

Enter



Tomorrow's Doctors, Tomorrow's Cures®

# Assessing Institutional Culture and Climate Webcast Supplemental Guide

---

Learn

---

Serve

---

Lead

# Assessing Institutional Culture and Climate

## Webcast Supplemental Guide

## Acknowledgements

The Assessing Institutional Culture and Climate Webcast and this accompanying guide could not have been completed without considerable support from the Culture and Climate Assessment Workgroup (see Appendix A for a full list of participants) that comprised of experts in the field and AAMC staff. We especially would like to thank the Webcast contributors: David Acosta, M.D., Derek Avery, Ph.D., Eden King, Ph.D., Jeffrey F. Milem, Ph.D., and Deborah Plummer, Ph.D., for their content expertise throughout this project and for their videos (see Appendix B for their full bios). A special thank you goes to Valarie Clark, M.P.A., for her voice-over talent and Sandee Kurtz for her technical support.

We also thank the AAMC's Diversity Policy and Programs team that led this project:

Marc Nivet, Ed.D., Chief Diversity Officer

Laura Castillo-Page, Ph.D., Senior Director, Diversity Policy and Programs and Organizational Capacity Building Portfolio

Sarah Conrad, Senior Research Specialist

Jessica Vaughan, Organizational Capacity Building Portfolio Coordinator

Kate Gampfer, Administrative Associate

## Table of Contents

Foreword .....	1
Introduction: A Culture of Diversity and Inclusion in Academic Medicine .....	2
The Diversity 3.0 Framework .....	3
Key Steps to Comprehensively Assessing Culture and Climate	
Step 1: Reflective Questions .....	6
Step 2: Data Collection .....	10
Focus Group Data .....	10
Survey Data .....	11
Interview Data .....	12
Existing Documents .....	12
Existing Data Review .....	13
Step 3: Synthesis and Analysis .....	13
Step 4: Leverage Findings .....	15
References .....	16
Appendix A: Culture and Climate Assessment Workgroup .....	17
Appendix B: Webcast Contributor Bios .....	19
Appendix C: Additional Resources/Bibliography .....	21



## Foreword

The challenges facing medical schools and teaching hospitals are striking in scale, from maintaining research portfolios with stagnant or decreasing budgets to keeping pace with dramatic changes to curriculum and educational methods. To meet these challenges, many institutions are steeped in a cultural change effort to bring about greater alignment across the enterprise. Leaders recognize they must create nimble, innovative, and collaborative organizations that can fairly and sustainably meet the health care needs of all. Recently, diversity and inclusion have gained broader recognition as drivers of this positive change.

Any change effort benefits from realistic and measurable goals, a commitment to continuous learning, and a thorough accounting of the status quo. For issues of culture change, which require simultaneous, coordinated interventions on multiple levels and often have unforeseen impacts on historically disadvantaged or marginalized groups, a baseline assessment is especially vital. As in clinical medicine, making an accurate diagnosis is critical to selecting the appropriate treatment.

A mixed-method approach to assessing culture and climate that includes, for example, expertly administered focus groups, interviews with key stakeholders, as well as surveys is important, as it can more reliably surface hidden impediments to progress and ensure that as many voices as possible are included.

There is no catch-all solution for culture change in academic medicine that embraces diversity and inclusion as a driver of excellence. However, thanks to this guide on institutional culture and climate and the Webcast that accompanies it, the field now has a definitive how-to manual for creating a comprehensive, inclusive organizational assessment, setting the stage for evidence-based interventions.

A multidisciplinary team of experts helped bring this valuable resource to life. It brings an unprecedented level of practical detail and experiential insight to this complex issue, and is an essential addition to any leaders' library.

A handwritten signature in black ink, appearing to read 'Marc Nivet'.

Marc Nivet, Ed.D.  
Chief Diversity Officer  
Association of American Medical Colleges

## Introduction: A Culture of Diversity and Inclusion in Academic Medicine

The creation of diverse educational environments has long been viewed as fundamental to the goals of higher education. When implemented in a comprehensive manner,<sup>1,2</sup> diversity can challenge students to think in new and different ways, expand their understanding of the world and its cultures, and develop critical thinking skills that better prepare them for success in postgraduation professional and civic pursuits.<sup>3</sup> The improved cognitive and social outcomes that result from being educated in diverse contexts is well-documented.<sup>4,5</sup> Recent scholarship shows that there are long-term effects of being educated in diverse environments on “personal growth, purpose in life, recognition of racism, and volunteering behavior among college graduates.”<sup>6</sup>

However, in order to reap these benefits, in addition to a focus on increasing compositional diversity, a focus on diversity also must infuse the institution’s mission and vision, strategic plans, policies, programs, curriculum, and extracurricular activities.<sup>7</sup> Moreover, diversity efforts must move beyond a sole focus on race, ethnicity, and gender to a broader notion that is more inclusive of others.<sup>1</sup>

The shift from diversity as a means to address inequality and affirmative action to one which is central to institutional mission and goals is critical in today’s pluralistic society.<sup>8</sup> “Today’s leadership challenge is often about creating a context of adaptability in the face of ambiguity—helping organizations become more spontaneous and reflexive. In this business environment, collaboration and innovation—bringing ideas together—become the lifeblood of the organization...with this, diversity shifts from something to smooth out to something one can harness in constructive ways.”<sup>9</sup> Workplace studies also have demonstrated that high pro-diversity work environments and alignment between managers and their staff regarding their perception of the work environment, contributes to a workplace that is favorable for improved individual and overall organizational performance.<sup>10</sup> Research on diverse teams that consist of diverse perspectives, ideas, experiences, etc., also suggest that such teams outperform homogenous ones in problem solving capabilities and organizational productivity.<sup>11</sup> From this vantage point, establishing diversity as a driver of excellence can become a catalyst for innovation, transformation, and progression for institutions.

Embracing diversity as a core element of the institution’s mission is an important step towards creating an inclusive climate, which in turn boosts the capacity of medical schools and teaching hospitals to excel as organizations to ensure health equity for all.<sup>1</sup> However, in order to support such inclusive environments, we must first identify the strengths and weaknesses of institutional culture and climate as it relates to diversity and inclusion.

