>Associate Dean for Medical Education | <i>Ongoing - Short</i> |

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| <p>Request and encourage submission of Clinical Department specific plans for diversity and inclusion</p> <p>Create DIAP template for departmental use</p> <p>Support departments by providing AMS and peer benchmark data</p>  | <p>Action Plans and annual department progress reports submitted to Dean of Medicine as part of Dean's evaluation of clinical Chairs; includes metrics for each of AMS 6 priority areas</p> <p>Department Chairs submit first plan by February 2017 with visible representation of progress</p>  | <p>Associate Dean for Academic Affairs</p> <p>Associate Dean for Diversity and Multicultural Affairs</p>  | <p><i>Short</i></p>   |
| <p>Assess culture and climate in ongoing fashion</p> <p>University and AAMC DES (see Priority V)</p> <p>Develop mistreatment questions and include in course, clerkship and resident evaluations to assess the AMS climate of diversity and inclusion</p> <p>Create anonymous mistreatment portal with data feed to Assistant Dean for Student Affairs and ODMA</p> | <p>First University micro-survey in progress (Spring 2016)</p> <p>AAMC Culture and Climate survey conducted by Spring Semester 2017</p> <p>Survey results compared to baseline and benchmarks</p> <p>Implementation of updated course, clerkship, and resident evaluations</p> <p>Establishment of mistreatment portal</p> <p>Regular reports from mistreatment portal</p> | <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Associate Dean for Medical Education</p> <p>Assistant Dean for Student Affairs</p> | <p><i>Ongoing</i></p> |
| <p>Create visible representation (dashboard) of progress</p>  | <p>Metrics from priority areas displayed on AMS website</p>  | <p>Associate Dean for Diversity and Multicultural Affairs</p> <p>Associate Dean for Diversity and Multicultural Affairs</p>                         | <p><i>Short</i></p>   |
| <p>Develop DIAP Action Timeline</p>   | <p>First Timeline published on AMS website by Spring 2017</p>  | <p>Associate Dean for Medical Education</p> <p>Associate Dean for Academic Affairs</p>  | <p><i>Ongoing</i></p> |

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|   |  | Associate Dean for Diversity and Multicultural Affairs                               |                |
| Actively engage senior leaders in implementing the DIAP to ensure that goals are met and communicated from the top down | Improved perceptions within AMS as shown in annual climate surveys and of leadership's support for diversity and inclusion efforts | Dean, Associate Deans and Assistant Deans for Biology and Medicine with Senior Staff | <i>Ongoing</i> |



## APPENDIX

### Warren Alpert Medical School Task Force for Diversity and Inclusion Action Plan

Deborah Archer, MD – Brown Medical Alumni Association

Eric Chow, MD – Brown Minority Housestaff Association / Resident, Medicine-Pediatrics

Jara Crear - Brown MD Class of 2017

Michele Cyr, MD – Associate Dean for Academic Affairs

Samantha Deandrade – Brown MD Class of 2017

Phyllis Dennery, MD - Chair, Department of Pediatrics

Joseph Diaz, MD, MPH – Interim Associate Dean for Diversity and Multicultural Affairs; Task Force Chair

Nkiruka Emeagwali, MD – Brown Minority Housestaff Association / Resident, Medicine-Pediatrics

Tracey Guthrie, MD – Program Director, Psychiatry Residency Program, Butler Hospital

Amy LaCount - Brown MD Class of 2019

Bryan Leyva - Brown MD Class of 2018

Ana Novais – Title V/MCH Director, Rhode Island Department of Health

Zoila Quezada – Assistant Director, Office of Diversity and Multicultural Affairs

Radhika Rajan – Brown MD Class of 2019

Alan Siero – Brown MD Class of 2019

Emma Simmons, MD, MPH – Associate Dean for Student Affairs. University of California, Riverside

Jennifer Tsai – Brown MD Class of 2018

Allan Tunkel, MD, PhD – Associate Dean for Medical Education

Gregory Walker – MD Class of 2016