

Bylaws of the Stanford Medicine Diversity Cabinet

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BACKGROUND AND APPROACH

Institutional structures related to diversity, equity, and inclusion vary as to how centralized or decentralized they are within the organizational system. When accountability for diversity is disseminated by the institution, ideally it will be normalized as a part of everyday activities for graduate and medical students, postdoctoral scholars, residents, and fellows (hereafter collectively referred to as trainees), faculty, and staff and employee groups in academic medicine and bioscience research. In other words, each individual is responsible for upholding an ethos of diversity, respect, and inclusion in their day-to-day interactions, activities, and work. Diversity and inclusion activities at Stanford Medicine (Stanford School of Medicine, Lucile Packard Children's Hospital Stanford (LPCHS), and Stanford Health Care (SHC)) are widespread and integrated into graduate and graduate medical education activities, as well as career development opportunities for trainees, faculty, School of Medicine staff, and LPCHS and SHC employees. This approach is based on the philosophy that diversity and inclusion activities and leadership should be integrated directly into each constituency community. However, this approach can also lead to challenges related to duplication of efforts, lack of effective communication of activities across the spectrum, and lack of coordination with senior leadership to ensure that resources for diversity, equity, and inclusion are effectively utilized in each aspect of the academic medical center.

In response to these challenges, the Diversity Cabinet formed to coordinate and integrate program and communication strategies across Stanford Medicine to leverage diversity, equity, and inclusion partnerships. The Diversity Cabinet, comprised of leadership from all Stanford Medicine constituent academic groups, LPCHS, and SHC, serves this integrative role in the form of an advisory body; simultaneously, each Diversity Cabinet member maintains oversight over their specific unit or constituent group. When needed, the Diversity Cabinet can create action-oriented teams to address specific concerns involving diversity, equity, or inclusion issues affecting the Stanford Medicine community. This model ensures that diversity and inclusion activities are cohesive, aligned, and communicated across groups within an organizational system. Further, the Diversity Cabinet will evaluate its impact through ongoing assessments of its accomplishments and ability to identify and advance common goals in a collaborative and impactful way.

A. BROAD OVERVIEW OF THE DIVERSITY CABINET

In 2012, an initial, ad hoc Diversity Cabinet formed to compile the School of Medicine's first Diversity and Inclusion Strategic Plan, released in 2013. In 2014, a new Stanford Medicine Diversity Cabinet was convened by decanal leadership to serve a more comprehensive role of reviewing and coordinating diversity activities across the School of Medicine continuum and working to share best practices and lessons learned. In May 2017, the Diversity Cabinet was formally charged with advising the School of Medicine Dean on mechanisms to enhance diversity, equity, and inclusion at Stanford Medicine. In November 2018, the Diversity Cabinet self-identified that the group's role had expanded to being both advisory and action-oriented.

The new Cabinet formed in 2014 was comprised of representatives from the following educational units at the School of Medicine: medical student admissions, medical student affairs, medical

education, graduate medical education, graduate education, postdoctoral affairs, and faculty diversity, in addition to membership from other leadership groups representing the Center of Excellence for Diversity in Medical Education, LGBTQ affairs, and school-wide diversity and inclusion initiatives. In 2017, representatives from trainee populations as well as the School's Human Resources Group were invited to join the Cabinet. In 2018, the Diversity Cabinet invited representatives from LPCHS and SHC so that the Cabinet could encompass all of Stanford Medicine, and hired a Director of Culture and Inclusion to provide staff support for the Diversity Cabinet.

The Diversity Cabinet organizes around a common definition of diversity. The purpose of doing so is to operate behind a shared value system, have a unified voice around diversity, broaden the definition of diversity to be more inclusive of multiple marginalized groups, and better understand how to measure populations beyond the current metrics used by Stanford University, LPCHS, and SHC. The definition of diversity that the Cabinet uses is adapted from the Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion (GDI) and is as follows:

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in equity and social justice. In this context, we consider the importance of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age. We recognize that these categories of differences are intersectional, not always fixed, and can be fluid.