### Important Terminology

**Diversity:** Diversity embodies inclusiveness, mutual respect, multiple perspectives, and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age. (from [www.aamc.org/gdi](http://www.aamc.org/gdi))

**Inclusion:** Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is to create a climate that fosters belonging, respect, and value for all and encourage engagement and connection throughout the institution and community. (from [www.aamc.org/gdi](http://www.aamc.org/gdi))

**Culture:** Deeply instilled values and beliefs of an institution.<sup>12</sup>

**Climate:** Perceptions, attitudes, and behaviors reflecting the beliefs and values (the culture) of an institution.<sup>12</sup>

## The Diversity 3.0 Framework

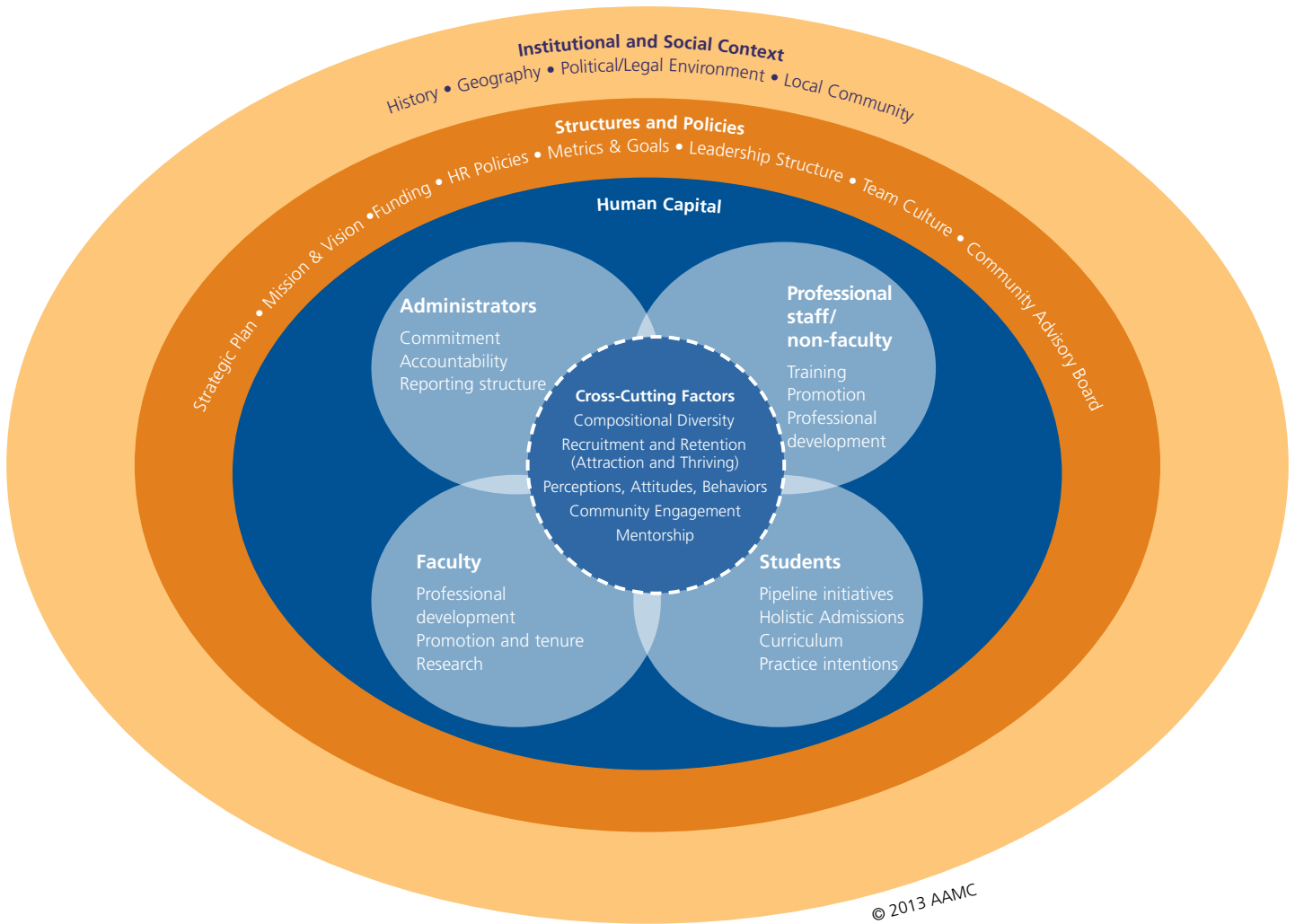
The AAMC developed the Diversity 3.0 Framework to support innovative, high-performing organizations by promoting a culture of inclusion and a full appreciation of different perspectives. It is a new paradigm to help institutions better capture, leverage, and respond to the rich diversity of talents and aptitudes in the pursuit of institutional excellence. 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.<sup>1</sup>

The Diversity 3.0 Framework (shown below) captures important components of institutional culture and climate around diversity and inclusion. The 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.<sup>2</sup> 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.<sup>4</sup> 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/nonfaculty and students—make the place. Compositional diversity, recruitment and retention, perceptions, attitudes, behaviors, community engagement, and mentorship determine culture.<sup>5</sup> 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.

## CULTURE OF DIVERSITY & INCLUSION IN ACADEMIC MEDICINE

Diversity 3.0 Framework





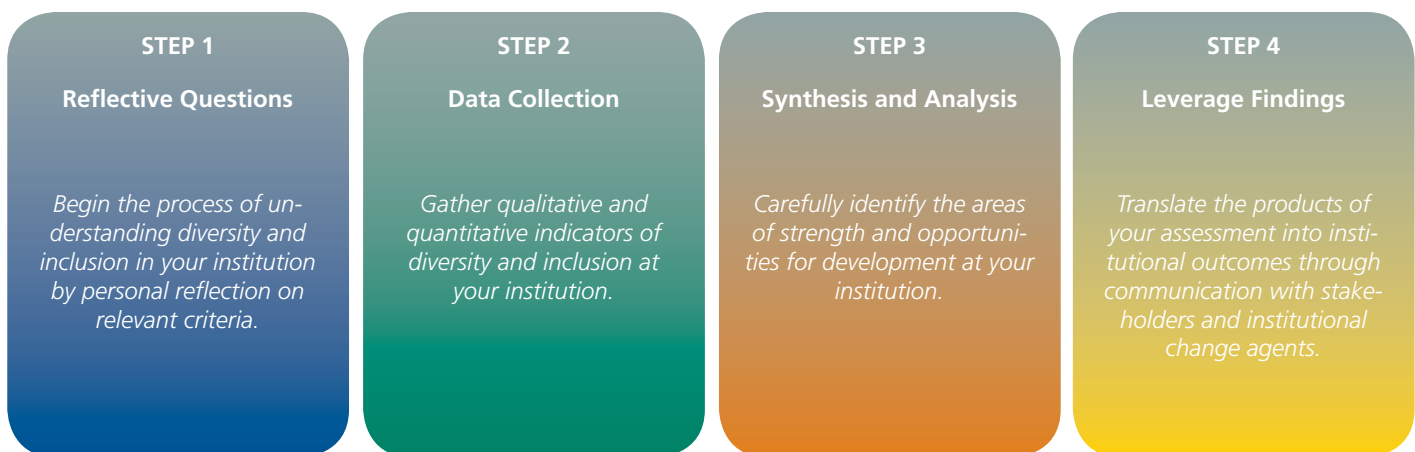
## Key Steps to Comprehensively Assessing Culture and Climate

The Diversity 3.0 Framework is constructed to reflect the complexity of the culture and climate of organizations. Factors to be assessed include institutional beliefs, values, and perceptions, as well as attitudes and behaviors of students, faculty, professional staff/nonfaculty and administrators. Data are required from various sources, so a mixed-methods design is recommended with both qualitative and quantitative measures. Pre-existing data such as policies and diversity-related statistics are examined, as are questions to reveal how different groups experience the environment.

