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Transformational leadership approach for encouraging historically marginalized communities to access admission to Naturopathic Medicine

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Abstract

Many healthcare training institutions are deficient in cultural diversity, including naturopathic medicine. One potential reason is a lack of individuals from underrepresented groups applying to these health professional schools. Attracting underrepresented groups to healthcare professions, like naturopathic medicine is important for improving healthcare access and delivery across all individuals within North America. This OIP explores the lack of applicants from underrepresented groups to the naturopathic medicine program at a large multi-center institution. The role that education and mentorship of faculty members can play to improve implicit biases and eventually support applicants from underrepresented groups to apply to the program is explored. Moreover, the OIP presents a plan using informal leadership with a transformational approach to motivate change including the practices of exemplary leadership. Also, the plan is outlined and communicated using the CPM, which includes a process for the practice of transformational leadership. Tracking success and challenges within the OIP are detailed in the monitoring and evaluation framework, which includes focus groups and SWOT analysis. This process would eventually lead to a growth in DEI and implicit bias understanding within the faculty's, the effects of which could be widespread.

Keywords: underrepresented groups, naturopathic medicine, diversity, faculty, transformational leadership, mentorship

Executive Summary

Naturopathic Medicine represents a field of medicine that combines knowledge and traditions from cultures such as Indigenous and Asian, with modern conventional medicine. Historically, individuals who attend training and become practitioners have come from Eurocentric/White backgrounds. As a result, there is a lack of underrepresented groups attending naturopathic medical schools. These institutions also mirror other health professions, like conventional medicine, and have a small number of professors and administrators from underrepresented groups. The ongoing deficiency in diversity within healthcare professions can perpetuate ongoing health disparities seen within many diverse communities. Therefore, it is important to improve the diversity of practitioners within healthcare professions, including naturopathic medicine, to improve access and delivery of medicine.

Currently, my role within the university is that of a faculty member and as the chair of clinical sciences. Consequently, my power and ability to elicit change is not direct as I would need to work with my leaders to inform change. The leaders I intend to engage include my dean and the associate vice president of diversity equity and inclusion (AVP of DEI). Both have administrative roles within the school and can encourage change within the faculty. I work with the chairs and associate deans as part of the dean's leadership team, as well as with the diversity, equity, and inclusion (DEI) advisory council, who work alongside the AVP of DEI.

My problem of practice (PoP) explores how informal leadership can be implemented to encourage a transformational approach for improving faculty interest in providing a positive applicant experience, which will then encourage more applicants from underrepresented groups. The goals of the PoP include discovering how underrepresented groups become aware of the naturopathic medicine program, how the various forms of cultural capital can be implemented to

encourage diverse people into applying, and lastly how the faculty can become more involved with promoting the attraction of individuals from underrepresented groups.

The first chapter describes the problem in detail. It provides a description of the organizational context, where I fit into the structure as both an administrator and faculty. The leadership within the organization follows a hierarchical structural-functional framework; however, the faculty are more interpretivists. The individuals within the faculty are motivated to provide a humanistic, student-centered experience. Unfortunately, the faculty lack power to elicit direct change within the institution. Therefore, a political, economic, social, technological, legal, and environmental (PESTLE) analysis will be used to help frame the PoP. The eventual leadership-focused vision for change will involve gaining support from the faculty to encourage supporting more applicants from underrepresented groups.

In Chapter 2, I highlight my role as a change agent, as well as the desired leadership approach. I discuss the utilization of Kouzes and Posner (2017)'s exemplary practices for transformational leadership as a model for change. Moreover, this section emphasizes Deszca et al.'s (2020) change path model (CPM), as a means for creating the structure for change using transformational leadership. Aligning transformational leadership with Kouzes and Posner's exemplary practices (2017), as well as modelled using CPM is demonstrated in this section. To proceed with change, forces that act for and against the university are assessed. Particularly, the anticipated forces that drive the change forward are then circumscribed with the forces that hasten its progression. Finally, three proposed solutions are described, with a focus on the third solution, outlining the faculty's role developing DEI education to aid with implicit biases and promoting mentorship to individuals from who may be interested in applying, and supporting applicants from underrepresented groups who request a mentor. Growing the faculty's

knowledge on implicit biases has far reaching effects, not just attracting underrepresented groups, but can also be used to aid in other areas of the program, such as teaching.

Finally, Chapter 3, details the plan for solution chosen in the previous chapter. It includes a change implementation plan, communication, as well as monitoring and evaluation discussion for faculty mentorship, including implicit bias training. The transformational leadership approach is woven through the entire plan and guided by Deszca et al.'s (2020) CPM. The DEI advisory council will begin by slightly modifying the DEI professional development training the faculty already receive. It entails the creation of DEI cases with discussions for faculty to work through in small groups during the all-campus quarterly faculty meetings for the naturopathic medicine program. The DEI advisory council facilitates the training and assesses participation. After 12 months of cases followed by discussions, the dean would reach out to faculty members to request faculty service through mentorship instead of participating in applicant interviews, which is what faculty typically participate in. In addition, Markiewicz and Patrick's (2015) monitoring and evaluation framework (MEF) aligns well with CPM and transformational leadership, therefore, it is used to discuss benchmarks and monitoring for success of the plan. Faculty results on the Implicit Association Test (IAT) (Greenwald et al., 1998) will aid in assessing their unintentional biases towards groups of people and determine their growth. Further, the success of the faculty mentorship can be measured by examining the number of requests for faculty mentors made by underrepresented groups as well as documenting the faculty's experience. By engaging in these measures, the faculty will become more aware of their own biases and create an environment where they can advocate for the mentorship of underrepresented groups.

Acknowledgments

In 2019 my life changed dramatically. I was diagnosed with an aggressive, late-stage breast cancer. All my life plans and hopes changed at that moment. Between one of my chemotherapy sessions, I realized that I was unsure how this health journey was going to play out, however, I knew that I had to do everything in my power to help lead change for underrepresented groups, like me. I was inspired by the Western University's Ed.D Community Leadership program and vowed that I would do everything in my power to be healthy enough to enroll and make a change. I began the program by attending orientation from a hospital bed after a 12-hour surgery and have been continuing since then. In total since 2019 I have gone through two types of chemotherapy and seven painful surgeries with the last one in October 2022, and am thankfully in remission. In addition, I'm thrilled to include in early 2024 I'll finally be a mother, which is something that I never anticipated possible after all that I had been through.

Thank you to my family and loved ones who have continued to deliver their unwavering support throughout this journey. A deep gratitude to my professors who have guided me through this program. I value the recommendations provided by my evaluator in helping to strengthen my OIP. Finally, Dr. Beate Planche, I value your guidance and mentorship. Waheguru.

Table of Contents

List of Tables

List of Figures

Acronyms

AANMC	Association of Accredited Naturopathic Medical Colleges
APA	American Psychological Association
AVP	Associate Vice President
CAM	Complementary and Alternative Medicine
CCW	Community Cultural Wealth
COVID-19	Corona Virus Disease of 2019
CRT	Critical Race Theory
CPM	Change Path Model
CQI	Continuous Quality Improvement
DEI	Diversity, Equity, and Inclusion
IAT	Implicit Association Test
KM	Knowledge-Mobilization
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
MEF	Monitoring and Evaluation Framework
OIP	Organizational Improvement Plan
PDSA	Plan, Do, Study, Act
PESTLE	Political, Economic, Social, Technological, Legal and Environmental
PoP	Problem of Practice
RBM	Results-based Management
RSU	Research Site University
SWOT	Strength, Weakness, Opportunities, Weakness

Definitions

Change Champions: Individuals within an organization who have both power and influence (Wolverton, 1998).

Change Supporters: Individuals within an organization who are advocates for change, however, do not hold power (Wolverton, 1998)

Change Path Model: Four-stage model that focuses on process. The four stages include Awakening, Mobilization, Acceleration, and Institutionalization (Deszca et al., 2020).

Communities of Colour: See 'Historically Marginalized Communities'

Community Cultural Wealth: Knowledge, skills, abilities, and contacts possessed by communities of colour are used in society to survive and resist oppression (Yosso, 2005). Six forms of capital are aspirational, navigational, social, linguistic, familial, and resistance (Yosso, 2005).

Diversity: "the representation or composition of various social identity groups in a work group, organization, or community" (American Psychological Association [APA], 2022b, para. 3).

Equity: "involves providing resources according to the need to help diverse populations achieve their highest state of health and other functioning" (APA, 2022b, para. 2).

Historically Marginalized Communities: "those excluded from mainstream social, economic, educational and/or cultural life" (Sevelius et al., 2020, p. 2009), including groups who are excluded due to their race. They are marginalized due to the unequal power relationship they hold between social groups (Sevelius et al., 2020).

Inclusion: "strives for an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences" (APA, 2022b, para. 3).

Transformational Leadership: The process of engaging with other to create a connection and raise their motivation and morality. Leaders and followers work to achieve their fullest potential (Northouse, 2021).

Underrepresented Group: A term used to refer to non-White racial and ethnic groups collectively (American Psychological Association, 2020).

Chapter 1: Introduction and Problem Posing

Advocating for a more diverse group of health professionals can be a driver for healthcare equity within North America. Currently, 40% of the United States population (United States Census Bureau, n.d.) and 22.3% of the Canadian population (Statistics Canada, 2022) represent historically marginalized groups. For the purposes of this organizational improvement plan (OIP), I will be focusing on ethnically and racially marginalized groups, such as Indigenous peoples, Asians, people of colour, African American/Black, and Latin communities (American Psychological Association, 2020; Kalunta-Crumpton, 2020; Kantamneni, 2020; Marconi et al., 2022). According to the American Psychological Association (2020), race represents "physical differences that groups and cultures consider socially significant" (p. 142), while ethnicity "refers to shared cultural characteristics such as language, ancestry, practices and beliefs" (p. 142). When referring to historically marginalized peoples, specifically non-White racial and ethnic groups collectively, in this document, the term "underrepresented groups" (American Psychological Association, 2020, p. 145), will be used.

These groups are drastically underrepresented within all healthcare professions, which can continue to perpetuate health disparities, particularly amongst these groups which remain largely underserved (Cooper-Patrick et al., 1999; Hall et al., 2015; Smith et al., 2023; Quan et al., 2023). Further, while a lack of diversity exists within all healthcare professions, I will be focusing on naturopathic medicine for my OIP. My problem of practice (PoP) will discuss how I, as an informal leader, can encourage faculty interest to ultimately provide a positive application experience, then encourage more applicants from underrepresented groups.

Additionally, enrollment management focuses on admission, retention, and graduation rates of students from academic programs (Duniway, 2012; Vega-Gutierrez et al., 2020). For, the

purposes of the OIP there will be a focus on the applicant stage of the admissions process. The entire process is often described as a funnel that begins with recruited potential students, who represent names from mailing campaigns or responses to recruiting events (Duniway, 2012; Vega-Gutierrez et al., 2020; Johnson et al., 2022). Those prospects who request additional information are labelled as inquiries (Duniway, 2012; Rüegg, 2019). Further down the funnel are the applicants who engage in following the application process, which for RSU's naturopathic medicine program entails submitting an online application, transcripts, and participating in an interview. Further along, those who are admitted may accept the offer of admission, which translates to deposits received and enrollment (Duniway, 2012; Johnson et al., 2022). Therefore, the problem of practice will focus on enhancing the attraction of the program to applicants from underrepresented groups. The ultimate goal is to encourage more underrepresented students to enroll and participate in the program.

In this chapter, to understand the transformation process, the context for change will be discussed. I will also outline facets of my personal leadership positionality and my ability to influence change within the organizational context. Additionally, I describe my PoP and examine the components which may influence change through a political, economic, social, technology, legal, and environmental (PESTLE) analysis. Lastly, my guiding questions and vision for change will demonstrate some of the underlying perplexities including leadership perspective that acts as the foundation for my OIP.

Positionality and Lens

As a South Asian female, I am one of the underrepresented groups within the university's majority White/Eurocentric student, faculty, and administrative population (Appendix A and B).

In addition, as a woman with disabilities, I am acutely aware of the intersections of diversity with which I identify and what avenues for leadership are available.

My personal voice is representative of one of the many growing culturally and ethnically diverse communities within North America. Collectively, the impact of which can be noted within the general workforce, as, the majority of those entering employment are underrepresented groups (Wilson, 2016). Within collectivist cultures such as those whose heritage originates from Japan, India, Guatemala, Brazil, and Indonesia (Svoray et al., 2022), there is a strong sense of community values, honour to regulate norms, and a maintenance of group hierarchy (Akkus et al., 2017). Similarly, my cultural duality of being born in Canada while having values representative of my South Asian background has shaped my perspectives on leadership.

My upbringing has also allowed me to appreciate contrasting cultural perspectives. I was raised by parents who have immigrated to Canada from India. They have passed on their collectivist values, which favoured social justice and the creation of shared ideals. In contrast, my educational and vocational exposure has been largely based on colonial models of individualism (Hofstede, 1984). Straddling between these two models has helped me understand my lack of exposure and perceived inaccessibility of naturopathic medicine, which may be like the experiences of many other underrepresented groups (Rhee et al., 2017). Moreover, these polarities are mirrored in the hierarchical, structural-functionalist model of the university's operation as compared to a more constructivist approach to faculty and education.

Roles and Responsibilities

I hold multiple roles within Research Site University (RSU), including didactic, clinical, administrative and research. I hold a core faculty position as an associate professor and clinical

supervisor. The program also has adjunct faculty members, who are contracted faculty members, and not full-time employees, like core faculty members. Like many faculty members, my teaching is predominantly focused on creating a student-centered learning experience, which is conducive of the interpretivist framework (Tangney, 2014). The interpretivist or constructivist approach to education brings the human experience into consideration (Tangney, 2014). Cohen et al. (2011) states that "the interpretive paradigm, in contrast to its normative counterpart, is characterized by a concern for the individual" (p. 17). Therefore, my personal and professional positionality allow me the ability to appreciate the needs of students with diverse backgrounds who are interested in pursuing a health education. While the faculty-student relationship operates under an interpretivist-constructivist framework, administration operates with a more hierarchical model, where there is a direct chain of command from top to bottom.

In addition to my faculty position within the university, I also have an administrative role as the chair for clinical sciences. In this role, I report directly to the dean, whereas the remainder of the faculty report to the associate dean at their campus location. The chairs and associate deans make up the dean's leadership team for the naturopathic medicine program. My administrative role falls within the school's administrative hierarchical structure, which permeates through the leadership of the entire organization. My position as a chair and faculty member allows me to operate within both frameworks of the organization and presents a unique opportunity to develop change within the university structure by appealing to motivations of people in the faculty.

Due to my administrative role as a chair, I am privy to meetings and conversations about the institution. Likewise, I am also distinctly able to appreciate the concerns of students and faculty from an instructional perspective. Having my feet in two seemingly separate worlds,

creates the opportunity for me to see concerns that are apparent from the ground-level as well as understand the forces for change from a middle-management perspective.

In addition, my administrative roles permit me to be actively involved as a change participant within shared leadership roles and committees. At the start of this Doctor of Education program, I met with members of the administrative leadership and discussed my intended PoP. We planned the committees I would be involved with to help inform my PoP and how I might assist in to creating change as the OIP was developed. Presently, I am involved in the following committees: assessment, university research, strategic planning, diversity, equity, and inclusion (DEI) advisory council, and RSU community initiative communication. My personal leadership perspective has helped guide me through my professional leadership roles, as detailed in the next section.

Personal Leadership Lens

The leadership lens best suited for my position and personality is transformational leadership. Researchers contend it is a type of leadership in which individuals demonstrate charisma, deliver intellectual stimulation, individual consideration, and inspirational motivation to others (Avolio, 2005; Avolio et al., 1999; Bass & Avolio, 1994; Bass & Riggio, 2006; Bass & Riggio, 2010; Burns, 1978). The tenets of transformational leadership align well with collectivist values (Budur, 2020; Ergeneli et al., 2007; Jogulu, 2010). Transformational leadership's emphasis of collaboration and shared vision (Avolio, 2005) align well with collectivist culture's prioritization of the welfare and goals of the group over individual interest (Budur, 2020; Ergeneli et al., 2007), which makes it an attractive approach. However, I hold a middle-management position, which limits my decision-making capacity for the university. Nevertheless, my positionality does give me the ability to motivate and educate individuals in the

faculty on areas that are related to student education, clinical experience and attracting potential applicants. Additionally, I have the support for my OIP from more senior administrators who have the power to influence change.

Leading Change

When working with faculty, as well as aiding in implementing change, I instinctively utilize an approach that embodies empowering and envisioning, which is found within transformational leadership (Bass & Avolio, 1994; Burns, 1978). My influence for change is largely focused on the faculty, hence, appealing to their values through transformational leadership has been my predominant approach. Kouzes and Posner (2017) describe five core practices where leaders model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. Each of these practices model components of transformational leadership that can be implemented to encourage change.

Organizational Context

This section will detail the predominant structural-functional organizational framework within RSU. Moreover, the norms present within this framework, such as efficiency centered around the fluid operation of systems (Capper, 2019), may not align with all cultures. Thus, a comparison of collectivist and individualistic societies with structural functionalism will be discussed. Contrastingly, the academic organizational structure, which includes the faculty, engages in the interpretivist-constructivist epistemology, does not hold very much influence within the university. The current organizational framework of the school is like other professional healthcare institutions within North America.

RSU is a private university located within the western United States with two locations across separate states. It has over 1000 students, as well as numerous graduate degree programs.

The school has become a pillar in the field of integrative medicine. However, over forty-five years ago, naturopathic medicine was at risk of losing its licensure within the state of Washington. The potential loss was due to the lack of trained professionals within the state. Losing licensure would have significantly impacted the growth of the profession. A nationally accredited naturopathic medicine program at RSU was developed to increase the number of trained professionals within the field and promote leaders within the profession. As interest in the profession grew over the years, multiple other accredited schools joined RSU. Ten years ago, the university opened a second campus to meet the growing demand for course work and certification in this area. As RSU forges a path for the growing profession of naturopathy, effective leadership at its helm is required to ensure its ongoing success.

The leadership of the school has recently changed. The presidents of the school until recently have always been males with Eurocentric backgrounds, however, recently a male, from one of the underrepresented groups was hired to take on the role as the school's newest leader. He has been eager to bring innovative change to the school and implement elements of social justice. He has been critically evaluating the historical organizational model and appears open to developing greater equity in the operation of the school. He has also led the development of a new strategic plan for the school, which includes incorporating more diversity within the institution. My OIP fits well with the goals of the new leadership and creates opportunities for me to encourage changes needed for attracting diverse applicants from a faculty perspective.

RSU operates under multiple tiers of organizational leadership, based on academic or non-academic roles. With the institution's academic positions, all departments fall under the provost and are overseen by their respective deans or directors who report to the provost. With the non-academic positions, all department fall under the office of the president and are overseen

by their respective vice presidents, associate vice presidents, or directors, who in turn report to the president (RSU, n.d.). The organizational model of non-academic or administration operates separately from that of the faculty. The predominant structure held within administration and the organization is a structural-functionalist model (Hassard, 1993), whereas the faculty, who fall under the academic positions, follow an interpretivist model (Prasad & Prasad, 2002). Capper (2019) describes the structural-functionalist model as one which values competitiveness, independence, assimilation to the cultural norm, and autonomy. The objective and regulatory perspective of this model assumes the world to be measurable as well as concrete (Capper & Jamison, 1993). Oppositely, within an interpretive epistemology, concern and care are noted through prescribing meaning and gaining an understanding of human experiences, such as emotions and behavioural patterns (Capper, 2019). The interpretivist epistemology is often modelled when seeking to understand the academic needs of students (Grix, 2002). However, as a perspective, interpretivism does not hold much power within the organization.

The dominating, structural-functionalist model is perpetuated throughout the university and reinforced through the leadership of the president. The university's leadership seem to depend on a commanding style of leadership (Goleman et al., 2013). The top-down tiered structural organization within the administration works well in more emergent situations, such as during the recent coronavirus disease of 2019 (COVID-19) pandemic, when quick, responsive decision-making was required. However, such an approach does not take into consideration the collective goals of the faculty, students, and administrators of the university. Therefore, the professionals within the faculty are obliged to operate within a structure that does not necessarily align with their individual core values.

Within the structural-functionalist paradigm at RSU, the organizational culture is supported through a common set of morals and values, which all work together as a system (Robson, 2010). The system operates efficiently when all the individual components work together. In addition, a common culture based on shared morals and values is reflected by the people who make up the faculty, administration, executive leadership, and students. While inherently efficient in operation, the structural-functionalist paradigm at RSU can become threatened by internal and external societal pressures. When such a challenge occurs, the model's efficiency can become threatened and the system falters. Consequently, change efforts need to address the rigidity of the structural functionalist model at RSU and work to create a more flexible system.

