



HMS/HSDM Faculty Council

Faculty Council Minutes  
February 9, 2022

**Present:** Abrams, Adelman, Becker, Blackwell, Caradonna, Chang, Chen, D’Amico, Da Silva, Daley, del Carmen, Desrosiers, Gauferg, Giannobile, Goldstein, Haigis, Hatfield, Huang, Ingelfinger, Irani, Lee, Livingstone, Molina, Mullen, Murray, Nayak, Okereke, Park, Patel, Pian-Smith, Rodriguez, Solomon, Spring, Stone, Subramanian

**Guests:** Drs. Bates, Hundert, Jones, Muto, Pories, Reede, Saldaña, Sequist, Westlund, Wong; Mss. Bittinger, Lewis, Rencsok; Mr. Lopera

**Staff:** Mss. Hecht, Ryan, Williams

*This Faculty Council meeting was held virtually, via Zoom, due the COVID-19 pandemic.*

Dr. Marcela del Carmen called the meeting to order at 4:02pm and asked for and received approval for the January 12, 2022 meeting minutes. She mentioned that the vice chair election for next year’s Council would be distributed after the meeting and that eligible candidates are encouraged to self-nominate. The election will be held the first week of March with results announced at the March 9, 2022 Faculty Council meeting.

Dr. del Carmen introduced the first group of speakers, Drs. Gauferg, Jones, Pories, and Wong to present on the Arts and Humanities Initiative (AHI) at HMS. This group was originally booked to present at the March 2020 Faculty Council meeting, but was postponed due to the COVID-19 pandemic.

Dr. Liz Gauferg discussed arts and humanities in medicine and the 2018 National Academies report called the “Branches from the Same Tree” or “Branches” which concluded that there was good reason to integrate arts and humanities in the sciences, medicine, and engineering. Three years ago, the AAMC took that advice from the National Academies and launched what is called the Fundamental Role of Arts and Humanities in Medical Education (FRAHME) which helps provide resources to medical educators to integrate arts and humanities in courses. As a national movement, arts and humanities is much more than just a fun diversion, it provides ways to teach the core skills of doctoring- observation, interpretation, reflection, metacognitive awareness, cultivate empathy, team work and practicing difficult conversations- the skills we’re really needing to have in medicine today.

Dr. David Jones, Director of the HMS Arts and Humanities Initiative, went on to say that while those conversations were taking place nationally, similar conversations started to take place at HMS around ten years ago. A group was formed to think about what could be done to build a community of people at the medical school who were active in the arts and humanities. In 2018, a survey was sent out to the HMS community asking “Can medical education at HMS be enhanced by the arts?” There was a strong consensus that there was a lot of people who agreed that medical education at HMS could be enhanced by the integration of music, film, literature, visual arts, dance, and/or theater arts. In 2013, this group presented to the Faculty Council and organized an arts and humanities initiative with the founding gift from Dean Flier and additional sources of financial support.

Dr. Jones read the Arts and Humanities Initiative’s Mission:

*The Arts and Humanities Initiative aims to foster creativity and scholarship in the arts and medical humanities at Harvard Medical School and its affiliated hospitals, to support a community of faculty and students engaged and interested in the arts and humanities, and to enhance patient care through reflection and compassion.*

Dr. Jones also discussed their formal administrative structure and representatives on their multi-disciplinary, multi-institutional, inter-departmental steering committee.

Dr Susan Pories, associate co-director of the Arts and Humanities Initiative, shared a partial list of the visiting artists they have brought in over the years to spend varying amounts of time with the group and students. Each of them brought some really great gifts with their visit with both faculty and students. On the topic of diversity and inclusivity, it is something that they've thought a lot about, but admitted they haven't done all they would like to do and that is something they are always focusing on- how to do a better job with diversity, equity, and inclusion in all of their activities. She shared some of their recent activities including their Author Series partnering with the Countway Library to host Damon Tweedy, Jorge Contreras, and Kaitlyn Greenidge. They do a number of collaborations or joint activities including working with the American Repertory Theater, who have been wonderful with the students. They have had 5 books published and over 50 publications in the last few years. They enjoy working with students and helping them with their own ideas and projects, including helping them with a little bit of seed money to get students up and running with the Longwood Chorus.

Next, Dr. Lisa Wong, associate co-director of the Arts and Humanities initiative, talked about some other initiatives and what has been going on in the last couple of years due to the pandemic. With the change to virtual classrooms for students, they organized some sessions in order to address the isolation that they were feeling. They provided virtual drop-in sessions, workshops in the evening staffed by a faculty member who brought in different arts disciplines each week- from learning workshops, book talks, musical performances, to art conversation and more. When the Boston Hope Hospital opened in April 2020 they incorporated music into that, as well as the vaccine centers at Fenway and the Reggie Lewis Center in Roxbury. In 2021, students created and ran virtual bedside concerts to bring musical performances to isolated patients in ICUs and senior centers.

