

**Faculty Diversity Action Plan
Johns Hopkins University
School of Medicine**

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JOHNS HOPKINS
M E D I C I N E

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DEFINING DIVERSITY & INCLUSION

The definition of diversity has evolved from a focus on legally protected attributes such as race, gender, and age to a much broader definition that includes the entire spectrum of human differences. Conceptual clarity on the myriad ways in which diversity and inclusion can be defined and measured should be addressed, both from JHUSOM's point-of-view, along with its stakeholders. Diversity and inclusion are inextricably linked but are distinct.

Equally important to emphasize is the notion that diversity is not just numeric representation. Nor is it just an institutional asset or benefit. It is fundamental to JHUSOM's tripartite mission and ethos—the way it teaches, conducts research, provides patient care, and engages in the local and global communities it serves. Although “diversity and inclusion” is explicitly referenced in JHUSOM's mission, vision and core values statement, it is not clearly defined. Providing a definition would set the framework for the JHUSOM faculty diversity action plan.

A common misconception is the notion that diversity relates only to racial/ethnic or gender differences. The term affirmative action is often used interchangeably with diversity. Narrowly defining diversity, according to the affirmative action verbiage of the Equal Employment Opportunity Commission (EEOC), may perpetuate negative misconceptions that some individuals harbor toward diversity initiatives. JHUSOM will enhance its efforts to embrace and support a broader definition of diversity to explicitly include the following individuals and groups:

- People of color, including underrepresented groups and new immigrant populations;
- People with both visible and invisible disabilities;
- Women;
- Spiritual/religious distinctions;
- Veteran status;
- People of various gender and sexual expressions; and,
- First-generation individuals (those who typically are in the first generation of their families to enroll in college) from economically disadvantaged backgrounds.

In addition to demographic diversity, the concept of experiential diversity has been introduced in the literature, which is defined as the intellectual depth developed from faculty members possessing varying disciplines/fields, professional, and research (Chisholm-Burns, 2009).

DEFINITION OF UNDERREPRESENTED FACULTY

“Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”

American Association of Medical Colleges, 2004

Underrepresented minority refers to those groups that are not represented in numbers proportional to their composition in the US population, which would not include Asians. It should be noted that JHUSOM recognizes that although Asians as a group are not underrepresented in biomedical fields, Asian women are significantly underrepresented among the ranks of faculty. While the scope and focus of minority faculty is on traditionally underrepresented minorities (primarily, women and racial/ethnic minorities), it is recommended that attention be paid to diversity with respect to Asian faculty in future definitions of diversity. Hmong and other Southeast Asian immigrants including Cambodians, Laotians and Vietnamese are also underrepresented yet are categorized as Asian.

JHUSOM will endeavor to capture and report racial/ethnic data as granular as possible; and ensure all demographic information is captured through self-identification by faculty, residents, trainees, and students. Currently JHUSOM adheres to the federal guidelines with regard to race/ethnicity standards (U.S. Office of Management and Budget (OMB) 6-item race and 2-item Hispanic ethnicity categories) for collection and reporting purposes, yet more detailed information can represent the rich heterogeneity that exists within these broad demographic groups that will enhance JHUSOM's ability to target diversity initiatives more efficiently. The Institute of Medicine (IOM) issued a report in 2009 with similar recommendations to collect granular ethnicity data in addition to data in the OMB race and Hispanic ethnicity categories for purposes related to health and health quality (IOM, 2009). Further discussion is required to determine the extent to which ethnicities should be described/sought.

ACCREDITATION/REGULATION STANDARDS WITH REGARD TO DIVERSITY IN THE JHUSOM

Liaison Committee on Medical Education (LCME) Accreditation Standards

Formerly known as LS-16 and MS-8 – Reformatted to Standard 3.3 and 7.6 (Effective 2014)

The Liaison Committee on Medical Education (LCME) is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. (and Canada). LCME is sponsored by the Association of American Medical Colleges and the American Medical Association. LCME accreditation is required in most states for licensing graduates and receiving federal financial aid. The JHUSOM was reviewed and accredited in 2014 and will be reviewed again in 2021.

3.3 Diversity/Pipeline Programs and Partnerships

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

7.6 Cultural Competence/Health Care Disparities/Personal Bias

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

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

The 2015-2016 LCME Standards urge educators to diversify medical training by creating effective pipeline programs to prepare applicants in their defined diversity categories. Educators can reference these standards during key conversations with medical school leaders about the importance of creating actionable diversity solutions.

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)

The **Accreditation Council for Graduate Medical Education (ACGME)** expects residents to obtain competency in six areas with one focusing on diversity:

Professionalism (Competency #5)

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others;

- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

ASSESSMENT AND TRAINING FOR DIVERSITY

The AAMC Diversity Engagement Survey (DES) is a tool to inform diversity action plans. In collaboration with the University of Massachusetts Medical School (UMMS) and DataStar, the AAMC created the DES, which is 22 items long and can be administered to students, faculty, and staff.

The entire survey takes less than 10 minutes for participants to complete. Gleaned from the literature on workplace inclusion, eight (8) inclusion factors and three (3) workforce engagement clusters were identified and mapped to the 22 survey items. There is a minimal response burden, and the rich analyses will allow institutions to develop a meaningful inclusion scorecard that characterizes their progress toward creating an inclusive work environment.

Unconscious Bias Training should be required for all search committee members prior to the start of a search, either via online or in-person—conducted by the institution’s office of diversity, women in science and medicine or faculty affairs.

On-line option: [AAMC E-Learning Seminar: What You Don't Know: The Science of Unconscious Bias and What to Do About in in the Search and Recruitment Process](#)

Require unconscious bias training for leaders and all faculty members and staff involved in faculty and leadership recruitment, career development and advancement.