The Webcast\* and guide contain four steps of engagement (shown below). The four steps provide evidence-based guidance for engaging in the process of exploration and assessment, the outcomes of which can be leveraged to recognize areas of strength and to take advantage of opportunities for development.

Steps can be implemented to the appropriate degree of completeness for your institution:

- **Step 1:** Reflective questions for personal exploration on relevant criteria
- **Step 2:** Data collection processes and tools to capture the determinants of the culture of diversity and inclusion
- **Step 3:** Synthesis and analysis to identify areas of strength and opportunities
- **Step 4:** Leverage findings to translate assessment findings into institutional outcomes



A culture and climate assessment should be flexible and responsive to the unique needs of an institution. Therefore, institutions are encouraged to select relevant reflective questions, employ qualitative and quantitative data collection strategies, perform suitable analyses, and identify ways to most effectively leverage findings. Because the process outlined in the Webcast and the guide is highly flexible, there is no recommended or anticipated timeframe. However, an internal schedule developed by the study leader(s) is strongly recommended. And while assessment teams will vary by institution, a minimum of two people is recommended to lead the assessment. Ideally, one or both will be at a level within the institution to effect change.

\*To view the webcast, please visit [www.aamc.org/diversity](http://www.aamc.org/diversity)

## Step 1: Reflective Questions

These questions are designed to get institutional representatives interested in a culture of diversity and inclusion and to begin to reflect on areas of strength and opportunities for development. Formal responses are not needed, but thoughtful consideration of each issue will uncover important themes. These questions might be considered by a single person, such as the chief diversity and/or inclusion officer of the institution. This would allow for basic planning and identification of key issues. Alternatively, a group of individuals including key stakeholders from across the institution could discuss these questions as a task force. Such a task force could identify barriers and opportunities and make recommendations to institutional leaders. For the task of reflective questioning, we encourage institutions to involve staff who have a broad view of the institution and are committed to its improvement.

The following are some sample questions that align with the key dimensions presented in the Diversity 3.0 Framework. It is recommended you select the most relevant ones to your institution.

### Institutional and Social Context

- What has occurred at the local and/or state level in the past year, or the past 10 or 50 years that affects students, faculty, and staff at your institution who are diverse with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- Has the view of diversity and inclusion in academic medicine changed at your institution in the past year, or the past 10 or 25 years? How so?
- How does the institution engage with diverse business and community partners and collaborators off campus?
- What are the outcomes of the institution's engagement with the community? In other words, what is the impact of community engagement?
- Does the institution build relationships with groups or schools that represent diverse stakeholders (e.g., historically black colleges or universities, tribal colleges)?
- Does community engagement involve individuals and organizations representing people from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups?
- To what extent are these programs available across the institution rather than isolated within particular areas or units?
- What is the composition of the communities (with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age) from which students, faculty, and staff are recruited?
- What is the composition of the community surrounding the institution?
- Are there geographic barriers that impede access to the institution?
- How has your institution been historically viewed by the surrounding community?
- What local and/or state political issues affect students, faculty, and staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups at your institution?
- Does the institution have a government affairs office that monitors legislative support for diversity? Do these efforts apply to people from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups?
- What local and/or state laws affect students, faculty, and staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups at your institution?

### Structures and Policies

- Are diversity and inclusion integrated into the strategic plan of your institution? How so? Is there a separate plan for diversity or is it incorporated as part of the overall plan?
- Does the strategic plan about diversity and inclusion include multiple background and perspectives (i.e., socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age)? How so?
- To what extent does the institutional strategic plan integrate diversity and inclusion throughout all areas of the institution?
- How are diversity and inclusion integrated in the strategic vision of your institution?
- Does the institutional vision about diversity and inclusion include socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- To what extent is the institutional vision regarding diversity and inclusion integrated throughout all areas of the institution?
- How are diversity and inclusion efforts supported financially? Are they internally funded or externally funded by grants?
- Does funding address issues of socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- Does the institution have programs in place to attract applicants from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups?
- What policies are in place to protect and support members from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups? For example, are there flexible schedules, maternity/paternity leaves, tenure clock stoppage programs, nondiscrimination policies, and training programs?
- What policies are in place to prevent and address instances of discrimination? Does the institution have an ombudsman to address complaints or concerns?
- Who were the key stakeholders involved in the development of these policies? For example, was the committee considered to be inclusive and an adequate representation of staff and faculty? Was the external community that the organization serves involved in the development of these policies?
- What are faculty and staff impressions of these policies? Do they think they are representative and fair? Are there specific challenges and barriers they face as a result?
- What data and reports are available regarding diversity and inclusion at the institution? Do these include information about climate and culture?
- Have data and reports about diversity and inclusion stimulated thinking and action at the institution? How so?
- Does the institution have specific, measurable goals regarding diversity and inclusion? If so, what are they? What metrics are collected?
- How is diversity work structured? Who reports to whom? Who is accountable?
- To what extent do faculty, staff, and students work collaboratively and cooperatively in teams? Is a team culture prevalent across the institution or isolated in particular areas or units?
- Is there a community advisory board to aid in the development of institutional policy?