Cultural values are shaped by beliefs and behaviours within a society, otherwise known as cultural norms (Chuenjitwongsa et al., 2018). Within North America, those norms are continuously evolving as North America's cultural landscape is growing to include more diverse individuals (Augoustinos, 2022; Dobson, 2022; Santamaría, 2014; Statistics Canada, 2022; United States Census Bureau, n.d.). In addition, the expanding multicultural population have different perceptions of career and education, than the historically dominant Eurocentric population (Santamaría, 2014; Santamaría et al., 2022; Woods et al., 2023). Historically, the European model of individualism and autonomy has dominated cultural values of success (Hofstede, 1984), resulting in individual achievement and self-reliance being favoured. However, amongst many underrepresented groups, the individualist approach is overshadowed by a more collectivist approach, where individual values are related to community and social justice (Chope & Consoli, 2006). Consequently, people who come from individualistic and collectivist cultures have differing cultural values which requires attention within educational institutional reform.

As the cultural tapestry of North America has been diversifying, so have the needs of potential learners (Dogra et al., 2009). In addition, conventional medical students are typically those who are younger and enter medical school shortly after completing graduation. Comparatively, non-traditional medical students have a varying life, career, and educational experiences prior to entering medical students that are different from the conventional medical student. Moreover, they may be older individuals, career changers, and those who take a nonlinear approach to education (Ball et al., 2020; Priode, 2019). A growing number of non-traditional students are enrolled or potentially interested in applying to health professional schools, like naturopathic medicine (Hittepole, 2019). A changing demographic results in unique barriers that impact students when applying to a health professional school (Snan, 2022).

Naturopathic medicine programs across Canada and the United States offer training and education in traditional healing modalities which may be familiar to many underrepresented groups. However, naturopathic medicine education within North America is entrenched within the structural-functionalist model where people value the individualistic, European cultural model, as noted by Capper (2019). Using this method of education assimilates traditional ways of knowing into a reductionistic perspective (Fournier & Oakley, 2018). Accordingly, knowledge which was originally culturally and organizationally familiar to individuals from global cultures, has been reshaped. As a result, underrepresented groups face barriers which may prevent them from applying or achieving success within healthcare education (Snan, 2022), particularly, as the educational standards for applying and success are built upon a foundation that undermines their core values. For example, collectivist cultures prioritize social connectedness, interdependence, and in-group goals, oppositely, individualistic cultures value self-reliance, independence, and personal goals (Cortina et al., 2017).

Within RSU's organizational structure, the values within individualistic culture dominate. Therefore, RSU's culture presents as a challenge for individuals who prioritize collectivist values, such as those found underrepresented groups. Consequently, these underrepresented groups may not be attracted to applying to the institution and those who do may struggle to succeed. As a result, valuing individualism within current framework of the institution can create barriers for underrepresented, non-traditional students, from applying, instruction, and successful matriculation (Dogra et al., 2009). Consequently, the next section will articulate the organizational problem within RSU and the approach needed to encourage change.

Leadership Problem of Practice

Enhancing faculty development in DEI through job embedded opportunities creates an opportunity for them to increase their skills. This will influence applicant interest and retention of students in the long-term as the faculty become better equipped in supporting the needs of underrepresented students. Currently, the naturopathic medicine program at RSU consistently has had low numbers of applicants from underrepresented groups with 55-58% Eurocentric/White, 20-21% ethnic and racial groups (As noted in Appendix A and B). The total number of applicants each year across both campuses is approximately 100 (ABC, personal communication, September 20, 2023). In addition, with the faculty population also being predominantly Eurocentric, the prevailing individualistic view of the institution and students remains. Therefore, it is important to broaden the understanding of voices from underrepresented groups. The problem of practice is concerned with how informal leadership can influence and encourage faculty interest, using a transformational approach, for reinforcing applicant interest from amongst underrepresented groups. A transformational approach can include disruptive forces which influence followers to do more for themselves and their community (Avolio, 2005;

Bass et al., 2003; Northouse, 2021). Consequently, to determine how the PoP can be applied, an examination of the current practices will be described in the next section.

Current Practice

The rigid hierarchical structure of RSU is deeply contrasted by the training and education in traditional healing modalities found within many cultures globally. Efforts to increase the limited number of applicants have been ongoing within many professional healthcare educational institutions within North America, such as within medical school (Butler et al., 1991), dentistry (Lacy et al., 2012), optometry (Gilchrist & Alexander, 2019), podiatry (Wallis et al., 2022), clinical psychology (Hsueh et al., 2021) and other similar fields (Butler et al., 1991). Therefore, it will be imperative to understand the barriers culturally and ethnically diverse individuals face in preventing them from applying.

Currently, some health professional schools represent racialized organizations (Nguemeni Tiako et al., 2022). Specifically, this can be noted within admissions as medical schools have reflected racial disparities within acceptance rates, are influenced by implicit bias, and utilize standardized testing practices (Nguemeni Tiako et al., 2022). Hence, practices such as attracting primarily White, higher socioeconomic status individuals are commonplace (Nguemeni Tiako et al., 2022). Moreover, some faculty members are more likely to promote the admission of students who represent the majority population (Teplitsky & Uswak, 2014). At RSU there is a predominant Eurocentric/White faculty profile, which can present a challenge when attracting underrepresented groups to apply. The university now has included a goal to attract more underrepresented groups within its strategic plan. Therefore, my PoP will be helpful in addressing the school's vision.

Framing the Problem of Practice

The organizational structure of RSU mirrors a hierarchical operational approach, which extends to the programs offered within the school, including the naturopathic medicine program. Presently, success in this program from recruitment, enrollment, admission, selection, and successful matriculation relies on a student aligning with colonial values that are entrenched within the system. In contrast, the practice of naturopathic medicine is a culmination of traditional medicines which stem from global cultures that inherently value collaboration, collective thought, and connection (Snider & Zeff, 2019). The program has the potential to attract underrepresented groups, especially those whose cultural values align with that of traditional medicine. However, the overarching ramifications of a structural-functionalist approach to the organization may present a deterrent for potential applicants from diverse communities.

Critical Race Theory and Problem of Practice

Population changes within a country result in an evolution to the structure and needs of society. While the population of Canada and the United States continues to grow, the make-up of ethnic groups has dramatically changed over the last decade compared to years prior. Jensen et al. (2021) affirms that there is an increase in ethnically diverse populations within the last ten years, moreover, for the first time there is a decrease within the self-identified White population. In addition, the increased diversity found within North America is represented by the youth, those under 16 years (de Brey et al., 2019). Understanding the educational values of growing communities which were underrepresented becomes imperative to better address the concerns of new and more diverse applicants.

Understanding critical race theory (CRT) helps to expose inequities that may be relevant within an organization. Capper (2019) describes CRT within education as a "framework to inform organizational theory and to guide the practices of educational leaders to eliminate racial inequities in their leading of equitable, socially just schools" (p. 101). Viewing the problem through this lens will highlight the key components that contribute to the apparent partiality.

Acknowledgement of the role of racism within society is important to create a foundation for change. Particularly, Milner (2017) describes that race is ingrained and permanent within society and so much so that it also forms the cornerstone to other areas of society, such as with education. A growing population of youth from underrepresented groups may not be able to achieve success within education, if key organizational norms for education are built upon a foundation that undermines their core values.

Organizations such as educational institutions are responding to inherent racism in similar ways. RSU's response to societal awareness and demands for change around inequalities has been to develop a center dedicated to social justice and equality, as well as the creation of a diversity, equity, and inclusion (DEI) leader (RSU, n.d.). This creates a positive step in combating race, gender, and class disparities. However, there remains a severe deficiency of systems within RSU for having discussions on social justice and equity.

Power differentials connected to privilege, finances, and status are apparent amongst the dynamics within educational institutions like RSU. Capper's (2019) "whiteness as property" (p. 104), demonstrates a central principle guided by the ability to exclude. This banishment is reflected through the overall White student population and employees within RSU. As mentioned by Capper (2019), with the current institutional structure, "those who benefitted the most from the existing practices were predominantly White and affluent students and families"

(p. 104). This could partially be attributed to the physical locations of most of the schools, as they tend to be along the west coast of North America. Consequently, interested people along other parts of North America may be challenged in relocating to attend one of the schools. In addition, along the west coast of the United States, there is a minority of Black people (Jensen et al., 2021), which creates a limitation to diversity. Therefore, potential barrier to accessibility and financial support may dissuade underrepresented groups from attending (Ladson-Billings, 1995; Olum et al., 2020; Sartania et al., 2021).

Social Justice Context

Individuals within North American society have differing views on naturopathic medicine compared to conventional or standard medicine. There is an emphasis on colonized medicine (Wong et al., 2021), as well as the cultural appropriation of complementary and alternative medicines, such as naturopathic medicine (Zörgő et al., 2018). A colonized system, which favours a structural-functionalist operational paradigm, can have far reaching effects from recruitment to instruction (Amster, 2022).

Historically, traditional medicines, which include naturopathic medicine, are seen as secondary, represented as being fringe and labelled as an alternative to medicine (Boon et al., 2006). However, naturopathic medicine combines the knowledge of nature and tradition with modern medicine, including research (Association of Accredited Naturopathic Medical Colleges [AANMC], n.d.). Moreover, it includes traditional forms of medicine which originate from cultures such as Indigenous, Asian, and African (Lawrence, 2002). There is a lack of validation of cultural knowledge within the practice of modern conventional medicine (Daffé et al., 2021; Dei, 2012; Lawrence, 2002).

Transforming inequities and legitimizing traditional forms of medicine requires an anti-colonial perspective towards those differences, as well as strong anti-racism action approaches. Benn-John (2019) emphasizes that anti-colonialism involves affirming and establishing Indigenous knowledge and control. Anti-racism delivers an action-orientation towards systemic change by addressing the systems of social oppression (Benn-John, 2019). Together, these components become particularly salient when examining how terminology can influence our perception of types of healthcare (Al Shamsi et al., 2020).

The practice of complementary and alternative medicine Is rarely used as a primary measure of care as it is typically considered inferior to mainstream healthcare approaches (Yakoot, 2013). Subsequently, healing practices that are traditional, alternative, or Indigenous reaffirm the ongoing discourse that such practices are different from the perpetuating neo-colonial medicine model and thereby secondary in value (Benn-John, 2019; Josewski et al., 2023).

Prevailing notions as presented tie into the relevancy of my PoP, with the importance of the colonized person becoming the influenced being of the colonized brand of knowledge and medicine (Amster, 2022; Josewski et al., 2023). The impact of the colonized medicine becomes ever more apparent as society develops a growing interest in the use of traditional medicine (Cohen et al., 2022; Eni et al., 2021; Hill, 2009; Yang & Jiang, 2023). The trend of modernizing traditional herbal practices into the dominating principles held within conventional medicine exploits traditional knowledge and healing for profit, without “challenging the racial and cultural hierarchies that belie them” (Benn-John, 2019, p. 88).

Naturopathic medicine, as a system of integrative medicine falls within the crux of this dilemma. The practice of this medicine does utilize validated evidence-informed practice;

however, the tools of care are divergent from the conventional, biomedical model. In addition, traditional knowledge is presented without valuing the cultural context from which it originated. Therefore, the students engage with a colonial model of traditional medicine. Consequently, RSU teaches an appropriated form of medicine that is being delivered and taught within a Eurocentric structured organization. For this OIP, it will not be possible to change the entire system, however, this effort does act as a disruptive force for instigating small scale change that will ideally inspire larger change.

Benn-John (2019) states that conventional medicine ought to "use its energies and power to *decolonize itself*, rather than continue its efforts to consume the 'Other'" (p. 90). I extend the same appreciation to RSU's naturopathic medicine program, where over the decades it has moved towards following a more colonized model to be accepted into society's perception of conventional healthcare. Therefore, to understand the impact of the Eurocentric structured model to the program, an analysis of individual factors is required.

PESTLE Factor Analysis

A lack applicants from underrepresented groups within the naturopathic medicine program can be due to many factors. An analysis of the organization's political, economic, sociocultural, technological, legal, and environmental (PESTLE) factors can be beneficial in determining some of the influencing agents (Walsh et al., 2019).

Political

To move forward with a change to the school's overall admissions policies requires the board's approval. However, to bring about smaller scale changes regarding the PoP would require approval and support from the dean. Fortunately, the dean and the institution are supportive of any initiatives regarding improving admissions from underrepresented groups since

it is one of the strategic goals of RSU. The associate vice president of diversity equity and inclusion (AVP of DEI) is also included in the plan, as they are also in support of any DEI projects.

Economical and Technology

Potential students are deterred from applying to RSU's 4-year doctoral program, as they feel that the field of naturopathic medicine does not offer a significant return on investment (X.Yz, personal communication, November 23, 2020). The implications of this concern have far-reaching consequences in the sustainability of the program.

Currently, there is a substantial amount of commitment required from a successful applicant for the naturopathic medicine program. Educational requirements for this graduate program consist of a 4 year full-time, predominantly in-person or hyflex schooling and clinical internship, which is like many other four-year doctoral health professional programs. Moreover, there are currently five accredited schools within North America, and most of them are situated on the western side of the continent. Students are also encouraged to complete a one-to-two-year residency after graduation (AANMC, n.d.). The full-time, predominantly in-person commitment for the program can present as a deterring factor. It prevents the ability for the growing demographic of non-traditional students to balance their education with other activities, such as employment or family life (Fambely, 2020). Comparatively, there are other similar niche, health-related certificates that can be completed in less time, through flexible technology and offer some parallels to components of naturopathic medicine. These can be noted as holistic nutritionists or health gurus (Brady, 2019). Time is not the only potential for hesitation in applying to the program, there is also a significant financial commitment.

The tuition for the program is approximately $27000 USD per year, which is the highest of all the naturopathic medical schools. Not included in that cost are the supplies, books, and cost-of-living expenses which would bring the total to approximately $41000 USD per year (RSU, n.d.). In addition, financial assistance is made available only for those who qualify. Students will have graduated from the program encompassing potentially $100 000 to $160 000 of debt, in addition to any undergraduate tuition debt. The high financial burden of this full-time schooling creates barriers of accessibility and affordability of the Naturopathic Medicine program (Brady, 2019). Increasing tuition and a full-time commitment may make the program attractive to only a small segment of the population.

Financial sensitivity presents as an inhibiting factor to those who may have an interest in naturopathic medicine but are unable to apply. In their analysis, Declerq and Verboven (2015) discovered that as travel cost and tuition increase, even small tuition increases may become a significant indicator influencing someone of lower socioeconomic status from applying to programs within higher education. This can impact students seeking to apply to naturopathic medicine, as it can predominantly cater to those who are more affluent, but severely limit those who are of lower socioeconomic status.

Sociological, Legal, and Environmental Elements

Over the last 5 years, less than 10% of the student population for the naturopathic medicine program at RSU have been Black or African American, just over 10% of the population is Asian, while Hispanic or Latin Americans are 3% or under, as seen in Appendix A and B. This is impactful as Black doctors are more likely to serve in Black and underserved communities (Nguemeni Tiako et al., 2022). Furthermore, patients from underrepresented groups are more likely to seek concordant healthcare practitioners in both ethnicity and by gender

(Takeshita et al., 2020). This is beneficial as seeing underrepresented healthcare practitioners in the community motivates other individuals of the same background to apply to healthcare programs (Amster, 2022; Lokugamage et al., 2021; Snan, 2022). However, with the small number of naturopathic doctors from underrepresented groups in the profession and practicing in communities where they may be found, there are limited opportunities for those practitioners to potentially motivate other individuals to apply.

In addition, the users of complementary and alternative care, like naturopathic medicine are predominantly White, females, university educated and of higher socioeconomic status (Kennedy et al., 2015; Rhee et al., 2017). Declercq and Verboven (2015) argue that socioeconomic status influences decisions to apply to higher education programs. It is anticipated that those who are from disadvantaged financial backgrounds, where many underrepresented groups are also largely represented (Snan, 2022), participate less in higher education due to monetary costs. Subsequently, these groups are less likely to have seen a naturopathic doctor, perhaps not aware that naturopathic medicine as a profession exists, have barriers to financing the education and balancing life, and therefore less likely to consider applying to the program.

A lack of people from underrepresented applying to health profession programs, contributes to negative health outcomes that are continually growing within this population (Clark & Hurd, 2020). Consequently, continued challenges to overall healthcare access and equity throughout North America remains prevalent. As a result, establishing a plan to increase applicants from underrepresented will ultimately aid with health disparities that are currently prevalent within these groups.

Guiding Questions Emerging from the Problem of Practice

Efforts to increase underrepresented groups within RSU's student population require a change in perspective, specifically one that is focused on valuing diversity. This can be found within the community cultural wealth (CCW) model, where knowledge, skills, abilities, and contacts possessed by underrepresented groups are used to survive and resist oppression (Yosso, 2005). Further, cultural wealth is nurtured through six forms of capital within underrepresented groups; namely, aspirational, navigational, social, linguistic, familial, and resistance (Yosso, 2005). Hence, three guiding questions emerge from considerations of the PoP. They will follow with a short discussion:

1. How will potential underrepresented groups become aware of the benefits of naturopathic medicine program?
2. How can the various forms of cultural capital be acknowledged to encourage underrepresented groups to apply to naturopathic medicine?
3. How can faculty be motivated into becoming more involved with promoting the attraction of underrepresented groups?

The population within Canada and the United States has been steadily increasing in diversity (Statistics Canada, 2022; United States Census Bureau, n.d.). This becomes important when considering the health of diverse populations, as health disparities based on race, income, immigration status, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) identity, and disability tend to exist across North America (Fontenot & McMurray, 2020). Therefore, there is a need for healthcare professional workforce diversity to meet the needs of an increasingly diverse patient population (Grabowski, 2018). As a result, when considering the first guiding question regarding awareness of the program within underrepresented groups, strategies for how

to value the knowledge and experience these individuals have will need to be considered to attract applicants.

The second guiding question explores the use of cultural capital and its use within naturopathic medicine applicants. The notion of cultural capital is valued within underrepresented groups (Yosso, 2005). Cultural capital draws on CRT to expand on an array of cultural knowledge, skills, abilities, and contacts possessed by these groups to help acknowledge their strength and cultural capital they bring to the institution (Yosso, 2005). Correspondingly, creating a means to inform and motivate the predominantly Eurocentric/White and female faculty will need to be considered. In considering cultural capital, the importance of aspiration, navigational, social, linguistic, familial, and resistance factors will need to be considered in developing strategies to attract more students to apply.

Figure 1

Model of Community Cultural Wealth

Note. This model shows that community cultural wealth consists of six dynamic forms of capital valued by underrepresented groups to nurture cultural capital. Adapted from "Whose culture has capital? A critical race theory discussion of community cultural wealth," by T. J Yosso, 2005,

Race Ethnicity and Education, *8*(1), p. 78 (https://doi.org/10.1080/1361332052000341006) CC by Taylor & Francis Group Ltd.

The third guiding question inquiries about how to best motivate faculty and attract underrepresented groups. The faculty will need to be made aware of the PoP and how increasing underrepresented groups can impact the university. Faculty are not obliged to participate in any advocacy efforts to attract individuals from diverse communities to the naturopathic medicine program. Although, if a faculty member is seeking a promotion, they are required to demonstrate their service to the university. Therefore, it would be ideal to motivate individual faculty who are building their portfolio using transformational leadership (Avolio, 2005; Northouse, 2021), to invest their service in advocacy efforts in attracting applicants from underrepresented groups. The next section will expand on the content within the guiding questions to deliver details on a vision for change.

Leadership-Focused Vision for Change

In this section, the components that would need to be addressed for the PoP outcome to be successful will be discussed. Further, the community cultural wealth model will be used as a means for rationalizing value to underrepresented groups. Additionally, exploring each of the six CCW factors will create a means to challenge the current hierarchical structure. Ideally, implementing the OIP will create a future state that includes more diverse populations applying to RSU, as well as eventually encourage the university's enrollment and admission operations to re-evaluate their structure. Lastly, an outline of the macro, meso, and micro levels of the organization and their leadership will be considered as it relates to the PoP.

Vision for Change

To promote a more diverse student population within the institution, a closer examination of our involvement as faculty members in the student recruitment and admission process would need to be examined. At RSU faculty are commonly involved at points along the student recruitment process, mostly in the admission interview. This service to the school is incentivized as part of a faculty member's promotion requirements. Similar recruitment strategies are found within other health professions, like nursing, where faculty are encouraged to speak at open houses sponsored by the university, participate in health fairs, and actively engage within the interview process (Lerner & Cohen, 2003). However, depending on the biases held by a faculty member, a potential applicant may have negative experience interacting with a faculty member and be deterred from applying.

