CHARTING THE PATH TOWARDS INCLUSIVE EXCELLENCE

School of Medicine Diversity Report

September 2012
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Diversity & Inclusion
Alignment: Mission, Vision & Values

We pride ourselves on being a world-class medical school that educates a widely diverse student body. Our graduates will be tomorrow’s clinicians, researchers and leaders, providing exceptional care to patients and families across an increasingly broad spectrum of diversity. We strive to become an even stronger and more inclusive community, learning and growing together as we discover the power that a diversity of backgrounds, life experiences and perspectives can have in stimulating new ideas, breakthrough science and excellence.

As an academic medical center, it is our responsibility to train and mentor future clinicians and scientists who understand and appreciate diversity. We live in an aging and diverse nation where inequities limit healthcare access and lead to disproportionately poor health outcomes. Addressing health disparities, improving community health, and leading efforts to eliminate health inequalities are essential to Duke Medicine’s mission.

We believe that diversity and inclusion are key drivers of institutional excellence that can accelerate our ability to innovate and solve complex problems. It is important to reframe diversity as a resource to be leveraged versus a problem to be managed. To do this, we must strive to weave diversity and inclusion into the “DNA” of the School’s culture.

Alignment With Mission, Vision & Values:
In response to President Brodhead’s directive, this report aims to provide an overview of our current thinking and strategic direction for diversity and inclusion in the School of Medicine as well as reflect on a sampling of efforts and accomplishments upon which we plan to build. We have identified the following levers that in accordance with research and best practices, we believe are necessary to strategically weave Diversity and Inclusion (D&I) more deliberately and intentionally into the School of Medicine’s culture. The report is organized around these key levers:

- Creating Infrastructure
- Leadership Engagement & Accountability
- Fostering An Inclusive Climate
- Recruitment & Talent Acquisition: “Casting A Wide Net”
- Pipeline: “Priming The Pump”
- A Snapshot of Our Demographic Profile
- Creating Inclusive Academic Learning & Research Environments
- Advancing Health Equity

Creating Infrastructure

1. The Office of Diversity & Inclusion

   In December of 2010, Dean Nancy Andrews convened an advisory committee to explore creating a formal leadership role for furthering the commitment to diversity in the School of Medicine for all faculty, learners and staff. The committee represented a diverse cross section of SOM constituents. They recommended and co-created the position profile for a Chief Diversity Officer (CDO) and contributed to all aspects of the search process with the goal of formalizing strategic diversity and inclusion efforts across the school.

   Judy Seidenstein was named the School of Medicine’s first Chief Diversity Officer (CDO) in August 2011. She is a member of the Dean’s Senior Leadership Team, demonstrating the commitment to diversity at the highest level. Her work intersects with all areas of the institution including admissions, human resources, faculty recruitment and retention, professional development, marketing and communications, academic leadership and institutional advancement. In this inaugural role, Judy established the Office of Diversity & Inclusion (ODI).
ODI Goals

- Development and implementation of strategies to foster a culture of inclusion in which highly qualified students, faculty and staff from diverse talent pools experience a genuine sense of belonging, engagement and achievement.

- Development and management of a comprehensive strategy providing leadership, guidance and support across the school to conceptualize, define, assess and nurture the climate required for diversity, inclusion and excellence to thrive.

- Address both broad and specific issues of faculty, staff and student diversity and work closely with department chairs, institute/center directors and senior administration to develop robust school-wide and departmental diversity strategic plans to help position diversity and inclusion as core to the school’s missions of education, research and patient care.

Promoting Diversity and Inclusion:

A fundamental goal of The Office of Diversity and Inclusion is to help to foster a climate where all members of our faculty, students and staff experience a true/unprecedented sense of belonging, feel that they matter, can thrive and contribute their best work. Working and learning in environments where people experience these qualities helps us attract and retain a diverse cadre of outstanding talent who are fully engaged and positively impact how we teach, work, learn and serve in an increasingly diverse world.

II. Multicultural Resource Center (MRC)

The School of Medicine Multicultural Resource Center (MRC) coordinates a variety of programs to help the School of Medicine provide a culturally competent medical education for its students, house-staff and faculty. The Center reports through The Office of Diversity and Inclusion and is co-directed by Maureen Cullins and Dr. Del Wigfall Associate Dean for Medical Education. They partner on many collaborative efforts with the Chief Diversity Officer.

The MRC remains a mainstay of cultural consciousness to enhance climate and communication. The MRC also continues to facilitate and sponsor ongoing education as well as participate in strategic efforts nationally with the aims of positively impacting the climate for diversity and inclusion at Duke and beyond.
III. **The Office of Biomedical Graduate Diversity (OBDG)**

The Office of Biomedical Graduate Diversity was created to bring talented underrepresented minority (URM) graduate students to Duke and to enrich their experiences over the course of their doctoral studies.

OBDG hosts a series of programs including professional development opportunities, academic enrichment groups, mentoring programs and social activities. The office focuses extensively on maintaining a climate of inclusiveness and contributing to the diversity of the scientific community in the School of Medicine.