At a big picture level, priority areas include:

- (1) Establishing diversity, equity, and inclusion as core values of Stanford Medicine.
- (2) Promoting a sense of belonging and inclusiveness for all members of Stanford Medicine.
- (3) Engaging the Stanford Medicine community in the recruitment, retention, and advancement of diverse individuals among trainees, faculty, School of Medicine staff, and LPCHS and SHC employees.
- (4) Engaging other Schools at Stanford University through collaborations on diversity initiatives and activities and targeting the undergraduate population for recruitment into Stanford Medicine bioscience and medical programs.
- (5) Supporting community building and education of inclusive and equitable practices for trainees, faculty, School of Medicine staff, and LPCHS and SHC employees.

B. GENERAL DUTIES

The Cabinet may review and recommend actions to the School of Medicine Dean and LPCHS and SHC leadership in regard to the following:

- (1) Recommend and assist with oversight of specific programs or initiatives approved by the School of Medicine Dean, monitor progress of the implementation of these, and provide periodic updates to the Dean.
- (2) Provide insight on the role of diversity across Stanford Medicine and Stanford University's broader initiatives (e.g., Precision Health, Stanford Medicine Integrated Strategic Plan, Stanford University Long Range Plan).
- (3) Advise School of Medicine and LPCHS and SHC leadership on issues related to diversity, equity, and inclusion. This includes recommendations to address topical issues that arise in the area of diversity, equity, and inclusion for the School of Medicine and LPCHS and SHC communities.
- (4) Engage stakeholder groups, including trainees, faculty, School of Medicine staff, and LPCHS and SHC employees, through Cabinet members and informal channels to maintain continual awareness of their needs.

- (5) Develop, disseminate, coordinate, and collaborate on activities across Cabinet constituent member groups.
- (6) Play a key role in communicating and disseminating Stanford Medicine's diversity and inclusion programs, initiatives, and priorities to the broader community.
- (7) Assist the School of Medicine Dean and LPCHS and SHC leadership and their respective communications teams in developing novel approaches to highlight diversity, equity, and inclusion through internal and external strategic communications.
- (8) Address and/or implement constituency requests for diversity, equity, and inclusion activities through affiliated School of Medicine and LPCHS and SHC offices through existing resources and/or with additional support from the School of Medicine Dean's office and LPCHS and SHC resources.

C. MEMBERSHIP

- (1) The Diversity Cabinet shall be comprised of leadership from the following Stanford Medicine units: medical student admissions, medical student affairs, medical education, graduate medical education, graduate education, postdoctoral affairs, medical faculty senate, and faculty diversity, in addition to membership from other leadership groups representing LGBTQ affairs, Disability community, the Human Resources Group, Stanford Health Care, Lucile Packard Children's Hospital Stanford, and other school-wide diversity, equity, and inclusion initiatives. Trainee appointments will include a medical student, graduate student, resident or fellow, and a postdoctoral researcher. The Associate Dean of Equity and Strategic Initiatives will serve as the Chair of the Diversity Cabinet.
- (2) Trainees are expected to change year-to-year based on leadership positions in their respective organizations. In the case that leadership does not change, 1 trainee for each organization will serve up to a maximum of 2 years in order to give more individuals an opportunity to have a voice on the Cabinet. The four individual roles are:
 - President of Stanford University Minority Medical Alliance (SUMMA) (Medical Students)
 - President of Biomedical Association for the Interest of Minority Students (BioAIMS) (Graduate Students)
 - Appointee of Stanford University Postdoctoral Association (SURPAS) (Postdoctoral Scholars)
 - Appointee of Graduate Medical Education Diversity Committee (GME Diversity Committee) (Residents/Fellows)
- (3) Faculty, School of Medicine staff, and LPCHS and SHC positions will remain the same unless a new person is appointed or hired for the specified role.
- (4) New membership is allowed. Any requests or suggestions of new members shall be presented at an official Cabinet meeting. Members at the meeting will vote. Any missing members will be given one week to submit a vote. New members will be added if a majority of the total membership votes to add the new candidate.
- (5) A unanimous in-person vote is required to revoke any individual's membership.
- (6) Members can resign from the Cabinet. In cases where a replacement is necessary, the Cabinet will follow the rules for new membership.
- (7) Each Cabinet member has the same voting power for all matters regardless of position or title.
- (8) As of Fall 2018, Cabinet members represent the following constituencies:
 - Faculty
 - Residents/Fellows