DIVERSITY METRICS & RETURN ON INVESTMENT

It is important to develop diversity metrics that are aligned with JHUSOM’s mission and values. The following questions might be considered when developing diversity metrics and deciding how to implement them:

- What do we want diversity to help you achieve?
- What do we need to implement?
- How can we measure it?
- What will happen if JHUSOM does not implement a Faculty Diversity Plan? What opportunities will be missed?

- If a Faculty Diversity Plan is not implemented, what will this cost JHUSOM/JHM in terms of revenue, profit, productivity, quality and/or reputation?
- Will successful implementation of the Faculty Diversity Plan enable JHUSOM to increase faculty satisfaction, improve retention, improve engagement, etc.?

Part I: DIVISIONAL SELF-ASSESSMENT

A. PREVIOUS JHUSOM/DEPARTMENT EFFORTS TO INCREASE FACULTY DIVERSITY AND TO CREATE AN INCLUSIVE ENVIRONMENT.

Institutional Efforts

Strategic approaches to the recruitment of diverse faculty have included philanthropy for recruitment and the establishment of junior professorships (two currently exist, The Robert Meyerhoff Professorships) and targeted resources by JHU and JHUSOM that provide recruitment and startup funding for women and URM faculty, this was known as the Mosaic Initiative and succeeded in recruitment of 15 diverse faculty in the JHUSOM since 2009.

In order to make the recruitment and retention of diverse faculty an important initiative the JHM Strategic Plan has embedded diversity of faculty as a strategic goal within the People pillar. The recruitment of James Page, Jr. as the Chief Diversity Officer and VP for Diversity for JHM has been one of the strategic goals that have been accomplished.

To enhance the recruitment and retention of faculty, in alignment with the JHM Strategic Plan – People pillar, each year the Dean’s Office awards funding (\$250,000/year) to support incoming or current URM faculty through a competitive process. During 2014-15, three new under-represented faculty hires and one retention were funded through this initiative: **Dr. Cheilonda Johnson** (Medicine-Pulmonary & Critical Care); **Dr. Erica Johnson**, (Medicine-Infectious Disease); **Dr. Nadia Hansel** (Pulmonary), and; **Dr. Errol Fields** (Pediatrics). In 2015-16, two additional under-represented faculty were recruited, **Dr. Andrea Young** (Psychiatry) and **Dr. Eric Oliver** (Medicine). All of the recruited faculty have financial and academic commitments from the departments in which they were recruited as well as well delineated academic plans that are required as part of this program. In addition, they have at least one and in many cases several mentors who are responsible to guide them in their academic and clinical careers and guide them through the promotion process.

The Office of Diversity and Cultural Competence (ODCC) has led efforts to recruit talented under-represented faculty and trainees. Associate Dean of Diversity, **Dr. Chiquita Collins**, has served on 15 searches involving executive leadership, faculty and trainee positions, providing unconscious bias or implicit bias training to ensure equity throughout the search process as well as serving as an active search committee

member. Dr. Collins' outreach efforts have been successful in identifying diverse candidates and encouraging them to apply to various positions, which has led to successful URM hires.

Since the launch of the Johns Hopkins University Faculty Diversity Initiative (FDI) in fall 2015, the School of Medicine has been actively engaged in various efforts to enhance diversity amongst its faculty and post-doctoral training fellows. Our successes include:

Dr. Lisa Cooper, Department of Medicine, was the inaugural recipient of the **JHU Diversity and Inclusion Faculty Research Award and the Faculty Mentor Award**.

Six (6) SOM postdoctoral fellows were recipients of 1-year JHU awards:

- **Dr. Stanley Andrisse**, Department of Pediatrics, Division of Pediatric Endocrinology (nominated by Assistant Professor Sheng Wu)
- **Dr. Sebastian Barreto Ortiz**, Department of Anesthesiology and Critical Care Medicine, Integrated Vascular Biology Laboratory (nominated by Professor Dan Berkowitz and Assistant Professor Lakshmi Santhanam)
- **Dr. Marc Edwards**, Department of Cell Biology (nominated by Professor Peter Devreotes)
- **Dr. Susana Rodriguez**, Department of Physiology, Center for Metabolism and Obesity Research (nominated by Associate Professor G. William Wong)
- **Dr. Reyhan Westbrook**, Department of Medicine, Division of Geriatric Medicine and Gerontology (nominated by Professor Jeremy Walston)
- **Dr. Dionna Williams**, Department of Molecular and Comparative Biology (nominated by Professor Janice Clements)

Dr. Clements and Dr. Collins have championed the **Target of Opportunity Program (TOP)**, encouraging department leaders to nominate and submit applications for consideration. Thus far, twelve (12) TOP applications have been submitted; five (5) have been external candidates (Harvard University, Albany Medical Center, New York University, University of Michigan, and Texas Tech University Health Sciences). We have experienced a few losses due to competitive offers and/or family decisions. Others are pending and are awaiting final approvals from the Provost's Office.

Since FY16, the School of Medicine has hired fifty-four (54) underrepresented faculty across a broad range of departments, including: Biophysics and Biophysical Chemistry, Medicine, Neurological Surgery, Neurology, Neuroscience, Ophthalmology, Pediatrics, Psychiatry, and Surgery. Recruitment efforts to identify and recruit underrepresented faculty are continually made with the assistance of Vice Dean Clements and Associate Dean Collins.