Doctors who are also from an underrepresented group are more likely to see patients from an underserved population (Marrast et al., 2014). This is beneficial, as it helps to bridge gaps in health disparities. By extension, a diverse student population creates a platform for an enriched learning environment, effective problem-solving, and meeting the needs of a diverse patient population (Grabowski, 2018). Having students from underrepresented groups helps prepare learners to live amongst and work with individuals from an array of cultural and linguistic backgrounds (Martinez et al., 2017). Thus, a vision for helping to reduce health disparities and create an enriching learning environment begins with addressing biases entrenched within health professional programs, like naturopathic medicine. Lewis et al. (2021) demonstrated that students from underrepresented groups who are within historically White colleges and universities experience microaggressions that lower a sense of belonging, connection to campus, and are less likely to thrive within predominantly White institution environments. Therefore,

educating faculty members on creating a sense of belonging for all individuals can aid in addressing biases which exist within the institution.

Incorporating a more holistic recruitment methods that involves educating and addressing inherent biases is key to delivering change within society. Lewis et al. (2021) explains that racial microaggressions within universities reproduce social inequality, such as the lack of students of colour applying to certain schools. Ideally, it would create a process that is "contextually tailored, culturally safe, trauma/violence informed and inequity responsive" (Henderson et al., 2021, p. e94). Hence, it would be ideal to collaborate with the AVP for DEI to reinforce training RSU faculty on implicit bias, racial bias, and other forms of deficient bias that impact their perception of underrepresented groups. Doing so, develops a gateway for creating a more culturally diverse and aware workforce.

There is an opportunity to collaborate for a more inclusive recruitment strategy. Ideally, they would involve incorporating CCW's dynamic six forms of capital. Aspirational capital would address the ability to "maintain hopes and dreams for the future" (Yosso, 2005, p. 77) which allows individuals to dream of possibilities like academic attainment. Linguistic capital involves valuing individuals with multiple language and communication skills commonly seen within underrepresented groups (Acevedo & Solórzano, 2021; Yosso, 2005). Familial capital emphasizes a commitment to community including discussions of caring and coping (Acevedo-Gil et al., 2015; Yosso, 2005). Likewise, social capital refers to peers and social networks that are crucial in providing instrumental and emotional support as an individual would navigate through the application process of the institution (Solórzano, 1998; Yosso, 2005). Navigational capital "refers to skills of maneuvering through social institutions" (Yosso, 2005, p. 80), accordingly, having appropriate resources within the institution. Resistance capital values

knowledge and skills that oppose subordination and challenge inequality (Solórzano & Bernal, 2001; Yosso, 2005). Each of these factors addresses the skills and abilities that are valued by underrepresented groups and can help inform a collaborative effort from various levels of the institution. Currently, I am a member of the DEI advisory council which is led by the AVP of DEI. My role is to pursue opportunities to engage faculty in learning about biases they may hold. Consequently, I would be able to engage in the support of my fellow advisory council members to develop educational opportunities for faculty on increasing community cultural capital.

Organizational Gaps and Inequities

Individuals in the faculty have the potential to play a significant role encouraging underrepresented groups to apply to naturopathic medicine. Currently, the faculty do not formally have any involvement in drawing such applicants. The admissions and enrollment department screen each of the application packages that are submitted. They determine the applicant's eligibility based on successful completion of program's entrance criteria. Upon validating their eligibility, they are invited for an interview with a faculty member. Therefore, the first encounter faculty members and applicants have with each other is during the admissions interview. By this point, the students have met all the eligibility criteria and will likely be awarded admission unless something concerning comes up during the interview. However, from a community cultural wealth framework (Yosso, 2005), examining the various forms of cultural capital highlights inequitable terrain of academia for people of colour (Martinez et al., 2017).

Currently, faculty members are not consistently and collectively supporting the forms of cultural capital. Particularly, aspirational capital may be negatively affected when future hopes are dashed due to the presence of barriers for applying to a program (Martinez et al., 2017; Yosso, 2005). Additionally, linguistic, and familial capital rely on words of wisdom and

language shared within a community (Yosso, 2005). However, within RSU, cultural knowledge and kinship are not woven within the organizational framework. Moreover, social, and navigational capital relies on networks of people that individuals from underrepresented groups can rely on to aid them in confronting challenges within the institution as well as support to maneuver within the institution (Martinez et al., 2017). RSU currently does not have enough information and resources within the organization to support underrepresented groups. Lastly, resistance capital relates to the skills and understanding to oppose systemic inequities (Yosso, 2005). Unfortunately, RSU does not possess a means to address inequities such as patriarchy, racism, and capitalism (Martinez et al., 2017). Thus, the vision for change will be limited to the realities of what can be influenced within the cultural capital.

Marginalization Potential

Individual faculty members who do not share values of cultural capital and increasing the attraction of underrepresented groups to the program present a challenge for change. Individual faculty with an inherent bias towards such individuals, may present as a barrier for those wanting to apply to the program. Currently, most of the faculty are White and female, which may inhibit people from underrepresented groups from applying. Also, there is a hiring freeze at RSU, therefore, there is no opportunity to hire more diverse faculty. Consequently, it is key that faculty be educated on shared values attracting underrepresented groups.

Priorities for Change

Change within the organization will require cooperation from leadership and faculty. The institution is motivated to see increased underrepresented groups of students within the naturopathic medicine program. The program is 85% female, with over half of the student population identifying as Eurocentric/White (Appendix A and B). These demographics are

reflected within the school's naturopathic medicine program faculty population as well, with the majority being Eurocentric/White and female (EFG, personal communication, September 20, 2023). As a result, there is a likelihood that due to implicit bias, the faculty are more likely to view students who look like themselves favourably, compared to those who represent diverse populations (Otugo et al., 2021). Therefore, a change in faculty perception would be required to facilitate a learning environment that would support diverse communities. In addition, creating an alternative avenue, other than the student interview, for faculty to engage in service to the university would be required to attract potential applicants to the program.

Chapter 1 Conclusion

Encouraging underrepresented groups apply to RSU's naturopathic medicine program entails collaboration from multiple departments and the coordination of their leaders. The initiative aligns well with the university's overall strategic plan where one of the visions surrounding diversity, equity and inclusion was to increase diverse students and provide support for them in the program (RSU, n.d.). In addition, my position as a chair creates the unique opportunity to assess how the faculty can contribute to the goal. I have identified that the vision for change would need to have the components of transformational leadership and CCW woven throughout the plan. Appealing to faculty members with similar goals of seeing a more diverse student body and creating a change plan for the greater good aligns well with the faculty's interpretivist-constructivist framework. Since many other departments engage in plans towards large scale recruitment efforts, the PoP will be focusing on creating change from the faculty perspective, as detailed in chapter two. Hence, establishing methods for faculty to be actively involved with supporting applicants from underrepresented groups will ultimately contribute to faculty becoming directly involved with creating an enriching learning environment.

Chapter 2: Planning and Development

The first chapter demonstrated a vision for change that embodied transformational leadership as an intuitive approach to engaging with the faculty. The method would ideally also apply to inspiring candidates from seeking admission to RSU's naturopathic medicine program. In the second chapter, change frameworks that support transformational leadership are explored.

The chapter will highlight the Importance of Kouzes and Posner's (2017) exemplary practices as a model for transformational leadership. Particularly, as it relates to the potential role individual faculty have in attracting more people from underrepresented groups into applying for the program. A thoughtful process to ensure this success is required. Deszca's et al.'s (2020) change path model (CPM) combines "process and prescription" (p. 52) to structure the change in an organic fashion. The alignment of CPM and a transformational approach modelled through the five practices of exemplary leadership (Kouzes & Posner, 2017) as a means for motivating change will be detailed within this chapter. Moreover, the readiness for change will be discussed through a stakeholder analysis and force field analysis. Finally, three possible solutions for the OIP will be discussed, outlining their potential benefits and drawbacks with a focus on the chosen solution.

Leadership Approaches to Change

Leadership within the administration of the university is based on a combination of transformational and transactional leadership styles. Transformational leaders utilize characteristics of charisma to build social and personal identification (Avolio, 2005; Bass, 1985). Whereas transactional leadership involves followers accepting a reward based on their compliance with the leader's plan (Bass et al., 2003). The president of RSU fosters inspiration and then the executive administrators design tasks to fit the goals. However, at the faculty-level,

the operations differ slightly such that to evoke change, the individuals within the faculty must be motivated to do so. Their means for change must come from a place of having autonomy to act influenced by their values (Blitz et al., 2019). Thus, a transformational approach is the most effective model for inspiring change at this level of the university.

Leadership At the University

Leaders are the central change agent within an organization (Schratz & Schley, 2014; Trowler et al., 2005). Within RSU, the means of delivering that change from the meso, or departmental, level which I operate within would be based on an informal transformational approach. Burns (1978) described transformational leadership as one where the transforming leader motivates others for change and ultimately causes the followers to become leaders. The model appeals to a shared vision and goals, then inspires their followers through coaching, mentoring, and support (Bass & Riggio, 2006). Ultimately, a culture shift can occur while still maintaining a sense of autonomy.

RSU's administrators operate in a hierarchical model, where change goals are identified by the executive leaders, then communicated to the department deans of the schools, who then implement the change with the faculty members. The hierarchical model as demonstrated forms a transactional basis of leadership (Burns, 1978; Mahdinezhad et al., 2013). Similarly, this leadership approach is commonly found within higher education institutes but may present with challenges as it is contraindicated with faculty's autonomy (Kang et al., 2022). Accordingly, the culture of change within the institutions stems from a mixture of transformational and transactional leadership. At the meso and micro level, where I operate as well as intend to influence my change, I will be appealing predominantly to the faculty's social values, ethics, and desire for internal growth. Consequently, encouraging a more transformational leadership

approach which is governed by moral principles in behaviour, life, and personal schema (Ragaisis, 2018).

As a chair, I interact with the faculty predominantly using transformational leadership theory modelled from Kouzes and Posner's (2017) five practices for exemplary leadership. The model emphasizes that leadership is inclusive and involves behavioural change (Kouzes & Posner, 2017; Posner & Kouzes, 1988). Moreover, this model for change is based on five core practices where leaders "model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart" (Kouzes & Posner, 2017, p. 10). Each of these practices model a type of behaviour needed to encourage change. Relevant transformational leadership theory can be applied to each of the practices to drive change as seen in Appendix C.

According to Bass et al. (2003), Northouse (2021), and Stewart (2006), the behaviour around idealized influence describes individuals who are deeply respected by followers, have high moral and ethical standards, and can provide followers with a vision and a sense of mission. The actions for which are demonstrated through the first practice of exemplary leadership, as "model the way" (Howell et al., 2022; Kouzes & Posner, 2017, p. 10). For this practice, leaders are encouraged to model the way by being authentic and committing to their values (Kouzes & Posner, 2017; Posner & Kouzes, 1988). Consequently, leaders utilize their beliefs, standards, and ethics within their leadership practice (Kouzes & Posner, 2017). Addressing my PoP will require utilizing informal leadership, particularly as equity is placed at the front and center as a key value (Kezar et al., 2021).

The behaviour of "inspired motivation" (Avolio et al.,1999; Northouse, 2021) strongly connects the ability for leaders to communicate to followers and inspire them to become part of the vision. The practical process involves the ability for the leaders to solidify their values by

"inspiring a shared vision" through enlisting interested individuals (Kouzes & Posner, 2017, p. 95). In addressing this PoP, sharing the leadership through an equity-mindset (Kezar et al., 2021) will aid in ensuring that the shared leadership across naturopathic doctors is "evidence-based, race-conscious, institutionally" (Kezar et al., 2021, p. 2). Accordingly, motivating naturopathic doctors will entail inspiring a vision that creates followers to become leaders.

The third behaviour of transformational leadership Involves "intellectual stimulation" (Avolio, 2005; Northouse, 2021; Springer et al., 2012), which aims to support innovation and creativity. Similarly, according to Kouzes and Posner (2017) the third practice of exemplary leadership involves challenging the process. This involves actively searching for opportunities and taking risks when applying change. It involves breaking through the confines of boundaries to seek innovation (Kouzes & Posner, 2017; Posner & Kouzes, 1988). Similarly, success for the PoP will involve naturopathic doctors at RSU to become shared leaders who are able to challenge the underlying status quo and educate the constituents on the need for change, as well as being able to respond (Kezar et al., 2021). In consequence, decentralizing leadership can promote creativity, autonomy, and problem-solving (Kezar et al., 2021).

The fourth transformational behaviour, "individual consideration," involves leaders listening to others, and aiding constituents into becoming leaders (Bass & Riggio, 2010; Northouse, 2021). The practice that coincides with this behaviour involves enabling others to act (Kouzes & Posner, 2017) which involves motivating others to act and fostering a sense of collaboration. Developing effective collaborations is critical to navigating through any future conflicts that may arise (Kouzes & Posner, 2017; Posner & Kouzes, 1988). In addition, the final practice of exemplary leadership involves encouraging the heart. The goal is to "uplift people's spirits and arouse the inner drive to strive" (Kouzes & Posner, 2017, p. 250). The practices of

exemplary leadership as demonstrated by Kouzes and Posner (2017) align well with the theories of transformational leadership (Northouse, 2021; Springer et al., 2012), through shared leadership (Kezar et al., 2021) as leaders bring about the best in people by sharing power, learn from others, and foster the individual's need for achievement and growth (Basham, 2012). Within RSU, engaging in five exemplary practices, the goal would be that faculty in different areas of the university are able to demonstrate a shared leadership based on these behaviours.

Within RSU, it is anticipated that these leadership theories and activities will form the basis for the solution to the PoP. Inspired faculty will become a role model for that change vision and encourage others to transcend their own self-interest for the greater good of the profession as well as the institution (Lee & Jensen, 2014). Overall, the goal is for faculty to reinforce or change beliefs, values, abilities, and motivations to aid with attracting ethnically and racially diverse individuals through valuing community cultural capital (Avolio, 2005). By valuing community cultural capital through addressing biases, faculty will grow in awareness of diversity, equity, inclusion, and social justice. Thus, encouraging individuals within the faculty to become aware of the positive impact for increasing the university's diversity to strengthen equitable opportunity can be a supportive means to attract underrepresented groups.

Agency for Change

As the chair of clinical science, I have influence in creating recommendations to attract applicants underrepresented groups within the program. From my administrative role, I had been involved with the strategic planning committee for the university where a goal for increasing applicants from underrepresented groups was established. Also, I have the support of the dean and AVP of DEI to help move change forward. In addition, through my involvement in the DEI advisory council, I am also able to aid in educating the faculty through focused efforts on

community cultural wealth (CCW) and improving health equity within ethnically and racially diverse communities.

The limitations to influencing change are predominantly dependent on the ongoing support of the dean and AVP of DEI. I do not have the agency to provide direct change, instead, I can recommend it to the dean and AVP of DEI, who will carry it forward. Therefore, my agency for change will be through working with the DEI Advisory Council and the dean's leadership team. It will use an informal transformational leadership approach to provide recommendations to the university for attracting underrepresented groups.

Diagnose and Analyze Need for Change

Transformational leadership's behaviour and action, as previously described encourages an interactive process between leaders and followers (Dust et al., 2014). It relies on leaders transferring control to followers and create a share stated of being "responsible to" (Einstein & Humphreys, 2001). In addition, it involves consciously focusing on the analysis of power dynamics (Einstein & Humphreys, 2001) and leader-follower relations (Bass, 1985). Secondly, Bass (1985) discusses that transformational leaders use three critical areas to diagnose a situation, namely, current power relationship, leader's role in priorities and the readiness of the people or followers. In the following section, these relationships will be addressed through examining the framework for leading.

Framework for Leading the Change Process

The next section focuses on how change will occur and its relationship to transformational leadership. It will explore the CPM (Deszca, 2020a; Deszca, 2020b; Deszca et al., 2020) as an effective tool for leading change. Consequently, this section will determine the benefits and limitations that are present within this model. In addition, it will identify the order of

change this framework is suited for with regards to my OIP. Lastly, a justification for CPM alongside a transformational leadership approach will be discussed.

An appropriate framework to achieve transformational change is through Deszca et al.'s (2020) CPM which emphasizes a process that is less prescriptive than other similar models (Kotter, 2012; Lewin, 1947), however it provides greater instruction (Deszca et al., 2020). The combination of detail and flexible process is ideal for leading change in this relatively new area of growth for RSU.

Leading Change Process

Implementing change that coincides with theories and actions of transformational leadership is imperative for success. Kotter (2012) discusses that change methods need to be "designed to alter strategies, reengineer processes, or improve quality" (p. 22) to address any barriers. Thus, implementing a carefully planned, multi-stepped process, such as Deszca et al.'s (2020) CPM is key to developing motivation and momentum. Deszca (2020a) demonstrates that CPM is used to as an innovative and adaptive process that helps to answer the questions around what needs change, why and how to go about the change process (Deszca et al., 2020; Deszca, 2020b).

Using Deszca's (2020a) CPM recognizes that change management requires facilitating the transition of the organization to achieve a desired future state. In addition, implementing this transition will require continued honouring of the commitment to key internal and external stakeholders (Deszca, 2020a), such as students, faculty, administration, and alumni. Engaging in CPM is beneficial for RSU, as the model also "recognizes that change initiatives can come from virtually anywhere in an organization" (Deszca, 2020b, p. 5), which is ideal for encouraging people from different levels of the organization to take part in change. Therefore, change

becomes an evidence-informed approach that involves considerations of the institution's culture, values, and history (Deszca, 2020a).

To effectively create lasting change within the institution, it is critical that the approach be constructed to match the current leadership trend. Deszca (2020b), states that "the underlying goal is to increase the prospect for an organization to be resilient, adaptive and innovative, and to ensure its ongoing sustainability and success through the development of more effective change management practices" (p. 2). These steps include awakening, mobilization, acceleration, and institutionalization (Deszca, 2020a), which focus on what needs changing and how it will be accomplished.

Key Aspects of Change Path Model

According to Deszca et al. (2020), institutions in need of change may be stagnant in their forward progression due to underlying assumptions within the organization, such as "ineffective leadership, faculty reluctance, financial tension, public scrutiny, competing values, and conservative institutional traditions" (Kang et al., 2022). Such assumptions can prevent universities from continuing their growth. However, one of the benefits of the CPM framework is based on appreciating that change can come from any level of the organization (Deszca, 2020a). Hence, working through stasis within the institution involves carefully considering one's values and behaviours throughout the affected parts of the organization (Deszca, 2020b).

To apply the CPM, each of the phases must be attended to. The first phase "awakening" (Deszca et al., 2020, p. 51) begins with an analysis of the internal and external environment as well as an overview of the forces for and against organizational shifts (Deszca et al., 2020). Within RSU, this would begin with a force field analysis (Lewin, 1939), identifying the internal

and external influences for increasing applicants from underrepresented groups, then engaging in communication planning.

The second phase, “mobilization” (Deszca et al., 2020, p. 52) involves moving forward with the shared vision for change and gather participants to join in on the change process. Within RSU, this would entail gathering the support from change supporters and change champions (Howell & Higgins, 1990; Wolverton, 1998). Change champions are those who have both power and influence, such as the Dean, while change supporters are those who are advocates of the plan, however, do not have power, such as the faculty (Wolverton, 1998).

The third phase, “acceleration” (Deszca et al., 2020, p. 53) phase details implementation of the plan and creating any modifications necessary from the initial phases of action. Small wins are announced and celebrated as milestones achieved along the way. Accordingly, in this phase the refinement and delivery of the communication plan as well as the change implementation plan would need to occur. Discussions within the dean’s leadership team and the AVP of DEI’s advisory council would need to occur to move forward with any changes.

Lastly, the “institutionalization” phase (Deszca et al., 2020, p. 54) solidifies the plan into the organization as a permanent structure with ongoing monitoring. The monitoring process and assessment of change will be incorporated into the organization (Deszca et al., 2020). In this phase, the monitoring and evaluation plan would be refined, discussed by the members of the working group, and delivered to the dean for approval. Upon their approval, the results of the monitoring and evaluation would be reported to the dean to eventually create a permanent committee.

It is imperative that faculty members understand the impact of having a lack of applicants from underrepresented groups has on the institution and healthcare. In addition, they would need

to be encouraged to become involved within the change process as it would be considered a service to the university. To encourage faculty to provide service for the university, it is important they are made aware of how the new system can not only benefit them, but how it can encourage change within the institution. Consequently, ongoing discussions to appeal to the shared values of the faculty are leading components of ensuring the success of this change theory.

Order of Change

Change within an organization can occur according to three schemata: first order, second order and third order (Bartunek & Moch, 1987; Kimberly & Nielsen, 1975). First order change is focused on "incremental modifications that make sense within an established framework or method of operating" (Bartunek & Moch, 1987, p. 484). Second order change creates broader impact and change in the framework themselves towards a specific direction (Bartunek & Moch, 1987). Lastly, third order change is wide reaching, where individuals are made aware of the organization's framework or schemata and then able to make appropriate changes (Bartunek & Moch, 1987; Kimberly & Nielsen, 1975; McDowell, 2022). Within the OIP, the change will predominantly be first order and second order. It would involve improving systems that are already in place and introducing a new framework. However, the extent of the OIP and my agency for change would not extend into third order change.