![Graph showing % Underrepresented Minority Matriculants](image)

Within two years of establishing this office, the matriculation rate of URM students increased from 8.3% to 18.9%, which far exceeds the NIH benchmark of 12-13%. This success has led departments and programs outside of the School of Medicine to seek participation in OBDG programming and we welcome their involvement.

Led by Dr. Sherilynn Black, the primary focus of this office is to create a sense of inclusion and community among the minority scientific community, and to more effectively recruit and retain underrepresented minority students. This effort consists of multiple components, all of which focus on investing in relationships and creating communities to foster a sense of belonging and minimize the experience of isolation. These included:
Specific outreach to form partnerships with undergraduate institutions with large minority enrollment which have a reputation for excellent scientific preparation for students going to graduate school and which have a track record of sending URM students to biomedical PhD programs;

Special coordinated recruitment events for all biomedical graduate programs during recruitment weekends that focus on URM students;

Academic enhancement and professional development programs focused on topics such as preliminary qualifying exams, dissertation preparation, engagement in the scientific community, peer mentoring, and presentations kills. Some of these workshops are open to majority students;

Network and community building with intensive retreats, social events and faculty dinners focusing on mentor/mentee relationships and;

An open-door that has, through coaching and mentoring, created a sense of community and significantly reduced the sense of isolation felt by URM students who may be the only or only one of a few URM students in a department.

IV. Collaboration & Alignment

Bi-monthly and quarterly alignment meetings are conducted with leaders of the Multicultural Resource Center (MRC), Admissions, and Biomedical Graduate Diversity Programs. Cross group learning has been accomplished and will continue via the establishment of a D&I Think Tank Group made up of all constituents with diversity as part of their formal responsibility (B. Armstrong, S. Black, D. Chikaraishi, S. Coward, M. Cullins, K. Evans, K. Kreuzer, L. Svetkey, D. Wigfall) with the goals of learning about the various D&I efforts across the school, sharing best practices, and enhancing cohesion and alignment.

Leadership Engagement & Accountability

I. Diversity Strategic Planning Sessions

To build leadership accountability and influence active forward movement, all Department Chairs and Institute/Center Directors are expected to develop a Diversity Strategic Plan (DSP) which will be part of their formal FY2013 success metrics and upon which they will be reviewed.

The strategic planning process begins with a meeting between the Chair and the Chief Diversity Officer to initiate “big picture” thinking and a discussion about the relevance of diversity and inclusion to the department’s current opportunities and challenges.
These stakeholder meetings are ongoing, with approximately 75% of Chairs having completed initial one on one discussion sessions.

Chairs are provided a discussion guide (see appendix 1) prior to their consultation session to help stimulate thinking broadly about diversity – beyond the usual “counting of heads” in order to develop a robust and meaningful framework for developing their diversity strategic plan. They are also provided a copy of their department’s summary of responses from the AAMC Diversity and Engagement Benchmarking Climate Survey (covered in depth in next section) as well as a snapshot of their current demographic profile and any relevant data from the most recent faculty diversity survey.

As a build on to this initiative, we are currently developing an interactive process to engage Chairs and other SOM senior leaders in collective learning sessions to communicate, further analyze, and leverage both the quantitative and qualitative data from the AAMC Diversity & Engagement Benchmarking Climate survey in support of shared diversity and inclusion goals and priorities.

ODI Will Partner with Chairs to Identify a Desired Future State and Measurable Goals

- Where are we now?
  - Organizationally
  - Individually
- Where do we want to be?
  - Organizationally
  - Individually
- By when?
- What’s the gap?
- Create an action plan to close the gap
- Incorporate quantitative and qualitative measures
II. **Senior Leadership Development Process**

In “healthy” organizations, diversity and inclusion start at the top. In comparing best practices for infusing diversity into the culture of academic medicine, leadership commitment and engagement are consistently identified as critical components of an effective diversity strategic plan. Creating a climate where diversity is not only valued but truly lived on a day-to-day basis takes patience, commitment and a willingness on the part of senior leaders to engage in self-reflection, as well as open, honest, and vulnerable dialogue that challenges them individually and as a collective to discuss the “undiscussables” and ultimately move from talk to concrete actions to effectively lead a culture of inclusion.

To align with this, a Diversity & Inclusion Leadership Retreat for The Dean and her senior leadership team is being planned for early 2013 to bring specific focus to three critical leadership domains required to lead and model a climate of inclusion: 1) intrapersonal, 2) interpersonal, and 3) institutional.

During this retreat, strategies for ongoing development and diversity dialogue for the senior leadership team will be addressed to ensure that just as with any significant transformational change, this would not be an overnight “event” but a continuous process.

As the work is lived and practiced by senior leadership, others in the organization better understand that diversity and inclusion are not extras to add to their slate of responsibilities, but are part and parcel of a robust and effective business strategy.

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**Fostering an Inclusive Climate**

I. **Climate Matters...**

Culture and climate have been identified as the top priority and primary charge for the Chief Diversity Officer. Research suggests that diversity in organizations has an advantage if the conditions are right. How can we know if the right conditions exist? How inclusive is the climate? How engaged are people? Who and what informs our perspective?

