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**Group on Diversity and Inclusion (GDI) Diversity Strategic Planning Working Group**

Under the leadership of GDI Chair David A. Acosta, M.D., FAAFP, and GDI Chair-elect Leon McDougle, M.D., M.P.H., the GDI Steering Committee appointed the GDI Diversity Strategic Planning Working Group. The charter stated:

The GDI Diversity Strategic Planning Working Group will develop a strategic-plan template for GDI members that will help build their capacity for integrating new or existing diversity and inclusion initiatives within their institutions.

The GDI Diversity Strategic Planning Working Group will be chaired by Maria Soto-Greene, M.D., and GDI representatives from each region who have the expertise shall be appointed to this working group.

The GDI Diversity Strategic Planning Working Group members include:

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- Tony Rodriguez, M.D., Drexel University College of Medicine
- Valerie Romero-Leggott, M.D., University of New Mexico Health Sciences Center

**2013 Diversity and Inclusion Forum**

The diversity and inclusion innovation forum annually convenes a group of thought leaders on a diversity, inclusion, or health equity topic of interest to the broader academic medicine community. The 2013 forum topic was diversity strategic planning. For this project, the AAMC collaborated with GDI members to create a guiding publication for institutions seeking to integrate diversity, inclusion, and health equity goals into their strategic planning process.

**Group on Student Affairs Committee on Student Diversity Affairs (GSA COSDA)**

The student diversity section of this resource was developed by Sunny Gibson, M.S.W., Wanda Lipscomb, Ph.D., chair, GSA COSDA, and Lisa J. Jennings, M.A., M.Ed., senior specialist, AAMC.
Acknowledgments (con’t)

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It is both an exciting and challenging time for diversity in academic medicine. A growing appreciation for diversity and inclusion as drivers of excellence is coupled with the charge of building and sustaining the capacity to positively affect health care for all. Within this environment of change, we turn to you, the leaders of our medical schools and teaching hospitals, to position your own institutions toward realizing these important goals.

Your role as a diversity leader in academic medicine is critical to our success in achieving the tripartite mission. Many of you have already made great strides in implementing successful initiatives to support and foster underrepresented students and faculty, and the time has come to build upon that progress. There is no question that the accreditation elements (formerly standards) of the Liaison Committee on Medical Education (LCME) are an important mechanism for assessing institutional climate and culture. However, an even more salient motivator for change is the institutional excellence that follows when acknowledging diversity as a strategic imperative.

This guide, produced by a multidisciplinary team of experts, provides a roadmap that will not only help you comply with important diversity standards, but also pave the way for developing and sustaining a culture of inclusion at your institutions. We share with you a valuable guide, one that will ensure that you are well-equipped to continue on this journey toward excellence.

Marc Nivet, Ed.D., M.B.A.
Chief Diversity Officer
Association of American Medical Colleges
Executive Summary

This guide seeks to provide assistance for institutions at varying points on the diversity and inclusion continuum and in their strategic planning process and seeks to optimize organizational culture and health care outcomes at all academic health centers and assist with implementing LCME accreditation elements (formerly standards). It is important to note that plans for diversity and inclusion should be encompassed within and central to overall strategic planning of the AAMC-member institution.

This guide is organized in three sections:

I. Nine Essential Tasks for Creating a Diversity and Inclusion Strategy Plan. This first section is for those who are in the earliest planning stage—it presents a roadmap for the process of strategic planning.

II. Strategies to Meet Diversity and Inclusion Goals. This second section expands on the nine essential tasks by offering specific strategies and resources for developing strategy, including why diversity belongs in a plan, the role of the diversity officer in the process, and specific strategies for achieving diversity and inclusion at every level of an institution.

III. References. This section provides comprehensive references for further exploration.
The process of preparing a diversity and inclusion strategic plan is complex and labor-intensive. The nine essential tasks outlined here are intended to offer structure to the process and make it more manageable and productive. Each task comprises a task summary, key questions to answer, tips to ensure that task completion is successful, and selected resources to provide more information.

**Essential Task 1: Solicit buy-in and commitment from key stakeholders**

**Task Summary:** This is the first task, but also one that underpins many other tasks as you create and implement your plan. Due to the nature of diversity, your work touches every person at an institution and therefore, at every step, you will need to find allies and create partnerships to ensure your strategic plan is carried out. The first step is essential because the next task involves assessing where you are currently, which requires the permission and assistance of many across the organization.

**Method:** Answer these questions:

a) Has anyone asked you to begin the strategic planning process, and why?

b) How much support can you count on from them to help make your plan a reality in the long term?

c) What other stakeholders will need to be involved to assess where you are currently and implement your proposed strategic priorities in the future?

d) Who are other champions, leaders, and allies that can move the initiative along?

e) Who may be less interested in cultural change, and how can you make the case for diversity and inclusion to the organization?

**Tips:**

- Never underestimate the value of allies. There are many people in your organization already working on the assessments and strategic priorities you will create in this process.
- Always tailor your message to the audience; it should always be about how diversity can help them reach their goals.

**Resources:**

- Part II of this guide: “The Case for Diversity and Inclusion” and “Your Role as a Diversity Officer”
- GDI Navigator to Excellence: Strategic Planning Webinar
Essential Task 2: Build a strong foundation for the initiative by assessing the existing landscape

Task Summary: Strategic planning begins with an assessment of where your institution is on the diversity and inclusion continuum, which refers to the stages of diversity delineated by Marc Nivet in Diversity 3.0, A Necessary Systems Upgrade. This effort will provide insight into potential challenges and leverage points (see Essential Task 3). Fortunately, there are a number of institutional readiness checklists (see Resources below) to aid in the process.

Method: Answer these questions:

a) How has your organization addressed diversity and inclusion over time?
b) Where was the focus on diversity 10 years ago and where is it now?
c) What policies are already in place to support diversity and inclusion?
d) What are the particular imperatives driving this initiative within your institution?

Tips:

• Use checklists to assess readiness—there is no need to reinvent the wheel.
• Make your plan broad-reaching so that it is a driver for institutional excellence.

Resources:

• Part II of this guide: “Assessing the Existing Landscape”
• National Multicultural Institute “Identify Organizational Readiness” Checklist
• University of Washington School of Medicine Board of Deans’ Report Checklist

Make your plan broad-reaching so that it is a driver for institutional excellence.
Essential Task 3: Identify leverage points and challenges

Task Summary: Your efforts will be more fruitful by identifying the leverage points that already exist within your institution. Leverage is often tied to urgent initiatives and concerns. Likewise, knowledge of existing challenges allows you to build strategies for addressing them and ensuring that momentum is not lost.

Method: Answer these questions:

a) Are there any state laws, community efforts, or institutional mandates that create pressure points?

b) What confrontations do you anticipate and how can you best prepare for them?

c) What quantitative or qualitative data can you access or collect to address anticipated confrontations?

d) What influential executive advisers or champions can provide counsel?

e) What will impede momentum? What will sustain it?

f) How do various constituencies react to the terms “diversity and inclusion,” and do these reactions offer leverage or challenge?

g) How can you create urgency?
   i. Is the Liaison Committee on Medical Education (LCME) scheduled for a visit soon?
   ii. Is there a mandate from your senior leadership?

h) Has your dean empowered you and your role publicly?

i) What are the financial and human capital resources that support diversity and inclusion integration at your institution? (Note: The answer is key to commitment level.)

j) Have you educated yourself about the change management process involved in this effort?

Tips:

- Recognize the leverage points available to you, such as LCME-accreditation elements (formerly standards), Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, and new CLAS Standards. Learn to translate the standards into meaningful language that will have the impact you need on the issues that are important to your administration.

- Focus on quantitative and qualitative data to validate your goals.

- All key leadership must know the vision and deliver the same message to the masses on a consistent basis.

- Diversity initiatives go hand-in-hand with organizational change; therefore, expect challenges to the concept and your authority.

- Diversity and inclusion initiatives can fail if the institution has not invested in the human capital to do the work. Having enough of the right people on board with expertise and skills is important to doing the work efficiently and correctly.

Resources:

- Part II in this guide: “Achieving Diversity and Inclusion”
- Assessing Institutional Climate and Culture Webcast
Essential Task 4: Set diversity and inclusion goals that align with organization mission, vision, and values

Task Summary: Your goals for diversity and inclusion reflect the desired outcomes of the strategic plan. In order to achieve them, they must align with the institution’s stated mission, vision, and values and be seen by all as strategic initiatives so they are not “siloed.”

Method: Answer these questions:

a) What are your diversity and inclusion goals? (Goals are the broad outcomes your plan seeks to achieve. For example, “Develop innovations in education to prepare students and trainees from diverse backgrounds to be collaborative practitioners of medicine.”)

b) What is the exact desired outcome for each goal?

c) To what extent are diversity and inclusion seen as strategic imperatives?

d) What steps can you take now to prevent diversity and inclusion from being siloed?

e) Is there a “charge” from senior leadership that reflects commitment and clear expectations?

Tips:

• Prioritize goals to assign weight to each.
• Explain goals clearly and in measurable terms so that metrics can be applied for assessment.
• Remember that the plan is not static and will define a long-term process that evolves with continuous effort from everyone within the institution.