Limitations of CPM

The CPM follows a prescribed set of steps. It is dependent on a leader with some degree of power being able to enlist change. I can make recommendations for change with the support of my leaders; however, I am unable to influence direct change to the organization.

In addition, Appelbaum et al. (2017) argues that the prescriptive steps are too rigid, without a great deal of tolerance for adapting the steps. While Deszca (2020a) argues that their phases are less prescriptive than other change models, it still focuses on creating linear boundaries and definitions to each phase. Thus, being locked in a somewhat rigid model may prevent elements of creativity from coming through.

Change Path Model and Equitable Outcomes

Implementing CPM is ideal for leading transformational change within the University. Faculty can motivate change that will ideally create a more inclusive learning environment. Further in the process, faculty themselves will be able to address their own implicit biases and grow their values. Using the CPM as a platform for those interested to work through their implicit biases and then promote increase applicants from underrepresented groups is a key driving force for long-lasting change within RSU. The framework creates a platform for a change in culture within the faculty. Ultimately, one that fosters connection and social justice as a means for eliciting change for underrepresented groups within the school. It can be implemented by ensuring that support from faculty and deans are met at each level. Being united and continuing to share the value and vision for the change is imperative to delivering sustainable change.

Change Path Model and Transformational Leadership

Transformational leadership creates change by drawing on four main components of behavioural change, namely idealized influence, inspirational motivation, intellectual stimulation, and individual consideration (Bass & Riggio, 2006). In conjunction, the actions taken to align the behaviours of transformational theory are apparent with Kouzes and Posner's (2017) practices of exemplary leadership. In addition, incorporating CPM, acts as the mechanism

to coordinate, create change and a structure for implementing transformational leadership (See Appendix D). CPM's first phase, awakening, highlights the need for change through a vision (Deszca, 2020a), which coincides the behaviour of having high moral and ethical standards, as noted in idealized influence (Avolio, 2005; Northouse, 2021; Stewart, 2006), as well as the action of setting a good example, which is noted in the action, model the way (Kouzes & Posner, 2017).

In addition, CPM's second phase, mobilization (Deszca, 2020b), involves assessing the institution's readiness to change to determine the likelihood of forward momentum. In alignment refers to the behaviour noted in inspirational motivation (Howell & Higgins, 1990; Northouse, 2019), as it draws on a sense of shared team spirit through sharing joint aspirations in inspiring a shared vision (Kouzes & Posner, 2017). The third phase, acceleration (Deszca, 2020b), consists of the leader making targeted change efforts. The phase is dependent on intellectual stimulation (Avolio et al., 1999; Northouse, 2021) to think creatively and seizing opportunities for innovation with challenge the process (Kouzes & Posner, 2017). Lastly, the fourth phase, institutionalization (Deszca, 2020a), allows the opportunity to develop metrics to gage the success of the plan and celebrate wins. To be successful in this phase, followers need to become fully actualized, and leaders can attend to the achievements of each member to ensure their ongoing success through individual consideration (Bass & Riggio, 2006; Hyseni Duraku & Hoxha, 2022; Northouse, 2021). The action of enable others to act as well as encourage the heart (Kouzes & Posner, 2017) involves the ability for leaders to empower others and foster a sense of community through celebrating shared values.

Before any change planning occurs, it is imperative that the readiness is assessed within the organization. In the following section, a force field analysis will be used to gain an

appreciation of the pushing and pulling forces that would influence the organization's ability to move forward with change.

Organizational Change Readiness

Change involves a process rather than a solitary event (Deszca, 2020a). Assessing the potential for change is required to insure momentum for the transformation (Weiner, 2009). Within an organization, the readiness for change is determined by the commitment within members and the efficacy to implement those changes (Weiner, 2009). According to Armenakis et al. (1993), for change to be successful it is important to explore the "beliefs, attitudes, and intentions" (p. 681) in combination with the change capacity of the organization. Hence, at RSU, developing a strategy to assess the behavioural and cognitive components surrounding an increase in applicants from underrepresented groups is required for the change process to be effective. In this section organizational change readiness will be analyzed using Deszca et al. (2020) recommendation for a force field analysis and stakeholder analysis as two tools to appreciate the systems within the organization, as well as how to change them. Moreover, I will examine how these competing forces can be used for attracting communities of colour to the program.

Change Readiness Tools

A traditional tool that has been used to assess readiness is Kurt Lewin's (1947) force field analysis, which was originally intended for behavioural and cognitive group change and has been extended to assess for organizational readiness. This framework was intended to be utilized "for identifying and examining the factors or forces influencing a situation" (Shirey, 2013, p. 69). In conjunction with force field analysis, Deszca et al. (2020) recommends combining the stakeholder analysis for "identifying the key individuals or groups in the organization who can

influence or are impacted by the proposed change and then working with those individuals or groups to make them more positive to the notion of change" (Deszca et al., 2020, p. 208). Afterwards, the data collected from the analysis can be used to help inform decision-making. According to Deszca (2020b), readiness to change can be first assessed using an environmental analysis in the awakening phase, afterwards in the mobilization phase the stakeholder analysis and force field analysis aids in determining the likely success of a future change plan.

An environmental analysis represents the first step towards determining what organizational needs require change (Deszca, 2020b). It can be conducted using a PESTLE analysis, which outlines the political, economic, social, technological, legal, and environmental influencing agents. This analysis was conducted in the previous chapter to frame the problem of practice. Therefore, the next step of CPM, mobilization, includes a stakeholder analysis and force field analysis as components of determining readiness for change (Deszca, 2020a).

A stakeholder analysis helps to identify those who affect change as well as those who are influenced by the change (Deszca et al., 2020). It aids in determining key stakeholder positions, motives, influencing power, as well as the formal and informal connections between individuals, structures, and systems (Deszca et al., 2020). The purpose of this analysis is "to develop a better appreciation for their positions, perspectives, and predispositions towards the change, and the types of power and influence they can exercise" (Deszca, 2020a, p. 17). The information gained from the analysis will provide context and direction in how to best approach and manage stakeholders to reduce concern and move forward with the intended change. At RSU, this would mean appreciating how new and long-term faculty and administrators may influence the change.

A component of appreciating stakeholder readiness for change includes assessing their predisposition (Deszca et al., 2020). Individuals who tend to be inherently eager for change are

known as innovators or early adopters (Deszca et al., 2020). Those who wait until the initial results are described as the early majority, followed by the late majority who wait for more definitive data before adopting (Deszca et al., 2020). Lastly, those who resist change until late in the change are laggards or late adopters. The spectrum of adopters reflects a top-down willingness to accept change and innovation (Putteeraj et al., 2022). At RSU, this would entail the faculty desire for a student population which includes more underrepresented groups, as well as the inclination to drive action through the OIP.

The commitment for change from stakeholders comes from their understanding of the proposed change (Deszca et al., 2020). Their understanding can be high or low of the change, and their commitment be high, low, or negative (Deszca et al., 2020). The possibilities form a matrix that aids in appreciating stakeholder positions and perspectives (Deszca et al., 2020). Appendix E outlines a stakeholder analysis that includes individual position, perspective, and predisposition to change.

In conjunction with the stakeholder analysis, a force field analysis also needs to be conducted as part of assessing RSU's readiness to change. Lewin's (1939) early work on force field analysis was intended to identify the forces driving and restraining child development, then later towards social and organizational change (Burnes, 2020). The theory implies that there is a "driving force set to bring about a given cognitive activity and a restraining force set to prevent it (Kruglanski et al., 2012, p. 4). Thus, for change to progress forward there needs to be a driving force that can match and overcome the magnitude of the restraining force. At RSU, there are driving forces towards underrepresented groups potentially being attracted to the program, however, there are also restraining forces which are directionally opposed to the driving force, which have the potential to impede these communities from wanting to apply to the school.

To appreciate the potential for social change within the organization, the driving and restraining forces need to be displayed clearly. Burnes (2004) discusses a benefit of force field analysis as the ability to "map out the totality and complexity of the field in which the behaviour takes place" (p. 311). By outlining the forces and their direction in relation to the desired change, one can determine the ability for that transformation to move forward. Deszca (2020a), recommends an assessment of "the various forces supporting and restraining the change vision, including structures, systems, processes, stakeholders, and cultural factors (p. 11). The driving and restraining forces for the PoP are diagramed in Appendix F. Likewise, when to identify and plotting the forces involved, it is possible to see what forces need to be strengthened or diminished to bring about change (Burnes, 2004). Lastly, the magnitude of the opposing forces can be graphically depicted by the arrows to help with assessing change readiness.

Competing Forces

The competing forces within RSU differ in how they are composed. As discussed by Kruglanski et al. (2012), the driving force represents an "interdependent operation of goal importance and resources" (p. 5); however, the restraining forces constitute "the accumulation of independent sources of resistance" (p. 5). Similarly, the magnitude behind each of the forces represents the ability for the proposed change to either move forward or be inhibited. With potential driving force, this is determined by two factors, the importance and availability of resources. Whereas the magnitude of restraining forces is determined by three characteristics, the tendency towards conserving resources, the energy demands of the activity, which relates to its perceived difficulty, and competing goals that are grappling for resources (Kruglanski et al., 2012). Consequently, an assessment of the competing forces, as well as their magnitudes can

help to determining the likelihood of a plan for increased attraction of ethnically and racially diverse people to the naturopathic medicine program.

Internal forces that either drive change forward or prevent them from gaining any traction can be explored from a multilevel perspective. Rafferty et al. (2013) describes the levels as categories of antecedents to aid in describing the context of change. Internal context refers to "change participation and communications processes, leadership processes, and so on." (Rafferty et al., 2013, p. 151). At RSU, the organization operates administratively from a hierarchical model. Hence, readiness for change would need to be explored at each level to determine the overall impact of internal forces. From an individual perspective, this can be contextualized by appreciating a faculty member's valence towards increased underrepresented groups within the university. The driving force for this is determined by underrepresented group allyship within the faculty. Interpreting the desire within individual faculty members is dependent on the initiative being in alignment with the capabilities of individuals within the organization (Alolabi et al., 2021). Currently, the resources available to faculty members regarding the efficacy of change is limited. As a result, determining the desire for increased underrepresented groups within faculty is unknown. Therefore, a lower score is given.

At the level of the department, the dean is actively looking for support from faculty and chairs to help with recruitment and admissions. Particularly, faculty are encouraged to volunteer their time to participate in conducting applicant interviews, attending school open house, and giving community talks as means to attract applicants. In addition, the dean, is motivated to attract underrepresented groups to the program. There has been ongoing communication with the chairs and associate deans regarding this goal. Especially, in relation to evolving current faculty involvement with recruitment and admission. In consequence, the potential impact of this driving

force is higher than at the individual faculty level, as requests for admission and recruitment support aimed at underrepresented groups from the dean, associate dean, and chairs can motivate the faculty towards valuing increased underrepresented groups within the program. As a result, there is a strong driving force. Faculty can become empowered by being a part of the decision-making process, which enables them to be invested in the change process (Armenakis et al., 1993).

The value and capacity for change rests on the strategic vision set by the university's leadership. Fortunately, increasing applicants from underrepresented groups, is part of the new president's overall strategic plan. The magnitude of this force is strong, as the president steers the direction of the university; however, it is up to the individual departments beyond our faculty to develop a plan for acting on the goals of the rest of the university. Therefore, the driving force of having a new president and directionality of our leadership is key, while the impact of that force is dependent on strategy developed by the department of naturopathic medicine to create those changes.

Comparatively, the internal restraining forces were also analyzed using a similar multi-level perspective. From a faculty perspective, there seems to be a high amount of turnover within the University. Turnover is noted within the faculty of the program as well as administration. Contributing to the turnover have been many factors leading to a reduction in job security, such as a lack of increase in pay in seven years, departmental budget cuts, and increased workload. As a result, from a faculty perspective the restraining forces are strong, as, faculty may not be motivated for change since there is already a great deal of uncertainty within the institution. In addition, the department is managed by the dean, associate deans, and the chairs. The institution's strategy to increase applicants from underrepresented groups require resources to

drive the change. However, there is a lack of efficacy in resources, time, and commitment at the departmental level to see change move forward. As well, any change that is implemented towards this process, would require faculty participation and incentive. Currently, there is a desire to motivate and deliver change, effective strategy is lacking, for this reason, the diminished resources are a high restrain, however, the lack of interest would represent a moderate restrain.

Externally, there are several factors which impact the readiness for increased applicants from underrepresented groups. Firstly, a national desire for health equity amongst underrepresented and underserved areas (National Academies of Sciences, Engineering, and Medicine et al., 2017) is a strong driving force for change to promote community cultural capital. It impacts the need for improved healthcare nationally and translates to a maximum magnitude driving force. Secondly, increasing accessibility to education through the recent transition of online, hyflex, and hybrid learning models has been a strong driving force for attracting applicants from many communities, including underrepresented groups (Miller et al., 2021). In addition, within the United States, 38% of adults and 12% of children use some form of complementary and alternative medicine (CAM; Ventola, 2010). Lastly, 20% of African Americans use CAM treatments, which indicates that there is a moderately high potential for growth of the profession within underrepresented groups (Barner et al., 2010). However, there are also competing external forces that can impede the organization's readiness for change.

Biomedicine, such as conventional, modern medicine involves the practice of clinical medicine based on the principles within physiology and biochemistry (Scheffler & Strasser, 2015). It represents a colonized form of healing that draws upon the structural-functionalist hierarchies (Benn-John, 2019). Redvers (2021) demonstrates this through emphasizing that to

date the determinants of health used by conventional medicine have been human focused. In this case, humans are at the top of the hierarchy, and subsequently connected to the conditions that impact humans and communities directly (Redvers, 2021). Consequently, conventional health is individualistic, which aligns with colonial traits found in structural-functionalist hierarchy. By extension, naturopathic medicine as a form of CAM also represents a colonized form of medicine. Redvers and Blondin (2020) detail that "in some cases, there has been direct cultural appropriation of traditional medicine and practice by CAM or other biomedical groups in North America" (p. 22). Naturopathic medicine draws on traditional medicines of global cultures which value human and planetary health (Redvers et al., 2020). However, due to cultural appropriation, overharvesting plant medicines, commercialization (Allen et al., 2020), the original context of traditional medicine becomes repurposed and similarly aligned with biomedicine's colonized medicine. The understated impact of these colonial underpinnings represents moderate restraining forces drawing away underrepresented groups from seeking admission to a diluted form of traditional knowledge, on that account, the impact of cultural appropriation is moderate.

According to the values of the forces, the cumulative driving forces are in favour of change, moreover, it indicates a readiness for succeeding with a planned change within the organization. This indicates that the dynamic forces that are acting on the perceived readiness for plans to attract applicants from underrepresented groups overpower forces which would hamper progression.

In completing this exercise on my own, I have delivered my critical, but subjective interpretation of the field and the forces influencing it, based on my agency as a chair. To address these competing factors in an impactful way, it would be important to complete this analysis at multiple levels of the organization. Executing this analysis from faculty, departmental

and leadership levels allow the opportunity for multiple perspectives to gain consensus on the readiness for drawing applicants from underrepresented groups. Gaining an understanding of the perspectives that lie within each level of the organization will create the affective readiness for positive change on a large scale. The potential solutions based on this analysis are detailed in the next section.

Solutions to Address the Problem of Practice

In this section, three possible solutions for the OIP will be outlined. Each one will be discussed as a framework to explore as a potential solution for my PoP. The best possible solution for the PoP be discussed including a rationale for the choice, followed by a detailed outline in chapter 3.

The goal for the OIP is to develop strategies to address the lack of applicants from underrepresent groups within the naturopathic medicine program. Particularly, it will focus on educating faculty on their own self-imposed implicit bias. By elevating the faculty's awareness of DEI through professional development, as well as providing a means to support applicants from underrepresented groups through faculty mentorship, the resulting impact will improve applicant attraction from these groups. This section will highlight and analyze three potential solutions for the PoP: (1) Provide professional education to faculty on implicit bias through the development of case studies (2) Provide mentorship opportunities within the faculty for supporting applicants from underrepresented groups, and (3) Use storytelling to celebrate and educate about underrepresented groups. Each of the solutions will be evaluated on resources required, particularly, time, human resources, and cost as well as addressing the efficacy of the solution.

Solution One: Professional Development Education Through Case Studies

Unconscious or implicit biases towards a particular group of people may contribute to a lack of diversity in health professional schools (Capers et al., 2017). In addition, at RSU, faculty participate in the admission process through the applicant interview. However, interviews can be subject to bias and chance, which can influence the reliability of candidate scores. Lin et al. (2022) describes that a candidate may be randomly selected to an interviewer who is like-minded and will score highly on the interview, whereas the same candidate could be assigned to a more difficult or incompatible interviewer and receive a lower score. The candidate's experience may also be impacted by any biases held by the interviewer, based on the candidate's background. Moreover, a negative experience may also prevent a candidate from wanting to gain admission into the school, despite being selected.

The current population of students accepted may be a result of ongoing biases that present within the university's system and reinforced with the faculty. The majority of faculty at RSU are Eurocentric females, as are the students (See Appendix A and B). One of the factors influencing student selection could be found within the interview process, as interviewer biases may be a consequence of implicit White preference that has pervaded modern society (Nosek et al., 2007). Therefore, creating an equitable interview experience for all candidates is important, as the experience a person from an underrepresented group may have during the interview with a Eurocentric female may influence the applicant's decision on whether to move forward with the admission, should they be successful in the interview. Subsequently, a negative experience by a person from an underrepresented group may discourage one from continuing with their application.

The first solution would involve providing mandatory education, as part of professional development, on recognizing and working through implicit biases. The motivation driving the solution would involve theories from transformational theory. Particularly, it would entail creating a shared vision of social justice, equity, and inclusion within the faculty. It would also require acknowledging and addressing implicit biases. Working through one's biases aligns with the ethics of the profession, as outlined by Woods and Hilton (2012). This ethical consideration parallels the values shared by the institution through its mission and vision. It would involve the collaborative efforts of the dean, chairs, and AVP of DEI, alongside the support of the faculty and staff who are on the DEI advisory panel. I am both a chair and a member of the DEI advisory panel. Together the AVP of DEI and DEI advisory panel would encourage a movement which advocates for shared values centered around diversity, education, and empowerment. It would entail facilitating discussions based on relevant case studies during the quarterly (every four months) all-campus faculty meetings. During the all-faculty meetings, typically there are mandatory professional development opportunities provided. Often the AVP of DEI will engage in learning goals with the faculty based on the DEI goals for the year. Therefore, using case studies as means to provide professional development during an all-faculty meeting would be obtainable. An example of a case study alongside discussion questions that could be used is in Appendix G. Faculty would be asked to participate in small online breakout groups, with each group facilitated by a member of the DEI advisory committee. Approximately 20 minutes would be allocated for small group discussion. Afterwards, the entire faculty would rejoin the meeting, the AVP of DEI would facilitate a large group discussion based on the case and provide their insights. The resources required in this process are of low financial cost, and moderate people involvement. Regular facilitated discussions of implicit bias would develop the opportunity for

faculty to conduct the potentially difficult work of addressing their biases and how it impacts an individual's attraction to the program, including underrepresented groups.

To ensure the success of this solution would require the participation of all faculty members. The participation of faculty members to the quarterly all-faculty meeting is required as are any professional development created by the AVP of DEI. Our collective challenge would be to unpack our personal biases through discussion in this supportive environment. Moreover, it is not required that every faculty member sign up for an interview, however, when seeking promotion, demonstration of such service to the university is required. Therefore, there is a possibility that those who are participating in the interview may be motivated for a promotion and not necessarily for the improvement of underrepresented groups. In addition, by engaging in the interview process after having received implicit bias related professional development training demonstrates an institutional commitment to DEI efforts to prospective students (Lupton & O'Sullivan, 2020). Particularly, the commitment can be appealing to underrepresented groups who seek a supportive academic community (Spaeth, 2022). Overall, it helps to build a reputation for inclusivity, particularly with the institution's practices and commitment to diversity (Spaeth, 2022). This can create influence through word of mouth and online reviews that can influence prospective students' decision to apply (Durrah, 2022).

Solution Two: Mentorship

Increasing diversity requires a combination of recruitment efforts, outreach, and an admissions process that encourages students from diverse backgrounds to pursue a medical education (Capers et al., 2018). Methods that involve reaching out to individuals from underrepresented groups and creating conversations around academic preparedness work best for promoting the attraction to such applicants during the admissions process (Campbell et al.,

2023). Presently, RSU does not offer any specific opportunities for underrepresented groups to connect with the faculty, who are predominantly naturopathic doctors. Learning about naturopathic medicine, speaking with other naturopathic doctors, gaining mentorship from their future instructors can help encourage individuals within the community to apply or discover what is required academically to eventually apply.