Significant effort has been invested in sensing and assessing the inclusiveness of the organizational climate across the School of Medicine as measured by different organizational stakeholders.

At the end of 2011, we participated in the AAMC/UMMS Diversity and Engagement National Benchmarking Survey designed to measure the inclusiveness of the academic medical environment and associated levels of engagement.
The survey was designed and based on the theory that an engaged workforce is the foundation upon which an inclusive work environment can be built. Diverse groups of engaged employees are a powerful force. They generate more ideas, make more positive changes and help advance great institutions. To achieve these kinds of remarkable results, an inclusive organization must be created.\(^1\)

The on-line survey (enclosed as Appendix 2) included 25 items that were linked to one of 8 Inclusion Factors illustrated below and defined in Appendix 3.

![Inclusion Factors Diagram](image)

The survey also included an optional in depth demographic section which enables the data to be cut by a variety of different identity factors. Cutting the data by demographics to reflect any patterns or trends is essential in that the survey was developed to capture the essence of the relationship between the institution and the individual (rather than capturing the individual’s perception about how they and other members who share their group identity are treated.)

Among the group of 15 institutions participating in the benchmarking survey, we had the highest number of participants who completed the survey with a total of 2308 respondents.

Survey results will provide valuable data to help better understand similarities and differences in perceptions of inclusion and experiences of engagement across the SOM and can help us to identify areas of strength as well as opportunities for improvement. Our plan is to analyze, communicate and use this data to inform and help shape school and departmental diversity strategic plans as we work toward fostering a culture of inclusion, excellence and innovation. We will be holding a series of “hands on” interactive sessions early in 2013 to help leaders work with both the quantitative and qualitative data. (Appendix 4 contains a list of preliminary themes from the qualitative data).

Supplemental “Listening” Sessions, Focus Groups and Qualitative Assessment with constituent groups (e.g. LGBT, URM, Women, etc.) will be undertaken as needed to provide deeper levels of understanding about identity group perceptions in order to identify and implement best practices for fostering an inclusive climate, culture and community across the SOM.

II. Women and Inclusion in Academic Medicine
In addition to the AAMC/UMMS survey, Duke also participated in a multi-year study led by Dr. Joan Reede at Harvard Medical School in partnership with 13 medical schools. The study is aimed at clarifying the characteristics and interrelationships of institutional, individual and sociocultural factors that influence the entry, progression, persistence, and advancement of women of color in academic medicine.

Under the leadership of Maureen Cullins and Dr. Delbert Wigfall, Duke was in the first cohort of institutions to launch the survey in March 2012 and accomplished a 40% response rate. Our intention is to use the data soon to be released from this study as another lens with which to better understand perceptions and experiences of Duke’s women of color and to compare and contrast these with related findings from the AAMC/UMMS benchmarking survey to inform goals, priorities and strategic direction. We anticipate that the study results will assist in providing new insights for the development of proactive coaching and mentoring strategies as well as professional development and networking opportunities that may translate to other non-majority group stakeholders.

III. Diversity & Inclusion Council
In early 2013 we will engage a diverse cross section of SOM faculty, staff and learners to serve as members of a Diversity and Inclusion Council. The Council will serve as an advisory think tank and will provide input on goals and priorities as well as perspectives on current challenges and opportunities for fostering an inclusive climate across The
SOM. An ancillary purpose of the Diversity & Inclusion Council is to educate and raise awareness among Council members themselves, so they may act as change agents and role model inclusive behaviors within their own work environment.

Members of constituency groups including but not limited to the School of Medicine’s GSA (Gay/Straight Alliance), SNMA (Student National Medical Association), LMSA (Latino Medical Student Association) and LGBTQ Inclusion Committee will interact with the Council and provide key identity group perspectives to forward the inclusion vision.

Recruitment & Talent Acquisition: “Casting a Wide Net”

Inherent in our mission to educate a class of clinicians and scientists who are fully engaged and equipped to serve an increasingly diverse society, we seek to attract and retain the very best people. That can only be accomplished by appealing to a diverse pool of applicants who feel welcome once they are here. We are striving to develop a comfortable and inclusive culture that attracts and retains outstanding faculty, students and staff from a large and diverse talent pool. Attracting highly talented diverse talent helps us to build a more representative academic community by getting our “unfair share” of potentially small talent pools.

I. Strategic Search Efforts

To ensure that we are casting the widest net to attract highly talented diverse candidates, an expectation has been created across the school to ensure that the Chief Diversity Officer (CDO) is engaged in the process for all senior level searches. The CDO partners with the Search Committee Chair to establish guidelines for leadership searches which will require review of candidate search lists by either the Chair or Senior Administration. The CDO attends one of the first search meetings with the goals of:

- Generating discussion on strategies for creating a broad and inclusive search
- Providing education, consultation and resources on best practice strategies for identifying, recruiting and hiring qualified diverse talent from underrepresented groups
- Review patterns/trends with respect to diversity in applicant pools, selection and hiring process (with data analysis support from The Office For Institutional Equity)
- Raising awareness of the existence of unconscious bias and strategies to reduce its impact on the search process.
Have you ever wondered why this keeps happening?