ODCC has offered assistance to ensure that the school of medicine is vigorously pursuing its goal of a diverse climate. Once a search committee has been formed, the search committee chair contacts the Associate Dean of Diversity and Cultural Competence to schedule a time to attend the first meeting of the committee. During this meeting, the Associate Dean of Diversity and Cultural Competence discusses recruiting resources, the role of the diversity ambassador (if applicable) and ways in which ODCC can help support search efforts. Department chairs were encouraged to appoint committee members with different backgrounds, perspectives and expertise, and with demonstrated commitment to diversity.

SEARCH COMMITTEE RESOURCES

ODCC instituted a web portal with resources to assist faculty search committees. The following materials are provided to assist search committees.

- [Recruitment Methods](#) - advertising is a crucial step in the search for qualified and diverse candidates, but it should not be the only method used. This document illustrates additional proactive outreach techniques to consider.
- [Role of the Search Committee](#) - a set of guidelines for members of search committees outlining their roles and responsibilities to ensure a fair and equitable recruitment process.
- [Legal Questions to Avoid](#) - employers must abide by anti-discrimination laws at each stage of the hiring process, from placing a job ad, to interviewing, to the final selection of the candidate to be hired. This table depicts the “dos” and “don’ts” of what is legally permissible throughout the recruitment process.
- [Diversity Publications](#) - examples of general publications which may be useful for advertising open positions to develop a broad and diverse pool of candidates.
- [Diversity Organizations](#) - examples of organizations which may be helpful for advertising open positions to develop a broad and diverse pool of candidates.

In addition, copies of the American Association of Medical Colleges (AAMC) [Analysis in Brief](#) is provided which reviews the scientific literature on the theory of unconscious bias, explores the role of unconscious bias in job recruitment and evaluations, and provides strategies to combat bias in evaluating job candidates. A second article is made available for search committees which focuses on gender bias, [Gender Bias in Academic Medicine](#). The author argues that unconscious biases, perceptions, judgments and the accumulation of advantage have contributed to this gender disparity and concludes with practical solutions that JHUSOM can implement in order to increase gender equity.

B. JHUSOM DIVERSITY BY THE NUMBERS

For graduates from 2008 through 2013, JHUSOM ranks in the 45th percentile for Hispanics/Latinos, in the 60th percentile for American Indians/Alaska Natives, and in the 75th percentile for Blacks/African-Americans. Our full-time faculty is comprised of 39.6% women, (above the 60th percentile) and 5.2% URM collectively, slightly lower than the national average when compared to all other medical schools. According to the AAMC, racial/ethnic diversity among JHUSOM faculty ranked just below the 50th percentile when compared to all US medical schools (Table 1).

Table 1. Johns Hopkins University School of Medicine Benchmarked against All Medical Schools, 2013

(Submitted to JHUSOM by AAMC in 2015; latest data)

Percentile	Graduates from 2008 through 2013							Full-Time Faculty as of December 31, 2013				
	Total Graduates	Number who are Hispanic or Latino	Percent who are Hispanic or Latino	Number who are American Indian or Alaska Native	Percent who are American Indian or Alaska Native	Number who are Black or African-American	Percent who are Black or African-American	Total Faculty	Number who are Women	Percent who are Women	Number who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American	Percent who are Hispanic or Latino, American Indian or Alaska Native, or Black or African-American
90	1,165	127	13.5%	12	1.3%	92	10.3%	2,972	1,176	44.4%	157	11.6%
80	1,020	72	9.3%	9	1.0%	73	8.8%	1,751	667	41.8%	103	8.9%
70	977	63	6.7%	7	0.8%	64	7.5%	1,384	512	39.8%	87	7.5%
60	899	48	5.2%	5	0.7%	53	6.5%	1,136	426	38.3%	73	6.2%
50	828	35	4.8%	5	0.6%	43	5.3%	956	358	36.8%	55	5.7%
40	696	29	3.9%	4	0.5%	36	4.5%	822	283	35.5%	47	4.9%
30	620	22	3.0%	3	0.4%	24	3.6%	634	222	34.1%	37	4.3%
20	569	16	2.0%	2	0.3%	20	2.3%	396	142	32.6%	27	3.7%
10	416	9	1.4%	1	0.2%	7	1.4%	230	81	31.5%	17	3.2%
Mean	811	60	8.5%	6	0.8%	54	7.1%	1,159	440	37.4%	74	9.4%
Valid N	126	126	126	126	126	126	126	129	129	129	129	129

Note: The percentile distribution include reported zero values but exclude missing values.
 Source: AAMC Student Records System; AAMC Faculty Roster, 2013.

Recent data illustrate that diversity among the ranks of JHUSOM faculty has improved. Table 2 shows the percentage of JHUSOM faculty that are underrepresented minorities (URMs) in 2014-15 in comparison to other US medical schools in the US. While JHUSOM's percentage of URM faculty is 2.5% greater than previous reports, there is still room for improvement with regard to recruitment of women and underrepresented minorities.

