

Student perspectives on the diversity climate at a U.S. medical school: a 13-year follow-up

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Abstract

Diversity, equity, and inclusiveness (DEI) play important roles in medical education, as they help build a respectful, inclusive, and supportive learning environment, increase students' awareness of healthcare disparities, and prepare students to serve diverse patient populations. In 2008, a Student Climate Survey was sent to MD, PT, and PA students at one medical school to assess their perspectives on the climate of the school with respect to DEI and cross-cultural understanding. The authors conducted an updated survey in 2021 to assess changes in campus climate from the prior baseline, efficacy of diversity efforts in the intervening years, and level of support felt by various groups on campus. Most participants agreed that the school of medicine (SOM) campus is friendly and welcoming to people from minority groups. 61% of students agreed that the campus is diverse, an increase from 37% in 2008. Almost all students agreed that their learning is enhanced by having a diverse student body and faculty (99% in 2021 vs. 90% in 2008). Nearly all participants believed the SOM is welcoming to those with liberal views, while only 49% believed it to be welcoming to those with conservative views. Many students reported witnessing students, residents, or faculty make disparaging remarks or exhibit offensive behaviors, most often targeting those with conservative views or strong religious beliefs, those of low socioeconomic status, women, and racial/ethnic minority groups. This study supports prior literature demonstrating students' valuation of an educational climate that promotes DEI.