Currently the CDO collaborates with Chairs to encourage communication of an expectation for all committee members to take the AAMC's 30 minute online E-Learning Seminar: *What You Don’t Know: The Science of Unconscious Bias and What to Do About it in the Search and Recruitment Process* [https://www.aamc.org/unconsciousbias](https://www.aamc.org/unconsciousbias). It is anticipated that additional educational approaches and materials may be incorporated over time as formal expectations for anyone serving on a search committee.

II. **SOM Business Managers**

The Executive Vice Dean of Administration has identified a specific need to grow the diversity of the SOM Business Managers. Proactive efforts have been initiated by the CDO and Vice Dean of Finance & Resource Planning to ensure that we can identify and recruit qualified diverse talent when the next opportunity to hire arises. We have had exploratory conversations with a search firm that focuses on finding diverse talent with expertise in the context of health systems and academic medicine. We are anticipating receipt of their proposal and will evaluate the feasibility of partnering with them to address our goal of increasing the diversity of this key SOM group.

We are also in the early stages of developing a Fellowship Program to help cultivate internal diverse talent as a supplementary strategy for bringing more diversity to the current team of Business Managers.
Pipeline: Priming the Pump

Pipeline programs are by their very nature investments in the future. We believe in these investments and continue to make them to demonstrate our commitment to diversity and inclusion at Duke and beyond. Short-term research opportunities for URM and women trainees at all levels, K-12 programs to create contagious enthusiasm in science and medicine, building collaborative relationships with URM serving institutions and seeking grant opportunities that aim to increase diversity in biomedical fields are examples of how we have been successful in creating pipeline programs that enrich the applicant pool for medical school, residency and fellowship training, and faculty positions.

I. Residents

Many medical students explore residency programs by participating in clerkships at their schools of choice. If one assumes that the resident pool is representative of the pool from which fellows and faculty are mentored and recruited, then a strategic investment in diversifying the pool of residents holds the potential to positively impact the diversity of our fellows and faculty. Our new 4th Year Medical Students Visiting Clinical Scholars Program for underrepresented minorities and socioeconomically disadvantaged students is an important step forward in this direction.

The Department of Medicine’s Minority Recruitment and Retention Committee provides a model of vertical integration which has actively sought mechanisms to address obstacles to increasing the diversity of our health providers by engaging students locally here at Duke as well as serving as point of contact for students across the nation.

71% of the students who participated in the previous sponsored visiting medical student elective matched in the internal medicine residency program and 40% of these individuals have gone on to match in fellowship positions within the Department of Medicine. Given this success, we used this model and have created the Visiting Clinical Scholars Program which is currently being piloted in Pediatrics, Surgery, Obstetrics & Gynecology, and Ophthalmology with the intention to expand the program next year.
II. Medical Students

Reauthorized Summer Medical and Dental Education Program (SMDEP) grant from the Robert Wood Johnson Foundation - a pipeline program targeting students from the third grade through sophomore year of college.

Scholars from the post-secondary program, SMDEP, have for the past decade enrolled in medical school (including Duke University School of Medicine), PhD programs, Nursing, PA, MPH programs and the schools of law. Nationally, 65% of participants in SMDEP go on to medical or dental school. The Duke data is similar.

Though not a recruitment tool for the School of Medicine, Duke has benefited from SMDEP hosting an SMDEP site. Each year students who have participated in SMDEP at Duke apply and are accepted to the School of Medicine. Many of these gifted young people would not have considered Duke but for SMDEP.

III. Post Docs and PhDs

The SOM initiated a process that resulted in a January 2012 submission of an application to the NIH for a 5-year IMSD (Initiative for Maximizing Student Development) grant ($2 million requested total costs). The goal of IMSD is to increase diversity and promote an inclusive sense of community within the biomedical and biological sciences, resulting in a higher percentage of URM students entering into meaningful scientific careers.

The application for this institutional program was created as a partnership between the SOM, the Graduate School, Trinity and Pratt, under the leadership of co-PIs Ken Kreuzer (Biochemistry), Sherilynn Black (School of Medicine Biomedical Graduate Education--OBGD) and Julie Reynolds (Biology). The IMSD program, if funded, will support extended research experiences for URM undergraduate students, augment training experiences for URM graduate students, and generate a number of community-building activities including an annual “Duke Science and Diversity” Symposium that will engage faculty and students from Duke and other North Carolina institutions.

The goals of the Duke IMSD Program are:

- Increase retention of URM students in the biomedical/behavioral fields;
- Play a role in decreasing achievement gaps between URM and non-URM undergraduates in gateway courses;
- Increase the percentage of URM students in our biomedical/behavioral PhD programs;
- Create a more robust sense of community for URM students in these programs;
- Improve communication with neighboring institutions of higher education.
The application received very favorable reviews and an outstanding score. A positive funding decision is likely but apparently will not occur until resolution of next year’s NIH budget.