Table 2. Percentage of URM Faculty at JHUSOM vs. U.S., 2014-15
(Full Time Faculty as of January 15, 2016)

	Total
<i>JHU School of Medicine Faculty</i>	7.7%
<i>U.S. Medical School Faculty</i>	6.4%

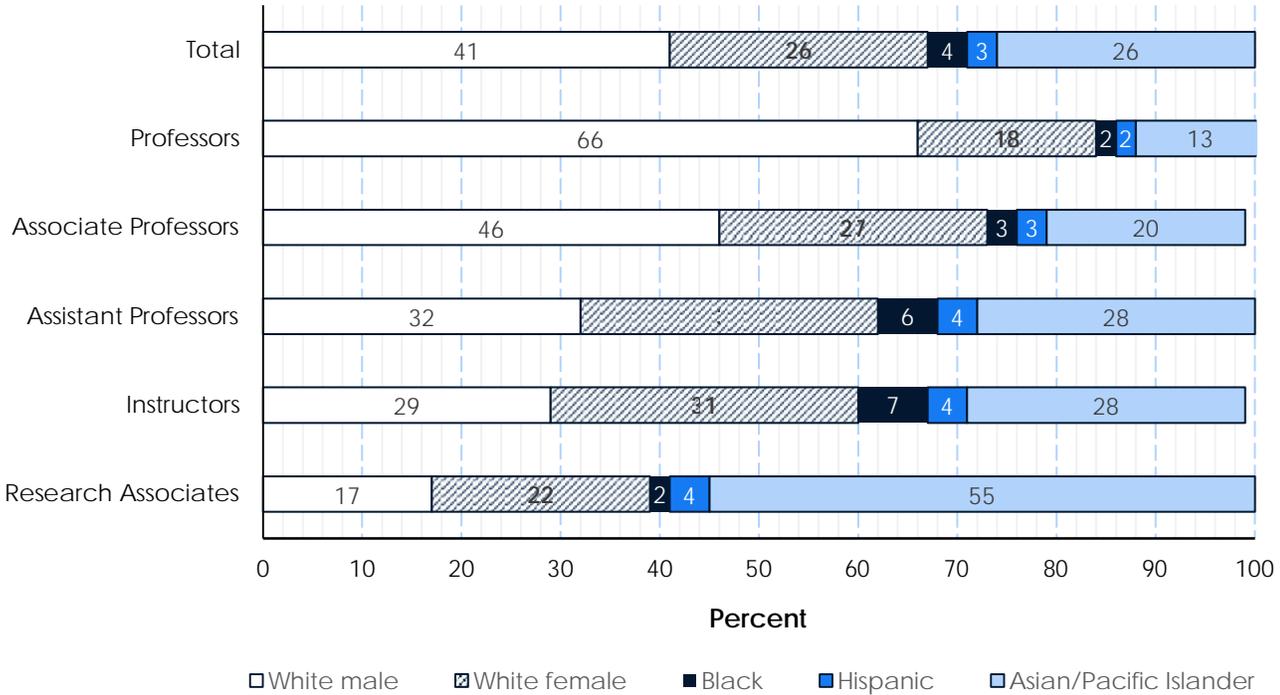
Table 3. Percentage of URM Residents and Fellows in JHUSOM, 2015

	Residents	Fellows
<i>Black/African-American</i>	2.0%	4.2%
<i>Hispanic/Latino</i>	5.4%	5.8%

Table 3 shows the percentage of JHUSOM residents and fellows in 2015.

In the 2014-15 academic year, the JHUSOM faculty was comprised of 2,697 full-time faculty (91.5% in clinical departments. Of these, 25.0% (594) are Professors, 24.8% (590) are Associate Professors, 41.0% (975) are Assistant Professors, and 19.9% (538) are Instructors. The faculty, derived from 13 basic science departments and 20 clinical departments, represents an extraordinary breadth of knowledge and experience. The size, qualifications, and mix of faculty fully and appropriately support the JHUSOM tripartite missions of research, education and clinical care.

Table 4. JHUSOM Academic Rank by Gender and Race, 2015-16



They are more men than women in department-based leadership roles across all specialties. Overall, women account for 9% of department chairs, 24% vice chairs, 25% of division directors, 41% of residency, and 34% fellowship program directors. Only a handful of URM are departmental leaders. URM account for the following: 9% of department chairs, 7% vice chairs, 3% of division directors, 4% of residency and 9% fellowship program directors. The intersection between race and gender indicate additional improvement should be taken into consideration. One example, among female department-based leadership, 80% of women-led positions are held by non-URM women.

Table 5. JHUSOM Faculty Diversity in Basic & Clinical Sciences Departments
(Full Time Faculty as of January 7, 2016)

AY 2015-16, N = 2,697				
Diversity Category	Basic Science Faculty (N=228)	Basic Science Faculty (% of Basic Science Faculty Total)	Clinical Faculty (N=2,469)	Clinical Faculty (% of Clinical Faculty Total)
Women	67	29.4%	1,022	41.4%
White, Non-Hispanic	156	68.4%	1,634	66.2%
Hispanic	8	3.5%	80	3.2%
Black/African-American	2	0.9%	112	4.5%
Asian	62	27.2%	637	25.8%
American Indian/Alaska Native	0	0%	4	0.2%
Native Hawaiian/Pacific Islander	0	0%	2	0.1%

Table 6. JHUSOM Faculty Diversity by Basic Science Department
(Full Time Faculty as of January 7, 2016)

DEPARTMENT	TOTAL	WOMEN	PCT FEMALE	URM	PCT URM
Art as Applied to Medicine	6	2	33%	1	17%
Biological Chemistry	19	6	32%	0	0%
Biomedical Engineering	32	2	6%	1	3%
Biophysics and Biophysical Chemistry	11	2	18%	3	27%
Cell Biology	22	12	55%	0	0%
Functional Anatomy and Evolution	5	0	0%	0	0%
Health Informatics	4	3	75%	0	0%
History of Medicine	9	4	44%	0	0%
Molecular and Comparative Pathobiology	15	5	33%	2	13%
Molecular Biology and Genetics	24	8	33%	0	0%
Neuroscience	53	16	30%	2	4%
Pharmacology and Molecular Sciences	15	2	13%	0	0%
Physiology	13	4	31%	0	0%

Table 7. JHUSOM Faculty Diversity by Clinical Department
(Full Time Faculty as of January 7, 2016)