## Human Capital

- How have institutional administrators demonstrated their commitment to diversity and inclusion?
- To what extent do institutional administrators serve as role models for a culture of diversity and inclusion?
- What systems are in place to ensure administrator accountability for creating a culture of diversity and inclusion? Who is accountable to whom?
- What is the structure for issues related to diversity and inclusion? Who reports to whom?
- Is there a lead diversity staff member (i.e., chief diversity officer)? If so, to whom does this person report?
- What is the composition of administration with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- What are the perceptions, attitudes, and interpersonal experiences of administrators from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups?
- Are the perceptions, attitudes, and experiences of all administrators valued, regardless of their background? Used for decision making?
- What training programs are available to ensure staff gain and/or maintain cultural competence? To what extent are these programs available across the institution rather than isolated within particular areas or units?
- How does the institution support the promotion of staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups? To what extent is this support consistent across the institution rather than isolated within particular areas or units?
- Does the institution offer staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups special opportunities to develop in teaching, research, or practice?
- To what extent are these programs available across the institution rather than isolated within particular areas or units?
- What is the composition of staff with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- What are the perceptions, attitudes, and interpersonal experiences of staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups?
- Are the perceptions, attitudes, and experiences of staff valued? Used for decision making?
- Does the institution offer faculty from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups unique opportunities to develop in teaching, research, or practice? To what extent are these programs available across the institution rather than isolated within particular areas or units?
- How does the institution support mentoring of faculty, students, and staff from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups? To what extent are these programs available across the institution rather than isolated within particular areas or units?
- Does the institution foster research and teaching avenues that assist faculty from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups in navigating the tenure and promotion process? To

what extent are these efforts available across the institution rather than isolated within particular areas or units?

- Does the institution value and encourage community engaged research?
- What is the composition of faculty with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- What is the composition of faculty by rank? What resources are in place to support the advancement of diverse faculty?
- What are the perceptions, attitudes, and interpersonal experiences of faculty from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups? How do you know?
- Are the perceptions, attitudes, and experiences of faculty valued? Used for decision making?
- What outreach programs does the institution support to encourage students from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups to attend medical school?
- What collaborations exist with schools and universities that help build the medical student pipeline? How might the institution contribute more?
- How are admissions procedures shaped to optimize diversity and inclusion with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age? Is there a holistic admissions process in place?
- How is diversity and critical thinking about diversity incorporated into the curriculum?
- How is the curriculum evaluated to ensure that it is inclusive?
- Does the curriculum include social determinants of health?
- Is cultural competence part of the curriculum?
- Is cultural competence covered in courses that are not dedicated to the topic?
- Do discussions of cultural competence include socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- How does the institution encourage students to practice in diverse and/or underserved areas?
- Where do graduates plan to practice? In underserved communities? In what areas of specialization?
- Where do graduates practice?
- What is the composition of students with regard to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- What are the perceptions, attitudes, and interpersonal experiences of students from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups? How do you know?
- Are the perceptions, attitudes, and experiences of all students valued? Used for decision making?

## Step 2: Data Collection

To get a true picture of institutional culture and climate, we recommend a multi-methods approach in part because many culture and climate frameworks are multifaceted and require data from various sources. A multi-methods assessment includes both quantitative (i.e., surveys) and qualitative (i.e., focus groups and interviews) data.

Additionally, it is important to review pre-existing data such as policies, documents, and statistics (i.e., student enrollment data). These provide valuable insight into how an institution has conceptualized and supported diversity. Finally, data should be collected from varying groups and levels within the organization, as well as from as many diverse groups as possible. It is especially important when collecting qualitative data to establish safe, comfortable environments where everyone feels they can share personal experiences and opinions without fear of punishment or judgment. Above all, data regarding diversity and inclusion are sensitive and must remain confidential and anonymous.<sup>13</sup>

This Webcast and guide are intended to be flexible and adaptive, and therefore should be used in accordance with the priorities and resources of the institution. For example, it may be more effective to begin by focusing on a few dimensions or a few data collection strategies rather than engage in the full set described here. Depending on the complexity of the institutional needs and data collection plans, it may be helpful to engage an external consultant or researcher or recruit an internal expert in qualitative or quantitative methodologies. We encourage institutions to pursue the approaches that are most responsive to the needs of the institution.

### Focus Group Data<sup>14,15</sup>

#### *General Guidelines*

Focus groups can be an effective way to gather information about participants' experiences, memories, and ideas. When conducting focus groups on diversity-related topics, it is important to keep a few general guidelines in mind:

- Groups should range from about eight-10 participants. Fewer may reduce idea generation and more may limit individual participation. It may be beneficial to attract 10-12 participants per group since a few might not ultimately attend.
- Meetings should generally be scheduled for 90 minutes depending on the number of questions you hope to include. Shorter meetings may not give sufficient time to explore issues that emerge; however, attention and energy wane over longer periods of time.
- Group composition should be varied so that some groups comprise only racial and ethnic minority group members, for example, and others include both majority and minority group members. Depending on the topic of focus, these groups may also be varied with regard to role (e.g., faculty, staff, student, administrator) and divisional affiliation (e.g., HR, student life, admissions). This will ensure that a range of perspectives is considered.
- Be thoughtful in choosing the focus group facilitator. In general, a person who is not affiliated with the institution may solicit more honest (and less socially desirable) responses. In addition, racial and ethnic minority group members may feel more comfortable discussing diversity-related topics with a facilitator who is also a minority group member than with a majority group member facilitator.
- Give participants time to respond to questions. Facilitators can clarify the meaning of a question but should allow focus group members to respond fully.
- If one focus group member becomes uncomfortable as a result of the discussion, it may be appropriate to remind members to be respectful of each other and/or informally touch base with the focus group member at the conclusion of the meeting.

- Take detailed notes that record the date of the meeting, the number of participants and their backgrounds, and all substantive aspects of the discussion. Often, it is effective to have a second facilitator present to take notes.
- Check with your institutional review board or office of human subjects research to ensure that your procedures are consistent with institutional policies.
- Be sure to discuss confidentiality at the outset of the discussion. This requires that all participants agree to keep everything discussed in the session confidential.
- Follow campus policies should a previous incidence of discrimination or harassment be revealed during the focus group.

### Survey Data<sup>16,17</sup>

#### *General Guidelines*

Surveys can be an efficient, effective way to assess perceptions and experiences of a large number of stakeholders simultaneously. However, care must be taken to ensure that items are interpretable and that survey respondents represent the overall population of interest. A few guidelines to keep in mind:

- All potential participants should have easy access to the survey, which may require using both online and paper and pencil versions of a survey. It also may require modifications for people with disabilities (e.g., an auditory or phone version for a blind participant).
- Ideally, all members of the population of interest would participate in a survey. However, response rates are often low. A few suggestions to improve response rates include sending an advance notification that a survey will be coming, putting a “face” behind the survey by personally introducing it to as many groups as possible, or offering incentives. For example, you might consider a raffle for a desired prize (e.g., one in every 500 participants gets an iPad) in addition to emphasizing the utility of responses in improving the institution as a whole.
- The survey should be brief to ensure high-quality responses. Refrain from overloading participants with too many questions. Prioritize which issues are most important to assess first, or you may decide to send different question sets to different respondents.
- To encourage honest responses, surveys should be kept entirely anonymous and data should not be collected that might allow the identification of a particular individual. For example, you may not be able to ask about gender, race, age, and what department individuals are from if there is only one 30-year-old White woman working in anesthesiology. A rule of thumb is to ensure that all response categories correspond to at least 10 people.
- Check with your institutional review board or office of human subjects research to ensure that your procedures are consistent with institutional policies.