Resources:

• Assessing Institutional Climate and Culture Webcast
• Society for College and University Planning “Practical Guide to Strategic Planning in Higher Education”

What steps can you take now to prevent diversity and inclusion from being siloed?
Essential Task 5: Set clear and realistic objectives, supporting tasks, and action steps required to achieve goals

**Task Summary:** Achieving your goals requires a top-down, highly structured approach to the actual work to be done by you and your committees. Note that this task defines each step in the process.

**Method:** Answer these questions:

a) What are your objectives for each goal? *(Objectives are the strategies to achieve each goal.)*
b) What key tasks are necessary for each objective to be achieved? *(Tasks represent the work that must be assigned.)*
c) What action steps are needed to complete each task? *(Action steps define the work flow.)*

**Tips:**

- Two to four objectives per goal is sufficient.
- Prioritize the objectives.
- Take care to identify levels of complexity involved in each task and any challenges it may present—seek input from those with knowledge of details.

**Resources:**

- Part II of this guide: “Achieving Diversity and Inclusion”
- GDI Navigator to Excellence: Strategic Planning Webinar
- AAMC Group on Institutional Planning Strategic Planning Resources

Take care to identify levels of complexity involved in each task and any challenges it may present.
Essential Task 6: Develop accountability methods and metrics to measure achievement of each objective

Task Summary: Metrics will allow you to monitor your performance. Baseline assessments of where you are, followed by targeted goals, are important components of metric development. Accountability will keep momentum moving forward.

Method: Answer these questions:

a) Is each objective framed so that results have an associated metric (e.g., can you set a benchmark for excellence in faculty diversity)?

b) How will metrics be gathered, analyzed, and reported?

c) Do you have baseline metrics for each objective?

d) Will a dashboard be helpful in monitoring accountability?

e) How will senior leadership be held accountable (e.g., through performance reviews)?

f) How visible and transparent is your accountability process?

Tips:

• Performing an annual trend analysis of the data will provide insight into how well you are reaching your targeted objectives and goals.

• Ongoing reassessment will support sustainability and continuous improvement.

Resources:

• Part II of this guide: “Assessing the Existing Landscape”
Essential Task 7: Establish roles, responsibilities, and decision-making channels

Task Summary: Having the right people on board with the necessary skills and dedication is essential. An advisory council can be appointed, composed of people who represent a cross-section of the organization and key stakeholders. Communication and decision-making channels need to be very clear and agreed upon by all.

Method: Answer these questions:

a) Who has the knowledge, skill, time, and commitment to work with you?

b) Are you clear in the responsibilities of your role, and are required tasks reflected in your job description?

c) Who are the key stakeholders from within and external to the organization?

d) What kinds of communication challenges are typical within your organization, and how can you avoid them?

Tips:

- Consider an advisory council to keep the institution focused, accountable, and on track. It should comprise people who represent a cross-section of the organization and who are champions for the initiative.

- Plan to educate your team.

- The dean needs to hold the chairs accountable for their diversity efforts. You are not the “sheriff”; rather, you are the messenger.

Resources:

- Part II of this guide: “Your Role as a Diversity Officer”

- National Multicultural Institute “Identify Organizational Readiness”

- Plummer DL. Handbook of Diversity Management: Beyond Awareness to Competency-Based Learning. Lanham, MD: University of America; 2003. Print.


Having the right people on board with the necessary skills and dedication is essential.
Essential Task 8: Develop a realistic timeline for executing all action steps

Task summary: Keeping momentum moving forward means that timelines must reflect reality. Those carrying out the action steps (i.e., the work!) need to agree to your timeline and be held accountable. Achieving buy-in to the timeline is one of your biggest challenges.

Method: Answer these questions:

a) Is your timeline realistic? Do you have enough people involved to accomplish a specific task? Do you and they have enough time and money to accomplish the tasks? Do you have the right people? Who is the timekeeper?

b) Have you assigned leads to each task?

c) Have you identified the drivers for your timeline?

d) Have you identified the barriers?

e) Is everyone in agreement? (stakeholders)

f) How prescriptive or collaborative have you been about the timeframe? (stakeholders)

Tips:

• Create a graphic of the various time frames for reference.

• Timelines will keep you committed, focused, and accountable.

• You may need to be flexible with individual department needs.

Resources:

• University of Washington School of Medicine Diversity Goal Attainment Dashboard and Diversity Operational Performance Dashboard

• Part II of this guide: “Assessing the Existing Landscape”

Timelines must reflect reality.
Essential Task 9: Prepare the written plan

Task summary: As is obvious by now in the process, writing your strategic plan is a multifaceted job that will require coordination and various approvals. The details of the process should be reflected in your timeline.

Method: Review these examples for a written comprehensive strategic plan.

Tips:

- Do not feel constrained by templates or samples. The structure of your written plan should match your requirements.
- For inspiration, access plans prepared by colleagues.

Resources:

Sample Strategic Plans:

- Cornell University Plan for Diversity and Inclusion
- Rush University Plan for Diversity and Inclusion
- University of Massachusetts Diversity Strategic Planning
- University of Colorado School of Medicine Strategic Planning
- Rutgers New Jersey Medical School Strategic Plan
Part II

Strategies to Meet Diversity and Inclusion Goals

Part I introduced nine essential tasks as a roadmap for the process of strategic planning. Part II expands on these essential tasks by offering specific strategies that could be included in a plan to meet diversity and inclusion goals, as well as further tips for working with leadership and developing plan implementation skills as a diversity officer or institutional leader. Specifically, these sections include why diversity is essential to an institution’s strategic plan, who is responsible for creating and implementing it, what specific strategies could be included for achieving diversity and inclusion goals, and how to measure the effectiveness of a plan once implementation has begun.

The Case for Diversity and Inclusion

Related Tasks:

• Essential Task 1
• Essential Task 2

The first job of any diversity officer when embarking on a strategic plan for diversity may be making the case for why diversity and inclusion should be included in strategic planning at all. This is especially important in Tasks 1 and 2, when gaining commitment from key stakeholders and assessing the current climate. This section includes an overview of some of the different ways diversity proves vital to an academic medical center and ends with the overall case for excellence—the point of any strategic plan. Diversity does not occur along with excellence or in spite of it, but it is integral to the excellence and success of any institution.

The Accreditation Case

The Liaison Committee on Medical Education (LCME), the Council for Graduate Medical Education (ACGME), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have established core regulatory and accreditation requirements for diversity and inclusion at AHCs.

The LCME accredits medical education programs leading to the M.D. degree in the United States and Canada. Several LCME accreditation elements (formerly standards) relate to diversity in a medical school setting. These include element 3.3 (formerly IS-16 and MS-8) and other important elements such as cultural awareness 7.6 (formerly ED-21). To achieve and maintain accreditation, each medical education program must meet these LCME accreditation standards.

Here is the text of these two key elements:

**3.3 Diversity/Pipeline Programs and Partnerships**

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission—appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.
7.6 Cultural Competence/Health Care Disparities/Personal Bias

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally competent health care.
- The recognition and development of solutions for health care disparities.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensionally diverse society.

For more information on these standards, visit www.lcme.org.

The Accreditation Council for Graduate Medical Education (ACGME) accredits postgraduate training of residents and fellows. ACGME standards state that residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Residents are expected to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. Residents must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles. (IV.A.5.d.)

Residents are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (IV.A.5.e.)

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has developed field guides for addressing effective communication, cultural competence, and patient- and family-centered care in hospitals and health care institutions. The most recent JCAHO field guide was developed to address the creation of a more welcoming, safe, and inclusive environment for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community. These guides provide recommendations, self-assessments, strategies, practice examples, and resources to help hospitals address these issues.

What is the cost of noncompliance with diversity and inclusion standards? Failure to adequately address issues of AHC diversity and inclusion has resulted in punitive measures such as being placed on probation. The failure to advance diversity and inclusion critically impacts the AHC’s ability to eliminate health and health care disparities and move health equity forward.

In addition, an institutional climate that does not support diversity and inclusion as a core value to recruit and retain students, residents, faculty, and staff from a more diverse group limits the ability of diversity to serve as a driver of innovation and excellence.
The Legal Case

Institutional values and drivers vary throughout all academic institutions. Institutional culture often trumps all strategic plans and initiatives and is important to assess and understand. Core values important to diversity and inclusion include social justice and the elimination of health disparities, though some legal drivers may be at odds with the core values of some institutions. These legal drivers may provide barriers and present additional challenges to recruiting and retaining a diverse and inclusive workforce. Four states (Washington, California, Texas, and Michigan) have “anti-affirmative action” laws that eliminate the use of race or ethnicity in admissions decisions. Other states and pending federal cases may continue to impede progress and will require additional engagement with legal counsel to ensure compliance with laws is maintained, but the mission to enhance diversity and inclusion can and must continue.

The educational benefits of a diverse student body were affirmed by the U.S. Supreme Court in Grutter v. Bollinger et al, the affirmative action case at the University of Michigan. The court’s decision stated that obtaining “the educational benefits that flow from a diverse student body” may be a compelling interest for an institution of higher education. But the court left it to each university to determine whether such diversity is essential to its particular educational mission. In Grutter, the Supreme Court stated, “Classroom discussion is livelier, more spirited, and simply more enlightened and interesting when students have the greatest possible variety of backgrounds.”

In the 2013 Fisher v. The University of Texas case, the U.S. Supreme Court upheld Grutter and did not directly revisit the constitutionality of using race as a factor in college admissions, but it vacated and remanded the case to the 5th U.S. Circuit Court of Appeals who ruled in favor of the university, holding that they had not applied the standard of strict scrutiny to their ruling by presuming the university had acted in good faith when considering race in admissions, which they insisted the university should have had to prove to the court in accordance with Grutter.