DEPARTMENT	TOTAL	WOMEN	PCT FEMALE	URM	PCT URM
Anesthesiology and Critical Care Medicine	164	71	43%	14	9%
Dermatology	20	11	55%	5	25%
Emergency Medicine	54	18	33%	5	9%
Gynecology and Obstetrics	65	52	80%	10	15%
Medicine	598	255	43%	51	9%
Neurological Surgery	42	4	10%	5	12%
Neurology	168	66	39%	15	9%
Oncology Center	181	73	40%	11	6%
Ophthalmology	133	58	44%	12	9%
Orthopaedic Surgery	46	7	15%	1	2%
Otolaryngology-Head and Neck Surgery	73	24	33%	4	5%
Pathology	115	48	42%	9	8%
Pediatrics	189	112	59%	22	12%
Physical Medicine and Rehabilitation	33	16	48%	3	9%
Plastic and Reconstructive Surgery	20	3	15%	0	0%
Psychiatry and Behavioral Sciences	189	94	50%	8	4%
Radiation Oncology and Molecular Radiation Sciences	27	11	41%	1	4%
Radiology and Radiological Science	217	72	33%	12	6%
Surgery	97	22	23%	6	6%
Urology	38	6	16%	2	5%

MENTORING AND RETENTION

The JHUSOM values mentoring which has been a part of its long standing tradition for both faculty and trainees. In the offer letter provided to each new faculty member, a mentor is identified, however, this is not the only mentor or mentoring opportunity provided to faculty. At the annual faculty review, the adequacy and effectiveness of the mentoring relationship(s) is also discussed and documented and if needed, additional mentors are recommended. The JHUSOM has also instituted a Master Mentor Program organized and taught by two senior faculty members (Drs. Jennifer Haythornthwaite and Dr. David Yousem) who are both expert mentors themselves and curriculum-developers for mentoring. The Master Mentor program participants are nominated by their departments and are selected to be part of the annual cohort program. Once faculty have completed the Master Mentor program they are expected to return to their departments and foster mentoring by both acting as mentors and extending the master mentoring training within the department.

To heighten the awareness and emphasize the need of mentorship, the Associate Dean of Diversity has met individually with the department directors that have URM junior faculty members to review members' current faculty mentoring plans, discuss their progress, as well as the department's means of advocacy and mentorship for them.

Incoming URM faculty also receive a welcome letter issued by the Associate Dean of Diversity to reinforce the school's core values, ensuring excellence and inclusiveness within a collegial environment, as well as to provide assistance with identifying key resources for professional advancement, such as faculty development and diversity offices, and affinity and networking groups. The Associate Dean of Diversity also ascertains if additional needs of junior URM faculty must be addressed, keeps record of their mentoring plans, and have continued this practice.

Within the Office of the Vice Dean for Faculty, there is an Office of Women in Science Medicine and an Office of Diversity and Cultural Competence that oversee issues of gender and minority mentoring, faculty and leadership development and sessions open to all faculty on the promotions process. There are also Departmental and Johns Hopkins University groups focusing respectively on issues of women and minorities. A number of Departments increased the number of minority faculty as well as making a striking increase in the advancement of women into senior academic ranks. As one example, over the past eleven years, the percentage of female Associate Professors in the Department of Medicine (the department with the most faculty) has increased from 10% to 43%.

The Gold Book makes faculty annual reviews a part of the responsibilities of department and/or division directors to provide feedback on all aspects of their academic

performance and progress to promotion. Departments are required to document that all assistant and associate professors receive an annual review,

PIPELINE PROGRAMS

Johns Hopkins University School of Medicine serves as an institutional partner with Morgan State University as part of a \$23.3 million National Institutes of Health's **Building Infrastructure Leading to Diversity (BUILD) award**, which is designed to attract students from diverse backgrounds into the biomedical research workforce and encourage them to become future contributors to the NIH-funded research enterprise. **Dr. Chiquita Collins**, Associate Dean of the Office of Diversity and Cultural Competence and Associate Professor **Dr. Harolyn Belcher**, Associate Professor of Pediatrics and Director of the Center for Diversity in Public Health Leadership Training at Kennedy Krieger Institute are integral contributors to this effort; they have provided guidance, written letters of support, served as members of the steering committee and external advisory board, among other duties.

Since 1995, Johns Hopkins School of Medicine has operated the **Summer Internship Program** (SIP, <http://www.hopkinsmedicine.org/graduateprograms/sip.cfm>), a highly successful program for excellent undergraduates with particular emphasis on students from under-represented backgrounds. These students spend 10 weeks working in research labs on mentored projects in biomedical research, public health or nano-biotechnology according to their interests. Most (80%) SIP students advance to doctoral, medical, or combined degree programs. This year (2015) we received 1,178 complete applications (308 1st-generation-college; 368 low-to-moderate income; 395 URM) for 84 funded SIP slots.

Dr. Douglas N. Robinson along with a team of Johns Hopkins co-investigators **Dr. Douglas Barrick**, **Dr. Deborah Carran**, **Dr. Chiquita Collins**, **Dr. Deidra Crews**, **Dr. Estelle Gauda**, **Dr. Jungsan Sohn**, **Dr. James Stivers**, **Assistant Dean Paul White**, **Dr. Kathy Wilson** and **Dr. Andrew Wolfe** were recently awarded \$2 million by the U.S. Department of Health and Human Services through the Health Careers Opportunity Program (HCOP). It will support two outstanding Johns Hopkins outreach programs: Biophysics Research for Baltimore Teens and Summer Academic Research Experience (SARE), which allows them to double the number of local teens who can participate. The programs help high-school and college students from disadvantaged backgrounds overcome socioeconomic barriers and enter the healthcare workforce. The award also funds undergraduates for the **Summer Internship Program** and post-baccalaureates for a newly developed Doctoral Diversity Program.