- Medical Students
- Postdoctoral Scholars
- Graduate Students
- Pre-health Students
- LGBTQ/SGM Affairs
- Stanford Medicine Abilities Coalition
- School of Medicine Staff
- Lucile Packard Children's Hospital Stanford Employees
- Stanford Health Care Employees
- Stanford Medicine Alumni Association

D. MEETINGS

- (1) The Diversity Cabinet will meet monthly throughout the year except for the months of July and August. These meetings will be a minimum of 1 hour. The Cabinet shall meet no less than 6 times annually. The Cabinet will have a minimum of 1 retreat per year.
- (2) Cabinet members are expected to attend a majority of meetings.
- (3) Agendas will be set by the Chair of the Cabinet based upon individual requests, discussion at previous meetings, and general yearly updates (for example, trainee admissions, subcommittee and task force report out, LPCHS and SHC report out, etc.). Agendas will be sent out to Cabinet members prior to the meeting by the Chair of the Cabinet. Members are expected to review the agenda in advance.
- (4) The Chair will lead the agenda in the meetings with Cabinet members owning parts of the agenda specific to their office or constituency.
- (5) Meeting minutes will be captured and sent to Cabinet members by the Chair of the Cabinet or a delegate. Cabinet members are expected to read meeting minutes.
- (6) Members that will miss meetings are allowed to send a representative in their place for that meeting only. This individual is not considered a Cabinet member and does not have voting privileges.

E. REPORTING RESPONSIBILITIES

- (1) The Senior Associate Dean for Faculty Development and Diversity and/or the Cabinet Chair will brief the School of Medicine Dean regularly on Diversity Cabinet activities.
- (2) The School of Medicine Dean will be invited to attend at least one Cabinet meeting or retreat per year, where the Cabinet will prepare a brief report out on its activities for the Dean.
- (3) The Cabinet representatives for LPCHS and SHC will brief LPCHS and SHC leadership regularly on Diversity Cabinet activities. LPCHS and SHC leadership can be invited to attend the presentation to the School of Medicine Dean as noted above (see Section E. (3)).
- (4) The Senior Associate Dean for Faculty Development and Diversity serves as the School of Medicine's representative on Stanford University's Diversity Cabinet and regularly updates both Diversity Cabinets on each group's activities.

F. RELATIONSHIP BETWEEN THE DIVERSITY CABINET AND STANFORD MEDICINE AFFILIATED OFFICES AND ORGANIZATIONS

- (1) Diversity Cabinet members belonging to Stanford Medicine Affiliated offices and/or organizations are expected to represent their respective constituency.
- (2) At meetings, Cabinet members represent the will and opinion of the members of their respective constituency. Members are expected to provide key input at meetings on diversity,

equity, and inclusion matters relevant to their respective constituency while keeping in mind all Stanford Medicine constituencies are important.

- (3) Cabinet members will advise the School of Medicine Dean and LPCHS and SHC leadership and take action on diversity, equity, and inclusion issues important to their represented constituency as they arise.
- (4) Cabinet discussions will remain confidential except as is deemed appropriate to advance diversity, equity, and inclusion. Cabinet members are expected to provide relevant information to members of their respective constituency.
- (5) When recommendations or initiatives are agreed upon and approved by the School of Medicine Dean and/or LPCHS and SHC leadership, Cabinet members are expected to fulfill assigned tasks based on the constituency served and are responsible for creating and/or implementing any associated policies, communicating new developments to the appropriate broader constituencies, monitoring progress, and measuring outcomes.

G. ORGANIZATIONAL FRAMEWORK

The Diversity Cabinet will provide oversight as it relates to Section A. and B. This includes, but is not limited to, collective activities across constituencies for which the Cabinet provides direction. The Cabinet can assemble into smaller action-oriented groups to address specific issues in the shape of Task Forces or Subcommittees. The model for Task Forces is to focus on a specific issue with the end result being a report with recommendations and specific implementation guidelines.

Subcommittees will be formed as an ongoing effort to continuously address issues and/or to bring a subgroup of constituents or communities together. The key difference between Task Forces and Subcommittees is that Task Forces have an end date while Subcommittees are continually ongoing. Task forces have the potential to transition to Subcommittees. Ad Hoc Committees exist for cases in which a Task Force or Subcommittee is not an appropriate form to address the issue at hand.