A 2004 report by the Sullivan Commission further delineated the benefits of diversity and the need for development of a critical mass of students of varying races and ethnic backgrounds. This report additionally emphasized the importance of unambiguous written institutional commitments to diversity. The commission declared that: “Diversity should be a core value in the health professions. Health professions schools should ensure that their mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff, and administration.” Training a diverse health care workforce that is optimally prepared to care for a diverse population is a core mission and fundamental obligation of every medical school.
The Business Case

Patient satisfaction and patient outcomes have always been a primary concern for AHCs, but the Affordable Care Act brings new urgency with the expansion of the “pay-for-performance” Medicare provisions and the increased emphasis across health care on patient experience. One of the most important ways to provide quality care is to provide culturally competent care. Many times, poor outcomes are not the result of poor medical diagnoses, but because of poor communication across language or cultural divides. The cost of patients returning to emergency departments for follow-up and readmission is high. Frequently, re-admissions are driven by inadequate knowledge of how to manage medications and how to follow clinical instructions. These costs are beginning to be transferred to the institution through changes in federal and state policy focused on quality and safety outcomes. Improved cultural competency and diversity in staff composition likely will benefit patient communication and therefore treatment outcomes and readmission rates.

This is doubly important because of the startling health disparities that have not shifted in several decades. African-American, Hispanic, female, LGBT, and other minority groups experience worse health outcomes across a range of conditions, and closing the gap has become one of the most important mandates of AHCs in recent years. Given that these minority groups will soon be in the majority in this country, these disparities are unacceptable. With all of this being true—the vital role quality will play in the future of health care, the extremely diverse society in which we live, and the worrying disparities that exist—it is not only a moral obligation to diversify AHCs and invest in an inclusive climate, but the only course that makes financial sense. No AHC can afford not to invest in diversity.
The Case for Excellence

There is persuasive evidence that recruiting a diverse student body and faculty has a strong, positive effect on the quality of medical education that is provided to learners. The positive educational outcomes include helping students break down stereotypes and racial biases; challenging assumptions; broadening perspectives regarding racial, ethnic, and cultural differences; and broadening students’ understanding of the effects of language and culture on medical care—that is, achieving cultural competency. The climate enhanced by a diverse learner and teacher body ultimately increases students’ awareness of health and health care disparities in nearby populations and increases students’ interest in service to underserved communities and overall civic commitment. These “added educational values” strengthen medical education and better prepare graduates to deliver health care services to an increasingly diverse population. More important, these educational benefits accrue for both minority and non-minority students.

In a recent study from Harvard and the University of California, San Francisco medical schools, students confirmed that concrete benefits accrue from a diverse student body. Students reported that contact with diverse peers led to a more balanced exchange of information in classroom discussions, more serious discussions of alternative viewpoints about disease and treatments, greater appreciation of inequities in the health care system, and more cultural sensitivity. The investigators concluded that “students regularly educate one another on important issues, such as differences among the cultures and how best to respond to those differences.” Furthermore, according to the authors of the study, students “established close collegial and personal friendships with students of different races and ethnicities, and such ties contributed greatly to their understanding of medical practice and, ultimately, better trained them for service in a multicultural society.”

The dividends of the diversity rationale assert that diversity is a tool to enhance the educational climate, and educational outcomes are directly improved as a result. Numerous studies have now demonstrated that when diversity is integrated within the educational climate, learners’ assumptions (both medical students and residents) are challenged, perspectives are broadened, and there is greater socialization across a variety of racial and ethnic groups, resulting in demonstrated intellectual and cognitive benefits for all learners. Greater diversity also helps ensure a more comprehensive and inclusive research agenda. These dividends can collectively drive academic institutions toward achieving excellence, which in turn will lead to improvement in health care equity through patient care and research for the populations we serve.
The Role of Diversity Officers

Related Tasks:

- Essential Task 4
- Essential Task 5
- Essential Task 6

The role of a diversity and inclusion leader is complex and challenging. It is not a one-size-fits-all position, and it has to be calibrated to match an institution’s goals, history, culture, and priorities. Depending on the position within the organization, a diversity officer may be able to influence hundreds of people through a combination of diversity committees and councils, employee resource groups, dual reporting relationships, and accountability systems. This section includes the case for dedicated diversity officers, a necessary prerequisite for implementing any strategy for diversity, as well as resources for required leadership skills and tips for soliciting buy-in from senior leadership. This will be most useful in Tasks 4, 5, and 6, while engaging with colleagues to create solutions that will truly move the needle toward diversity and inclusion. Creating a plan is only the beginning; without the skills, the political capital, and the will to bring the plan to fruition, diversity planning is only an intellectual exercise.

The Case for Dedicated Diversity Officers

Diversity and inclusion officers and representatives at most of the AAMC-member schools have broad responsibilities that generally involve enhancing diversity and inclusion efforts in recruiting and supporting students underrepresented in medicine and biomedical sciences, trainees in graduate medical education programs, and faculty. Historically, some diversity officers may not have been directly involved in the process of diversifying the biomedical sciences Ph.D. graduate student population. Given the imperative that exists in diversifying the biomedical research workforce, diversity officers have assisted in the recruitment of M.D./Ph.D. candidates. With the skill set developed in this process, we can assist our colleagues in charge of graduate school diversity programs. The skill set developed by diversity officers includes:

- Holistic review
- Pipeline program development
- Creating and enhancing a nurturing climate for diversity
- Assisting the graduate school in its quest for student diversity

According to the Council of Graduate Schools, the case can be made that greater numbers of committed team members are required to advance the biomedical research workforce. Consider the following:

1. Compared with the general U.S. population, African-Americans, Hispanics, and Native Americans are severely underrepresented in the science, technology, engineering, and mathematics (STEM) fields and, consequently, in the biomedical research workforce.

2. For instance, in 2010, Hispanics, African-Americans, and Native Americans together represented less than 30 percent of the U.S. population; however, these groups comprise less than 9 percent of STEM Ph.D. recipients in recent years.
3. Additionally, in 2006, Hispanics and African-Americans accounted for 15 and 14 percent of the U.S. population, respectively. These groups earned only 5.2 and 2.5 percent, respectively, of doctoral degrees in STEM fields awarded to U.S. citizens in 2007.

These data convey that despite the existence of diversity-focused research training programs, there is much work ahead to correct this problem.

Many in the community recognize that solutions to racial, ethnic, LGBT, and disability-related health disparities require both a diverse physician and biomedical research workforce. This is best achieved by a team approach at each medical school, where diversity officers should work in collaboration with their colleagues in graduate school administration. Innovative programs spawned by the collective intellect of these parties may lead to ideas and programs uniquely suited for the culture of their medical schools.

Savvy diversity officers recognize the power dynamics embedded within the organizational structures of the institutions, departments, and programs they serve. A diversity officer that has no access to the executive office and is not a part of the leadership team will have a difficult time orchestrating meaningful change. Therefore, the positioning of the diversity officer role—where the role is aligned within the organizational structure and the nature of the reporting relationship—is critical to success. It is ideal if the diversity officer reports directly to the dean (in the case of a medical school) or the CEO (in an academic medical center). With the diversity officer so positioned, he or she should be given both the authority and joint accountability for key institutional outcomes. Although not an exhaustive list, some common impact areas include student, faculty, and resident recruitment, institutional climate, and health disparities/health equity outcomes.

Savvy diversity officers recognize the power dynamics embedded within the organizational structures of the institutions, departments, and programs they serve.
Strategic Leadership

As this guide proves, strategy is a critical part of the role of a diversity officer. This section includes some of the ways diversity officers may be called upon to create and implement strategy, as change agents, organizational consultants, or by standing aside to inspire others to take a leadership role in a diversity initiative. It also includes further resources from other institutions’ and medical schools’ diversity efforts. True and lasting change occurs slowly at large institutions and, often, timing is everything. Change can be best facilitated by aligning the diversity agenda with the values and goals of the leadership and the institution, while leveraging current internal and external pressures (e.g., accreditation standards) to drive forward motion.

Thus, the diversity leadership task is to plan and execute a strategy for the short and long term, focusing on achievable goals and easy “wins” along the way. Another aspect of strategy is identifying key stakeholders and allies who can be called upon for support, advice, and assistance. In fact, there will be times when it may not be advantageous for the diversity officer to take the lead in all diversity-related efforts. The question becomes, “Who is the best person to lead the charge with this particular issue and this particular audience?” Diversity work gains greater credibility and acceptance when thought leaders across the institution become visible allies and advocates.

A diversity officer also plays the role of an internal organizational consultant. This informal role can be a valuable way for the diversity officer to establish his or her value and demonstrate how diversity expertise can resolve real-world problems that arise in academic medicine. For example, a clerkship director might need guidance about accommodating the religious needs of a resident, or a program director believes that diversity training is needed because the demographics of the patient population have changed. In each case, there is an opportunity to educate and enlighten in a way that improves the organizational capacity to practice diversity and inclusion.