IV. High School, College & Health Professions

BOOST (Building Opportunities and Overtures in Science and Technology)
This decade old pipeline program has the overarching goals of maintaining interest in science and mathematics, graduation from high school and college, and ultimately matriculation into a health professions education institution or career are just now coming to fruition. The program has demonstrated success at retaining and graduating its participants. Nineteen of the 20 who formed the first class of scholars from the initial BOOST graduated from high school in 2011. Of those, 12 enrolled in college.

A Snapshot of Our Demographic Profile

Learners seek to join institutions where there are role models and potential mentors “like” themselves who are valued by leadership and peers and who are in positions that demonstrate their expertise and achievements. Deliberate and intentional focus is being placed on diversifying the leadership of our clinical and basic science departments.

I. Faculty

Paying attention to the demographic profile of an institution is an important element of a diversity strategy. We continue to strive to attract, retain and develop women and URM faculty. As we bring more deliberate and intentional focus to our climate and culture, we aspire to reflect greater diversity in all of our constituents.

Harvard, Washington University, John Hopkins University, University of Pennsylvania and Stanford are some of our top competitors for both faculty and students. This group of schools is responsible for the recruitment of URM faculty in numbers second only to HBCUs.

Total Percentage of URM Faculty identifying as Black, Native American, Hawaiian, Pacific Islander, Multiple Race, Other Race, Hispanic Origin
(Source: AAMC FAMOUS 2012-02-06)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Hopkins</td>
<td>12.1%</td>
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<tr>
<td>Stanford</td>
<td>9.5%</td>
</tr>
<tr>
<td>Harvard</td>
<td>8.4%</td>
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<tr>
<td>Penn</td>
<td>7.4%</td>
</tr>
<tr>
<td>Duke</td>
<td>7.3%</td>
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<tr>
<td>Washington U.</td>
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School of Medicine
Diversity Trends
6/30/10, 6/30/11 and 6/30/12

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<th>Full-Time Regular Rank Faculty by Race &amp; Ethnicity</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>Caucasian</td>
<td>1,496</td>
<td>1,528</td>
<td>1,574</td>
</tr>
<tr>
<td>%</td>
<td>77%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Asian</td>
<td>309</td>
<td>326</td>
<td>328</td>
</tr>
<tr>
<td>%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>URM - (1)</td>
<td>125</td>
<td>134</td>
<td>135</td>
</tr>
<tr>
<td>%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
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<tr>
<td>Other - (2)</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Diversity by Race & Ethnicity

(1) Under-Represented Minorities (URM) includes African American, Hispanic, Native American, & Pacific Islander.
(2) Refers to faculty who self-reported two or more races, or no race.
(3) Source data retrieved from SAP, see attached for details.
School of Medicine
Diversity Trends
6/30/10, 6/30/11 and 6/30/12

<table>
<thead>
<tr>
<th>Full-Time Regular Rank Faculty by Gender</th>
<th>2010</th>
<th>2011</th>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>N</td>
<td>1,247</td>
<td>1,264</td>
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<tr>
<td>%</td>
<td>64%</td>
<td>64%</td>
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<tr>
<td>Female</td>
<td>N</td>
<td>687</td>
<td>726</td>
</tr>
<tr>
<td>%</td>
<td>36%</td>
<td>36%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Diversity by Gender

- 2010: Male 64%, Female 36%
- 2011: Male 64%, Female 36%
- 2012: Male 63%, Female 37%
II. Students

The diversity of our students reflects a long term strategic focus by Dr. Brenda Armstrong and her team in the Office of Admissions and we plan to examine what aspects of this successful student recruitment effort may translate to faculty and staff recruitment.

Our holistic admissions process continues to enhance Student Diversity as reflected in our Class of 2014 which is one of the most diverse classes we’ve ever had. This class comprises:

- Students from 56 Different Institutions, 32 States, 4 Countries
- 53 Women, 49 Men
- 62% Overall/Total Minority: Asians, Asian-Indians, Hispanics, Cubans + URMss-African Americans, Mexican-Americans, Puerto-Rican Americans, Native Americans/Aleutians, Hawaiian-Pacific-Islanders
- 32% Under Represented Minorities, 14 URM Males
- Average Age: 23+
- 65% Science/Engineering Majors; 35% Economics, English, Evolutionary Anthropology, History, Public Policy, Music
Enrollment of URMs At Duke Med vs National URM Enrollment
1990-2011

III. Comprehensive Data Snapshot

As part of the Diversity Strategic Planning sessions, we plan to provide each Chair with a comprehensive annual data snapshot with relevant demographics to help provide a current state analysis. The snapshot will include:

- overall demographic distribution
- faculty by department, rank and title
- analysis of applicant pool diversity in comparison to hire data
- annual hiring report by department, rank and title
- reports and relevant findings from:
  - AAMC Diversity & Engagement Benchmarking Survey
  - Women in Academic Medicine
  - Faculty Survey
Creating Inclusive Academic Learning & Research Environments

I. Research
Rapid advances and discoveries in the biomedical and behavioral sciences require an increasingly diverse cadre of trained scientists from a wide ranging set of disciplines. With the changing demographics of our nation, biomedical research will be severely limited unless it engages all segments of our population. We aim to provide a research and scholarship agenda that is responsive to the growing diversity of today’s society and provides robust and inclusive research data to most effectively address health disparities of diverse populations and set the standard for innovation, creativity and scope of inquiry.