Dr. Wong highlighting a more recent engagement with all first-year medical pathway students and dental students who spent time in art museum-based sessions at the Harvard Art Museum, paired with a museum educator and medical faculty as part of including AHI into curriculum. Students were invited to focus on teamwork, flourishing and empathy and provided wonderful feedback afterwards. She briefly discussed some of the programs challenges around stable funding needed and how to continue integrating AHI in curriculum for 3<sup>rd</sup> and 4<sup>th</sup> year students. Mentioning how Dr. Pories opens her meetings for the surgical team at Mount Auburn with a poem, she noted how even small displays of arts and humanities helps remind all of who they are and why they are here. She closed by discussing AHI's future plans before opening up to questions from the Faculty Council.

After discussion, Dr. Jones played a clip from a performance in the Ether Dome to end this portion of the meeting.

Next, Dr. del Carmen introduced the panelists who were invited to provide an update and lead a discussion about anti-racism efforts across the HMS community.

Juan Fernando Lopera, Chief Diversity, Equity, Inclusion (DEI) officer at Beth Israel Lahey Health, has been in this role for about seven months. In March 2019 Beth Israel Leahy Health (BLH) came to be. Two of those years have been COVID years which actually resulted in accelerated integration for the system and then because of the events over the past two years with the murder of George Floyd and then COVID disproportionate impact on black and brown communities, they've also accelerated their efforts around diversity. As a new system, they had the benefit of starting the work from the ground up. The approach they've taken is anchored on care delivery, and their vision is to transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain, and develop diverse talent. Mr. Lopera outlined their three goals to accomplish this:

- They aim to have a workforce that mirrors the increasing diversity in the communities that BILH serves, with a focus on representation in leadership and care delivery roles.
- They aim to eradicate disparities in health outcomes within their diverse population of patients.
- They aim to expand investments in underrepresented communities to close socio-economic disparities that impact population health.

They are working across the system to have a uniform anti-discrimination policy, especially around racism and sexism and are working on implementing trainings, including bystander training. They rolled out a new Center for Health Equity Research & Innovation, and are focusing on their representative medicine recruitment and retention across their system.

Lastly, Mr. Lopera discussed the Healthy Equity Compact's vision is to dismantle systemic barriers to equitable health outcomes by transforming care delivery and influencing health policy. By bringing together a new generation of Black and Latinx executives with common purpose and lived experiences, they can and will seize the current moment to create a new chapter in healthy reform, with shared responsibility for healthy equity.

Next, Dr. Thomas Sequist, Professor of Medicine at Brigham and Women's Hospital and CMO for Mass General Brigham (MGB), discussed work being done at MGB. There are overlapping themes with what Mr. Lopera discussed taking place at BILH, but at MGH they are focusing on anti-racism across their organization in what they call United Against Racism (UAR). They want to work on their leadership, employees, and culture as well as patient care, and also within community healthy and policy advocacy. Dr. Sequist discussed a few of the MGB programs that are already in place.

- REaL Data Accuracy- outreach to adult primary care patients to update their demographic information to help MGB understand the inequities and practices of structural racism across their system.
- Language Access- improving language access and has brought in new teams to translate everything from all the emails that go out to posters that are in waiting rooms and also interpreter services
- Clinical Department Equity Goals- each interested specialty (chiefs working across all departments in the system) identified meaningful inequities in their fields and applied for participation in a Clinical Process Improvement Program. 18 project teams participated in racial equity and process improvement courses, constructed project plans and budgets and all 18 projects are funded and launched for FY22.
- Race in Clinical Protocols & Nomenclature- a big program around removing race from clinical protocols, the concept of racialized medicine as most know it as, and eliminating it. eGFR was given as an example- where MGB feels strongly that when you put race in clinical

calculators you do a disservice to the patient because you actually label their disease differently based on race.

- Digital Health Access- COVID showed the problem around inequitable access to video technology, and to telemedicine in general. MGB has purchased iPads to give to their patients who have trouble accessing their video platform. They also hired digital access coordinators to sit in clinics and help serve as navigators for technology. They are also working to translate their Patient Gateway and questionnaires into more languages.

Dr. Sequist concluded his presentation by discussing social determinants of health (SDoH) screening expansion by Payor and chronic disease management in primary care.