There are many survey instruments available to help institutions further understand their culture and climate. The Diversity Engagement Survey (DES) is one in particular that was developed by the AAMC in collaboration with the University of Massachusetts Medical School (UMMS) and DataStar. This 22-item survey can be administered to students, faculty, and staff, and will allow institutions to develop a meaningful inclusion scorecard that characterizes their progress toward creating an inclusive work environment. Additionally, the DES offers benchmarking capabilities, which may be a good place for institutions to begin assessing their culture and climate. Further information regarding the DES is available at: [www.DiversityEngagementSurvey.info](http://www.DiversityEngagementSurvey.info).

## Interview Data<sup>18,19</sup>

### *General Guidelines*

One-on-one interviews can be an effective method to obtain specific information from highly knowledgeable sources. Interviews typically utilize open-ended questions and can range in formality and standardization depending on the type of information you hope to gain. To develop a complete understanding of the components of a culture of diversity and inclusion, it will be useful to conduct guided (but not highly formal) interviews with key personnel. In particular, we recommend talking with some of the following individuals (or their equivalent at your institution): chief diversity officer, vice president of human resources, institutional general counsel, dean of medical education, dean of admissions, office of outreach/community service, vice president of institutional research and reporting. A few guidelines to keep in mind:

- Choose a meeting location with as few distractions as possible. It may be more convenient to use the interviewees' offices, but recognize that there may be phone or email interruptions, etc.
- The interview must be brief to be respectful of interviewees' busy schedules. This means you may have to prioritize which issues are most important to assess first, or you might decide to ask different questions of multiple interviewees.
- You may need to keep the interview on topic and gently redirect interviewees to your questions if they get off track.
- Explain the purpose and format of the interview, including the expected time and question types.
- To encourage honest responses, interviews should be kept entirely confidential. This means that specific individual respondents should not be identified in any reports or notes. Explain this to your interviewees and allow them to ask questions. Ask for permission to take notes.
- Be as neutral as possible in your questions and reactions to interviewees' responses. Balance this with statements and gestures that encourage interviewees to respond, such as occasional head nods or "uh-huhs," etc.
- Check with your institutional review board or office of human subjects research to ensure that your procedures are consistent with institutional policies.

### **Existing Documents**

One useful strategy for assessing an institution's culture is to examine existing documents that reflect aspects of culture. Careful consideration of documents such as strategic plans, faculty handbooks, and public relations materials provides an opportunity to understand symbolic items that represent the institution as a whole.

#### *Which documents should you gather?*

The specific documents that are relevant to a culture of diversity and inclusion likely vary from institution to institution, but here is an initial list of possible sources:

- Vision statement
- Mission statement
- Strategic plan
- Strategic plan for diversity and inclusion
- Faculty handbook
- Human resources policy manual
- Major institutional Web sites



- Diversity-related institutional Web sites
- Public relations materials
- Curricula guides

*How can you use these documents?*

We recommend that you conduct an informal analysis of the content of these documents. The overarching question driving this review might be: To what extent is a culture of diversity and inclusion reflected on paper? We recommend you read the aforementioned sources and track relevant information (or lack of information) from the lens of diversity and inclusion. Consider each document separately and ask yourself the following questions:

- How is diversity addressed in this document?
- How is inclusion addressed in this document?
- Does diversity explicitly include differences in socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age?
- How would people from different socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age groups likely view this document?

Your observations from this content analysis should point to areas of strength wherein diversity and inclusion are communicated clearly and comprehensively, as well as areas of opportunity for improvement.

### **Existing Data Review**

Data are already available to help you gauge the culture of diversity and inclusion at your institution. Specifically, you should be able to work with individuals in the office of institutional research at your institution and with AAMC staff members to identify data that are already collected that may be relevant to the culture of diversity and inclusion.

*What data might my institution collect?*

To supplement AAMC data, it would be helpful to access additional internal data sources in collaboration with existing offices. First, offices of institutional research and reporting typically track important figures such as academic program reviews, enrollment categories, and faculty profiles. Second, offices of institutional assessment or human resources often gauge stakeholders' experiences through graduating student or staff surveys. We have encouraged you to conduct interviews with leaders from each of these offices with the intention of helping you determine what data are already available at your institution.

If you begin your exploration of institutional culture for diversity and inclusion by carefully interpreting the data that are provided by the AAMC and your institutional offices, you may find that much of the information of interest to you is immediately accessible.

### **Step 3: Synthesis and Analysis**

The Webcast and this guide offer multiple strategies for collecting information about institutional culture for diversity and inclusion including focus groups, interviews, and surveys. The data from each of these sources will be valuable to the extent that your analysis, interpretation, and synthesis point to clear conclusions. We provide general guidance below for extracting conclusions from these data sources, and we encourage you to consult additional resources and work in conjunction with internal or external experts (e.g., statisticians, psychologists) to fully capitalize on your data collection efforts.

### **Interpreting Focus Group Data<sup>14,15</sup>**

An effective way to analyze and interpret focus group data is through thematic coding. This is a process that involves using notes and/or transcripts to reflect the major themes that emerged in discussions. Ideally, more than one person who does not have a vested interest in the outcome of the culture assessment would reflect on each focus group independently and make note of the predominant topics that emerged. These coders would compare their independent reflections and identify common, central dimensions or issues. This process could occur after each focus group so that the initial findings can shape future discussions and coding processes. The final product of these analyses would be a list of major themes common across discussion groups that identify challenges and opportunities related to diversity and inclusion. It might also be helpful to record direct (anonymous) quotes that help make the themes more tangible.

### **Interpreting Interview Data<sup>18,19</sup>**

Interview data serve two primary purposes. The first is to gather specific pieces of information of which particular individuals may have best access. For example, ask the institution's general counsel to describe institutional legal processes and procedures. This type of data can simply be recorded. The second purpose is to gain insight into the ways in which key personnel view the institutional culture for diversity and inclusion. These components of the interview data should be subject to thematic coding in much the same way as the focus group data. Coders should identify common themes across interview subjects and record quotes that exemplify these ideas. The final outcome of interview data can be a record of informational responses, a list of major themes, and (anonymous) quotes that substantiate these ideas.