We are committed to recruiting, mentoring, training and graduating underrepresented minority students to enter the biomedical and behavioral research workforce. The Office of Biomedical Graduate Diversity focuses extensively on bringing talented minority applicants to Duke’s Biomedical Science graduate programs.

II. Education
As part of our commitment to ensure a curriculum that reflects the full spectrum of diversity and acknowledges health and healthcare disparities, we are committed to partnering with curriculum directors to assess and inventory how diversity is currently incorporated in the various components of our medical education training programs and making recommendations to address any gaps.

We are exploring creative strategies for incorporating reflective learning on diversity and unconscious bias to educate learners, faculty and staff in the development of knowledge and skills for providing sensitive, compassionate and culturally competent care to all patients, research subjects, colleagues and co-workers.

We also plan to offer educational opportunities via Grand Rounds, GME, as well as “spotlight” sessions to help deepen and accelerate institutional learning on a variety of topics relevant to diversity and inclusion.

Advancing Health Equity

In accordance with research from the AAMC, we affirm that a strategic focus on diversity and inclusion serves as a catalyst for change to positively impact health equity. As such we have and will continue to collaborate with partners across the institution whose work aligns with the goals of Duke Medicine’s mission to address health disparities, improve community health, and lead efforts to eliminate health inequalities.
I. Duke Cancer Institute (DCI)
The SOM Chief Diversity Officer and DCI’s new Director of Health Equity and Disparities meet monthly to explore strategies to leverage collaborative approaches and share best practices that advance aspects of their shared mission to address and reduce health disparities. DCI’s new Chief Human Resources Director has joined this partnership effort to help shape DCI’s workforce diversity strategy.

II. Center of Excellence (COE)
We have convened an interdisciplinary team in response to an RFA for a HRSA Center of Excellence grant to proactively prepare for a 2013 grant submission with a focus on URMs in healthcare and healthcare disparities. This team’s collective expertise and commitment to reduce disparities has generated a broader vision for co-creating a Duke Center of Excellence in Disparities which will be further examined and explored as the group moves forward.

III. Best Practices & Ongoing Learning
We will continue to research, benchmark with our peers and provide recommendations on leading practices, processes, strategies and models to address cultural competency and health disparities for our learners, faculty and staff. Plans are in place to bring Joe Betancourt, a national leader in healthcare disparities to present to students, faculty and staff in 2013.
Charting the Path Towards Inclusive Excellence

This report reflects a sampling of The School of Medicine’s diversity and inclusion goals, priorities and strategies relative to the path that we have been on, the path that we are currently on, and the path forward. We are proud of our longstanding commitment to diversity and excellence and yet we acknowledge that there is much more work to do.

We aspire to become an even stronger and more inclusive community, learning and growing together as we discover the power that a diversity of backgrounds, life experiences and perspectives can have in stimulating new ideas, breakthrough science and excellence. We will continue to work to further our mission of achieving a climate of belonging and inclusion for all.
Appendix 1

Diversity Strategic Plan Discussion Guide

1. What is your understanding of the Dean’s expectations with respect to diversity and inclusion?

2. How would you describe your department to someone who is new?

3. In thinking about the climate for diversity in your department, how inclusive would you say it is?
   - Not At All Inclusive
   - Not Very Inclusive
   - Somewhat Inclusive
   - Fully Inclusive?
Why? Who/What informs your perspective?

4. When you think about diversity and inclusion, what are some of the things that you would say have/are going well in your department?

5. What are the biggest challenges your department is facing or will face in the near future?

6. What are some of the opportunities you think the department could leverage? What needs to happen for the department to leverage these opportunities?

7. Describe the quality of relationships and communication across different groups in your department (e.g. gender, race, title/position, age, style, background, etc.)

8. If you could change one thing to positively impact the climate and culture in your department, what would it be?
9. What is the current demographic profile of your department?

10. Which institutions are your top 4 peers? How do you compare with them in terms of diversity hiring recruiting, and retention?

11. What resources do you have available for diversity and inclusion?

12. If you have developed diversity initiatives and strategies that are working well, what are they?

13. What do you learn from the students in your program related to faculty diversity?

14. What have been your strategies for enhancing diversity? What barriers have you encountered?

15. What in your current role are you doing to promote diversity in the following areas?
   - Attraction/Recruitment
   - Retention/Engagement
   - Coaching/Mentoring/Career Development
   - Pipeline
   - Succession Planning

16. What is one personal anecdote that describes your commitment to diversity?

17. How do/will people know you are truly committed to having a diverse faculty/staff/student body?

18. Describe your efforts to enhance the climate in your department during the past year.
Appendix 2

Diversity & Inclusion Benchmarking Survey

PART I
Use the following scale to respond to items 1-25

Strongly Agree = 1, Agree = 2, Neither Agree or Disagree = 4,
Strongly Disagree = 5, Unable to Evaluate = 6

1. I trust my institution to be fair to all employees and students.

2. The leadership of my institution is committed to treating people respectfully.

3. I am valued as an individual by my institution.

4. I feel that my work or studies contributes to the mission of the institution.

5. This last year, I have had opportunities at work/school to develop professionally.

6. At work/school, my opinions matter.

7. In this institution, I have opportunities to work successfully in settings with diverse colleagues.

8. Someone at work/school seems to care about me as an individual.

9. There is someone at work/school who encourages my development.

10. I receive recognition and praise for my good work similar to others who do good work at this institution.

11. I believe my institution manages diversity effectively.

12. In my institution, I experience respect among individuals and groups with various cultural differences.
13. If I raised a concern about discrimination, I am confident my institution would do what is right.