Resources

- Diversity Business Council, adapted from the original source: Princeton University Diversity Council
- Cleveland Clinic Office of Diversity and Inclusion Toolkit, Annual Report, and Fact Sheet
- University of Massachusetts Medical School Diversity Toolkit
- University of California, San Francisco, Diversity Best Practices
- Auburn University School of Communication & Journalism Diversity Plan
Developing Personal Leadership Skills

Organizations within academic medicine vary greatly; therefore the role of the diversity officer can be very different from institution to institution.

The role of the diversity officer has become increasingly complex over the past five years for several key reasons. First, the scope of diversity and inclusion work in academic medicine has expanded greatly, often without commensurate resources. In addition, successful diversity and inclusion work means diversity officers must be change agents within a process of organizational transformation. This means breaking new ground and at times advocating new concepts and methods that have not been considered previously. The territory can be uncharted, and scholarly literature has largely remained silent on the issue of how diversity impacts leadership within the context of a multicultural society.

Competencies you will need in your role as a diversity officer include:

- Strategic vision
- Executive acumen
- Change management expertise and will
- Political savvy
- Persuasive communication
- Ability to navigate the culture of academic medicine
- Innovators’ DNA
- Cultural intelligence
- Technical mastery of diversity and inclusion.

To strengthen your skills, you can:

- Take an honest inventory of their leadership strengths and weaknesses.
- Identify and seek out trusted colleagues- both internal and external – that provide objective feedback and perspectives.
- Take advantage of training, mentoring, networking within professional organizations, and other available resources is important.

Advice for new diversity officers:

- A crucial first step is to clarify the expectations, scope, and outcomes for the job, followed by an analysis of the staffing needed to successfully meet the expected goals.
- Negotiate for a program or project manager to help with the internal and external responsibilities
- Understand what other resources are available to get the job done
- Don’t fall into the all too familiar trap of taking on all the diversity work
- Create a communication strategy that educates key stakeholders about the role of the diversity office and how the office will work with them to accomplish the mission of the institution.
Negotiate the way in which certain diversity-related tasks (e.g., data capture, programs, and diversity office inclusion into some processes) will be a shared responsibility.

The job is both entrepreneurial and creative, and will ideally include the support, freedom, and resources necessary to develop new initiatives to help innovate around issues of diversity and inclusion. Resources are required to build new alliances, create partnerships, and influence behavior. Ensuring that diversity and inclusion are included in the strategic plans of the institution is a key part of securing the resources and support needed to be effective in this role.

For a further definition of these competencies, as well as other resources, see the AAMC guide, The Role of the Chief Diversity Officer in Academic Health Centers, November 2012 and the AAMC Healthcare Executive Diversity and Inclusion Certificate Program.

Requisite Diversity Leadership Skills

Diversity work—by its very nature—requires that a diversity officer have or cultivate a unique set of leadership skills. At the foundation, authenticity, a non-judgmental perspective, and the ability to signal to others a compassionate and understanding nature is critical. Without these qualities, along with a values-driven perspective, it is difficult to build the trust and credibility needed to move the work forward.

Strong interpersonal skills

- Ability to communicate with tact, diplomacy, and sophistication. Diversity work involves having conversations about subject matter that is sensitive and at times uncomfortable. Often these crucial conversations involve pointing out a difficult or inconvenient truth or requesting that an individual change his or her behavior. Rather than a “one-size-fits-all” approach to communication, a diversity officer must anticipate the concerns and needs of diverse audiences and constituency groups.
- Ability to tailor communication to a particular audience—without compromising the integrity of the message.
- Be an adept consensus-builder—gathering feedback, educating others, and responding to concerns so as to advance the diversity work.

Basic technical knowledge necessary for a diversity position

- Solid understanding of the historical, legal and socio-cultural underpinnings of diversity, as well as an understanding of how these concepts apply to academic medicine.
- Depth and breadth of knowledge of cultural competency, health equity, diverse workforce development and organizational change concepts.
- Knowledge on how decisions get made and identify the informal and formal thought leaders in the organization.

Because the diversity office cannot do it all and should not become a silo, strong collaborative skills are necessary. Here are some tips to help support collaboration:
• Allot sufficient time to maintaining and developing relationships both internal and external to the institution.
• Creative diversity councils to develop “ambassadors” for diversity work and to spread the influence of the diversity office beyond its narrow confines.
• Ensure membership of the diversity council reflects key departments and programs of the institution, and avoid being a “mutual diversity admiration society.” In fact, a variety of viewpoints help the diversity officer craft more realistic solutions to problems and often help develop a greater depth of commitment among participants.

Senior Leadership Engagement

For any changes in the diversity of the institution to be successful and become fully integrated, it is essential that a full understanding and support for diversity occur at multiple levels. It is imperative that full buy-in and engagement occur throughout the entire institution and, in particular, among those in key leadership positions.

Each institution has its own culture and, therefore, various approaches are needed to match the institutional culture. Specifically, the dean must achieve alignment with his/her senior leadership team and they, in turn, must align diversity both horizontally and vertically within the institution. This must occur within the culture of the institution as a whole and within its existing subcultures.

In addition to the dean, the governing board of an organization can be a powerful driver of diversity initiatives at an institution.

Below are questions that the board can pose to the dean or CEO about the importance of diversity and inclusion at an institution:

• **Strategic Plan:**
  o What efforts have been made to integrate issues of diversity and inclusion into the day-to-day academic and clinical lives of the institution’s faculty, learners, and staff?

• **Resources:**
  o What resources (e.g., finance or personnel) are committed to and focused on the objective of increasing diversity and inclusion?
  o What has been the return on investment of these resources? Are additional resources needed to meet the objectives?

• **Performance Measures/Evaluations:**
  o Is the executive leadership of the organization evaluated on the promotion of diversity initiatives during the performance evaluation process?

• **Human Capital:**
  o What types of support have been made available to diversity leaders? These support mechanisms can include: 1) support staff, 2) funding, 3) opportunities for continued education (regarding diversity and medical education, bias, having crucial conversations,
building cultural competence, legal implications regarding diversity issues), 4) inclusion in leadership committees (with other deans, section heads, department chiefs, etc.), and 5) voice in building (or regularly reviewing) mission statements, climate surveys, data collection and analysis.

- Are diversity-promoting activities taken into account for faculty promotion, and if not, why not?

**Organizational Capacity:**

- How do you know that inclusion truly exists and the voices around the table are diverse and heard? Please provide examples.

**Resources**

- *Academic Medicine* journal articles on diversity and inclusion.
- The AAMC Group on Diversity and Inclusion Member Resources, including databases and education.
Assessing the Existing Landscape

Related Tasks:

- Essential Task 2

Assessing the Current Climate and Culture of Diversity and Inclusion

When undertaking any change initiative, the current climate is as important as any future goal. Imagine trying to use a GPS that can only find a destination, not a current location; it would be useless. There are a number of ways to carry out an assessment, but the most useful is a mix of qualitative and quantitative data gathering. See Task 2 for more information on assessing the current climate.

Good sources of qualitative data are reflective exercises, interviews, and focus groups. There are many resources available to frame these discussions, but whatever reflection is undertaken (e.g., interviews held with key stakeholders or focus groups carried out with key samples of the population), the best way to take the pulse of any organization is to ask. Focus groups could consist of diverse and homogenous groups; both may provide rich data. For instance, a focus group could consist of only faculty or students or it could be divided instead by ethnic group, sexual orientation, or another category. Alternatively, focus groups could consist of a mix of identities and roles.

One of the most important things a diversity officer can do is engage in self-reflection about the culture, climate, and diversity of their institution. Strategic planning is the perfect time to take a step back from the day-to-day details and examine goals. It is a time to consider the wider community and the impact of history, policies, practices, and procedures that affect diversity, and it is a time to consider the current make-up and climate of the institution.

Regarding quantitative information, conducting a survey of key interest groups or soliciting an outside consultant to complete an evaluation would be valuable. Historical data also are available from the AAMC (Association of American Medical Colleges) with demographic information and student survey satisfaction data specific to institutions, in addition to national averages.

If a diversity officer does not have expertise in evaluating data, they will need to work with someone who does. Finding those experts at an institution and soliciting help or hiring appropriate outside consultants is a necessary part of this step.

Resources

- AAMC Diversity Engagement Survey
- Assessing Institutional Climate and Culture Webcast
- AAMC Data and Analysis
- Diversity Facts & Figures Data Series
Evaluating the Success of Strategic Plans

Ultimately, diversity offices within academic medicine must be able to demonstrate the effectiveness of their efforts and initiatives. An analysis of the data necessary to address accreditation, funding, and program evaluation needs is a good place to start. It is not unusual to find that multiple data sources will need to be tapped in order to develop a comprehensive diversity outcomes “dashboard.” Once established, however, diversity outcome data serves many vital purposes.

Tracking year-over-year changes in diversity measures can reflect progress made and work that still needs to be done, thereby influencing resources and decisions. The dissemination of a diversity annual report that summarizes successes in the areas of recruitment, retention, cultural competency and institutional climate builds credibility for the diversity office and educates others about the scope and significance of the work.

After the first year of strategic planning, it is important to continuously evaluate established strategic plans to measure whether objectives have been achieved. Especially in the case of quantitative data, using the exact same metric each time is vital to be able to compare data over time. The best argument for further support and funding for diversity initiatives is proof that previous endeavors have been successful and have contributed to the organization’s overall strategic goals.

Here are other ways to evaluate diversity strategic planning initiatives:

1. **Feedback from the Community**: Solicit feedback from people in the surrounding community to informally gauge success in efforts of community engagement.