Naturopathic medicine can represent a culturally appropriated form of care, where traditional knowledge has been stripped away from their cultural underpinnings and repurposed to fit within modern, North American society. For this reason, a movement to give the medicine back to the people with whom it belongs, like the land-back movement with the Indigenous population represents a key area of connection with underrepresented groups (Pieratos et al., 2021). Therefore, connecting with potential applicants through mentorship, provides opportunities for applicants to learn about the field, receive guidance on overcoming barriers during the application process, information on how to successfully prepare academically for the rigours of the program, and an overall sense of empowerment that comes with gaining knowledge and confidence to pursue education.

Similarly, at Texas Tech University's School of Medicine, Hispanic pre-med students were matched with medical students of the same ethnicity and attended teaching rounds to gain insights to the experience of medical school (Maniam et al., 2020). These mentor relationships also allow the pre-meds to discuss their personal aspirations, apprehensions, and circumstances regarding a medical career, and the medical students serve as a resource and role model (Silver et al., 2016).

Mentorship advocates both the medical students to feel a sense of belonging and support of their program, as well as the pre-med students to feel a stronger confidence to apply and

succeed within medical school (Maniam et al., 2020; Silver et al., 2016). Similarly, at RSU, connecting interested applicants from underrepresented groups alongside similar faculty, or faculty who are advocates for cultural diversity but are not an underrepresented group can help reinforce promoting applicants from these communities. As the university continues to engage faculty in mandatory DEI training and addressing implicit biases, those who do not advocate for diversity within the workplace will become the minority. Moreover, the dean would be able to discuss with faculty that the purpose of participating in the faculty mentorship is to attract prospective students into becoming successful applicants, particularly supporting those who are from underrepresented groups. Belonging can help foster confidence to apply and enhance the sense of inclusivity (Durrah, 2022).

For faculty to engage in this solution, it would require a similar logistical coordination as the admissions interview. Currently, the dean creates a sharable, online database with multiple dates and time slots for faculty to sign up for a one-on-one, online interview with a candidate. Each time slot is for one hour and faculty are strongly encouraged, though not required, to sign up for at least three interviews per contractual year. Then, the admissions team would schedule the interviews with the candidates based on the available time spots the faculty have signed up for. The database would contain a time slot for the interview, the faculty member's name and below the candidate they will be interviewing. Alternatively, a similar scenario can be utilized for a mentorship opportunity.

Any prospective student who is interested in becoming an applicant would have the ability to access a faculty mentor. Consequently, prospective students become successful applicants, through mentorship. The dean would create a database like the one used for interviews, which outlines time slots for faculty to sign up as mentors. In addition, during the

ongoing communication the admissions staff have with prospective students, an email notice created by the dean would let each prospective student know that they can request a faculty mentor to guide them with the admissions process. If the prospective student accepts, the admissions staff would be able to pair them according to the availabilities listed. Being a faculty mentor is considered an act of service to the university and contributes faculty promotion the same as participating in interviews. Thus, as an alternative to the three interviews faculty typically are encouraged to participate in, they can choose three one-hour mentorship time slots. They would be given one prospective and instructed to meet with them for a total of three, one hour time periods over the course of the application process and guide them on their interest in naturopathic medicine, the application and interview. As a result, faculty could have a choice on whether they would like to use their three, one hour participation in the admissions process through the interview or through mentorship. While mentorship directed specifically at underrepresented groups is not equitable to all prospective individual, an inclusive strategy would be to provide it for all potential applicants so that all may benefit. Therefore, by offering the opportunity for prospective underrepresented groups to participate in a mentorship opportunity, they can obtain guidance and support, navigate through complex systems, gain academic guidance, and build confidence overall (Mohapatra & Mohan, 2021). The result would be to attract prospective applicants into successful applicants.

Mentorship aligns well with transformational leadership, as it allows the leader to “model the way” (Kouzes & Posner, 2017). In addition, the resources required for this solution would not present as barriers for completion, as they are low financial cost and moderate people involvement. Similarly, according to Wood and Hilton (2012), the solution aligns with the ethics

of community, particularly as it would be helping to serve the interests of underrepresented groups.

Solution Three: Storytelling

Racism exhibited within an educational setting may not always be apparent, most often they occur through small microaggressions that are reinforced through the majoritarian historical narrative (Solórzano & Yosso, 2002). However, storytelling, which has a rich tradition within underrepresented groups, offers the ability to create counter-stories of the majority through the shared personal experiences within their community (Ladson-Billings, 1995). The linkage lies in the way individuals use storytelling to communicate their experiences with microaggressions, raise awareness, and promote understanding (Aguirre, 2020). Particularly, it can be used as a platform for expressing experiences with microaggressions (Rolón-Dow & Bailey, 2021). In addition, it serves as a means for raising awareness and education around microaggressions (Aguirre, 2020). Lastly, it can also empower individuals who have experienced microaggressions by giving them a voice and allowing them to reclaim their narratives (Aguirre, 2020; Rolón-Dow & Bailey, 2021). Consequently, engaging current students and faculty in celebrating diversity through storytelling, reinforces a culture that promotes inclusivity.

Storytelling as a tool can be used to quantify human relationships and sense-making within internal and external stakeholders (Boje, 1991). It allows the ability for people to make sense of their experiences and interact with each other (Kallontai, 2015). Subsequently, storytelling centered around identity, allows the storyteller to choose which aspects of themselves to present to the audience, thereby validating and communicating who they are (Bair et al., 2022). Therefore, the use of storytelling and counter-storytelling can be implemented to legitimize the experiences of underrepresented groups and uses this knowledge to assist in

eradicating social oppression (Verjee, 2013). Lastly, traditionally storytelling has been in-person using a storyteller-listener approach, whereas current technology allows for a digital format to storytelling which uses computer-based tools (Gutierrez et al., 2019).

Currently, RSU is divided across two campuses in two different states within the United States. Hence, the predominant means that the faculty, students, and staff communicate with each other is digitally. In addition, since the COVID-19 pandemic, the first year of the four-year naturopathic medicine program has been moved to an optional online format. Communication has moved away from being predominantly face-to-face, to being in an online or digital format. Consequently, digital storytelling can be used to offer improved engagement by incorporating images, video, audio, and interactive features (Gutierrez et al., 2019). They can also create an enhanced learning experience by catering to different learning styles (Robin & McNeil, 2019). Moreover, the use of technology can be easily shared globally through online platforms and capture a broader audience (Robin & McNeil, 2019). Lastly, they can be designed with accessibility features such as closed captioning, transcripts, and screen readers so that they become more inclusive and accessible (Robin & McNeil, 2019; Yuksel et al., 2011).

Presently, I am the chair of RSU's community communication committee. We had developed an initiative whereby faculty and students had the opportunity to share their story and what brought them to the field of naturopathic medicine. The stories were intended to be recorded and shared on the university's website for internal and external community members to view. It created the opportunity for all individuals to voluntarily share their story and learn about each other across a digital landscape. I had created the initial story with the intention that other participants would also share their stories as well.

The benefit of this solution is that storytelling can help inspire lasting change for people (Rezvani & Gordon, 2021). It provides the opportunity "to share understand and interpret experiences" (Kallontai, 2015, p. 218) to teach ethics, values, cultural norms, and differences. Thus, it builds on the social constructivist theory, where individuals are required to learn from each other to create their knowledge and reality (Bair et al., 2022). It also engages in the perspectives of transformational leadership as it allows the ability for followers to become leaders as more individuals provide their stories.

To make this solution successful, a diverse group of students and faculty would be required. Presently, the pool of individuals from underrepresented groups to draw from within the institution is minimal, on that account, the benefit of using storytelling to shift cultural change may not be optimal. In the same way, there would be a high number of resources required for this solution, as it would require collaboration and communication with leaders across both campuses to facilitate the project. It would also have a moderate financial cost associated with it, which would involve the time and resources required to create and upload digital content to the university's website. Lastly, this solution would also require coordination across departments such as with marketing and technology support, which would need to be approved by the executive leadership.

Most Appropriate Solution:

Combining the first two solutions appears to be the most appropriate solution for the PoP. As noted in Table 1, the time, resources, and cost would be less compared to solution three. The first solution creates the opportunity to first educate the faculty members on DEI and implicit bias. The result would be a collective increase in awareness that can extend to attracting prospective students into becoming applicants. However, educating the faculty alone would not

create the intended effect, it would need to be combined with the action of mentorship. By creating faculty mentors who have first addressed their implicit biases, faculty mentors are better prepared to guide and empower potential applicants. Thus, I would combine working with the AVP of DEI as one of the members of the DEI advisory committee to collectively facilitate education through case studies. The DEI advisory committee works with the AVP of DEI to create a plan centered around the university's strategic commitment to social justice and inclusivity. We would operate as change supporters, those who have the passion for change, however as a group we advise and do not make change. Fortunately, the AVP of DEI is a change champion, who is both passionate about change and has the power to enforce it. Moreover, we currently have been engaging in facilitating DEI education for the faculty under the leadership of the AVP of DEI during each faculty meeting, however, they have been solely based on lecturing and online group discussions. Therefore, changing the lecture to case studies would be a supportive change. The AVP of DEI is open to feedback, is aware of this solution for my OIP, is receptive and eager for me to discuss it with the advisory panel and collectively work towards incorporating case studies in the university's DEI education.

Using cases as a teaching model for DEI allows for the opportunity for faculty to engage in both case-based learning (CBL) as well as team-based learning (TBL). Case-based learning uses real or hypothetical scenarios to engage in active learning and problem solving (Burgess et al., 2020; Burgess et al., 2021). It allows the opportunity to engage in contextual learning, which allows for learners to appreciate the complexities of diversity issues in practical settings (Burgess et al., 2021). In addition, TBL, is a collaborative approach that involves small groups of individuals working together to solve problems, discuss concepts and engage in active learning activity (Burgess et al., 2020; Burgess et al., 2021). When applied to DEI learning it allows for

perspectives from individuals of diverse backgrounds sharing their experiences (Burgess et al., 2020). It also provides the opportunity for collaborative learning to understand and address DEI challenges (Burgess et al., 2020). Lastly, it offers the ability to engage in critical thinking to analyze scenarios and deepen their understanding of DEI concepts (Burgess et al., 2020).

Table 1

Time, Resources, and Cost for Each Solution

Solution	Time	Human	Fiscal
1	Moderate	Low	Low
2	Moderate	Low	Low
3	High	High	High

Note. This table demonstrates the time, human resources, and costs for each of the solutions.

The second solution would occur after all the faculty have had the opportunity to engage in the mandatory DEI professional development training. It entails the opportunity to build on a system that is already in place. The system for admissions interviews can also be modified to suit the purpose of mentorship. Currently, the admissions department receives inquiries from prospective applicants interested in applying to the naturopathic medicine program. If they request speaking to someone with specific experience (ie. research), they are introduced to the appropriate faculty member with that background. Otherwise, the admissions staff answer any general questions, and direct individuals to RSU's website. In the proposed solution, prospective students will receive communication regarding the opportunity to engage with a faculty mentor to guide them throughout the application process. Faculty members, who now have all had DEI

training, can mentor prospective applicants, provide guidance on how to best prepare for the admission, the program, future career as a naturopathic doctor. By offering mentorship to interested applicants, underrepresented groups have the potential to receive valuable guidance in applying and learning tools for success in the program.

The dean would be the change champion for this plan, as they have the passion and power to move it forward. I have already received support from the dean regarding the plan and they intend to initiate it upon completion of the OIP. Participating faculty are all change supporters as we have passion to mentor the students, however we do not have the power to create overall change.

The primary goal would be to collectively improve faculty DEI and implicit bias awareness through case scenarios. Upon providing foundational training, use the faculty knowledge to attract underrepresented prospective applicants into becoming successful applicants, through effective mentorship. Therefore, each of the two solutions on their own would not deliver the anticipated change, however, by combining the two solutions, educated faculty are able to provide effective engagement. Solution three would best be utilized at a later stage, after the OIP has been ongoing for enough time that consistent change in the university's diversity becomes apparent. As a result, for the purposes of the OIP it will not be included, instead, it will be incorporated as a future option.

Conclusion

In this chapter, I highlighted the importance of encouraging transformational leadership to motivate change within RSU. As the chair of clinical science, my influence in attracting underrepresented groups to naturopathic medicine stems from the support I receive from the dean and AVP of DEI to help move change forward. Consequently, solutions which address the

PoP of attracting individuals from underrepresented groups to the naturopathic medicine program begins with ensuring the faculty share values and vision in support of diversity, equity, and inclusion which involve creating required faculty professional development. The second solution uses mentorship of interested applicants by faculty. Potential applicants from underrepresented groups have the potential to receive guidance from faculty members on the application process and the program in general. The third solution involves faculty, staff and students providing their stories to emphasize the diversity within the school, thereby making it a more attractive option for underrepresented groups. The most appropriate solution described was a combination of educating faculty through case studies on DEI and engaging in mentorship so that they become change supporters, thereby reinforcing a community of shared values. While there are potential challenges that could arise from faculty regarding readiness or desire for change, appealing to a shared sense of social justice will be crucial to delivering effective institutional change. The next chapter will outline effective steps needed for the intended solution.

Chapter 3: Implementation, Communication, and Evaluation

The final chapter highlights the plan for change implementation, communication, and monitoring and evaluation. The goal is to increase the number of applicants from underrepresented groups. A transformational leadership approach will be applied to engage others in the change development and this approach will also guide the impactful actions as influenced by Kouzes and Posner (2017) practices of exemplary leadership. The change management process used to create change will be modelled after Deszca's (2020a) CPM. Similarly, communication plans for the OIP will also be using the same model. Lastly, the plan will also utilize the framework suggested by Markiewicz and Patrick's (2015) monitoring and evaluation framework (MEF), as well as an inquiry process known as Plan, Do, Study, Act (PDSA; Laverentz & Kumm, 2017).

Change Implementation Plan

A strategy to overcome the lack of applicants from underrepresented within the naturopathic medicine program at RSU will be addressed through the change implementation plan. The plan will be based on the recommended solution discussed in chapter two for increasing faculty education of diversity, equity, and inclusion through case study analysis and encouraging mentorship of interested applicants by faculty. To move forward, I would need to enlist support from the dean of the program as well as the AVP of DEI, change champions who would be able to educate the faculty on implicit bias and DEI. Fortunately, I have had their ongoing support throughout the development of the OIP and they are intending to move forward with the plan once completed. In addition, I would be able to provide ongoing guidance to both change champions as I already have a supportive role with both leaders. With their involvement, we can motivate interested faculty members to become drivers for change. Hence, a model outlining the change process with a timeline, goals and responsibilities will be detailed. Further,

anticipation of short-term, medium-term, and long-term goals will be discussed. Any potential issues or concerns with implementing the plan and benefits overall will also be considered.

Change Model

As mentioned in chapter two, the proposed solution that best fits this PoP involves educating the faculty on diversity, equity, and inclusion through case studies, followed by motivating faculty members within the program to become mentors for interested applicants. By increasing the faculty's cultural diversity awareness and working through potential biases, faculty can apply their learning by becoming mentors to applicants from underrepresented groups. Deszca et al.'s (2020) CPM will be utilized as a change management framework.

Change Planning

The change implementation plan is summarized in Appendix H. It describes the timeline, strategy, and key stakeholders. For the OIP, gaining the dean's and AVP of DEI's support has been crucial as change drivers who will be supported by the roles and relationships I have with both leaders. Firstly, I am part of the dean's leadership team as a chair, alongside the other chairs and associate deans. Secondly, I am a member of the DEI advisory council who are a group of staff and faculty who provide key insights for the AVP of DEI. As a result, I can assist the leaders in the planning, delivery, and evaluation of the OIP.

Awakening (12 Months)

According to Deszca (2020b), the awakening phase "focuses on the assessment of the need for change, and the development of the vision for the change to better communicate what successful change what successful change will look like" (p. 11). The change process will be initiated by presenting the problem of practice to the dean at our weekly dean and chairs meeting. This meeting is led by the dean of the naturopathic medicine program, and is in attendance by the two associate deans, and two clinical science chairs, representing each of the

two campuses. I will request time in the agenda prior to the meeting from the dean to present the solution to the problem of practice and the OIP to the group. Typically, the beginning and end of the quarter are busier with student concerns, so I will deliver my presentation at the middle of the quarter.

Upon approval of the plan from the dean, I will make an appointment to deliver the presentation to the AVP of DEI. Their role would be in the approval of modifying the DEI educational content being delivered during faculty meetings for the naturopathic medicine program and facilitated by the DEI advisory council. The AVP of DEI leads the DEI advisory council, which I am a part of, and would be able to participate in the change process. The DEI advisory council would work with the AVP of DEI to modify current lecture-based bias and DEI training for faculty. The modification would include the development of case studies, as well as a format for small-group facilitated discussions, which would include data-collection. The case studies will be delivered at the quarterly all-faculty meetings for the naturopathic medicine program and facilitated by the DEI advisory council, followed by an opportunity for further discussion during the bi-monthly campus-specific faculty with the dean. The presentation of cases followed by their discussion would be ongoing, as a part of faculty development and regularly included in the faculty meeting agenda. The facilitated discussions would allow the faculty an opportunity to document the responses of faculty members, and potentially make any relevant changes to the plan. Lastly, while it has been allocated to be for twelve months, the case studies and education would continue as scheduled. However, the next phase of the plan can be implemented at this point.

Mobilization (6 Months)

After a period of preparation, the mobilization phase, involves moving forward with "advancing the readiness both of people and of systems for the planned change" (Deszca, 2020a,

p. 16). The dean would request the assistance of the associate deans and chairs in developing the content for the presentation to the faculty. I would be involved in this process, as well as in responding to questions by faculty, when the dean delivers the information. The dean leads quarterly all-faculty meetings for the naturopathic medicine program, which typically occur a few weeks into the new quarter. They will present the current statistics on applicants from underrepresented groups and highlight the need to improve those numbers. These numbers are collected by the admissions and registrar team and regularly provided to the dean. Afterwards, the dean will discuss the plan for faculty mentorship and the logistics of how it will be applied. They will request if any members of the faculty would like to participate in mentoring potential applications. While the mentorship would be available to all potential applicants, should a potential applicant from an underrepresented group request a faculty mentor, faculty would have the opportunity to apply the skills they had developed from the DEI and implicit bias professional development training. The number of interested faculty would be capped at six (three from each campus) individuals for the first year and then continue to grow in the years following as demand for mentors increases. The mentorship potential serves as a replacement of the equivalent time a faculty member would be participating in applicant interviews. As a result, faculty can choose to either participate in applicant interviews or mentorship.

The initial announcement will be summarized and repeated by the dean at the bi-monthly campus-specific faculty meetings. Beginning the conversation with the entire faculty and then continuing in the campus-specific faculty meetings helps to ensure no one is excluded from the conversation. Here, the faculty, who are one of the key stakeholders, will be able to ask questions and openly discuss the topic. These discussions will create an opportunity for interested faculty to contact the dean regarding a participation. I will be one of the faculty mentors, so that I can gain first-hand experience in the process.

The dean can remove or add components of the online application. They will create an option for potential applicants to request a faculty mentor to aid them in learning about naturopathic medicine as well as the application. If a student decides they would like a mentor, they will be paired with a faculty member with their availabilities. The procedure is the same for the applicant interviews. Initially, the plan will be piloted with a small group of faculty members and then eventually expanded. The faculty members participating in the mentorship would have the ability to apply the skills and knowledge learned through the DEI case studies.

Acceleration (4 Months)

With the plan moving forward in the mobilization phase, Deszca (2020a) discusses that acceleration redirects efforts to ensure that the implementation plans are solidified so that further ones can be targeted. Success at this phase of the plan is determined through faculty receiving requests for mentorship, particularly from underrepresented groups. Moreover, success is also contingent upon gaining faculty mentors. I have reassurance from faculty that at least a few are already interested in participating. In addition, the admissions and registrar will need to be consulted to determine the number of applicants from underrepresented groups. The dean would be able to request the demographics report from admissions and include it as part of the all-faculty announcement regarding applicants. Some potential applicants choose not to disclose their identity, which does not detract from the data verifying that the minority of applicants are from underrepresented groups. Consequently, faculty participating in mentorship can share success stories of their efforts, therefore celebrating small wins. The dean would have the information regarding the admissions data and faculty success stories. The dean would seek the input of the associate deans and chairs for further refining of the plan. As one of the faculty mentors and a chair, I can provide my direct input on the plan’s progress.