### **Interpreting Survey Data<sup>16,17</sup>**

Unlike the qualitative data from focus groups and interviews, the data collected from surveys are more directly quantifiable. You likely would begin by describing the overall sample: How did people from your institution generally rate the inclusiveness of the institution? Descriptive statistics such as frequencies, means, and standard deviations may be useful in addressing these questions. Next, analysis of these data likely will focus on average levels of responses across different demographic groups. For example, you might want to know whether male or female faculty feel more included at the institution. To find the answer, you first need to calculate each participant's feelings of inclusion across the multiple items that assess inclusion. You then need to compare the average inclusive feelings of female faculty and the average inclusive feelings of male faculty using inferential statistics. Similar analyses would address the overarching questions regarding the institutional experiences and perceptions of diverse faculty, staff, students, and administrators.

### **Synthesizing Across Data Sources**

Though each data collection strategy requires its own interpretational approach, it also is important to step back and look at the overall picture. You will want to know whether the results from the surveys are generally consistent (or not) with the results from your focus groups and interviews. Are people emphasizing similar issues in each setting? If so, what are these common issues? If not, how and why are their responses different? The strongest conclusions—and the issues that are likely to be your priorities moving forward—are typically derived from consistent patterns across data collection strategies.

### Step 4: Leverage Findings

The results of your assessment of the culture of diversity and inclusion at your institution can offer an opportunity to build positive momentum and change where necessary. To leverage the findings, you will need to prioritize actionable items, share relevant findings with internal stakeholders (such as administrators, faculty, professional staff/nonfaculty, and students), and share relevant information with external stakeholders (such as community members and the media).

Prior to sharing the results of your diversity and inclusion assessment with your institutional community, you may wish to consider how you will engage faculty, students, professional staff/non-faculty, and administrators. How will the initial information be shared? Who will prioritize the findings and how? Who will decide if changes should be pursued, and how will that be communicated to the school community? The International Association for Public Participation offered the following framework for determining how information should be communicated:

Questions to consider	INFORM	CONSULT	COLLABORATE	CO-CREATE	DELEGATE
<b>How is initial information shared?</b>	The results will be posted on school intranet.	We will host a town hall meeting to hear thoughts and insights.	We will have small group meetings to inform our approach to specific issues that have been identified.	The results will be posted on the school intranet, and we will host a town hall meeting to hear your thoughts and insights.	The results will be posted on the school intranet, and we will host a town hall meeting to hear your thoughts and insights.
<b>Who will prioritize the findings and how?</b>	We will share information on how findings will be prioritized.	We will seek feedback on priority-setting and will share information on how findings will be prioritized.	Feedback from town hall and small group discussions will be directly reflected in priority-setting and decision-making.	We will have small group meetings for each major finding area to make recommendations on how to prioritize and approach specific issues that have been identified.	We will have small group meetings for each major finding area and those small groups will decide how to prioritize and approach specific issues that have been identified.
<b>Who will decide what changes to pursue and how will that be communicated?</b>	We will share information on the decision making process.	Feedback will inform decision-making.		We will incorporate those recommendations into priority setting and decision-making to the maximum extent possible.	

Adapted by IAP2: International Association for Public Participation 2007.

## References

1. Nivet MA. Diversity 3.0: a necessary systems upgrade. *Acad Med*. 2011;86:1487-1489.
2. Pugh SD, Dietz J, Brief AP, Wiley JW. Looking inside and out: the impact of employee and community demographic composition on organizational diversity climate. *J Appl Psychol*. 2008;93(6):1422-1428.
3. Castillo-Page L. Introduction: the benefits of diversity in medical education. In: AAMC, ed. *Minorities in Medical Education: Facts & Figures 2005*. Washington, D.C.: AAMC; 2005:9.
4. Mor Barak ME, Cherin DA, Berkman S. Organizational and personal dimensions in diversity climate. *J Appl Behav Sci*. 1998;34:82-104.
5. Chen XP, Liu D, Portnoy R. A multilevel investigation of motivational cultural intelligence, organizational diversity climate, and cultural sales: evidence from U.S. real estate firms. *J Appl Psychol*. 2012;97:93-106.
6. Bowman NA, Brandenberger JW, Hill PL, Lapsley, DK. The long-term effects of college diversity experiences: well-being and social concerns 13 years after graduation. *J Coll Student Dev*. 2011;52(6):729-739.
7. Milem JF. The educational benefits of diversity: evidence from multiple sectors. In: Chang DW, J. Jones, K. Hakuta, eds. *Compelling Interest: Examining the Evidence on Racial Dynamics in Higher Education*. Stanford, Calif.: Stanford University Press; 2003.
8. Hurtado S. Linking diversity with the educational and civic missions of higher education. *Rev High Educ*. 2006;30(2):185-196.
9. Erickson T. New leadership—diversity executive. Available at: <http://diversity-executive.com/articles/view/new-leadership/1>. Published July 11, 2007. Accessed March 1, 2012.
10. McKay PF, Avery DR, Morris MA. A tale of two climates: diversity climate from subordinates' and managers' perspectives and their role in store unit sales performance. *Pers Psychol*. 2009;62(4):767-791.
11. Page SE. *The Difference: How The Power Of Diversity Creates Better Groups, Firms, Schools, and Societies*. Princeton, N.J.: Princeton University Press; 2007.
12. Petersen MW, Spencer MG. Understanding academic culture and climate. *New Dir Inst Res*. 1990;68:3-18.
13. Castillo-Page L, Milem J, O'Brien C, Schoolcraft S. Campus climate in the medical school setting: What we don't know may hurt us. *Acad Med*. 2012;87(10):1313.
14. Kruger RA, Casey MA. *Focus Groups: A Practical Guide for Applied Research*. 3rd ed. Thousand Oaks, Calif.: Sage Publications; 2000.
15. Bystedt J, Lynn S, Potts D. *Moderating to the Max: A Full-tilt Guide to Creative, Insightful Focus Groups and Depth Interviews*. Ithaca, N.Y.: Paramount Market Publishing; 2010.
16. Fink A. *How to Conduct Surveys: A Step-by-Step Guide*. Thousand Oaks, Calif.: Sage Publications; 2008.
17. Nardi PM. *Doing Survey Research*. 2nd ed. Boston, Mass.: Allyn & Bacon; 2005.
18. Seidman I. *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York, N.Y.: Teachers College Press; 2005.
19. Kvale S. *Interviews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, Calif.: Sage Publications; 1996.