2. **Training and Education Evaluations**: Collect employee evaluations of diversity training, and record diversity training completion rates.

3. **Attitude Surveys**: Deploy surveys to determine how students, faculty, and staff feel about the implementation of the diversity initiatives.

4. **Exit Interviews and Post-Employee Surveys**: Leverage the exit surveys of graduating students (including those that leave the institution prior to graduation), as well as departing faculty and staff in order to gauge perceptions of the diversity initiatives.

5. **Philanthropic Involvement**: Track the number of hours spent volunteering with diversity-related groups or for diversity-related causes.

6. **Activities of Affinity Networks**: Measure the activities of Affinity Groups, such as the relative number of attendees and how often events took place.

7. **Diversity Spending**: Track the amount of money spent on maintaining events held by the affinity networks or other diversity-related gatherings.

8. **Leadership Communication**: Track organizational and/or executive appearances in diversity-related media, such as internal and external speeches.
Continuous Diversity Improvement (CDI) Evaluation Form

The form on the next page is an example of an evaluation form that can be used to monitor the progress and performance of achieving diversity and inclusion through established activities and programs. This comes from the University of Washington School of Medicine. The metrics chosen are those that are selected and mutually agreed upon by the department chair and the dean. This will require establishing a baseline measurement and estimating a target goal. The performance on each metric will then be scored according to the following performance indicators:
### Continuous Diversity Improvement Example

**Performance Indicators:**

<table>
<thead>
<tr>
<th></th>
<th>Exceeds expectations and standards. Sustainable and continuously monitored.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Meets expectations. Must become sustainable and continuously monitored.</td>
</tr>
<tr>
<td>1</td>
<td>Does not meet expectations or standards. Must become sustainable and continuously monitored.</td>
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<table>
<thead>
<tr>
<th>Metric</th>
<th>2014 Baseline</th>
<th>2018 Target</th>
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<tbody>
<tr>
<td><strong>Faculty Diversity</strong></td>
<td></td>
<td></td>
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<tr>
<td>Percent of faculty who are from underrepresented groups in medicine and biomedical sciences (UGMBS). (Could also be broken out by demographics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of UGMBS faculty who have been promoted from assistant to associate professor within 7 years</td>
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</tr>
<tr>
<td>Percent of UGMBS faculty who are in chair, division chief, or other leadership position</td>
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<tr>
<td>Other:</td>
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<td></td>
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<tr>
<td><strong>Student Diversity</strong></td>
<td></td>
<td></td>
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<tr>
<td>Percent of UGMBS applicants to the program</td>
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<td></td>
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<tr>
<td>Percent of UGMBS applicants offered a position</td>
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<td></td>
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<tr>
<td>Percent of UGMBS accepted who attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of departments with a strategic plan for recruiting UGMBS students</td>
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<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td><strong>Institutional Climate</strong></td>
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<td></td>
</tr>
<tr>
<td>Percent of UGMBS faculty and staff (or other groups) who agree that the university has an inclusive and welcoming climate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of UGMBS faculty, staff, or other group who have experienced agree they have experienced mistreatment because of they are a part of an underrepresented group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Competence</strong></td>
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<td></td>
</tr>
<tr>
<td>Percent of cases used in required courses that feature diverse patients and culturally competent care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of student training time that is dedicated to cultural competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Achieving Diversity and Inclusion

Related Tasks:

- Essential Task 4

Colloquially, strategy is nothing more than choice. There are endless opportunities and problems with an infinite number of solutions, but no one individual or institution has unlimited resources, bandwidth, or time. The strategic planning process is a way to focus efforts and resources where they are going to have the most impact and also a way to consciously choose from which initiatives to disengage.

It is a difficult choice to make. For every level of engagement from the high school student participating in a premedical education night, to the medical student choosing a residency, to the faculty member choosing to work at an institution, the interventions chosen could make the difference between an inclusive, welcoming environment that allows an individual to thrive and their choice not to pursue medicine at all or at least not at a given institution.

Nevertheless, no one individual can do everything or even most things. After Task 2 “Assessing the Institution” and Task 3 “Identifying Leverage Points,” a few beginning places should become obvious. Perhaps the first goal is the area of most need—for example, the need to pass LCME accreditation or the dismal climate for M.D./Ph.D. students of color—or perhaps it is a small step or an easy win. Possibly, senior leadership is already invested in increasing recruitment for faculty of color or the institution already has a good relationship with local community partners. Those small goals have an important place in a strategic plan as well.

But for many more decisions, there will be many strategic priorities from which to choose, and diversity officers need to be disciplined about choosing the interventions they can reasonably expect to implement. The following sections on achieving diversity at every level of an institution are designed to help make that decision. Addressing topics such as financial aid and faculty recruitment, each subsection includes further ideas for creating interventions in these areas.

This section can be used in one of two ways: for inspiration on what to address in a current strategic plan (and therefore what not to address), or for reference information if specific issues (e.g., faculty retention or K-12 partnerships) have already been prioritized.
Achieving Inclusion

Without an inclusive culture, a diversity strategy may be in danger of becoming a taskforce to count people. Research indicates that inclusive environments boost the capacity of medical schools to excel and ensure health equity for all.

Diversity 3.0 Framework

In 2012, the AAMC convened a group of experts to discuss essential elements of institutional culture and climate around diversity and inclusion, and to begin to consider ways of comprehensively assessing culture and climate in hopes of increasing an institution’s capacity to build more diverse and inclusive environments. Based on extensive literature reviews as well as the feedback from experts in the field, the AAMC developed the Diversity 3.0 Framework designed to support innovative, high-performing organizations by promoting a culture of inclusion and a full appreciation of different perspectives. Whereas Diversity 1.0 and 2.0 were peripheral efforts that emphasized solving the problems of inadequate representation and barriers, Diversity 3.0 integrates activities and policies into core organizational strategies. It views diversity and inclusion as solutions instead of problems.
The previous Diversity 3.0 Framework highlights three key dimensions of diversity and inclusion:

- **Institutional and Social Context:** The external forces that affect people and processes within institutions that shape expectations and experiences. Factors that influence culture such as history, geography, political and legal environment, and local community fall in this dimension.

- **Structures and Policies:** The processes, practices, and procedures within institutions that act as barriers or accelerators of culture. Such factors include the institution’s strategic plan, mission and vision, funding, human resources policies, metrics and goals, leadership structure, team culture, and the community advisory board.

- **Human Capital:** The people—administrators, faculty, professional staff/non-faculty and students—make the place. Compositional diversity, recruitment and retention, perceptions, attitudes, behaviors, community engagement, and mentorship determine culture. There are particular issues facing each of these groups that are important components of culture. For example, professional development programs for faculty represent an important facet of culture.

For more information, please watch the Assessing Institutional Climate & Culture webcast

Diversity Works, Inc. also provides a framework for creating an inclusive climate, which identifies five key factors:

- **Education and Scholarship:** This factor includes actions such as valuing and hiring expertise in community-engaged scholarship, cultural competence, and health disparities, and an overall approach that diversity is an added value and not a cost.

- **Community Connections:** This factor concerns the wider community. A key question to consider is the existence of the “Ivory Tower” and the interaction of the university community with the local community.

- **Climate and Culture:** This factor involves how welcomed and supported people feel, as well as quantitative measures of diversity and whether any individual is the lone representative of their group.

- **Representation and Voice:** This factor concerns the status quo and how routinely those in power listen to and address diverse concerns.

- **Institutional Transformation:** This factor involves the nature of institutional policies and procedures. Institutional policies should eliminate discrimination or outdated rhetoric and move toward policies that are more inclusive.

**Resources**

- AAMC Diversity Engagement Survey
- Assessing Institutional Climate and Culture Webcast
- AAMC Diversity 3.0 Learning Series

Throughout the rest of this section are more resources for developing inclusion along with diversity for students, faculty, and administrators.
Achieving Student Diversity

Only by harnessing the entire diverse human capital of an academic medical center can its mission be achieved. The work of recruiting, retaining, and advancing individuals from underrepresented groups in medicine and biomedical sciences, whether they are students, faculty, or residents, relies on a diverse team of talent managers. The work of cultural competence education is supported by diversity of thought and perspectives across all disciplines and all levels in the institution. The work of reducing health care disparities extends to all health care providers, researchers, and support staff. Thus, it is imperative that any diversity strategic plan gives attention to the recruitment, retention, and advancement of diversity and inclusion across the continuum of training and employment.

Medical student diversity is a key centerpiece for any institution’s approach to strategic planning for diversity and inclusion. It is essential that an institution’s strategic plan address the many facets of this important part of the educational continuum. The Group on Student Affairs (GSA), the GSA Committee on Student Diversity Affairs (COSDA), and the GSA Student Diversity Affairs Representatives play a key role in the activities and programs that focus on the K-12, premedical, and medical education components of the educational spectrum. The following section addresses the span of issues and activities that an institution should incorporate into its strategic planning approach and includes K-12 partnerships and pipeline programs; premedical students; medical student recruitment and selection; medical student retention and career development; introduction to graduate medical education; and financial counseling and support.
Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide

Premedical School
K-12 Partnerships and Pipeline Programs

The LCME requires investment in pipeline programs with element 3.3 (formerly IS-16 & MS-8). Components include exposure to health professions, community investment/outreach, applicant preparation/applicant pool enhancement, and direct recruitment and matriculation. The context of pipeline programs is broad. While many schools have supported pipeline programs for decades, others are just beginning or expanding programming. The recent federal funding cuts to Title VII have had vast negative impacts on pipeline programs at schools nationwide. It is now considered best practice for institutions to fully fund programs deemed essential to the school’s mission, while procuring grant support to supplement or temporarily expand the service reach. Any pipeline program established through grant funding should have an associated long-term funding commitment from the institution.