Introduction

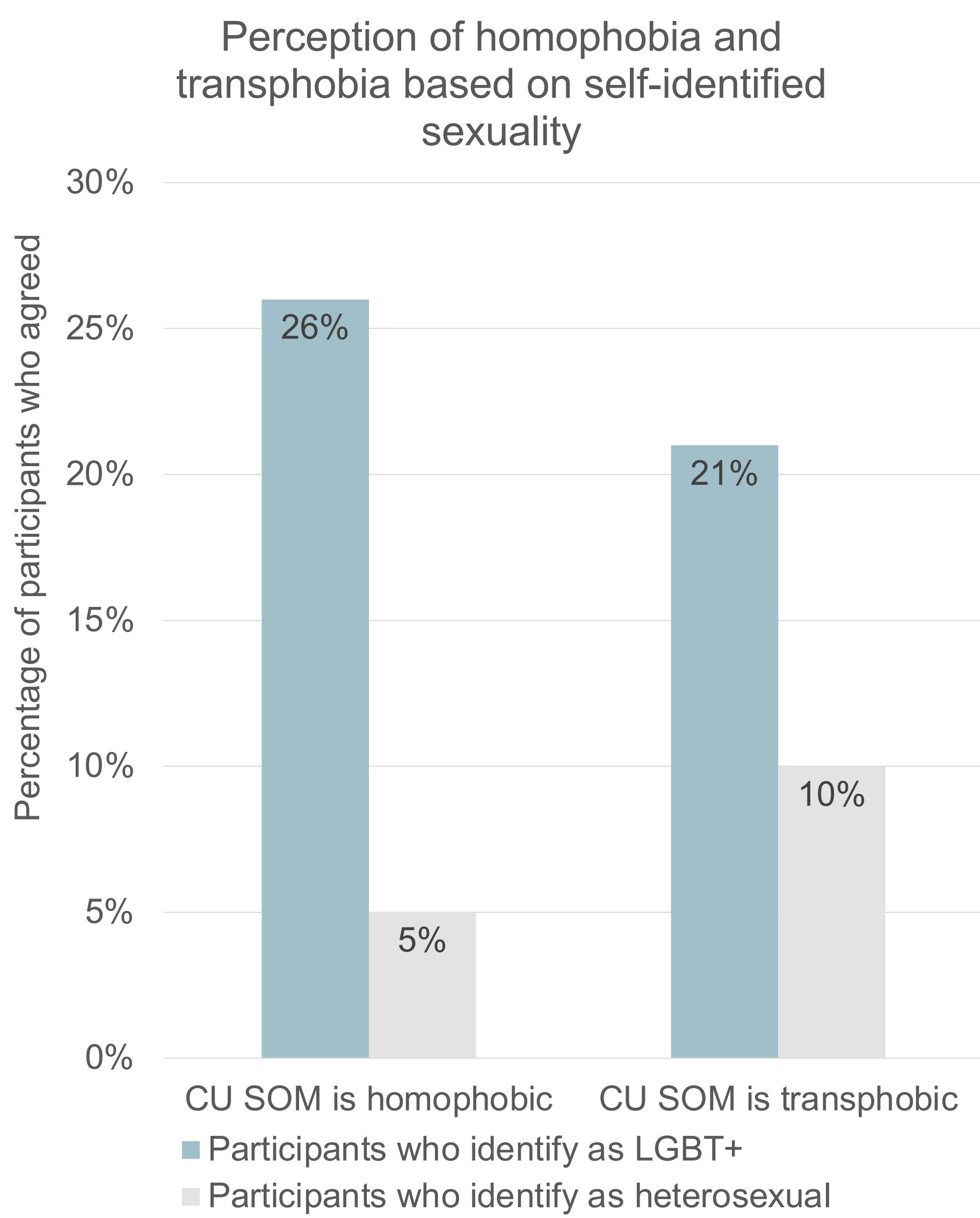
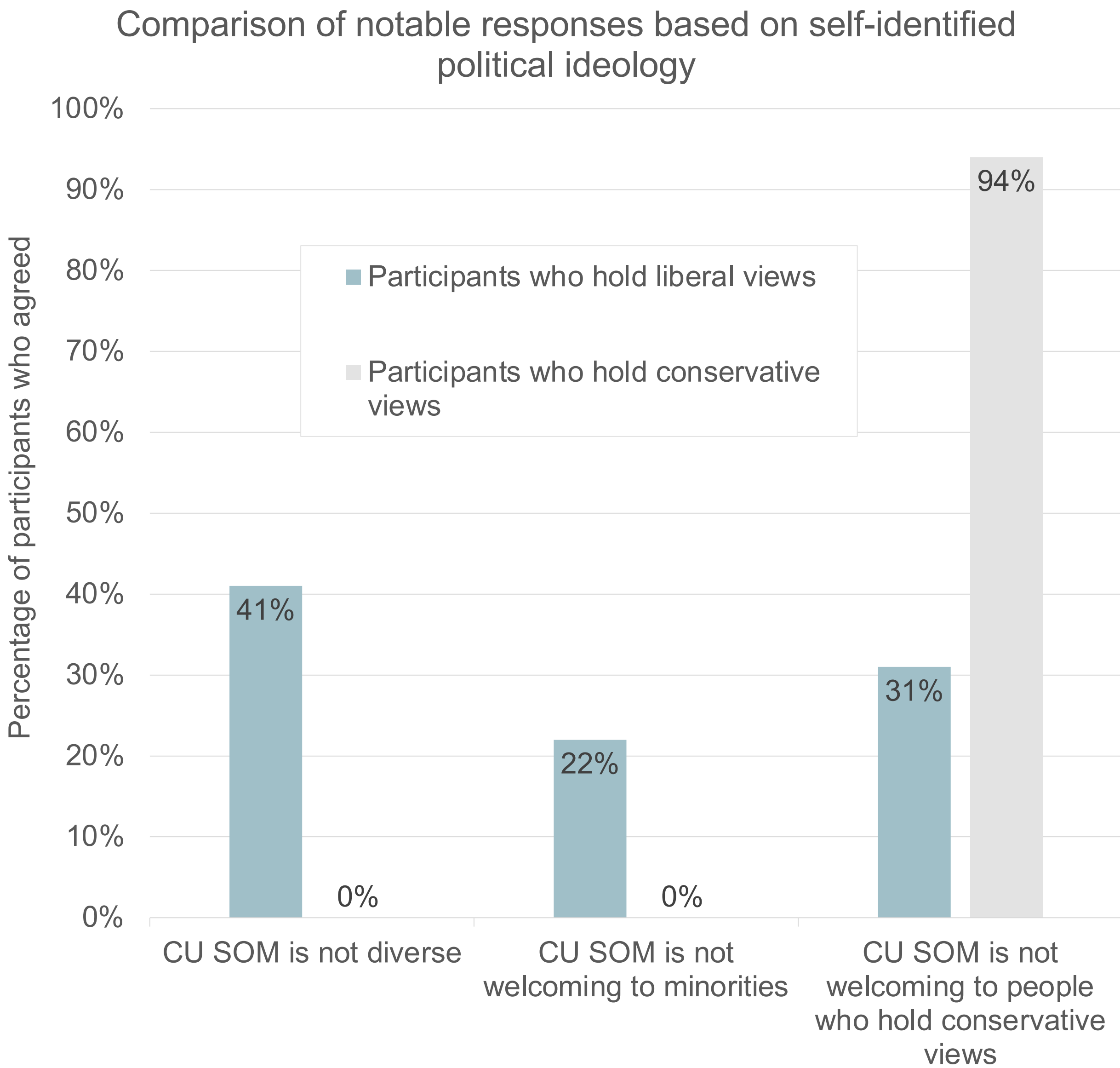
- Emphasis on diversity, equity, and inclusiveness (DEI) in medical education leads to such benefits as:
 - Decreasing feelings of isolation among students who are underrepresented in medicine (URiM),
 - Improving communication between physicians and patients,
 - Improving patient care outcomes,
 - Reducing health disparities, and
 - Increasing the number of physicians in underserved areas.
- In 2008, the University of Colorado School of Medicine (CU SOM) administered a Student Climate Survey to MD, PT, and PA students to:
 - Assess the climate of the campus with respect to diversity, inclusiveness, respect, and cross-cultural understanding,
 - Identify problems with inclusivity and support on campus, and
 - Serve as a baseline from which to evaluate ongoing diversity efforts.
- Notable results:
 - 90% agreed that CU SOM is friendly and that there is positive educational value in a diverse faculty and student body;
 - 37% believed it to be diverse;
 - Many participants reported witnessing students, residents, or faculty making disparaging remarks or exhibiting offensive behaviors toward those with strong religious or conservative beliefs, individuals of low socioeconomic status (SES), non-English speakers, women, racial or ethnic minorities, or LGBT+ individuals.