## Appendix A: Culture and Climate Assessment Workgroup

### Culture and Climate Assessment Workgroup (External Contributors)

**Derek Avery, Ph.D.**

Associate Professor  
Fox School of Business  
Temple University

**Cynthia Boyd, M.D., M.B.A.**

Assistant Dean of Admissions & Recruitment  
Rush Medical College of  
Rush University

**Mitchell J. Chang, Ph.D.**

Professor, Higher Education and  
Organizational Change  
University of California, Los Angeles

**Lisa Greenhill, M.P.A.**

Associate Executive Director for Diversity  
Association of American Veterinary Medical Colleges

**Lee Jones, M.D.**

Associate Dean for Student Affairs  
Director of Academic Services  
University of California, Davis School of Medicine

**Greer Jordan, Ph.D.**

Associate Vice Chancellor, Human  
Resources Diversity & Inclusion  
University of Massachusetts Medical School

**Eden King, Ph.D.**

Associate Professor  
Department of Psychology  
George Mason University

**Jeffrey F. Milem, Ph.D.**

McFarland Distinguished Professor  
Center for the Study of Higher Education  
University of Arizona College of Medicine

**Jonathan Mohr, Ph.D.**

Assistant Professor  
Counseling Psychology  
University of Maryland, College Park

**Elizabeth M. Ozer, M.D.**

Professor of Pediatrics  
University of California, San Francisco, School of Medicine

**Darryl D. Pendleton, D.M.D.**

Associate Dean for Student and Diversity Affairs  
University of Illinois, Chicago

**Somnatha Saha, M.D., M.P.H.**

Associate Professor of Medicine, Public Health & Preventative Medicine, and Medical Informatics & Epidemiology  
Oregon Health & Science University

**Maria Soto-Greene, M.D.**

Vice Dean and Professor of Medicine  
University of Medicine and Dentistry of New Jersey  
New Jersey Medical School

**Culture and Climate Assessment Workgroup (AAMC Contributors)**

**Laura Castillo-Page, Ph.D.**

Senior Director, Diversity Policy and Programs

**Sarah Conrad, M.S.**

Senior Research Analyst, Diversity Policy and Programs

**Dana Dunleavy, Ph.D.**

Manager, Admissions Research

**Marc Nivet, Ed.D.**

Chief Diversity Officer

**Henry Sondheimer, M.D.**

Senior Director, Admissions

**Geoffrey Young, Ph.D.**

Senior Director, Student Affairs and Student Programs

## Appendix B: Webcast Contributor Bios



### **DAVID ACOSTA, M.D.**

David Acosta, M.D. is the Chief Diversity Officer for the University of Washington School of Medicine (UWSOM), and Director of the Center for Equity, Diversity and Inclusion. He served as Associate Dean for Multicultural Affairs for 8 years at UWSOM. He is a Clinical Professor in the Department of Family Medicine, and has been Board-Certified by the American Academy of Family Physicians for 30 years. He completed his medical school training at the University of California, Irvine College of Medicine in 1979, and completed his residency in 1982 in Family Medicine at the Community Hospital of Sonoma County (an affiliate of the University of California, San Francisco) where he served as Chief Resident. After residency, he developed and practiced in a rural community health center, Northeastern Rural Health Clinics, in Susanville, CA for 8 years where he provided care for a large underserved, rural and migrant farmworker population.

Under his leadership, the UW School of Medicine developed a new Center for Cultural Proficiency in Medical Education (CC-PriME), the School's cross-cultural resource center, where he serves as Director. He is the Director of the new Hispanic Health Pathway that was developed to provide focused training and preparation for medical students interested in providing future culturally-responsive care to Hispanic communities. He has been certified as a diversity trainer by the National Multicultural Institute, and has taught a number of cultural competency/diversity workshops for medical students, residents, faculty and staff.

Dr. Acosta plays an active role in admissions at the UWSOM and is responsible for enhancing diversity within the educational environment. In 2009, Dr. Acosta received the prestigious Washington State Association for Multicultural Education Excellence Award for his innovation and diversity work at the School of Medicine. He serves as the National Chair for the AAMC Group on Diversity and Inclusion. He most recently served as a member on the AAMC Holistic Review Project Advisory Committee and the AAMC MR5 Advisory Committee.



### **DEREK R. AVERY, Ph.D.**

Dr. Derek R. Avery is an associate professor of human resources management in the Fox School of Business at Temple University. He received his Ph.D. from Rice University in industrial and organizational psychology. He previously served on the faculty at the University of Houston, Rutgers, and St. Joseph's University. His research examines diversity in the workplace and employee voice. He has appeared in various publications such as the *Journal of Applied Psychology*, *Personnel Psychology*, and *Organization Science*, and has received awards from the Academy of Management, among others. Much of his recent work focuses on identifying the outcomes associated with diversity climate in the workplace, showing linkages to absenteeism, turnover, individual productivity, customer satisfaction, and unit-level performance.



### **EDEN KING, Ph.D.**

Dr. Eden King joined the faculty of the Industrial-Organizational Psychology program at George Mason University after earning her Ph.D. from Rice University in 2006. King is pursuing a program of research that seeks to guide the equitable and effective management of diverse organizations. Her research integrates organizational and social psychological theories in conceptualizing social stigma and the work-life interface. The research addresses three primary themes: current manifestations of discrimination and barriers to work-life balance in organizations, consequences of such challenges for its targets and their workplaces, and individual and organizational strategies for reducing discrimination and increasing support for families. In addition to her academic positions, King has consulted on applied projects related to climate initiatives, selection systems, and diversity training programs, and has worked as a trial consultant. She is currently on the editorial board of the *Academy of Management Journal* and the *Journal of Applied Psychology* and is an associate editor of the *Journal of Management* and the *Journal of Business and Psychology*.



**JEFFREY F. MILEM, M.Ed, Ph.D.**

Dr. Jeffrey F. Milem is the Ernest W. McFarland Distinguished Professor in leadership for education policy and reform in the College of Education at the University of Arizona. He is a professor in the center for the study of higher education and head of the department of educational policy studies and practice. Previously, he served as associate dean for academic affairs at the college. Milem has also held a courtesy appointment in the department of medicine at the University of Arizona. He is past president of the Association for the Study of Higher Education—the major professional research organization for scholars of higher education. Before coming to the University of Arizona, Milem was a faculty member at the University of Maryland and Vanderbilt University. He earned his B.A. in political science from Michigan State University, his M.Ed. from the University of Vermont, and his Ph.D. from UCLA.

Milem's research focuses on racial dynamics in higher education, the educational outcomes of diversity, the impact of college on students, and the condition and status of the professorate—including the ways in which faculty effectively utilize diversity in their classroom teaching.