Institutionalization (36 Months)

According to Deszca (2020a), the final phase of institutionalization, focuses on "actions that help solidify the change initiative and make it the new normal" (p. 32). Thus, the change process needs to be sustainable and ongoing (Deszca et al., 2020). As noted by Fisher and Wilmoth (2018), organizational culture is shaped by the "beliefs, norms, language, shared core values (principles and values) and traditions held by its members" (p. 82). Consequently, to shift organizational culture, it can take between three to five years (Heskett, 2021). The plan will need to be in operation for at least 36 months to ensure long lasting cultural shift within the institution. Consistent DEI education, including addressing unintentional biases, is continuous work that will need to be regularly included in faculty meetings. As a member of the DEI advisory council, I would regularly meet with the group to continue with developing case studies and facilitate small group discussions. The collective work that the faculty members do to assist with the change in organization culture will ultimately help reinforce the importance of inclusivity within the institution.

Short, Medium, and Long-Term Benchmarks

Valuable benchmarks throughout the operation of the implementation plan will aid in determining whether there is progress being made. As noted in Appendix I, short-term benchmarks are those which establish the foundation for the plan. An initial indicator to measure improvement would be the creation of DEI case studies as well as the quarterly facilitated discussions using the case studies during the all-faculty meetings for the naturopathic medicine program. Mid-term benchmarking indicators would include having three faculty members from each campus from the naturopathic medicine program, for a total of six faculty members, enroll as mentors, reporting interested applicants requesting mentors, and the sharing of at least one success stories from faculty mentor per quarter. Lastly, long-term success indicators would

involve at least half of the naturopathic medicine faulty enrolled as faculty mentors, a reported increase in applicants from underrepresented groups compared to previous years, increase in the request for mentors from the mid-term benchmarking, as well as an overall shift in within the institution regarding DEI. Individual faculty member's growth regarding DEI can be determined by the feedback given to the facilitators during group discussions as well as through a validated online questionnaire known as the Implicit Association Test (IAT; Greenwald et al., 1998).

Implementation Issues and Limitations

No major changes within the naturopathic medicine program are anticipated, which would impact the OIP. However, the program is currently in a state where they are making drastic budget cuts, which have led to furloughs, mandatory pay cuts and layoffs. As a result, faculty morale is low, and many people are feeling strained from being overworked. This strongly reinforces the need for a vision which does not add to their current workload but offers an opportunity to make a social difference through mentorship.

In addition to potential issues with the implementation plan, there is the possibility that concerns within the methodology may arise. To create a culture shift within the naturopathic medicine program, faculty will be required to engage in an in-depth analysis of their biases. There is a possibility that some faculty may not be ready to work through any pre-defined notions they hold regarding historically marginalized communities.

As well, since the plan will be implemented across both campuses, this can lead to discrepancies in how mentorship is being interpreted. The program dean will need to ensure there is regular communication between the two campuses to confirm that the mentorship being provided is of benefit to the applicant. Since I am part of the dean's leadership team, I act as a change facilitator who will work alongside the associate deans and chair to ensure consistent information is being delivered. Lastly, regular inquiry through bi-monthly reporting at campus-

specific faculty meetings as well as the weekly deans and chairs meeting for the program will aid in making any modifications necessary.

Benefits

Increasing applicants from underrepresented groups in the naturopathic medicine program aids in improving health disparities commonly seen within these populations. Similarly, having more students from underrepresented groups within the program will help increase the awareness and sensitivity with the other students. For that reason, having a plan which improves education on DEI combined with mentorship assists in developing awareness around social determinants of health.

This section has discussed the overall change implementation plan for my OIP. It has elaborated on how the CPM can be applied as the change framework. The next section will further discuss the implementation plan by detailing the Knowledge Mobilization Plan (Lavis et al., 2003). The communication plan to support implementation follows next.

Communicating Need for Change and Change Process

The naturopathic medicine faculty, as stakeholders, have an opportunity to act as change agents for the university by advocating for the importance of gaining a diverse student population. The plan can be facilitated by faculty first gaining professional development education on DEI and implicit bias, then using that training for mentoring potential applicants to help increase their potential for applying to the program. However, for this change to move forward, the faculty would need to understand the benefit of increased applicants from underrepresented groups for the naturopathic medicine program. Communicating the need for change as well as incorporating a plan for communicating the change are key for the success of

the OIP. I highlight the importance of a transformational leadership approach in supporting strong communication efforts in the change process.

Building Awareness of the Need for Change

Efforts to educate faculty on topics centered around diversity, equity, and inclusion, are important to help build awareness and motivation for the importance of mentoring potential applicants within the organization's naturopathic medicine program. Deszca et al. (2020) discusses a pre-change phase whereby change agents convince top management the need for change and they will target individuals with influence to approve the needed change. Key people who need to be involved in establishing awareness for change would be the dean, associate deans, chairs of the departments for both campuses, the AVP of DEI and the DEI advisory council. Building awareness would occur through strategic communication efforts that outline the importance of addressing the PoP. McClellan (2011) outlines communication as a "local, power-laden, political practice that creates, maintains, and, potentially, changes understandings of organizational reality" (p. 466). Based on this notion, ensuring that the communication is delivered to the individuals who are personally and politically motivated to see change, as well as being in a position of power to help deliver this message of needed change becomes imperative in ensuring the OIP's success.

Deszca et al. (2020) states that in the awakening phase, creating awareness of the need for change requires clear communication of the issues alongside a compelling rationale for the change. This is coupled with urgency and enthusiasm to motivate the forward movement of the plan (Deszca, 2020a). To establish awareness of the PoP, I would meet with the dean and AVP of DEI to highlight the lack of underrepresented groups seen within the naturopathic medicine program. In addition, I would also meet with the dean of the naturopathic program to discuss faculty mentorship to support potential applicants from underrepresented groups. They are the

drivers for communicating change, also, improving the numbers of underrepresented groups has been integral part of their goals.

McClellan (2011) stresses that successful "organizational change requires efforts to create and maintain discursive openings in which organizational participants engage in dialogue to engender new ways of talking about organizational processes and practices" (p. 466). Developing opportunities for communication creates avenues to empower naturopathic medicine faculty, so they may gain trust and confidence in their leader, as seen in transformational leadership (Yue et al., 2019). McClellan (2011) offers episodic and continuous approaches to communication. Both can be utilized within the communication plan. Episodic communication, which emphasizes information delivery from a position of power (Beatty, 2015; McClellan, 2011), presents opportunities for content to be conveyed to the faculty. This can be seen within the awakening, mobilization, and acceleration phases whereby the dean, associate deans, and chairs present the mentorship opportunity alongside the admissions data. Furthermore, episodic communication is also apparent with the emailing of cases to the individual faculty by the AVP of DEI in preparation for discussion during the all-faculty meeting for the naturopathic medicine program. These are one-way communications which help deliver information to the faculty members. In addition, continuous communication, which emphasizes meaning-making in the absence of power influence (McClellan, 2011), can be used to help the faculty to understand the need for change. This is apparent within the awakening and institutionalization phases. Faculty will engage in small-group discussions to process and encourage being open to change. This is a two-way communication which allows for interactions and the building of relationships. It is anticipated that both efforts will play a role in appealing to the faculty's internal values, aligned with notions of transformational leadership (Avolio, 2005; Northouse, 2021).

Knowledge-Mobilization Plan

As summarized in Appendix J, the knowledge-mobilization (KM) plan, modelled after Lavis et al. (2003), utilizes a five-question framework to describe communication pathways for the OIP. The five questions cover domains which correspond to an element within the knowledge-transfer strategy (Lavis et al., 2003). Within this framework, the strategy outlines the message that is to be transferred, the target audience for the message, the messenger of that knowledge, how the knowledge is transferred, and the effect the knowledge transferred creates (Lavis et al., 2003). The KM plan demonstrates the knowledge-transfer process at each phase of the CPM (Deszca et al., 2020). Further, the plan ties in the themes from transformational leadership (Avolio, 2005), as well as the actions as detailed by Kouzes and Posner (2017). By engaging in this logical format, the responses to each of the questions will help to ensure that a full range of perspectives are considered and that no one is left out. The details of the communication plan are discussed in the next section, however the summary can be found in Appendix J.

Communication During the Awakening Stage (12 months)

During the awakening phase, the powerful need for change is articulated to stakeholders by confirming the current problem and delivering a data driven awareness of the solution (Deszca et al., 2020). Promoting a vision for change is designed to generate interest within the stakeholders to influence both horizontal and vertical change (Deszca, 2020a). Within the KM plan, the knowledge that needs to be disseminated to the stakeholders is the current student racial, ethnocultural, location, gender, age demographic. Faculty members will become aware of the disproportionate acceptance from some groups and not others. Moreover, the rationale for improving applicants from underrepresented groups for the school, for the profession and for

society would be highlighted. The role and importance of faculty in improving applicants from this population would be emphasized. Also, a discovery and recognition of self-imposed implicit biases will be addressed.

The messaging for this is directed towards all the faculty within the program and would need to be delivered by the AVP of DEI. I would work alongside the DEI advisory council to assist in the creation of the presentation and case discussion content for the AVP of DEI. The AVP of DEI holds the most credibility to relay the message, as well instil a vision for change amongst the faculty. The creation of content will be conveyed through a presentation delivered during a quarterly all-faculty meeting followed by case presentations and discussions facilitated by the DEI Advisory Council. Moreover, discussions would continue during the bi-monthly campus specific faculty meetings. I would act as one of the facilitators of the small-group faculty discussions based on the case. While the preference would be to hold meetings in-person at both campuses, in recent years the university has evolved to having meetings virtually. The benefit of having an online-live presentation is that it can be recorded and then distributed to all the faculty, alongside a summary of the presentation, through the DEI SharePoint site. The KM plan would be reinforced through bi-monthly faculty meetings at each campus.

Communication Mobilization (6 Months)

Mobilization involves solidifying the need for change and vision (Deszca et al., 2020). Engaging with faculty in discussions will continue to evoke change. The knowledge that needs to be transferred to the stakeholders would how the faculty can contribute to encouraging applicants from underrepresented groups through becoming a faculty mentor. Moreover, the faculty members who are in support of improving diversity within the organization would be able to foster a sense of team collaboration and spirit. Since I would be one of the faculty mentors, I can engage with my fellow faculty members to create a sense of camaraderie. Those who feel drawn

to make an active difference would enlist as a faculty mentor rather than participate in the admissions interview. The ongoing communication of a shared vision is intended for the entire faculty, not just those who are faculty mentors.

The dean would make clear the reports on admission numbers, demographics, requests for faculty mentorship participation, and updates to the change in process through a quarterly presentation at the all-faculty meeting for the naturopathic program. As one of the members of the dean's leadership team, I would assist in the creation of content and reports for the dean to present to the faculty. The dean leads the meeting, as well as the program, therefore ideal for the presentation regarding faculty mentorship. The dean's presentation can be recorded, as previously done whenever a new item for admissions is being discussed, then shared on the faculty's admission SharePoint site. The dean would also announce the request for faculty participation as a mentor during the all-faculty meetings for the program, then reinforced during the campus-specific bi-monthly faculty meetings. Faculty can communicate their desire for change by contacting the dean and become involved as a mentor. The interested faculty mentors would determine their availability for the role and interested applicants would be offered the opportunity to book with a mentor through the online application.

The outcomes of communication within this phase include the creation interested faculty mentors as well as an increase in applicants requesting mentors. At this point, confirmation of the monitoring and evaluation plan by the dean would need to occur, particularly the regular reporting of numbers of faculty mentors and applicants from underrepresented groups. I would be involved with the development and delivery of the monitoring and evaluation plan, alongside the other chair and associate deans.

Communication Acceleration (4 Months)

Deszca et al. (2020) describes this phase as incorporating momentum and the management of transition during the planning phases. Different ways of thinking, teamwork, creativity, and celebration of small wins are all closely involved within this phase (Deszca et al., 2020). The message that the stakeholders would have delivered in this phase is an understanding of the experiences of the faculty mentors since initiating the plan. A celebration of small wins will continue to motivate the faculty members, those who are faculty mentors as well as those who are not. Creativity and innovation are promoted within the faculty as they work collectively through challenges, as demonstrated by intellectual stimulation in transformational leadership (Bass & Riggio, 2010). Faculty mentors would be able to generate data from their initial experiences by participating in focus groups where they can share their experiences through a strength, weakness, opportunity, and threat analysis (SWOT), as noted in Appendix O. The information collected from focus group will be added to the faculty SharePoint site to reaffirm a cohesive message for continuous improvements to support potential applicants from underrepresented groups. In addition, I would work with the associate dean and chair to run the focus group, summarize the experiences presented in the SWOT analysis, and deliver the information to the dean to report to the faculty. The information will also be shared with the AVP of DEI to help modify the case studies being used for faculty professional development training.

This message would be targeted for all the faculty within the program including the faculty mentors. It serves as a means for inspiration and education for faculty on the importance of inclusivity. Moreover, ongoing changes can be made clear to the faculty and the mentors based on feedback provided from the initiation of the plan. In addition, collective experiences would be presented during the all-faculty meeting for the naturopathic program. The results of

the focus group would be accessed through the internal faculty admission SharePoint site where all faculty in the program can access the faculty mentorship, plans, and summaries of the SWOT analysis.

The outcomes of this communication phase would be a continued refining of planning after initiating it. Further, the dean will be able to access the summary of the focus group which would demonstrate the successes and challenges that the faculty mentors have met with to date, as well as the solutions to any challenges of mentorship that come up in the focus group. The summary of the SWOT analysis in the focus group would be included in the all-faculty quarterly meetings for the naturopathic medicine program. In addition, any changes in data on the number of applicants from underrepresented groups would be presented to continue to encourage faculty to use their DEI learning and become faculty mentors. The faculty SharePoint site is already in use, consequently adding the faculty mentorship information would act to continue to inspire faculty who may be interested in mentorship, as well as for other members of the university community who may be able to help.

Institutionalization of Communication Strategies (36 Months)

In the final phase, institutionalization, Deszca (2020b) discusses transitioning change initiatives into the infrastructure of the organization. This can be accomplished through assessments, evaluation, and continuous monitoring of the progress along the way (Deszca et al., 2020). Within the communication plan, the message of institutionalization is reinforced through stakeholder knowledge transfer messaging.

The message at this phase is targeted towards the entire faculty. I would work with the DEI Advisory council collect and assess data from the group facilitation, which would be provided to the AVP of DEI to report to the entire faculty. The AVP of DEI would be able to report on the naturopathic medicine faculty's collective changes in perception regarding DEI

since starting the professional development training, as determined by their results of the IAT questionnaire. Faculty of the program would be able to complete a questionnaire evaluating their unintended implicit biases towards underrepresented groups (see Appendix K for IAT questionnaire types; Greenwald et al., 1998). Moreover, the dean would be able to report the numbers of applicants from underrepresented groups since the start of the plan and the ongoing success stories as uploaded onto the faculty admissions SharePoint site. The dean would report the efforts of the faculty mentors through the results of a survey assessing their experiences to the entire faculty and continue to encourage for more faculty mentors at the yearly all-faculty development meeting. As faculty grow their DEI learning, their skills can be transferred to various areas within the institution, from developing inclusive teaching content, educating students on working with diverse patients, and engaging in equity with students from underrepresented groups.

Change Process Monitoring and Evaluation

As part of successful change plan, the monitoring and evaluation of the implementation plan helps to ensure the program is effectively delivering the predefined goals (Markiewicz & Patrick, 2015). Completing a monitoring and evaluation framework as part of the overall change planning helps to inform stakeholders, such as administrators, faculty, and students on the progress. Stakeholders, including the commitment of leaders are integral for ensuring that evaluation is conducted and that stakeholders remain motivated to do so (AAMC, n.d.).

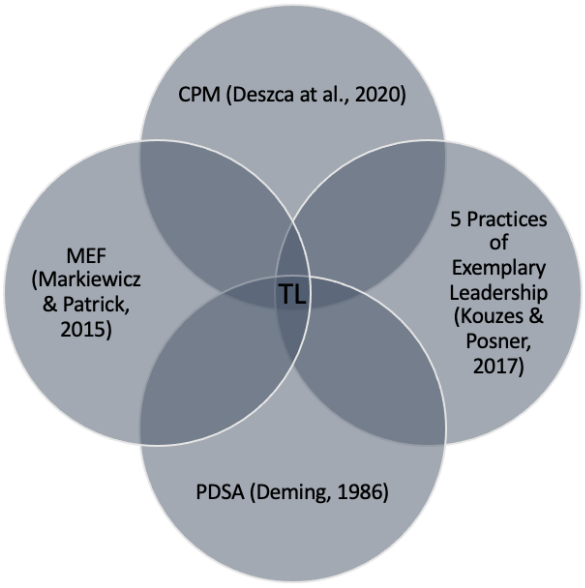
Monitoring allows for a system of ongoing data collection and analysis that delivers program information to key stakeholders, indicating the extent of progress in the change implementation, objectives, and expectations (Markiewicz & Patrick, 2015). Further, the evaluation process aims to identify the extent to which the outcomes and objectives have been completed at strategic times. It also helps to identify the processes which worked well compared

to those that did not, followed by identifying the learning that occurs from both functions. Overall, evaluation allows for questioning of the implementation processes, determining the level of success, and judgment of the entire program (Markiewicz & Patrick, 2015).

Monitoring is an ongoing process in a change plan, while evaluation is undertaken strategically (Markiewicz & Patrick, 2015). Combined, the two components deliver salient data to stakeholders and articulate the value of the plan. In this section, the method for monitoring and evaluating the change implementation plan previously outlined will be addressed. Figure 2 describes the interconnection of each of the components to transformational leadership (TL). The components will consist of Deszca et al.'s (2020) CPM, which incorporates monitoring and evaluation as part of the institutionalization phase. However, Deszca et al. (2020) also discusses the importance of engaging in monitoring and evaluation from beginning of the plan. Thus, the Monitoring and Evaluation Framework (MEF; Markiewicz & Patrick, 2015) is incorporated from the beginning of the OIP.

Figure 2

Monitoring and Evaluation Components for OIP



Note. This figure demonstrates the connection of transformational leadership to CPM, practices of exemplary leadership, PDSA and MEF. Monitoring and evaluation are connected to the entire OIP.

Monitoring and Evaluation Tools

Utilizing Markiewicz and Patrick's (2015) monitoring and evaluation framework (MEF), which draws upon purposeful planning found in results-based management (RBM), provides guidance for developing, designing, and conducting a value driven monitoring and evaluation. The early development of such a framework ensures there is routine monitoring and endpoint evaluations woven into the overall initiative (Markiewicz & Patrick, 2015). Moreover, an MEF framework operates within defined parameters for routine and periodic evaluation, which include "appropriateness, effectiveness, efficiency, impact, and sustainability" (Markiewicz & Patrick, 2015, p. 1). Overall, developing a framework can assist with the overall decision-making for

program improvement based on results and progress, service as an accountability tool, as well as engage in ongoing learning (Dunlap, 2008; Markiewicz & Patrick, 2015; Preskill & Jones, 2009).

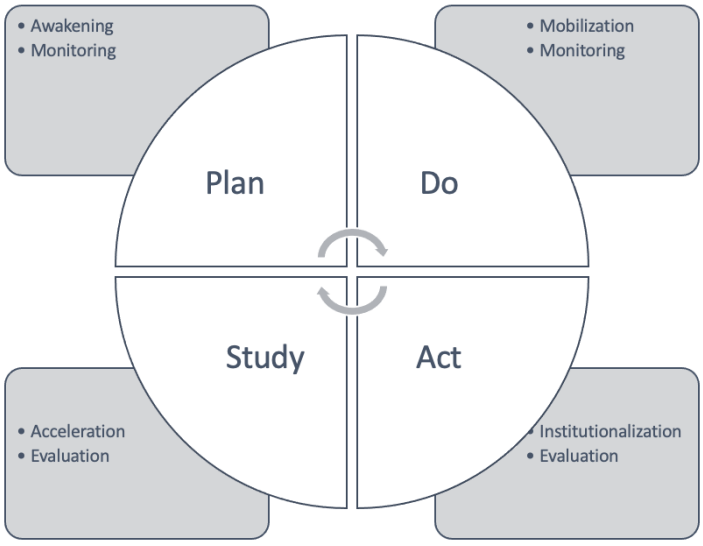
Monitoring and evaluation tools involve a framework, which has an inquiry method and data collection. For the OIP, the MEF serves as the method for monitoring and evaluation, PDSA as the inquiry, and quantitative and qualitative measures for data collection. The PDSA method originates from Deming's (1986) work on developing a structured model for the iterative development of change (Kruk et al., 2018; Taylor et al., 2014). It draws upon a four-stage method for change as a model for assessing continuous quality improvement (CQI; Laverentz & Kumm, 2017). In the "plan" stage, a change is identified that is aimed at improvement (Christoff, 2018; Taylor et al., 2014), while the "do" stage, aims at seeing the change tested (Christoff, 2018; Taylor et al., 2014). The "study" stage explores the level of success of the change (Christoff, 2018; Taylor et al., 2014) and the "act" stage identifies any adaptations and determines the next steps to inform a new cycle (Christoff, 2018; Taylor et al., 2014). Each PDSA cycle can be used help inform subsequent PDSA cycles. These minimum cycles of change work well for implementing the needed change to stakeholders (Crowfoot & Prasad, 2017).