Johns Hopkins University is one of four institutions recently awarded a training grant (potentially totaling \$15 million) from the Robert Wood Johnson Foundation's Diversity in Health Policy Research Program which will support a large cadre of doctoral students from diverse backgrounds whose research, connections, and leadership will contribute

to a Culture of Health. Co-led by **Dr. Thomas A. LaVeist**, (former Director of the Hopkins Center for Health Disparities Solutions and William C. and Nancy F. Richardson Professor in Health Policy at Bloomberg School of Public Health; recently named Chair of the health policy and management department at the Milken Institute School of Public Health, George Washington University), and **Dr. Harolyn Belcher**, Director of the Center for Diversity in Public Health Leadership Training, Kennedy Krieger Institute, and associate professor of Pediatrics, Johns Hopkins University School of Medicine.

Catherine Will, manages the Summer Internship Program (SIP) which is entering their 23rd year. **Dr. Katherine Wilson** along with a host of faculty members provide mentorship and research laboratory experience to students of diverse backgrounds, including underrepresented minority students, students from economically disadvantaged and underserved backgrounds and students with disabilities that have completed one - two or more years of college. The purpose of this exposure to biomedical and/or public health research is to encourage students to consider careers in science, medicine and public health. Since 2005, the Department of Neurology has hosted the **Johns Hopkins Internship in Brain Sciences Program (JHIBS)**, an eight-week summer workplace mentoring program that targets high-achieving, under-represented minority high school juniors and seniors from schools in Baltimore City and the surrounding metropolitan area, with an interest in science or medicine. Under the directorship of **Dr. Amanda Brown**, Assistant Professor of Neurology, an average of 10-20 selected interns conduct a clinical or basic science research project, attend neurology and psychiatry clinics, and are exposed to career enrichment seminars including sessions with successful Johns Hopkins minority faculty members.

Faculty members serve as mentors for various JHUSOM-sponsored pipeline programs. One example, **Dr. Rafael Guerrero-Preston**, Assistant Professor of Otolaryngology-Head and Neck Cancer and Oncology, has hosted over thirty culturally diverse students in his laboratory, some of which are now medical students, biomedical doctoral students, post-doctoral researchers or Assistant Professors.

Co-Directors, **Dr. Fred Bunz** (Associate Professor of Radiation Oncology and Molecular Sciences) and **Dr. Richard Zellars** (former Associate Professor in Radiation Oncology and Molecular Sciences, currently Professor and Chairman of the Department of Radiation Oncology at Indiana University) oversee the **Cancer in the Under-Privileged, Indigent, or Disadvantaged (CUPID) Summer Translational Research Program**, which is an NCI-funded, bi-institutional oncology fellowship with an emphasis on laboratory-based research. CUPID fellows are US medical students who have completed their first year of training, who have demonstrated a commitment to caring for underserved populations, and who are beginning to explore careers in Oncology.

Dunbar High School Hopkins Partnership in existence for over thirty-five years, this partnership between Johns Hopkins and Dunbar High School in Baltimore City encourages students to reach their fullest potential by preparing them for entrance into post-secondary education institutions and/or careers in health care. Students have access to resources that help them increase test scores, broaden their awareness of biotechnology and health professions, and expose them to overall academic enrichment and personal development.

Henderson-Hopkins: Another Johns Hopkins Partnership is with the Elmer A. Henderson elementary school and the Harry and Jeanette Weinberg Early Childhood Center, together called Henderson-Hopkins, the first new Baltimore public school built in more than 20 years near Johns Hopkins Hospital. Envisioned to catalyze the revitalization of East Baltimore, the project integrates innovative educational facilities with community and recreational resources and reflects the neighborhood's urban fabric.

C. Discuss any recent or historical challenges to diversity, esp. in the areas of recruitment and retention. Provide detail regarding those departments or units requiring special attention.

Most department directors and faculty members agree that having a diverse faculty is a desirable goal, but many departments have serious difficulties in executing this goal. Lack of diversity is most prevalent amongst the basic science departments, yet there are also a number of clinical departments that could be enhanced as well. Detailed faculty URM demographics are shown in Tables 6 and 7.

Faculty Departures

Overall, departure rates are considered rare across JHUSOM departments. As an example, within the Department of Medicine, which is the largest department, there has been a departure rate of 3% per year over a four-year period. Sixty percent of these departures were due to recruitment to another academic Institution, 30% related to assumption of a clinical position outside the institution, 10% related to life events, and three to four individuals left due to terminal contracts.

Challenges and Recommendations:

1. Despite providing unconscious bias training for search committees, the lack of a designated diversity advocate to provide continuity and guidance during the entire search process there appears to be a limited the long term effect of the training.