Next, Dean for Student Affairs, Fidencio Saldaña, MD, presented an update on the HMS Program in Medical Education Talk Force Against Racism. He provided an overview of the Task Force, which included 25 students and 130 faculty. The role of the Task Force was to perform an in-depth internal scan of PME, identify areas where racism is embedded in the PEM experience, identify areas to incorporate anti-racism education throughout all aspects of the PME, make concreated recommendations and action plans to combat racism in the PME, and to develop an ongoing monitoring process and reporting structure to address racist actions that occur in the context of the PME and associated learning environments.

Next, Dean Saldaña discussed the Task Force priorities.

- Create systems to ensure accountability for the task force subcommittee recommendations
- Create a system to coordinate anti-racism efforts between HMS and the affiliated hospitals in order to avoid unintentional redundancy
- Provide additional resources to carry out the recommendations and coordinate anti-racism efforts
- Development of an anti-racism subcommittee within the EPCC structure
- Institute comprehensive, mandatory anti-racism training across all aspects of the PME
- Provide financial compensation and academic recognition for teaching and diversity, inclusion and equity work
- Increase UIM faculty in all aspects of the PME
- Establish reporting and investigatory mechanism to address incidents of perceived bias and discrimination that arise during any aspect of the PME experience
- Employ a comprehensive budget analysis for the Task Force subcommittee recommendations to ensure that adequate funding is provided to support the desired outcomes
- Create internally - and externally-facing dashboards with metrics that will be tracked at regular intervals

Dean Saldaña then gave the Council a flavor of the recommendations that were made in particular domains (admissions, student affairs, assessment, curriculum, faculty development). An example he gave in Admissions, was making specific training mandatory for all our faculty (implicit bias, anti-racism and microaggression trainings). The theme of faculty development is seen throughout the five domains, but Dean Saldaña stated a key component is to really ensure the diversity of faculty and this, in conjunction with the hospitals, needs to happen by improving recruitment retention and promotion and leadership of all underrepresented faculty to prioritize resources to be able to sustain faculty development programs.

Next, Ms. Emily Rencsok, an MD/PhD student in the middle of a PhD in epidemiology at the Chan School of Public Health, gave her take as a student member of the Task Force and her experience from when she was in HST. She also discussed what she got out of working under the committee and what she hopes to see change as a result of the committee.

MS. Rencsok participated in the first-year urban neighborhood campaign at HMS to learn about social justice in relation to health medicine. In her initial months of Med school and HST, specifically, she felt totally disconnected from that world and felt they rarely ever discussed social political determinates of health and other issues related to health inequities and health disparities. To address this, she and a few classmates started the Student Diversity Ambassadors to tackle some issues but faced a lot of barriers and resistance from administrators over and over again. The students didn't feel prioritized and all the work was falling on the students. When she saw there was a larger HMS-wide effort with the Task Force, she was excited to see some dedication to this work at the institutional level and knew she wanted to participate in order to bring in the HST perspective, which she thinks is often missing from the larger HMS-wide conversations. She observed that a lot of her underrepresented in medicine classmates were already overcommitted and they didn't have the bandwidth to really volunteer on this committee. She feels there still needs more buy in and engagement from white folks in the community and to relieve some of the burden of that minority tax, that we hear so much about.

In terms of what she got out of the committee, she joined the team as part of the executive committee and then on the admissions and curriculum committees because she felt those were the two groups that needed more HST specific input and unsurprisingly she was often one of the only white folks on the call and also one of the only HST folks on the calls. She got a better idea of the types of people who are interested in doing this work as well as insight into what's behind the curtain of HMS regarding admissions and curriculum development. She felt her opinions were respected and sought out, as a student on the various committees she served. Faculty were prioritizing student voices accordingly and on the whole, she got some renewed motivation that there could actually be change in this area at HMS and that the school was taking steps toward that change after all.

In terms of what she hopes to see change as a result of the committee, Ms. Rencsok said she hopes to see more institutional wide engagement with an acceptance of this work at the student, faculty, and staff level- particularly from folks who haven't been engaged in this work before. She also pointed out that HMS often recruits an inner circle of people who are really invested in this area, but is excited to see it broadened more widely to the HMS community. She also hopes that this work will be prioritized, incentivized, and rewarded at all levels to encourage engagement and really demonstrate a true commitment of HMS to this work. She also stressed the importance of making sure HST doesn't fall behind.

Dr. del Carmen thanked all the speakers and then opened the meeting to discussion with the Council. A lengthy discussion took place and Dr. del Carmen adjourned the meeting at 5:37pm.