Partnerships and programs serving the K-12 constituency comprise an important part of the educational outreach continuum. K-12 partnerships may include adopting a school and providing other types of assistance, such as reading programs, health literacy, and improving math and science instruction. There also may be programs developed by the medical school to target very specific grade levels and target populations. Programs are usually most successful when incorporating hands-on and experiential learning. There is a wide array of curriculum for hands-on experiences such as dissection, suturing, gram staining, DNA extraction, etc. These can be done where age-appropriate. Experiential learning often includes a mini medical-school approach that covers problem-based learning, research lab visits, basic physical exam skills, and mentorship from current medical students.

Clarifying the purpose of the K-12 partnership and/or the K-12 program is key to assessing outcomes and results. Positive “brand” recognition from the community is measured differently than applicant pool enhancement. Evaluation metrics for outreach programs are important for accreditation purposes and program improvement, and they may provide scholarly research opportunities for faculty and students. Assessment tools may include pre- and post-surveys, focus groups from community members or program participants, school-based metrics (such as reading levels or competencies), or enrollment/performance measures. Both research-related endeavors and service endeavors contribute to LCME element (formerly standards) fulfillment (element 3.2, formerly IS-14).

Resources
- Community-Campus Partnerships for Health
- University Neighborhood Partners
- Health Resources and Services Administration-Health Careers Opportunities Program (HCOP)
- Health Resources and Services Administration-Centers of Excellence (COE)
- Stanford Mini Med School
Premedical Students

Institutions should provide quality resources and a strong network of support for all premedical students. Of particular importance is consistent and reliable advising support, which can be difficult for underrepresented, first-generation, LGBT, nontraditional, disabled, and low-income students to procure. Often, these students are “homeless” when it comes to gaining access to helpful information about their specific situation. They may experience financial challenges in completing coursework, or they may not know how to apply to medical school if unable to gain support from their undergraduate institution. Advising structures in undergraduate institutions may not meet the needs of all students or may provide inaccurate and discouraging information.

The provision of premedical advising support to students underrepresented in medicine should be incorporated into the medical school strategic plan. These services may be provided through any designated office provided that specific efforts are made to incorporate a proactive and comprehensive approach. An office that advises only students at the door step is most likely not meeting the needs of those underrepresented in medicine. Strategies may include development of outreach/enrichment programs that enhance the preparation of premedical students; participation in recruitment fairs, student conferences, and college information programs; creation of targeted advertisements; and establishment of formal relationships with advisers and professors from undergraduate institutions. It is also important to connect with organizations like the National Association of Advisors for the Health Professions (NAAHP) and fully utilize the materials and resources offered by the AAMC. Policies and selection criteria should be fully transparent to prospective students, especially policies of the American Medical College Application Service® (AMCAS®) (Refer to LCME elements 10.3, 10.4, and 3.3, formerly MS-3, MS-5, and MS-8).

Resources

- National Association of Advisors for the Health Professions
- National Association for College Admission Counseling
- AAMC Resources for Pre-health Advisers
- American Educational Research Association
- Educators for Fair Consideration

Postbaccalaureate Students

A special aspect of premedical advising involves working with students who have completed a baccalaureate degree and are not yet ready to enter medical school. This group of students includes a very diverse set of learners: those who were premedical students who did not perform strongly in undergraduate studies; individuals who are seeking to strengthen their background in the sciences before applying to medical school; and individuals who have been unsuccessful in gaining entry to medical school. Regardless of whether the institution has a formal program for post-baccalaureate students, it is important that advising be offered to these students. This advising could include referral to a program offered by the institution, referral to a formal post-baccalaureate program at another institution, or advice on the classes that should be taken as a part of student-organized postbaccalaureate coursework.

Resources

- AAMC Postbaccalaureate Premedical Programs
Medical Student Recruitment and Selection

Recruiting a diverse class of trainees is essential at all levels. Recruitment includes working with the applicant pool, interview decisions, offers, and matriculation. Across all of these phases, collaboration, information sharing, and outcomes analysis are essential to success.

Applicant Pool Phase

It is important for a medical school to recognize that recruitment strategies begin in the pipeline arena as noted in the previous section. Schools should consider investing time and/or resources with undergraduate institutions and other groups involved in premedical preparation and advising. Schools should be aware that the AAMC has information on the applicant pool that will be useful in crafting a recruitment strategy with achievable goals relative to a school’s mission and enrollment targets. Many medical student organizations that target groups underrepresented in medicine have premedical groups, such as the Student National Medical Association (SNMA), Latino Medical Student Association (LMSA), Association of Native American Medical Students (ANAMS), and others. Recruiters and individuals working with prospective applicants should have access to admissions information, and schools should work to ensure that any access meets Family Educational Rights and Privacy Act (FERPA) standards. Schools also should work with premedical advisers to ensure they are informed about qualifications of the ideal candidate. LGBT students present unique challenges for recruitment because they are currently unable to categorically self-identify on the AMCAS® application. Thus schools might consider including positive LGBT messages in recruitment materials.

Interview Phase

Once applicants are invited for interviews, schools should consider setting up a process that includes diversity. This might include options such as:

- Scheduling a critical mass of underrepresented minority students on the same day
- Engaging the campus diversity and inclusion office
- Including an information session about diversity during the interview day for all candidates
- Providing a printed information summary of programming and resources related to diversity for all candidates
- Providing outreach mechanisms during the interview day by partnering with the diversity and inclusion office to connect prospective LGBT students with current ones
Matriculation Phase

The process for matriculation of students will be specific to each institution. This phase begins after a student has received an acceptance. Schools should recognize that students who receive multiple offers may need additional information and support to make a final decision and should be prepared to provide data, such as scholarship and grant availability, school climate, school curriculum and co-curriculum, overall cost, and additional factors. A second-look visit is a common strategy utilized by schools to provide additional information and incentive for matriculation. However, second-look programs cannot be mandatory and should be designed so as not to disenfranchise students with limited financial means. Schools can provide information related to diverse students as part of such a program. Reaching out to accepted students via a personal phone calls can also be very effective.

Resources

- AspiringDocs
- Summer Medical and Dental Education Program (SMDEP)
- Minority Student Medical Career Awareness Workshops and Recruitment Fair
- MedMAR—Medical Minority Applicant Registry
- MSAR®—Medical School Admission Requirements (MSAR)
- Association of American Medical Colleges (AAMC)
Medical School

Medical Student Retention and Career Development

A successful strategic plan will incorporate a significant component that addresses how services will be delivered to students from diverse backgrounds once they matriculate into medical school. The ultimate measure of success for a medical school’s diversity and inclusion strategic plan for medical students is the graduation of those students. Therefore, it is critically important that each medical school identify the structure and delivery of resources and services. At many institutions, there is a designated diversity and inclusion office that organizes and provides the crucial academic and social support services. The structure and model can vary from institution to institution, but it is critically important that the plan includes the services to be delivered in order to support the enrolled medical students.

Academic Support Structures

Diverse students arrive at medical school with a wide spectrum of experiences and skills, making academic support structures vital. Student affairs and/or diversity and inclusion offices, working collaboratively with course directors, academic support offices (medical school or main campus), wellness offices, and others need to offer services for students to identify challenges and improve performance. Some students experiencing academic difficulty will not seek help independently; therefore, identifying students in difficulty and intervening early is crucial. Multiple support systems using varied approaches with structured, consistent intervention and monitoring best serve adult learners, particularly those from diverse backgrounds who enter medical school. There are many options for educational support, including the following:

- Prematriculation programs
- Monitoring and intervention by front-line faculty, unit directors, or student affairs and/or diversity and inclusion offices
- Tutorial programs
- Academic support offices (e.g., block/course/clerkship-specific learning and test-taking skills, individualized study plans/schedules, identifying and using medical school specific resources, USMLE Step I and Step II Preparation, remediation, etc.)
- Academic/learning/cognitive assessment
- General enhancement (e.g., assistance with reading speed and comprehension, learning strategies that are not content-specific, test-taking strategies, time management, group study skills, etc.)
- Disability resources and accommodations
- Wellness assessment and programs
Social Support Services

The office of diversity and inclusion and office of student affairs often play a critical role in students’ adjustment to the medical school environment. In order for students to survive and thrive, the institutional climate must be welcoming and supportive. Mentoring and encouraging participation in student/professional organizations are two key strategies that an institution can offer to help students build professional connections. The types of mentoring include faculty to student, resident to student, student to student, community physician to student, and group mentoring. Each type of mentoring provides different levels of support. Creating a mentoring and/or advising structure that is a formal part of the support offered to students should be incorporated into the strategic plan. An office of diversity and inclusion is one such place where these crucial social support structures can be fostered.

Once enrolled in medical school, the desire of students to organize and give back to their communities continues and therefore, it is important for medical schools to be supportive of such student groups that promote inclusion. Several organizations are listed in the resources section.