2. The designated diversity advocate can be any person regardless of race, gender, religion, sexual orientation or any other demographic attribute. However, the designated diversity advocate ideally should not be the chair of the search committee. It is unnecessary for this person to be a member of an underrepresented group. For small departments, consideration of an outside faculty member from another department with relevant expertise could also serve in this capacity.
3. URM recruitment should be an on-going effort throughout the academic year, to build diversity colleagues and potential faculty recruit when a faculty vacancy occurs.
4. Engagement of "upstream recruitment" efforts should be considered that would involve providing financial support for networking and recruiting activities that take place outside of formal searches. One approach is having current faculty attend national minority professional organizations and annual conventions/meetings, serving as a Faculty Ambassador, depending upon the fields from which JHUSOM departments will be recruiting faculty.
5. JHUSOM faculty, affinity and networking group members should be engaged in meeting with prospective candidates during on-campus interviews, to be ambassadors for recruitment. Women and underrepresented minority candidates may question the institution's commitment to diversity and inclusion when individuals or groups listed on their visit itinerary do not fulfill their obligations and this should be made clear to all faculty invited to meet with prospective candidates.
6. Departures of diverse faculty members should be addressed more systematically. Exit interviews are managed by the Office of Faculty Development, which are entirely voluntary, and only a small percentage participate. Underrepresented faculty may be more reluctant to share their opinions to JHUSOM offices and its affiliates. In-depth qualitative information ascertained by the Associate Dean for Diversity can be used to inform retention efforts. Implementing formalized exit interviews by independent vendors should also be considered.
7. Establish an annual "Mentoring Bootcamp" for clinical and basic science department directors.
8. Develop innovative programs that focus on supporting and promoting the careers of underrepresented faculty to retain faculty.

Individual Departments

Thirty-one **department directors** were emailed a 5-item survey to collect valuable information about faculty diversity to assess departmental effort and identify challenges. While the response to the survey was limited it did provide departmental perspectives and challenges concerning the recruitment and retention of diverse faculty.

To supplement feedback from this survey, the Office of Diversity and Cultural Competence held focus group sessions with the departmental-diversity leads to delve deeper into issues pertained to faculty diversity (recruitment and retention); pipeline programs, and challenges/barriers that might impede progress.

Several departments have faculty diversity councils/committees to oversee diversity efforts: Dermatology, Neurology, Ophthalmology, Otolaryngology, Pathology, Pediatrics, Radiology and Radiological Sciences, Surgery and Urology. All of whom were invited in addition to the **Director and Associate Dean of the Office of Women in Science and Medicine, Assistant Dean of Student Diversity Affairs, Associate Dean for Postdoctoral Affairs, and Associate Dean for Graduate Medical Education** to participate in either one of two focus group sessions. A Doodle was generated to identify an optimal date. Fifteen were invited and **10** participated in a 1-hour focus group discussion on Thursday, February 18, either in a morning or afternoon session; there were five participants in each session.

Based on both the questionnaire (see Appendix A) and the follow-up group discussions, several overarching and interrelated themes emerged as follows:

Successful Efforts/Initiatives

- Established faculty diversity council/committee/task force
- Visiting URM Professor/Lecture series
- Recruitment outreach (i.e., calls to other department chairs/program leaders)
- Use of Mosaic program – former JHU diversity recruitment initiative
- Increase the [proportion] of faculty appointments via national searches, rather than from the pipeline of talented JHH trainees
- Diverse search committees (gender, race, ethnicity, department affiliation)
- Specific-department mission statement emphasizing commitment to diversity and inclusion in alignment with excellence
- Specific position i.e., vice-chair, director of diversity and inclusion, created to lead the efforts to fulfill principles stated in their mission statement
- Expressed commitment to advancing a culture of professionalism that supports excellence in all mission areas and inclusion of an increasingly diverse workforce, the department committed itself to engaging faculty and residents in multiple opportunities for self-assessment, reflection and improvement

- Held faculty development and workshops on mentorship, conflict resolution, and provided feedback
- Recruitment is aligned with interests and strengths along with career development opportunities and appropriate mentorship
- Creation of faculty mentoring programs, some are women faculty specific
- Women Task Force
- Meetings with URM medical students and other medical schools to introduce them to specialty
- Search committee best practices and bias training offered by Associate Dean of Diversity
- Regular reporting at faculty meetings of searches and results of searches relative to diversity
- established "fund to foster diversity" endowment (>\$100K) - to recruit URM medical students to train in our department
- Created a program for URM to take electives in our department, all expenses are paid for.
- Developed a brochure to promote program and its commitment to diversity
- Latino Honors Society
- Visits historically black medical schools, i.e., Morehouse, Meharry, to talk about Hopkins, the university and department
- Explicitly specify in faculty vacancy announcement the university's commitment to actively recruit diverse faculty and student body
- Creation of James Hildreth Lecture series (Basic Sciences)
- Timing of faculty meetings adjusted to facilitate attendance with family obligations
- Website highlights department diversity efforts
- Clerkship for visiting URM students

Challenges:

- Few opportunities to hire diverse candidates into certain Departments due to few recruitments or limited search efforts.
- Limited pipeline because of low representation in certain specialties of national pool of diverse candidates.
- Recruited away by opportunities for career advancement and become leaders at other academic institutions (identified as a success).
- Recruitment at the resident level is critical to building a diverse faculty.
- Diversity efforts are often undermined by increasing burden of compliance, under-resourced deployment of an inadequate healthcare software system, and overwhelming pressures for expense reduction.
- Retention
- Ensuring climate is welcoming and supportive.
- Clinical departments hire based on specific need/specialty, rather than to create opportunities for most talented/diverse trainees.
- Lack of funds- most clinical departments do not receive financial package to recruit faculty; constrained departmental reserves.
- Difficulty with offering competitive packages (salary, start-up funds).