The PDSA is incorporated as the linear inquiry cycle for monitoring and evaluation. Particularly, it can be implemented within Markiewicz and Patrick's (2015) MEF and CPM as the structure for change (See Figure 3). The plan and do stages align with monitoring while the study and act stages correspond with evaluation. In addition, each of the PDSA stages align with CPM. The plan stage involves identifying tasks, the task owners, when, how, and where it will be implemented, the objectives and outcomes (Christoff, 2018), which correspond to the requirements of monitoring (Markiewicz & Patrick, 2015), as well as CPM's (Deszca, 2020b)

awakening which identifies what needs changing through a vision for change. The do stage also corresponds with monitoring as it involves moving forward with the plan and detailing any successes, challenges, or unexpected outcomes (Christoff, 2018). It also correlates with CPM's (Deszca, 2020b) mobilization, where the initial plan is begin implemented. Appendix M demonstrates the monitoring plan based on the MEF and the first two stages of the PDSA. Moreover, the study stage considers an evaluation of the plan, where results are compared to the predicted outcome, learnings are discussed and documented (Christoff, 2018), which corresponds with the evaluation component of the MEF (Markiewicz & Patrick, 2015). Further, it also aligns with CPM's acceleration (Deszca, 2020a) where finalization and changes are made to the change plan before deploying as well as sharing any successes. Lastly, the act stage involves incorporating the intervention or abandoning the plan (Christoff, 2018), which is based on the evaluation of data in the prior phase (Markiewicz & Patrick, 2015). This aligns with the institutional phase of CPM (Deszca, 2020b) as it works to ensure the components of the plan are adopted into the organization's structure. Both these stages are key characteristics in evaluation. Appendix N displays the evaluation plan based on the MEF and the final two stages of the PDSA.

Figure 3

Alignment of PDSA with CPM and MEF



Note. This model demonstrates the alignment of each of the stages of PDSA with those of MEF and CPM.

Evaluation Questions

It is paramount that for the successful operation of the MEF, a primary focus be developed based on what the stakeholders want to know rather than what can be measured (Markiewicz & Patrick, 2015). To accomplish this, evaluation questions are created which reflect the goals of the program as it relates applicants from underrepresented groups. The questions created are critical in the formation, as well as the rationale of both the monitoring plan and the evaluation plan (Markiewicz & Patrick, 2015).

As summarized by the MEF in Appendix M and N, the questions center around five domains, namely the appropriateness of the plan's design in achieving the desired effect, the extent to which the program was effective in achieving the results, the efficiency of the process,

level of impact it produced, and how sustainable it would be based on the benefits achieved (Markiewicz & Patrick, 2015).

For the OIP, the predominant monitoring and evaluation questions will be focused on the themes that emerged from the case discussions, the modifications of awareness around implicit bias, as measured by the changes in results on the quarterly completion of the IAT Questionnaire. Also, the number of naturopathic medicine faculty who respond to the request to participate in faculty mentorship groups and to have mentored at least one individual from an underrepresented group per faculty member will be monitored. Further, the faculty who do participate as faculty mentors will participate in quarterly SWOT analysis groups as part of continuing to improve the mentoring experience (See Appendix O). Moreover, it will assess the faculty's perception of the case discussions through identifying themes which emerge from the group responses to the case discussion questions. Moreover, the questions will seek to answer whether the efforts will result in an increase in the number of faculty members requesting to participate as mentors. Lastly, the questions will also measure whether there is an increase in the request for faculty mentors, particularly from potential applicants from underrepresented groups, as well as an overall increase in the number of applicants from these groups. Appendix P demonstrates the data that will be collected from the questions, as well as their connection to MEF (Markiewicz & Patrick), and CPM (Deszca, 2020a).

Monitoring Plan

Monitoring involves continuously collecting data, then analyzing it to see how well the plan is aligning with the intended outcomes (Manetti, 2011). It works in tandem with evaluation as it will hold common questions and reference points (Markiewicz & Patrick, 2015). Monitoring provides a means to deliver stakeholders with regular feedback and early indicators of meeting or

missing goals. It allows for answering questions around what is being done with a program and how it is being done using the information gathered from predetermined performance indicators (Markiewicz & Patrick, 2015). It also involves continually refining the process, in which case developing a discourse analysis would be beneficial. Focus groups with faculty mentors on the experiences of faculty mentorship would be valuable in the continuous growth of the plan. Open ended discussions using a strength, weakness, opportunities, and threats (SWOT; Benzaghta et al., 2021) analysis template as demonstrated in Appendix O, small these groups. This would help to determine the efficiency of creating a cultural change within the institution. Further, small group case discussions would be used with all naturopathic medicine faculty during the quarterly all-faculty meetings to review the case and answer questions on the understanding of the DEI concepts.

The OIP the monitoring plan is based on MEF (Markiewicz & Patrick, 2015) and mapped out in Appendix M. The goal of the monitoring and evaluation plan is to demonstrate a growth in DEI understanding faculty members of the naturopathic medicine program, then apply the learning including the action of participating as a faculty mentor to support applicants from underrepresented groups. It can be monitored by recording the attendance and determining how many faculty members actively engaged in the small group discussions as outlined in the awakening and mobilization phases of the CPM being used. It is targeted that at least 50% of the faculty members actively engage in the facilitated case discussion by responding to the questions following the case study (as seen in Appendix G). The facilitators would be the DEI Advisory council members, and this would occur quarterly at the all-faculty meetings of the naturopathic medicine program.

Secondly, the effectiveness of the plan is evaluated by determining the extent that faculty extended their awareness of DEI topics and implicit bias into becoming faculty mentors. The focus would be on determining whether faculty would have a change in their awareness of DEI issues after participation in the case discussions, a shift in their perspectives regarding applicants from underrepresented groups and an increased prevalence for participating in faculty mentorship. The goal is to have at least 50% of the faculty members reported an increase in DEI knowledge when assessed using the IAT questionnaire, also, that the learning would result in 25% increase in faculty participation as mentors, for an initial group of six faculty mentors (three from each campus). The data would be tracked through requests for faculty to become mentors, and all anonymous self-reporting of the IAT questionnaire response by each of the naturopathic medicine faculty. The faculty mentor focus group and the IAT questionnaire would be completed quarterly during the all-faculty meetings.

Next, the efficiency of the plan will be assessed by determining whether the DEI and implicit bias professional development training created an increase in the number of faculty mentors. The success of the faculty mentors would be measured quantitatively through tracking applicants who request faculty mentors. Further, the experiences received from the SWOT analysis in the faculty mentor focus group will determine if their time is being used efficiently and whether they are experience growth in their efforts. This can be reported by the faculty mentors on a quarterly basis and discussed during the all-faculty meetings.

Afterwards, the impact will be determined by the number of potential applicants from underrepresented groups requesting faculty mentors to aid in the application process. The target is to have at least one potential applicant from an underrepresented group per quarter. Faculty mentors would share their successes and challenges on a quarterly basis through the SWOT

analysis during the all-faculty meeting of the naturopathic medicine program, which the entire faculty can have access to through SharePoint.

Lastly, sustainability is assessed by determining if there was evidence of ongoing benefits that were attributable to the plan. Namely, whether there was a shift in perception regarding DEI. It is anticipated that the faculty would have increased awareness surrounding the importance of DEI within the naturopathic medicine program. This would be displayed through faculty willingly able to discuss DEI topics through the case discussions. It would also ideally result in an increased number of faculty requesting to become faculty mentors. The DEI Advisory Council would gather the data during the small group discussions and deliver it to the dean and AVP of DEI to analyze and report during the all-faculty meetings of the naturopathic medicine program.

Evaluation Plan

The evaluation plan builds on the monitoring plan to determine whether the overall OIP is achieving the intended results (Markiewicz & Patrick, 2015). The details of which are mapped out in Appendix N. According to Preskill and Catsambas (2006) evaluation serves as a means for gaining a better understanding of the effects of our actions, particularly in terms of culture, society, work, and our environment. Markiewicz and Patrick (2015) describe that evaluation can be used as means of judgment of the quality and value, which in this case can be applied to results of the OIP. The social justice framework as described by Mertens and Wilson (2019) will be utilized as a contextual approach for the evaluation plan. In this model, the evaluation would be centralized around the needs of underrepresented groups (Mertens & Wilson, 2019). The findings from the evaluation can be used towards informing the naturopathic medicine faculty and the university on inequities in applications, changes in perspectives on DEI within the

faculty and growth in action surrounding faculty mentorship. The predominant means of gathering the data from the monitoring and evaluation plans would be through a combination of quantitative and qualitative data (Burns, 2009).

As demonstrated in the evaluation plan in Appendix N, the evaluation process would be a summative process which occurs every year. Firstly, the evaluation of appropriateness as previously described would be determined the yearly number of active participants in the DEI case discussion as well as a summary of the themes which emerged over the course of a year, as well as the changes in the naturopathic medicine faculty's overall IAT questionnaire. The data for this would come from the IAT questionnaire and the facilitated case discussion would be given to the AVP of DEI and the dean, and on the SharePoint site.

Secondly, the effectiveness can be determined by understanding the extent that faculty utilize their awareness of DEI and implicit bias into becoming faculty mentors. The summaries of the themes which emerged from the quarterly SWOT analysis completed by the faculty mentors can be completed on a yearly basis. This would allow for an analysis of the growth experienced by the faculty mentors.

Thirdly, the efficiency of the professional development training for creating a growth in faculty mentors can be assessed by determining the amount of time and effort they spend compared to the number of underrepresented groups request faculty mentors. This would help to justify the time spent to benefit the program. The information would be valuable for the dean to determine whether faculty time for this project is being used effectively. Requests for faculty members occurs after the plan has been in place for 12 months, consequently, it would be valuable to gather the data at the yearly.

Fourthly, the impact of the plan in increasing the number of applicants from underrepresented groups requesting faculty mentors is measured. The data from here would reflect intended, unintended direct and indirect consequences of the OIP. The information would originate from the dean and Admissions department and can be summarized on a yearly basis.

Lastly, the plan's sustainability would be determined by the overall growth within faculty members surrounding DEI. Identification of themes that arise from the case group discussion surrounding questions on perceived DEI learning can be summarized. This data would be valuable for the AVP of DEI as well as the dean and summarized every year from the quarterly all-faculty meetings of the naturopathic medicine program.

Next Steps and Future Considerations

The OIP will focus on attracting the naturopathic medicine program to applicants from underrepresented groups. Creating efforts within the faculty to promote applicants from underrepresents groups will hopefully create a ripple effect throughout other departments within the program leading areas to form similar goals. The resulting effect would encourage more underrepresented students to enroll within the program. I expect that the enthusiasm our faculty creates will help strengthen our understanding of DEI topics. As a result, ongoing communication, and collaboration from the leaders of the plan is required to ensure that expanding faculty learning and encouraging mentorship remains at the center of the OIP.

Elements to consider in the future would be whether the direction the naturopathic medicine program will change should there be any future changes to leadership. The program is in a state of high turnover, which can create an air of uncertainty within the faculty. However, moving through a collaborative project, such as the OIP, which has a strong focus on values and

justice, will hopefully unite faculty and demonstrate a sense of collegiality as we strive towards a common goal.

Another consideration is using this OIP to redefine the role the faculty play within the program. As previously mentioned, faculty demonstrate their service to the program by engaging in voluntary activities directed towards improving the program, such as applicant interviews. The faculty document their service and is submitted as part of their promotion application. By engaging in the OIP, the faculty have another option to demonstrate their service to the program. Ideally is becomes an opportunity to act on their own values and they remain motivated to continue their service.

Further, the concern of a lack of applicants from underrepresented groups is an issue that is widespread within the healthcare profession, including naturopathic medicine. Thus, the success of the OIP can be extended to other naturopathic medicine programs within North America. I am an alumni of a different naturopathic medicine school, based out of Canada, and they are aware of my OIP. There is a general interest in the profession to develop solutions for growing applicants from underrepresented groups, thus, I hope to use the information learned from the OIP to build our naturopathic medicine program at RSU, then begin discussions at my alma mater.

Conclusion

The purpose of this chapter was to create a plan that outlined the delivery of the OIP. A model that utilized a detailed structure was guided by the CPM (Deszca et al., 2020), which utilized awareness, mobilization, acceleration, and institutionalization as a means to deliver effective change. The transformational components of the plan have been modelled after Avolio's (2005) discussion of the four factors, namely idealized influence, inspirational

motivation, intellectual stimulation, and individual consideration. The actions are aligned with Kouzes and Posner's (2017) practices of exemplary leadership. The CPM is aligned well with transformational leadership. To identify whether there had been effective change in the short and long-term, a monitoring and evaluation plan has been established (Markiewicz & Patrick, 2015) using a PDSA as an inquiry process.

The success of the OIP is tied to the strategic development of the change implementation plan. Further, communication of the plan has been demonstrated through a knowledge mobilization process that highlights Lavis et al.'s (2003) five question framework. Lastly, the success and modification of the OIP is dependent on a monitoring and evaluation plan. All three chapters indicate the means to create change within the naturopathic medicine program.

OIP Conclusion

The OIP outlined the problem of a lack of applicants from underrepresented groups within the naturopathic medicine program. The prevailing individualistic, hierarchical, colonial and Eurocentric structure within the university has contributed to disproportioned applicants Eurocentric females as explored throughout chapter one. Moreover, my positionality as a female from an underrepresented group as well as holding a position in both administration and teaching was discussed, as it related to the PoP. The social justice implications, particularly as it relates to health disparity was highlighted.

In chapter two, transformational leadership was outlined as a potential approach to lead change. It was also established that the behavioural components of transformational leadership, as outlined by Avolio et al. (1999), the action as described by Kouzes and Posner (2017) all dynamically align with the CPM (Deszca, 2020a). In addition, an analysis of the forces operating for or against the potential change was demonstrated. Using the proposed leadership approach,

three possible solutions were outlined, one of which was determined to be the primary option. The option was to develop educate faculty on DEI using cases and group discussion followed by the development of faculty mentors to aid potential applicants, including underrepresented groups.

Lastly, in chapter three, the change implementation plan was developed which combined CPM with the behaviour and action of transformational theory, including responsible parties, goals and timelines outlined. It allowed the opportunity for short-term and long-term goals to be discussed, as well as the benefits and limitations of implementing the plan. Further, an effective communication strategy must be determined prior to the plan initiating, as such the knowledge-mobilization plan was developed. This plan detailed how communication was going to be strategized at each phase of the CPM. Finally, the monitoring and evaluation plan using the MEF (Markiewicz & Patrick, 2015) for the OIP was discussed as it aligned with CPM. It included a plan for monitoring the success in the short-term and reassessing the entire plan each year. It is anticipated that refinement of the plan would be ongoing while larger scale goals will be assessed through the evaluation plan.

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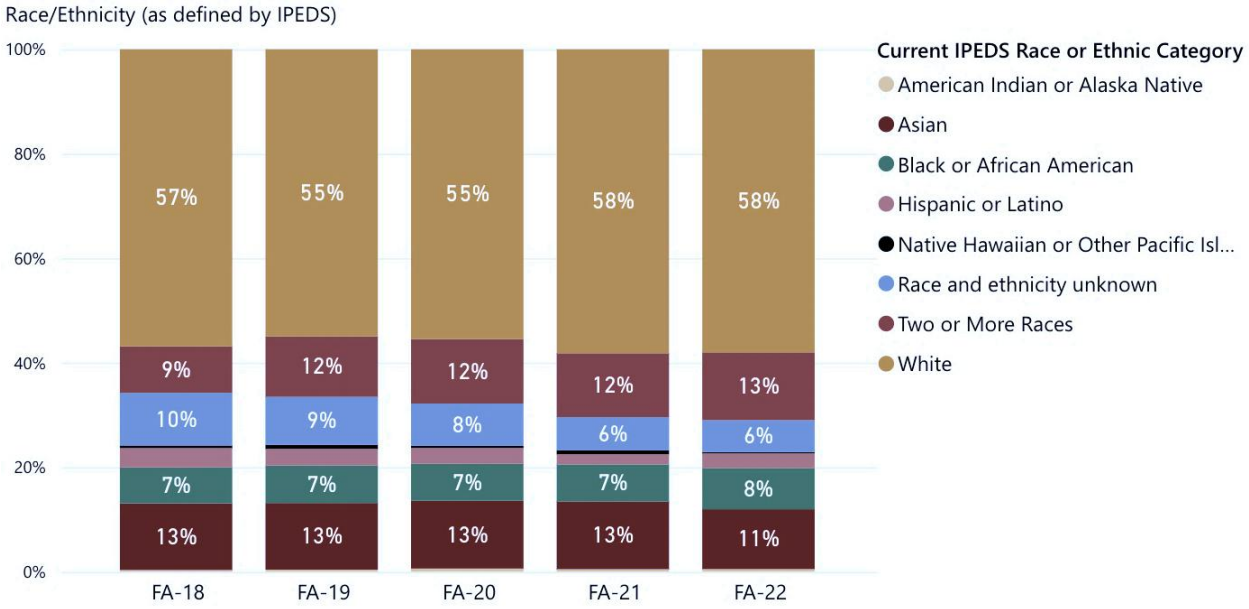
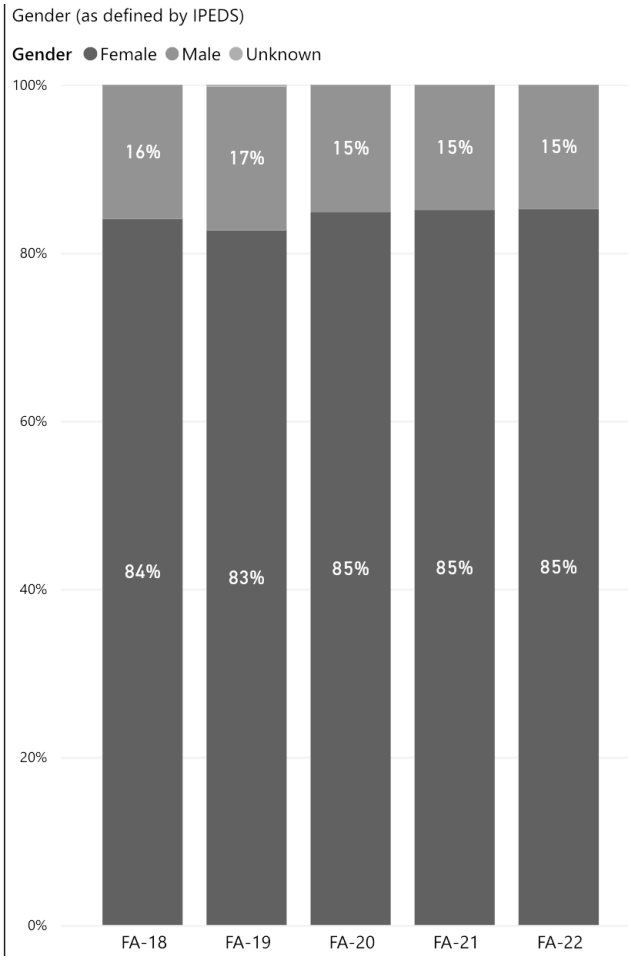
Appendix A: Race/Ethnicity Proportions at RSU's Naturopathic Medicine Program



Note. Proportion of RSU's Naturopathic Medicine student population based on race/ethnicity from fall 2018-2022, as reported to The Integrated Postsecondary Education Data System

Appendix B: Gender Proportion at RSU's Naturopathic Medicine Program



Note. Proportion of RSU student population based on gender from fall 2018-2022, as reported to The Integrated Postsecondary Education Data System

Appendix C: Alignment of Transformational Theory Behaviour and Practice

Behaviour	Action
Idealized Influence	Model the way
Inspired Motivation	Inspire a shared vision
Intellectual Stimulation	Challenge the process
Individual Consideration	Enable others to act Encourage the heart

Note. Alignment of transformational leadership theory and action. Adapted from Northouse (2021) and Kouzes and Posner (2017).