14. I consider at least one of my co-workers or fellow students to be a trusted friend.

15. In my institution, I receive support for working with diverse groups and working in cross-cultural situations.

16. In my institution, I am confident that my accomplishments are compensated similar to others who have achieved their goals.

17. I feel connected to the vision, mission and values of this institution.

18. I believe that my institution reflects a culture of civility.

19. I believe that in my institution harassment is not tolerated.

20. In this institution, there are opportunities for me to engage in service and community outreach.

21. I feel that I am an integral part of my department or school.

22. The culture of my institution is accepting of people with different ideas.

23. My leadership models open and honest conversations about diversity and inclusion.

24. I would recommend Duke School of Medicine/Duke Medicine as a good place to work/study for someone like me.

25. We value any additional comments you have on what is working well with respect to diversity and inclusion at the SoM as well as what are some of the areas for improvement.
PART II
Demographic Information

26. Position at Duke University School of Medicine/Duke Medicine (Please select all that apply)

Employees/Staff (Please select one below)

[ ] Executive/Admin Managerial (vice president, executive directors, selected managers, deans, and others)

[ ] Office and Clerical (clerks, assistants, cashiers, receptionists, unit secretaries, research aids, admissions and discharge coordinators, accounting specialists, and billing and claims processors)

[ ] Professionals (clinical and administrative positions such as pharmacists, nuclear medicine, clinical and staff registered nurses and other allied health professionals, information technology specialists, assistant deans, business development specialists, and financial service specialists)

[ ] Service (animal caretakers, groundskeepers, food service workers, mail couriers, bus drivers, cooks, laundry service workers, cashiers, dietary aides, radiology aides, and patient care assistants)

[ ] Technical and Paraprofessionals (laboratory technicians, (licensed) practical nurses, equipment and instrument specialists, and other technical positions)

Faculty (Please select one below)

[ ] Regular Rank (Please select one below)
  [ ] Tenured
  [ ] Tenure Track
  [ ] Non-Tenure Track

(Please select one below)

[ ] Assistant Professor
[ ] Associate Professor
[ ] Full Professor
[ ] Medical Instructor
[ ] Other

[ ] Non-Regular Rank
  Please Specify ____________________________
  (i.e. clinical associate, assistant consultant professor, associate consultant professor, adjunct, etc...)

Please Choose All that Apply:

[ ] M.D.
[ ] Ph.D.
[ ] Other Degree (please specify)
Residents/Fellows [ ] Yes

Post Doc (Professional Trainee) [ ] Yes

Students
[ ] Doctor of Physical Therapy
[ ] Health Professions
[ ] Medical

[ ] Dual Degree
[ ] M.D.
[ ] MSTP

[ ] Ph.D. Programs in Basic Sciences

Other [ ] (research associate, research scientists, etc...)

27. Duke University School of Medicine Affiliation.

[ ] Basic Sciences
[ ] Biochemistry
[ ] Biostatistics and Bioinformatics
[ ] Cell Biology
[ ] Immunology
[ ] Molecular Genetics and Microbiology
[ ] Neurobiology
[ ] Pharmacology and Cancer Biology

[ ] Clinical Sciences
[ ] Anesthesiology
[ ] Community and Family Medicine
[ ] Dermatology
[ ] Medicine
[ ] Obstetrics and Gynecology
[ ] Ophthalmology
[ ] Orthopaedic Surgery
[ ] Pathology
[ ] Pediatrics
[ ] Psychiatry
[ ] Radiation Oncology
[ ] Radiology
[ ] Surgery

[ ] Centers
[ ] The Bryan Alzheimer's Disease Research Center (ADRC)
[ ] Duke-UNC Brain Imaging and Analysis Center (BIAC)
Center for Advanced Magnetic Resonance Development (CAMRD)
Center for Biological and Biologically Inspired Materials (CBIMEMS)
Center for Biomolecular and Tissue Engineering (CBTE)
Center for Cognitive Neuroscience (CCN)
Duke Cancer Institute (DCI)
Duke Center for Environmental Implications of Nano Technology (CEINT)
Center for the Study of Aging and Human Development
Duke Center for AIDS Research (CFAR)
Center for HIV/AIDS Vaccine Immunology (CHAVI)
Duke Center for Human Genetics (CHG)
Duke Center for In Vivo Microscopy (CIVM)
Duke AIDS Research and Treatment Center (DART)
Duke Comprehensive Cancer Center (DCCC)
Duke Center for Hyperbaric Medicine and Environmental Physiology
Duke Center for Microbial Pathogenesis
Duke Eye Center
Duke Heart Center
Duke Stroke Center
The Preston Robert Tisch Brain Tumor Center
Radiation Countermeasures Center of Research Excellence (RadCORE)
Sarah W. Stedman Nutrition and Metabolism Center
Udall Parkinson's Disease Research Center