Involvement in student and professional organizations is one way that students underrepresented in medicine can develop a sense of purpose for their professional growth. Students should not be limited to one organization as there are multidimensional aspects for each student. The institutional financial support of student involvement and financial support for student leaders to attend national conferences also are important.

Resources

- Asian Pacific American Medical Student Association
- Association of American Indian Physicians
- Association of Native American Medical Students
- Gay and Lesbian Medical Association
- Latino Medical Student Association
- Medical Students with Disabilities Resource Guide
- National Hispanic Medical Association
- National Medical Association
- Student National Medical Association
Financial Counseling and Support

With the rising costs of an already expensive education, it is necessary to understand the importance of financial aid for students pursuing a career as a health professional. It is critical that the office of financial aid and/or financial aid officers be strategically included in the pipeline programs, student recruitment, and student retention agendas coordinated by the offices of admissions, student affairs, diversity and inclusion, and outreach. The role of the director/dean of financial aid is to keep deans and administrators of these offices abreast of federal and institutional financial aid-related matters because it keeps a consistent across-the-board message to students. Successful agendas must have purposeful and strategic ongoing communication with trained financial aid administrators and personnel to address the emotional and social challenges associated with poverty. A successful strategic plan also should encourage staff from the development office and alumni relations to work closely with the offices of admissions, diversity and inclusion, and financial aid.

Resources

- Federal Student Aid (Department of Education)
- AAMC Financial Aid Officer Handbook
- AAMC Financial Information, Resources, Services, and Tools (FIRST)
- AAMC FIRST customized financial literacy and debt management search
- AAMC Loan Repayment/Forgiveness and Scholarship Programs searchable database
- AAMC Organization of Student Representatives (OSR) Resources
- Herbert W. Nickens Medical Student Scholarships for underrepresented students in medicine

Career Development and Residency Preparation

The ultimate goal for an individual student is to enter his/her chosen specialty of medicine. The office of student affairs often renders the career counseling and development aspect of services. Care must be given to ensure that advising for students who are underrepresented in medicine provides them with exposure to the broad range of options and not a pre-defined subset. A strategic plan should incorporate a process that is designed to speak to the specific needs of these students who may not have had access to physicians from diverse backgrounds or who work with a diverse set of patients. The incorporation of varied experiences, service learning opportunities, and contacts with community-based organizations is critical. The AAMC, through its Careers in Medicine® (CiM) programs, offers significant resources for students to understand how their interests and skills apply to the selection of career options.

Resources

- AAMC Careers in Medicine
- AAMC Choices Newsletter
Achieving Resident Diversity

Residency Recruitment

The final component of the medical student educational continuum connects to the beginning of the graduate medical education process. The most effective process for diversifying residency programs is conducted in the context of an institution-wide commitment to diversity. In addition to leadership, significant factors for success include active recruitment of residency applicants outside of standard networks, thoughtful composition and training of residency selection committees (including training on unconscious bias), defined metrics for candidate assessment, and having a supportive inclusive campus climate. The Accreditation Council for Graduate Medical Education (ACGME) accredits postgraduate training of residents and fellows. ACGME standards state that residents must demonstrate competencies that include professionalism—the major components of which include commitment, adherence, and sensitivity (see http://www.acgme.org/acgmeweb/).

The institutional strategic plan should address the recruitment of students into residency programs. This can include defining expectations for diversity of the residency program applicant pool and interviewees based on AAMC data; development of an annual programmatic evaluation utilizing a report card methodology (e.g., number of underrepresented residents relative to availability pool, satisfaction by race/ethnicity, etc.) (see Figure 1, http://biomedcentral.com/1472-6920/10/13); development of institutional partnerships and collaborations to improve applicant pool and connections with service communities; and development of specific recruitment strategies. A small sample of promising practices is provided below.

Recruitment Strategies Promising Practices:

- Visiting Medical Student Clerkships: Establish a visiting scholars program and encourage diverse medical students to spend 4-6 weeks in a visiting clinical clerkship on your campus. This program facilitates the visibility of students within the subsequent residency selection process.

- “Diversity Days” for Interviews Across Programs: On designated days within the applicant interview cycle, applicants are allowed to self-identify their interest in visiting on that day. Applicants are provided an opportunity to meet diverse residents and faculty from various academic departments.

- Second-Look Visits: Host an opportunity for applicants to return to the campus for a second look at the program and learn more about the support, culture, and climate of the institution.

- Initiatives for Women: While women outnumber men in primary care, gender parity lags behind in many specialties, including orthopedics, ophthalmology, urology, radiology, and many surgical specialties. Visibility is very important. Both online and in-person, highlight the experience of senior female physicians, especially in these specialties. Host meet-and-greets where aspiring female medical students can speak to these mentors candidly about work-life balance and the climate of the hospital. Many women are discouraged because some professionals view these specialties as too intense or too difficult a lifestyle for a woman. Instead, speak about the possibilities for mentorship and ways to get involved in the profession beyond training in medical associations, advisory committees, and caucuses.
Residency Training

The ACGME is responsible for the accreditation of post-M.D. medical training programs within the United States. They dictate six core competencies residents must achieve. Culturally competent care and effective treatment of diverse patients is woven through these competencies and is explicitly stated in number five. The six core competencies are as follows:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. Systems-based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Strategies for Addressing the Professionalism Requirement:

1. Compassion, integrity, and respect for others
2. Responsiveness to patients needs that supersedes self-interest
3. Respect for patient privacy and autonomy
4. Accountability to patients, society, and their profession
5. Sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Professionalism supports a climate of respect and equity in which diversity can thrive. It is imperative that our medical school faculty also demonstrate and reinforce the importance of the professionalism standard.

It is evident that residents play a critical role not only in the care of our patients, but also in the clinical education of our medical students. Furthermore, a diverse and engaged body of residents is our internal pipeline for faculty positions. Below is a list of potential barriers and possible approaches to achieving resident diversity.
Potential Barriers:

- Residency Program Directors/Departmental Chairs: Identify the metrics by which leaders are evaluated for accountability to diversity.
  - Individual performance appraisals: Define expectations for diversity of the applicant pool and interviewees based on AAMC data.
  - Conduct an annual programmatic evaluation utilizing a report card methodology (e.g., number of URM's relative to availability pool, satisfaction by race/ethnicity) (see http://biomedcentral.com/1472-6920/10/13).

- Potential for isolation within a given subspecialty: Residency programs must establish institutional partnerships and collaborations to facilitate the development of communities. This is of particular importance when a resident may lack race/ethnicity, LGBT, or disability-concordant peers or role models within their own division or department. By leveraging diversity across the institution, you can enhance the feeling of inclusion and belonging.

- Differential rates of matching internal medical students to residency programs: Institutions should evaluate the match rate for underrepresented minorities from their medical school to their residencies in comparison to the match rate for non-Hispanic white students.

Approaches:

- Leadership
  - Mission, vision, and values that are inclusive of diversity should be articulated by the dean and reflected in administration, key committee appointments, websites, and invited speakers.
  - Accountability: Campus-wide evidence of attention to the importance of diversity is important, as well as clearly defined metrics for measuring success.

- Welcoming/Inclusive Climate
  - Social Support: Facilitate interactions across residency programs to prevent isolation and enhance the development of community.
  - Role Models: Seek physicians from the community to engage with residents when there are inadequate numbers within your faculty ranks.
  - Mentors: Establish a mentoring program for residents with training for mentors so they recognize and are sensitive to mentoring across differences. Also provide opportunities for residents to serve as mentors for medical students.
Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide

Achieving Graduate (Ph.D.) Diversity

Graduate Diversity Strategies

In 2010, when Latinos/Hispanics, African-Americans, and American Indians comprised more than 30 percent of the U.S. population, less than 9 percent of individuals from those groups obtained Ph.D.’s in science, technology, engineering, and mathematics (STEM) fields. However, this rather bleak statistic is in many ways misleading for biomedical graduate student education. Within the STEM fields, physics, mathematics, and engineering traditionally have been slow to accommodate minorities and women. However, the biomedical sciences field is an exception, and many within this specific field have worked for decades to improve minority representation.

Compared to 1980, when approximately 2 percent of underrepresented minorities obtained bachelor’s degrees in the biomedical sciences (i.e., biology, biochemistry, and chemistry), this percentage increased to 13.5 percent by 2010. And in that same year, the percentage of underrepresented minorities in biomedical sciences graduate programs (who had not yet received the Ph.D. degree) was close to 15 percent.

An important factor is that graduate programs in the biomedical sciences (and STEM fields in general) could increase the number of students from underrepresented groups who earn Ph.D.’s if the pipeline of individuals obtaining bachelor’s degrees in the biomedical sciences (and other STEM fields) was strengthened. This fact speaks to a broader issue of underrepresentation throughout the educational spectrum. The figure below illustrates a framework for strengthening the pipeline and enhancing an institution’s ability to create and sustain a diversified graduate program.
The Role of the NIH in Graduate Diversity Success

It is worth considering the factors influencing many graduate institutions’ success in their diversity efforts, which have resulted in measurable impact. An important factor in this success has been the support of the National Institutes of Health (NIH). As the primary funding agency for biomedical sciences graduate programs, the NIH has provided key financial support in increasing the number of underrepresented students in pipeline and graduate programs.

The NIH has initiated a number of programs directed primarily at Minority Serving Institutions (MSIs) to encourage talented students with an interest in science to receive research exposure. These programs, of which the Minority Access to Research Careers (MARC) is an exemplary model, offer some tuition support, a modest stipend, and funding for off-campus summer research.