Appendix D: Alignment of Transformational Theory Behaviour, Practice and Organizational Change Management

Behaviour	Action	Model
Idealized Influence	Model the way	Awakening
Inspired Motivation	Inspire a shared vision	Mobilization
Intellectual Stimulation	Challenge the process	Acceleration
Individual Consideration	Enable others to act Encourage the heart	Institutionalization

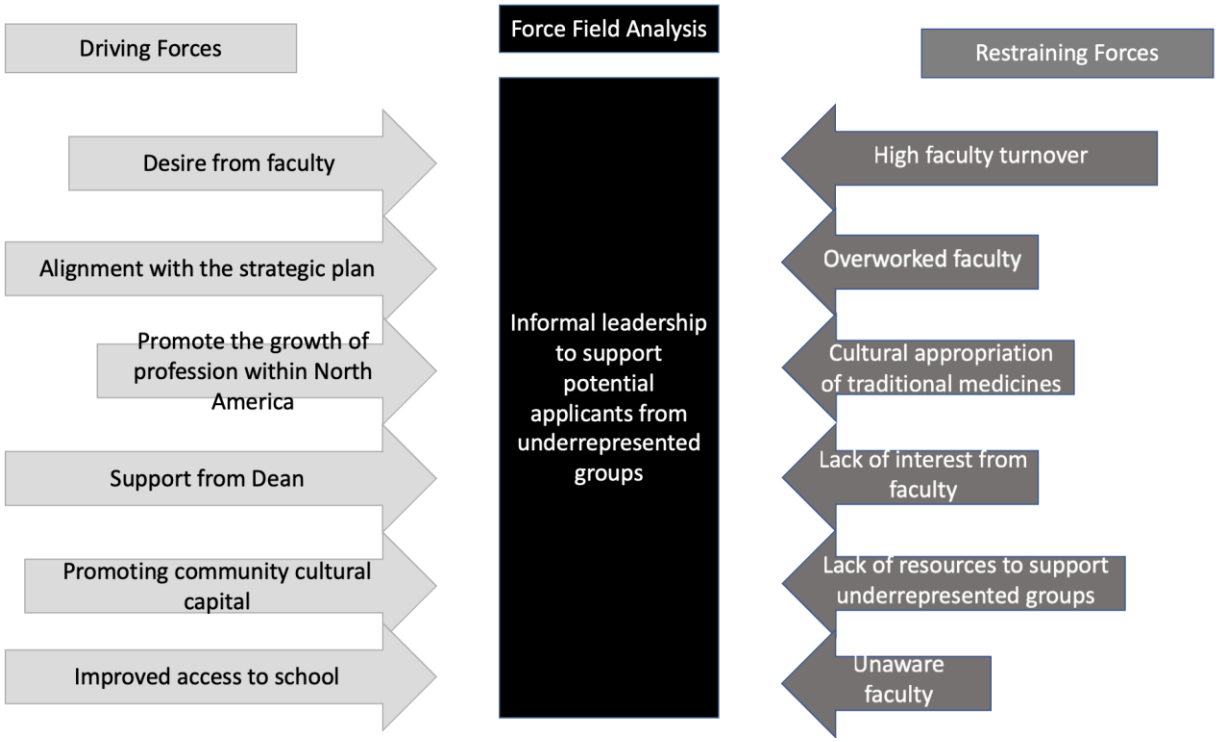
Note. Alignment of transformational leadership theory and action. Adapted from Northouse (2021), Kouzes and Posner (2017), and Deszca (2020a).

Appendix E: Stakeholder Readiness for Change Analysis

Stakeholder	Predisposition towards change	Power and influence	Who influences them?	Who is influenced by them?
Dean	Early adopter with high understanding and high commitment	Directs and supervises faculty across both campuses. Part of executive leadership and can influence change throughout the program	Directly influenced by the Vice Provost and Dean. Indirectly by board of directors and executive leadership	Faculty Students
Adjunct Faculty	Mix of early adopters and early majority with high understanding and low commitment	Part of external RSU community. Supporters of RSU	Chair Associate Dean Dean Core Faculty	Students Applicants Interested applicants
Core Faculty	Mix of early majority, late majority and laggards with high understanding and a mix of high to low commitment	Able to promote RSU to external community. Discuss need for change with faculty senate	Chair Associate Dean Dean	Students Applicants Interested applicants Adjunct Faculty

Note. Stakeholder readiness tracking sheet. Adapted from Deszca (2020b).

Appendix F: Force Field Analysis



Note. Adapted from Deszca et al. (2020), force field analysis chart.

Appendix G: Case Example with Discussion Questions

Case:

Candace is a third-year naturopathic medical student at a RSU and the only Black student in her program. She's excited to begin working with her first patient in the clinic and eagerly meets with her clinical supervisor.

At the end of their meeting, the clinical supervisor tells Candace that she presents herself as “very unprofessional.” When Candace pressed further to find out what the issue was, her supervisor reluctantly shared that the problem is with her braids. Candace patiently explained that this is her natural hair and that she also worked professionally as an medical assistant before attending graduate school, where she also wore her hair in braids. Still, the supervisor insisted that her hair is “not appropriate for an intern clinician” and won't instill confidence in her patients.

Candace felt singled out and hurt but doesn’t want to stir the pot and instead pulls her braids back in a low bun before her first session in the clinic. After her first session, Candace’s supervisor schedules a quick meeting to provide some feedback but instead uses the meeting to explain that it’s her job to help students learn how to conduct and present themselves in a pre-professional environment. “I’m not trying to offend you, but it’s important to look like a professional,” she said. “You’re representing our program and the university to these patients.”

Discussion Questions

1. What do the clinical supervisor’s comments regarding Candace’s hair imply about her implicit biases toward people of color?
2. What hidden insult, or microaggression, did the supervisor make directed at Candace? How are microaggressions like this directed at people of color harmful?

3. Imagine you are Candace's co-intern for this patient and she tells you what happened. What leadership skills would help you navigate this situation?
4. As a leader, what is one activity you could do to promote inclusivity for historically marginalized students and patients in RSU's clinical program?
5. What advice, resources, or supportive groups could you share with Candace to help her navigate this situation?

Note. Adapted from DEI Case Studies, NSSLHA, 2015, https://www.nsslha.org/about/stop-the-silence/case-studies.

Appendix H: Change Implementation Plan

Change Path Model Stage	Timeline (months)	Action	Responsibility

Phase 1: Awakening	12	• Present plan at dean and chairs meeting.
		• Get plan approved by dean and VP of DEI.
		• Work with DEI advisory committee to modify faculty DEI professional development training to include case studies.
		• Work with VP of DEI for the group to assist in facilitating the DEI portion of faculty meetings at both campuses.
		• Key points to be included in case studies:
		  ○ Identify the need for change and the opportunities for building health equity through increased historically marginalized students.
		  ○ Discuss the gap within our current historically marginalized applicants and an ideal number that is representative within the community.
		  ○ Shared vision for improving applicants from underrepresented groups.
		• Share messaging at quarterly all-faculty meeting and at bi-monthly campus faculty meetings for the naturopathic medicine program.
			• Dean to introduce at quarterly all-faculty meeting for naturopathic medicine program.
			• Chairs and associate deans to develop content for dean.
			• DEI advisory council to create case studies and develop group facilitation format.
			• VP of DEI and their advisory committee to facilitate at each all-faculty and campus-specific meeting.

Phase 2: Mobilization	6	• Develop a group of faculty members from the naturopathic medicine program who are interested in learning more about supporting applicants from underrepresented groups through mentorship. • Faculty mentors are led by the dean who outlines the details of the role. • Interested applicants will have the opportunity to request mentorship through the application website and a faculty member will be notified.	• Dean to deliver announcement quarterly at campus-specific and all-faculty meetings for the naturopathic medicine program. • I will join as faculty mentor
Phase 3: Acceleration	4	• Report any changes to applicants from underrepresented groups to the all-campus faculty meeting. • Have faculty mentors participate in a focus group, where they engage in a SWOT analysis.	• Dean's leadership team to provide summaries of SWOT analysis to dean. • Dean to report to naturopathic medicine's all-faculty meeting. • Admissions and registrar to report numbers of applicants from underrepresented groups.
Phase 4: Institutionalization	36	• Report the number of mentorships and applicants from	• Dean's leadership team provides

Change Path Model Stage	Timeline (months)	Action	Responsibility
		underrepresented groups. ● AVP of DEI and their advisory team continue to facilitate case studies focus groups for educating faculty on DEI. ● Faculty to complete IAT Questionnaire to assess their learning of implicit bias. ● Faculty mentors continue to participate in SWOT analysis focus groups to share successes and challenges.	summaries from faculty mentors and admissions to dean. ● Dean to encourage faculty to participate in mentorship. ● DEI advisory council to continue to create case reports and assess change in faculty perspectives on DEI through IAT Questionnaire ● AVP of DEI to facilitate the development and presentation of case studies.

Appendix I: Short-Term, Medium-Term, and Long-Term Benchmarks

	Benchmarks
Short-term (12 months)	● Development of 4 case studies. ● Professional development of DEI and implicit bias with faculty.
Medium-term (10 months)	● Initial six faculty members participation in mentorship (3 from each campus). ● Applicants requesting mentors. ● Experiences of faculty members involvement in mentorship collected through focus groups.
Long-term (36 months)	● Half of the overall faculty requesting participation in mentorship. ● Increase in applicants from underrepresented groups. ● Increase in applicants requesting mentors. ● Shift in knowledge regarding DEI within the naturopathic medicine program.

Appendix J: Knowledge Mobilization Plan

Change Path Model Stage (Months)	The Message	The Target Audience	The Messenger	The Knowledge-Transfer Process and Communication Infrastructure	Evaluation
Phase 1: Awakening (12 months)	What is the current student demographic? Why is improving diversity important? How can faculty work to understand their self-imposed biases?	Faculty	AVP of DEI DEI Advisory Council	Case studies and facilitated discussions during online all-faculty meetings for the naturopathic medicine program. Presentation recorded and saved in DEI internal SharePoint site. Reinforced through discussions during online campus specific faculty meetings for the program	Increased awareness of DEI across faculty Build awareness around implicit biases. Inspire a shared vision for university-wide culture change
Phase 2: Mobilization (6 months)	How can faculty contribute to improving applicants from underrepresented groups. What is the importance of becoming a role model for change? What is the role of a mentor? Draw in supporters of the vision. Create a sense of team collaboration and spirit.	Faculty Faculty Mentors	Dean	Presentation of admission participation through mentorship instead of interviews. Presentation recorded, slides saved and sent to all faculty. Announcing the requests for participation as a mentor during all-faculty and campus specific online meetings for the naturopathic medicine program.	Report number of interested mentors. Report number of applicants requesting mentors Creation of monitoring and evaluation plan
Phase 3: Acceleration (4 months)	What successes have the faculty mentors had since the initiation of the plan? Continue to foster motivation within the faculty who have agreed to be mentors as well as with the rest of the faculty. What creative solutions have the faculty developed	Faculty Faculty mentors	Dean Faculty mentors	Reporting of the number of faculty mentors since beginning plan at all-faculty and campus-specific faculty meetings for the naturopathic medicine program. Reporting the number of applicants from underrepresented groups since initiating the plan at all-faculty and campus-specific faculty meetings.	Report of successes and challenges. Refine plan after initiating it. Report number of applicants from underrepresented groups Report number of faculty mentors. Continue monitoring efforts.

Change Path Model Stage (Months)	The Message	The Target Audience	The Messenger	The Knowledge-Transfer Process and Communication Infrastructure	Evaluation
	for any challenges that may arise with the plan? How are the faculty mentors reaffirming a cohesive message around supporting historically marginalized applicants?			Success stories shared during all-faculty meetings, recorded, and added to faculty admission SharePoint site.	
Phase 4: Institutionalization (2 months)	What are the changes in implicit bias within the naturopathic medicine faculty since starting the plan? What are the numbers of applicants from underrepresented groups since starting the plan? Encourage faculty to visit the SharePoint site to access the summaries of the faculty mentor SWOT analysis and learn more about faculty mentors. Recruit new faculty mentors at yearly online all-faculty development meeting for the naturopathic medicine program.	Faculty	Dean AVP of DEI DEI Advisory Council	Evaluation presentations from AVP of DEI and Dean during online faculty development yearly meeting. Provide quarterly updates through SharePoint site.	Faculty surveys assessing awareness and attitude change around DEI topics, including implicit bias. Faculty surveys assessing success of faculty mentorship and communities of colour. Increased number of requests for becoming a faculty mentor. Ongoing increases in applicants from underrepresented groups.

Appendix K: IAT Types for Marginalized Communities

Note. Various open access IAT questionnaire categories depending on the historically marginalized community, Project Implicit, 2011, https://implicit.harvard.edu/implicit/selectatest.html

Appendix L: Plan, Do, Study, Act

Plan:

- Identify the plan and what will be measured

Do:

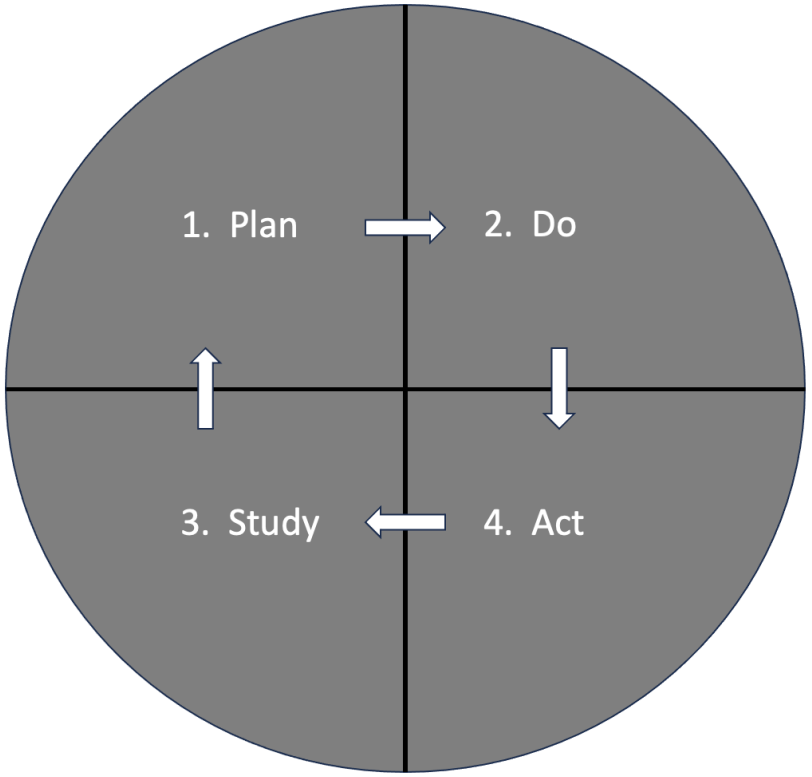
- Implement change

Study:

- Re-evaluate and revise plan based on feedback

Act:

- Implement change



Note. Adapted from Systematic Review of the Application of the Plan-Do-Study-Act Method to Improve Quality in Healthcare. Taylor et al., 2014, p. 290.

Appendix M: The Monitoring Plan Based on MEF

	Plan	Do	Plan	Do	Plan
Evaluation Questions	Focus of Monitoring	Indicators	Targets	Monitoring Data Sources	Who is Responsible and When
Appropriateness Did the professional development training provide opportunities for naturopathic medicine faculty to learn about DEI and implicit bias?	Growth in the understanding of DEI concerns and biases. Change in the understanding of disproportionate acceptance of certain groups of individuals.	Number of faculty members actively engaging in facilitated small group discussion	50% of small group participants engage in responding to case discussion questions	Attendance record. Participation record	AVP of DEI DEI Advisory Council Quarterly at all-faculty meeting for the naturopathic medicine program.
Effectiveness To what extent did the faculty extend their awareness of DEI topics and implicit bias into becoming faculty mentors?	Change in awareness of DEI issues after participation in small group case discussions. Change in value of students from underrepresented group. Increased prevalence for participation in faculty mentorship	Difference in faculty knowledge of DEI. Shift in perception around DEI. Faculty mentors created	50% of the participants report increase implicit bias knowledge using IAT Questionnaire 25% of faculty participate as faculty mentors	Baseline IAT Questionnaire results IAT Questionnaire repeated every 4 months Tracking of the number of faculty who become mentors. Faculty mentor	AVP of DEI DEI Advisory Council Dean Quarterly at all-faculty meeting for the naturopathic medicine program
Efficiency Is the DEI and implicit bias professional development training creating a growth in faculty mentors?	Faculty time and effort compared to number of individuals from underrepresented groups who request faculty mentors	Faculty mentorship time and effort against the number applicants from underrepresented groups.	Each faculty mentor would work with at least one applicant from an underrepresented group per academic year	Tracking faculty mentor updates and experiences from SWOT analysis and focus groups.	Dean Faculty mentors Quarterly

	Plan	Do	Plan	Do	Plan
Evaluation Questions	Focus of Monitoring	Indicators	Targets	Monitoring Data Sources	Who is Responsible and When
Impact To what extent was there an increase in the number of potential applicants from underrepresented groups requesting mentors?	Potential applicants from underrepresented groups requesting faculty mentors to aid in application process.	Changes in the number of applicants requesting faculty mentors	At least 1 underrepresented group applicant per quarter	Faculty mentor reported experiences from focus groups and SWOT analysis	Dean Faculty mentors Quarterly
Sustainability Was there evidence of ongoing benefits that were attributable to the plan?	Shift in perception within the faculty members surrounding DEI.	Increased awareness of the importance surrounding DEI.	No target	Increased faculty becoming mentors. Willingness to discuss DEI topics through case discussions. Improving results of IAT Questionnaire	Dean AVP of DEI DEI Advisory Council Quarterly at all-faculty meeting

Note. Adapted from Developing Monitoring and Evaluation Frameworks, A. Markiewicz and I. Patrick, 2015, p. 126.

Appendix N: The Evaluation Plan based on the MEF

	Study	Study	Study	Act	Act	Act
Evaluation Question	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is Responsible	When
Appropriateness Did the professional development training provide opportunities for naturopathic medicine faculty to learn about DEI and implicit bias?	Active and inactive participant numbers	Motivation for participating in DEI case discussion. Response to case discussion topics Reasons for nonparticipation by faculty members	Group facilitator to encourage responses to case discussion questions from participants. Summary of responses provided (qualitative) IAT questionnaire	1 case study per quarter 30 min responses to case discussion questions in group sessions including summary of themes that emerge. Results from IAT	AVP of DEI DEI Advisory Council	After each year of engaging in the plan
Effectiveness To what extent did the faculty extend their awareness of DEI topics and implicit bias into becoming faculty mentors?	Change in awareness of DEI from participating in small group case discussions.	Changes in the number of requests for faculty mentors	Focus groups SWOT analysis (qualitative)	1 case study per quarter Focus group with faculty mentors using SWOT.	AVP of DEI DEI Advisory Council	After each year of engaging in the plan
Efficiency Is the DEI and implicit bias professional development training creating a growth in faculty mentors?	Faculty time and effort compared to number of individuals from underrepresented groups who request faculty mentors	Justification of the amount of time faculty mentor spent with each applicant and the number of applicants from underrepresented groups.	Faculty becoming faculty mentors	Number of faculty members who request becoming faculty mentors	Dean Faculty mentors	After each year of engaging in the plan.
Impact To what extent was there an increase in the number of potential applicants from underrepresented groups requesting mentors?	Underrepresented groups requesting faculty mentors to aid in application process. Intended, unintended, direct	Identification of changes directly, indirectly, intended, and unintended from the OIP	Numbers of applicants from underrepresented groups	Admissions to provide numbers	Dean Faculty mentors Admissions department	After each year of engaging in the plan

	Study	Study	Study	Act	Act	Act
Evaluation Question	Summary of Monitoring	Focus of Evaluation	Evaluation Method	Method Implementation	Who is Responsible	When
	and indirect results					
Sustainability Was there evidence of ongoing benefits that were attributable to the plan?	Growth within the faculty members surrounding DEI.	Identification of themes which arise from all faculty members regarding their DEI learning	Focus group discussion during all-faculty meeting of the naturopathic medicine program.	Identification of themes from focus group discussion Summative results from survey	AVP of DEI DEI Advisory Council	After each year of engaging in the plan

Note. Adapted from Developing Monitoring and Evaluation Frameworks, A. Markiewicz and I. Patrick, 2015, p. 165.

Appendix O: SWOT Analysis Template

Case Study Title: _____ Facilitator: _____

Participants:

_____

Strength:	**Weakness:**
Opportunity:	**Limitation:**

Appendix P: Alignment of CPM, MEF, PDSA and Data Collection

CPM	MEF	Inquiry Cycle	Data Collection
Awakening	Monitoring	Plan	Attendance & participation record Number of faculty who become faculty mentors
Mobilization	Monitoring	Do	Baseline IAT Questionnaire IAT Questionnaire every 4 months Faculty mentor focus group SWOT analysis every 4 months Number of potential applicants from underrepresented groups requesting faculty mentors Number of applicants from underrepresented groups
Acceleration	Evaluation	Study	Summary of small group responses to case discussion questions IAT Questionnaire Baseline and overall trend after each year Faculty mentor SWOT analysis responses after each year
Institutionalization	Evaluation	Act	Identification of themes from faculty mentor SWOT focus group responses after year 1 and year 2 Overall changes to IAT Questionnaire responses over year 1 and 2 Number of potential applicants requesting faculty mentors over year 1 and 2 Number of potential applicants from underrepresented groups each year over year 1 and 2