**DEBORAH PLUMMER, Ph.D.**

Dr. Deborah Plummer is a nationally recognized psychologist and diversity solutions thought leader. Plummer is vice chancellor of human resources, diversity and inclusion at the University of Massachusetts Medical School (UMMS), and is professor in the departments of psychiatry, quantitative health sciences, and the graduate school of nursing. As UMMS's chief human resource officer, she is responsible for establishing the vision, providing leadership, strategic direction, and execution of the people strategy. As UMMS's chief diversity officer, Plummer shapes and leads the medical school's embrace of diversity as fundamental to institutional excellence. As consultant and founder of D.L. Plummer & Associates, a firm specializing in diversity management and organizational development, Plummer consulted for more than seventy international and national corporations, including Fortune 500 companies, community mental health agencies, public and private school systems, and faith-based institutions. She has held past roles as a hospital system chief diversity officer, university psychology professor, founding director of a graduate degree program in diversity management, and a staff psychologist.

As a licensed psychologist, she maintained a private practice for twenty years treating individuals, couples, and families, while serving a term, by gubernatorial appointment, on the state of Ohio Board of Psychology.

Plummer is the editor of the *Handbook of Diversity Management* (University Press of America) and author of *Racing Across the Lines: Changing Race Relations through Friendships* (Pilgrim Press), which received the Mayflower Award for best publication in the category of church and society. In addition, she has authored several book chapters and published numerous journal articles for the professional community on racial identity development and managing diverse work environments. She is the lead author in the design and development of the Diversity Engagement Survey (DES), a tool for measuring diversity in academic medicine. In her leisure time, she is an avid blogger and contributing writer for the Huffington Post, an American news Web site, content aggregator, and blog.



## Appendix C: Additional Resources

1. Antonio AL, Chang MJ, Hakuta K, Kenny D, Levin S, Milem JF. Effects of racial diversity on complex thinking in college students. *Psychol Sci.* 2004;15:507-510.
2. Butts GC, Johnson J, Strelnick AH, Soto-Greene ML, Williams B, Lee-Rey E. Diversity in academic medicine no. 4 Northeast Consortium: innovation in minority faculty development. *Mt Sinai J Med.* 2008;75:517-522.
3. Chang MJ, Witt D, Jones J, Hakuta K (Eds.). *Compelling Interest: Examining the Evidence on Racial Dynamics in Colleges and Universities.* Stanford, Calif.: Stanford University Press; 2003.
4. Committee on Institutional and Policy-level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce.
5. Cox T. *Creating the Multicultural Organization: A Strategy For Capturing The Power Of Diversity.* San Francisco, Calif.: Jossey-Bass; 2001.
6. Greenhill LM. *DiVersity Matters: A Review of the Diversity Initiative of the Association of American Veterinary Medical Colleges.* *J Vet Med Edu.* 2009;36(4):359-362.
7. Harter JK, Schmidt FL, Keyes CL. Well-being in the workplace and its relationship to business outcomes: a review of the Gallup studies. *Flourishing: Positive psychology and the life well-lived.* 2003:205-224.
8. Hurtado S, Griffin KA, Arellano L, Cuellar M. Assessing the Value of Climate Assessments: Progress and Future Directions. *J Div High Ed.* 2008;1(4):204-221.
9. Hurtado S, Milem J, Clayton-Pederson AR, Allen WR. Enhancing Campus Climates for Racial/Ethnic Diversity: Educational Policy and Practice. *Rev High Educ.* 1998;21(3):279-302.
10. Jongbloed B, Jürgen E, Salerno S. Higher education and its communities: interconnections, interdependencies, and a research agenda. *High Educ.* 2008;56:304-324.
11. Loden M, Rosener J. *Workforce America!: Managing Employee Diversity As A Vital Resource.* Homewood, Ill.: Business One Irwin; 1991.
12. McKay PF, Avery DR, Tonidandel S, Morris MA, Hernandez M, Hebl MR. Racial differences in employee retention: are diversity climate perceptions the key? *Pers Psychol.* 2007;60:35-62.
13. McKay PF, Avery D, Morris M. Racial-ethnic differences in employee sales performance: The role of diversity climate. *Pers Psychol.* 2008;61:348-374.
14. McKay PF, Avery DR, Morris MA. A Tale of Two Climates: Diversity Climate from Subordinates' and Managers' Perspectives and Their Role in Store Unit Sales Performance. *Pers Psychol.* 2008;62:767-791.
15. Pendleton DD, Graham BS. The Role of the Dental School Environment in Promoting Greater Student Diversity. *J Dent Educ.* 2010;74(10):S98-S109.
16. Price EG, Gozu A, Kern DE, Powe NR, Wand GS, Golden S, Cooper LA. The role of cultural diversity climate in attractment, promotion, and retention of faculty in academic medicine. *J Gen Int Med.* 2005;20(7):565-571.
17. Plummer D, Jordan CG. Going Plaid: Integrating Diversity into Business Strategy, Structure and Systems. *OD Pract.* 2007;39(2):35-40.

## Appendix C: Additional Resources (con't)

18. Rankin SR. Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective. The Policy Institute of the National Gay and Lesbian Task Force Report. <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>. Published April 30, 2003.
19. Saha S, Guiton G, Wimmers PF, Wilkerson L. Student body racial and ethnic composition and diversity-related outcomes in US medical schools. *JAMA*. 2008;300(10):1135-1145.
20. Smith D, Parker S, Clayton-Pedersen A, Moreno J, Teraguchi DH. Building Capacity: A Study of the Impact of The James Irvine Foundation Campus Diversity Initiative. 2008. Retrieved from: [http://irvine.org/evaluation/program-evaluations/campus\\_diversity\\_initiative](http://irvine.org/evaluation/program-evaluations/campus_diversity_initiative).
21. Smith DG. *Diversity's Promise For Higher Education: Making It Work*. Baltimore, Md.: Johns Hopkins University Press; 2009.
22. Soto-Greene ML, Sanchez J, Churrango J, Salas-Lopez D. Latino Faculty Development in U.S. Medical Schools: A Hispanic Center of Excellence Perspective. *J Hispanic High Educ*. 2005;4(4):366-376.
23. Thomas RR. *Redefining Diversity*. New York, N.Y.: AMACOM; 1996.
24. Thomas RR. *Building on the Promise of Diversity*. New York, N.Y.: AMACOM; 2006.
25. Whitla DK, Orfield G, Silen W, Teperow C, Howard C, Reede J. Educational benefits of diversity in medical school: a survey of medical students. *Acad Med*. 2003;78(5):460-466.



**Association of  
American Medical Colleges**

2450 N Street, N.W., Washington, D.C. 20037-1127

**T** 202 828 0400 **F** 202 828 1125

[www.aamc.org](http://www.aamc.org)