It is clear that the NIH support has facilitated a dramatic increase in the number of Ph.D.’s awarded to underrepresented students in biomedical sciences graduate programs. Additionally, their awarding of training grants to institutions is dependent upon success in identifying, recruiting, and supporting underrepresented students in the biomedical sciences. Because training grants are highly desired and typically awarded to forwarding-thinking institutions, it is not surprising that these institutions have dramatically increased the number of minority students in the years since the NIH implemented this requirement.

An important factor in this success has been the support of the National Institutes of Health (NIH).
Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide

Achieving Faculty Diversity
The Case for Minority Faculty Development

There is abundant evidence to support that diversity in medicine enhances medical education, impacts access to health care for underserved populations, advances research, and improves academic performance for health professions students overall. Several national studies have linked curricular change, diversity in leadership, institutional commitment, and mission to effectiveness in higher education. Generally, women and minority faculty enhance an institution’s ability to achieve the primary missions of research, teaching, and service. Many of the efforts to date have been in the area of medical student diversity. Clearly, to maximize the benefits of diversity, faculty diversity has to be placed front and center.

Unfortunately, faculty who have traditionally been underrepresented in medicine and biomedical sciences, particularly minorities, have not fully benefitted from these efforts. Underrepresented faculty face many challenges that affect their academic productivity. These constraints are a result of institutionalized barriers, time limitations through obligations such as participation on committees, and increased clinical caseloads. Underrepresented faculty often feel pressured to represent their group on every committee while maintaining a teaching role, clinical load, and research productivity, often without the support and mentorship many faculty enjoy.

Nationally, institutions have provided limited faculty development. In addition, lack of role models to engender interest and lack of diversity and mentors among senior faculty add to the barriers to faculty development. In a recent NIH study, underrepresented minority investigators were less likely to be funded compared to their white counterparts despite similar scientific achievements. Another study emphasized the importance of addressing the workplace environment such as collegiality, appreciation by peers, work-life balance, and ability to provide high-quality care for clinical faculty.

As we move forward, it is important that we continue to have a strategy toward increasing diversity in academic medicine. Supporting underrepresented faculty can attract more underrepresented students to the health professions. It is recognized that a diverse faculty and student body is important for the delivery of culturally competent care. Furthermore, faculty play a key role in shaping institutional policies and practices, as well as serving as role models and champions of research on health care disparities. Therefore, it is imperative that we not only recruit a diverse faculty, but also develop them to succeed. It is through their representation and advancement that their voices can result in meaningful change. Ultimately, this increase will impact the health and health care of underserved populations. As the nation begins to respond to pervasive health disparities, institutions must commit to being the catalysts and promoters of programs that support diversity and inclusion.

To be effective in providing a positive institutional climate that promotes diversity and inclusion, a clear approach must be developed.
In *The Case for Minority Faculty Development Today*, AAMC Chief Diversity Officer Marc Nivet highlights the following components as areas to address in enhancing faculty diversity in an institution:

- **Mentoring Junior Faculty:** Mentoring programs significantly enhance the competency of junior faculty.
- **Transparency in Promotion and Tenure Guidelines:** A common perception of the promotion and tenure process is that it is not always objective. Departments should develop and maintain clearly established criteria for granting promotion and tenure.
- **Value Community Engaged Scholarship (CES):** Given that minority faculty and women tend to work in CES, the lengthy time required, and the collaborative skills it builds, it is imperative that this work gets equal consideration in the promotions and tenure process.
- **Faculty Development Programs:** Departments can develop a variety of programs that assist junior faculty in their development progress.
- **Climate of Inclusiveness and Fairness:** Professional isolation often is cited as a reason for leaving an institution. Informal social networks can create a sense of community.
- **Data Collection:** Exit interviews provide the opportunity for understanding obstacles to retention and designing effective responses to problems.
- **Self-Assessment:** Through regular self-evaluation, departments can avoid disparities in resources and salary that influence faculty retention.
- **Flexible Policies and Practices:** Flexible family leave, transitional support, work-life, and tenure clock policies play a key role in retaining faculty.

**Resources**

Faculty Recruitment

Develop the faculty recruitment plan with a high level of specificity. The most effective search process for diversifying the faculty is conducted in the context of institution-wide commitment to diversity and requires actively reaching outside of standard networks, thoughtful search committee composition, search committee training on unconscious bias, defined standards for candidate evaluation, and supportive campus climate. Specific guidelines can include the following:

- Describe the position, appointment level, space, and resources.
- Align the faculty recruitment plan with university, school, and departmental mission and goals.
- Understand the “available pool” using data such as residency graduation, regional, and national demographics.
- Understand hiring policies and affirmative action underutilization.
- Utilize current diverse faculty as recruiters.
- Utilize or develop diverse recruitment resources.
- Search committee composition and training is critical to facilitate a diverse pool of candidates. This includes unconscious bias training for all search committee members.
- Advertisements and calls to colleagues are critical to obtaining a diverse pool.
- Job descriptions offer a clear sense of institutional climate. A thriving faculty will be your best recruitment tool.
- Include faculty committed to excellence and diversity, women, and those from underrepresented groups (ethnic minority, LGBT, those with disabilities) on search committees.

Presidents must hold deans accountable, and deans must hold academic department chairs accountable through performance plans tied to compensation for increasing the representation of women and underrepresented faculty through the development of specific plans based on the disciplines’ demographics and pools. Some plans may focus on aggressive recruitment from existing pools, and others may focus on building pools where none exist. Here are actions leaders can take to ensure a diverse pool of faculty applicants:

- Ensure that funds are available.
- Ensure that the university conducts aggressive, diverse national searches with emphasis on developing pools that include qualified women and those underrepresented in medicine and biomedical sciences (racial/ethnic minorities, LGBT, those with disabilities) for faculty and administrative positions.
- Require faculty search committee chairs to submit a report regarding the process used to enhance the pool of qualified candidates and the rationale for inclusion or exclusion in the final pool.
- Require search committee training in unconscious bias.
- Establish a benchmark for excellence in faculty diversity.
- Provide incentives to those who attain the benchmark.
Resources

- Strategies and Tactics for Recruiting to Improve Diversity and Excellence (STRIDE)—University of Michigan.
Faculty Development

Unfortunately, even if there is a strong pipeline and recruitment of a diverse faculty, individuals may leave quickly after they are hired, be unable to navigate the tenure process, or be unwilling to stand as the lone representative of their group at their institution. To ensure that all faculty, especially faculty generally underrepresented in medicine or at a specific institution, thrive in their career, here are a few suggestions:

- Mentorship: Formal mentorship is key for underrepresented individuals who often may be the first in their family to attend college and do not have access to a network of support.
- Individualized Academic Plan: The development of an individual plan that explores current strengths and skills, future goals, and most important, the path between now and then, is vital for every faculty member. This is particularly true for minority faculty who may be pursuing research in underserved communities or community-engaged scholarship and will need to pursue unique funding sources. A critical aspect of this plan must be a clear timeline for achievement of all the goals therein.
- “Cultural Tax”: Be mindful of cultural tax. A cultural tax is a felt obligation to be a team player at an institution by representing a particular minority group on committees, or pursuing opportunities related to being a part of that minority group for the benefit of the institution that may not fit personal or professional goals.
- Protected Time: In protecting against a cultural tax or other obligation to the institution, minority faculty need protected time to pursue the goals outlined in their academic plan, or failure is almost a certain possibility.
- Tenure: If tenure is the goal at an institution, specific requirements and progress toward its attainment must be outlined. Consider an extended tenure clock policy with specific entry requirements for faculty. Policies that also value community-engaged scholarship and nontraditional funding and journals also are vital.
- Leadership Training and Opportunities: Outside of the tenure process specifically, additional training and opportunities are required to keep faculty engaged.
- Celebrate Diversity: Create venues for individuals to socialize and share stories with other minority faculty.

Resources

- FD4ME Faculty Development for Medical Educators
- Minority Faculty Career Development Seminar
- NIDDK Network of Minority Research Investigators
Achieving Staff Diversity

The staff of an academic medical center are those employees who are not faculty, students, residents, or postdoctoral scholars. They are a critical component of the academic medical center, often serving in administrative and support roles.

The imperative and urgency for diversity of academic medicine staff positions is borne out by the changing U.S. demographics, such that by 2050, current minority groups will constitute the majority of the U.S. population. Thus, equal attention must be given to the diversity of the institution’s administrative, professional, and support staff. Meeting the 21st century challenges of educating tomorrow’s physicians and research scientists requires a workforce that reflects the diversity in the populations whose health we intend to impact.

The full benefits of diversity and inclusion are realized when everyone feels valued for their contribution to the mission. Creating conditions, policies, and practices that enable the institution to leverage differences toward achieving the mission is the work of inclusion. Diversity councils and affinity network groups that cut across all levels of the institution support inclusion. Typically, diversity councils or affinity network groups are the only institutional groups that include membership or representatives from all levels of the system (faculty, staff, students, residents, and postdocs). These groups are catalysts for ensuring a fully inclusive and open environment that provides opportunities for all employees to fully contribute to the institution’s success.
Part III

References and Resources


Additional Strategic Planning Resources

Here are further references on the overall strategic planning process for a deeper dive into many of the subjects discussed in this guide.