Purpose

- To “assess, from a student body’s perspective, the climate at one medical school with respect to diversity, inclusiveness, and cross-cultural understanding”;
- To assess interval changes in students’ perspectives on the CU SOM diversity climate;
- To evaluate the effectiveness of changes implemented since the release of the 2008 survey results; and
- To identify areas for continuous quality improvement.

Results

- 178 participants (18% of 1,004 eligible students)
- Most agreed that the CU SOM campus is friendly (89%, 95% CI 84 to 94) and welcoming to people from minority groups (78%, 95% CI 72 to 85).
- 61% (95% CI 53 to 68) agreed that the campus is diverse, versus 37% in 2008.
- 99% (95% CI 97 to 100) agreed that their learning is enhanced by having a diverse student body and faculty, versus 90% in 2008.
- Most agreed that the CU SOM is welcoming to those with liberal views (98%, 95% CI 96 to 100); only 49% (95% CI 47 to 51) believed it to be welcoming to those with conservative views.
- Many students reported witnessing other students, residents, or faculty making disparaging remarks or exhibiting offensive behaviors toward minority groups, most often toward people with conservative views, those of low SES, women, and racial or ethnic minorities
- Responses were largely consistent across race, ethnicity, gender identity, sexuality, and political ideology
 - Self-identified URiM students were 5- to 25-times more likely to feel isolated on campus because of their race/ethnicity than non-minority white students.



Limitations

- Generalizability may be limited
- Low response rate (18%)
- Differences between survey participants and non-participants regarding age, race/ethnicity, and self-identified minority status despite similarity with respect to gender
- Unable to calculate true frequency of witnessed disparaging remarks or offensive behaviors

Conclusion

- Supports previously published literature regarding the importance of promoting DEI in medical education
- Reinforces 2008 finding that those with conservative ideologies are often targets of disparaging remarks or behaviors
- Positive changes noted since 2008 study, though diversity climate challenges still remain at CU SOM
- It is important to periodically reassess campus climate, evaluate effectiveness of ongoing DEI efforts, and identify areas for improvement
- Findings reviewed with the CU SOM Diversity Council

Notable Suggestions for Future DEI Efforts

- Recruitment of more diverse faculty (80%)
- Recruitment of a more diverse student body (76%)
- Recruitment of more diverse residents and fellows (61%)
- Recruitment of more diverse SOM leadership (61%)
- Increased efforts to ensure the curriculum reflects and respects diversity (70%)

Competing Interests

The authors declare that they have no competing interests.

References

Dhaliwal, JS, Crane, LA, Valley, MA, Lowenstein, SR (2013). Student perspectives on the diversity climate at a U.S. medical school: the need for a broader definition of diversity. BMC Research Notes, 6(1):154. doi:10.1186/1756-0500-6-154
Please ask KC Moore if you would like a list of additional references.