(1) Task Forces

- a. Task Force topics will be approved by the Cabinet by a majority vote of total membership. Topics are expected to address pressing issues around diversity, equity, and inclusion.
- b. Task Forces will have a specified end date.
- c. At least 2 members of the Diversity Cabinet must be on each Task Force. Additional members can be non-Cabinet members.
- d. Task Forces must have at least 1 and no more than 3 Chair(s) who communicate(s) progress and outcomes with the Chair of the Cabinet. The Chair(s) of the Task Forces do not need to be Cabinet members.
- e. Task Forces must produce a report with recommendations and guidelines to implement the proposed recommendations. If the Task Force would like to produce a different product, it must be approved by the majority of the Cabinet.
- f. The Diversity Cabinet approves the final report that will be presented to the School of Medicine Dean and/or LPCHS and SHC leadership.
- g. The Cabinet may remove any or all members of the Task Force, including the Chair(s), by a two-thirds majority vote of total membership.
- h. Task Forces will share agendas and meeting notes and any other documentation with the Chair of the Cabinet upon request.

(2) Subcommittees

- a. Subcommittees will be approved by the Cabinet by a majority vote of total membership. Subcommittees are expected to address ongoing issues around diversity, equity, and inclusion and assist in communicating and connecting around a topic, subgroup, or constituency.

- b. Subcommittees operate on a continuing basis. A subcommittee may end if the subcommittee disbands itself or all members are voted out by the Cabinet and the Cabinet approves not reconvening a new group of individuals.
 - c. At least 2 members of the Diversity Cabinet must be on each Subcommittee. Additional members can be non-Cabinet members.
 - d. Subcommittees must have at least 1 and no more than 3 Chair(s) who communicate(s) progress and outcomes with the Chair of the Cabinet. The Chair(s) of the Subcommittees do not need to be Cabinet members.
 - e. Subcommittees are expected to produce their own bylaws using a provided template that will be approved by the Cabinet by a majority vote of total membership.
 - f. Subcommittees are expected to present to the Cabinet at least 2 times per year.
 - g. The Cabinet may remove any or all members of the Subcommittee, including the Chair(s), by a two-thirds majority vote of total membership.
 - h. Subcommittees will share agendas and meeting notes and any other documentation to the Chair of the Cabinet upon request.
- (3) Ad Hoc Committees
- a. In the case when a Task Force or Subcommittee does not suffice to respond to an immediate pressing issue on diversity, equity, and inclusion, the Diversity Cabinet can create an Ad Hoc Committee by a two-thirds vote of total membership.
 - b. Ad Hoc Committees will be expected to present to the Cabinet, provide documentation of their efforts to the Chair of the Cabinet, and produce a report(s) of findings for the Cabinet.

H. CONDUCT

- (1) The Diversity Cabinet operates by an internal Team Charter that lays out team norms that serves as a foundation for the group.
- (2) Diversity Cabinet members are expected to uphold the respect, civility, equity, and inclusive practices that they wish to impart to Stanford Medicine.
- (3) Diversity Cabinet members understand and value that different perspectives exist, move towards alignment from different perspectives, commit to an aligned behavior or value, and present that alignment as a unified voice.
- (4) In the case of a disagreement, members will hold a group discussion to resolve the situation. If an impasse is reached, an external facilitator will be consulted to mediate the discussion.
- (5) Decision-making will take the forms of primarily consultative, i.e. consulting a small group of outside experts, and delegative, i.e. delegating to a smaller team of individuals, processes approximately 90-95% of the time. Majority Cabinet consensus-based decision-making will occur approximately 5-10% of the time. Consultative and delegative decision-making can lead to consensus-based decision-making for approval from the Cabinet as a group.

I. BYLAWS APPROVAL AND REVISION

- (1) The Bylaws are approved with a supermajority, or 60%, vote of the total membership.
- (2) The Bylaws may be amended by a supermajority, or 60%, vote of the total membership.
- (3) The Bylaws shall be reviewed at least every 5 years.
- (4) The Bylaws will be updated every 2 years to reflect appropriate changes in titles, offices, etc.