Institutes

Duke Clinical Research Institute (DCRI)
Duke Global Health Institute (DGHI)
Duke Human Vaccine Institute (DHVI)
Duke Institute for Brain Sciences (DIBS)
Duke Translational Medicine Institute (DTMI)
Duke Institute for Genome Sciences & Policy (IGSP)
The Jean and George Brumley, Jr. Neonatal-Perinatal Research Institute (NPRI)

Program/Offices

Dean Administration (Finance and Planning, APT and HR, Visa Services)
Development/Special Events
Medical Education
Office of Research Administration
Research Administration (IACUC, DLAR, IRB, CRSO)
Other
28. Length of Time at Duke University School of Medicine/Duke Medicine

[ ] Less than 1 Year
[ ] 1 Year to less than 5 Years
[ ] 5 Years to less than 10 Years
[ ] 10 Years to less than 15 Years
[ ] 15 Years to less than 20 Years
[ ] 20 Years or More

29. Gender

[ ] Female
[ ] Male
[ ] Transgender
[ ] Other

30. Race/Ethnicity (If multi-racial, please select all that apply)

[ ] Hispanic/Latino(a)
[ ] American Indian/Alaska Native
[ ] Asian
[ ] Black/African-American
[ ] Native Hawaiian/Other Pacific Islander
[ ] White
[ ] Other (Please specify)

31. Generational Age Group

[ ] Traditional (Born between 1922-1944)
[ ] Baby Boomers (Born between 1945-1964)
[ ] Generation X (Born between 1965-1980)
[ ] Millennials (Born between 1981-2000)

32. Sexual Orientation (Please select all that apply)

[ ] Asexual
[ ] Bisexual
[ ] Gay
[ ] Heterosexual
[ ] Lesbian
[ ] Queer
[ ] Questioning
[ ] Other (Please specify)

33. Primary Language

[ ] Arabic
[ ] Bengali
[ ] English
[ ] French
[ ] Hindustani
[ ] Mandarin
[ ] Portuguese
[ ] Russian
[ ] Spanish
[ ] Other (Please specify)

34. Other Languages Spoken Fluently (Please specify)

35. Belief System

[ ] Atheist
[ ] Buddhism
[ ] Christian
[ ] Hinduism
[ ] Islam
[ ] Judaism
[ ] Nonreligious
[ ] Other (Please specify)
[ ] Decline to Answer

36. Veteran Status

[ ] Yes
[ ] No
8 Inclusion Factors

1. **Common Purpose**: individual in one’s social group identity experiences a connection to the mission, vision and values of the organization.

2. **Trust**: individual has confidence that the policies, practices and procedures of the organization will allow them to bring their best and full self to work.

3. **Appreciation of Individual Attributes**: individual is valued and can successfully navigate the organization structure in their expressed group identity.

4. **Sense of Belonging**: individual experiences their social group identity being connected and accepted in the organization.

5. **Access to Opportunity**: individual and those who share that group identity are able to find and utilize support for their professional development and advancement.

6. **Equitable Reward and Recognition**: individual and those who share that group identity perceive the organization as having equitable compensation practices and non-financial incentives.

7. **Cultural Competence**: individual and those who share that group identity believe the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance.

8. **Respect**: individual and those who share that group identity experience a culture of civility and positive regard for diverse perspectives and ways of knowing.
Appendix 4

Preliminary Themes: Qualitative Comments
AAMC/UMMS Diversity & Engagement Survey

Q.25 We value any additional comments you have on what is working well with respect to diversity and inclusion at the School of Medicine as well as what are some of the areas for improvement...

- Need for increased racial and ethnic diversity across the school; especially in more senior positions
- Gender inequities/need for increased gender diversity in more senior positions
- Perceptions of diversity at the expense of quality (Diversity OR Excellence instead of Diversity AND Excellence)
- Assimilation Valued (Thinking/Approach, Language/Accent, Politics, Religion, Education, culture)
- Pleased with how Duke is doing with respect to diversity
- Diversity seen at a larger level but not in their department or at the individual level/discrepancies between departments
- Divide between various “classes” and relative positional power and privilege (e.g. Manager/Staff, MDs/Non-MDs, Clinical/Non-clinical, Professional/Non-professional, Exempt/Non-exempt Faculty/Staff, Junior/Senior Faculty
- Concerns with equity as it relates to job level, promotion system, rewards system, career development, salary & compensation
- Lack of accountability for dealing with harassment, disrespect and unprofessional behavior
- Perception that the SOM’s main concern is the financial bottom line/image of Duke
- Issues with management, leadership and HR regarding communication of diversity issues/unanswered diversity complaints