The Department of Medicine has made its residency and fellowship recruiting processes focused on recruitment of diverse candidates and has increased the diverse applicant pool by broadening the candidates that are considered. This has resulted in 20% (median value) URM residents from 2003-2011 in the Osler Residency Program, one of the most prestigious medical residency in US Medical Schools and 39% (median) URM in the Bayview Medical Residency Program (data from 2006-2011). Further, their Fellowship Program recruiting process has also been realigned and they have 25% URM fellows (median value from data 2007-2011). Recent data from 2015 indicate that URM faculty in the Department of Medicine reflect the following: 12% are URM Assistant Professors, 8% URM Associate Professors, and 4% URM Professors. This is significantly higher than the SOM overall, as well as the national average for other Departments of Medicine. The Department of Medicine approach to URM recruitment of residents and fellows should be used as a best practice to increase the pipeline of URM faculty in departments such as Pediatrics, Surgery, Physical Medicine and Rehabilitation that have a potential for increased URM pipeline.

Parts II & III: DIVISIONAL GOALS/STRATEGIES

RECRUITMENT AND RETENTION PRIORITIES

1.0 Improve cultural awareness and develop an environment in which diversity is valued and encouraged. Assessment will be done of the current climate of cultural awareness and the value of diversity.

1.1. Identify the current attitudes and the value of diversity in the JHUSOM faculty and department leadership. Implement a **Diversity Climate Assessment Survey** independent of Faculty Satisfaction Survey (FSS). The FSS is not a “campus climate” survey per se, yet it includes questions related to institutional climate. URM faculty members in departments with relatively few URMs are less inclined to complete sensitive questions/questionnaire. Results are aggregated in these cases to ensure confidentiality.

1.1.1. **Recommendation:** The AAMC Diversity Engagement Survey (DES) is a tool to inform diversity action plans. In collaboration with the University of Massachusetts Medical School (UMMS) and DataStar, the AAMC created the DES, which is 22 items long and can be administered to students, faculty, and staff.

The entire survey takes less than 10 minutes for participants to complete. Gleaned from the literature on workplace inclusion, eight (8) inclusion factors and three (3) workforce engagement clusters were identified and mapped to the 22 survey items. There is a minimal response burden, and the rich analyses will allow institutions to develop a meaningful inclusion scorecard that characterizes their progress toward creating an inclusive work environment.

1.2. Establish a **Diverse Faculty Advisory Board** charged with identifying diverse talent (faculty at all ladder ranks and department leadership) for recruitment and retention and formal oversight of these processes.

1.3. Identify and recruit eminent URM scholars.

1.4. Current annual seminar series invite a prominent underrepresented faculty to JHUSOM for the lecture and to meet faculty and leaders, allowing the current faculty to “check them out” while, at the same time, providing them with an opportunity to share their research and experience. This would broaden the potential recruitment pool and impact the recognitions of URM scientists and clinicians.

2.0 Improve recruitment processes and practices for underrepresented faculty by utilizing best practices developed by the Office of Diversity and Cultural Competence.

2.1. Identify a **Diversity Advocate** to serve on all major search committees (faculty search, advancement/promotion, executive committee) throughout the entire search process, from start to finish.

- 2.2. Perform a systematic review of all recruitment and hiring strategies, to create a standardized system with transparency across all departments to ensure that all faculty recruitments are performed with one of the goals being to address the diversity composition of the department/division/center being recruited to.
- 2.3. Provide greater visibility for prospective faculty and leadership candidates to meet diversity officers (i.e., departmental diversity council/committee leads, Associate Dean of Women in Science and Medicine) and underrepresented faculty during the search process.
- 2.4. Maintain ongoing benchmarks of JHUSOM efforts to diversify faculty compared to peer institutions.
- 2.5. Conduct annual reporting by Department Directors in which each department describes the efforts to diversify their faculty and their faculty pipeline (i.e. URM student, resident and fellowship programs) with longitudinal reporting of demographic data. Both the Dean and the Office of Diversity and Inclusion will oversee these efforts.
- 2.6. All departments should have a plan for recruitment of URM residents and fellows to strengthen the medical pipeline.
- 2.7. Develop a toolkit (see Appendix B) for recruiting and retaining diverse faculty (i.e., best practices” adopted by peer institutions) to assist all Department Directors, division chiefs and search committees and assist them in achieving their diversity and inclusion goals.
- 2.8. Minimize the “cultural taxation” burden, which refers to the unique burden placed on diversity and inclusion related university service, for faculty who serve in major leadership roles, i.e., University-wide Diversity Leadership Council, departmental diversity faculty standing committees/councils, and other relevant service.
 - 2.8.1. **Recommendation:** Earmark 5-10% salary allocation for diversity and inclusion service on departmental/university standing committees.

TIMELINE

YEARS 1-3 JHUSOM DIVISIONAL GOALS/STRATEGIES

UNDER DISCUSSION BY JHUSOM LEADERSHIP

APPENDIX A

What departmental efforts have been made to increase recruitment and retention of diverse faculty?

Involvement of James Paige for suggestions. Departmental discussions about the importance of diversity and the concept of implicit bias. Special consideration of applications for positions. Use of the Mosaic program.

Specific efforts have been made in recruitment outreach (specific calls to other department chairs/program leaders) to identify candidates that may not have responded to our routine search methods. These efforts include all ranges of diversity to include gender, race/ethnicity and sexual orientation.

Diversity is of course a consideration in faculty recruitment. To ensure this, the Department increased the fraction of faculty appointments via national searches, rather than from the pipeline of talented trainees already on-site. The composition of the search committees is intentionally diverse, not just for gender, race, ethnicity, etc., but for participants from outside the Department. Interestingly, because diversity is also a significant consideration in the selection of trainees, as the national search tactic has been deployed, the trainee population has become far more diverse than pool of available talent nationally. Remember, the Department manages the institutional Cancer Center, with >250 members from 33 Departments in 5 Schools at JHU. Specifically, the Cancer Center acts to work with many different Departments/Schools in faculty recruitment. In the past five years, 39% of the newly recruited faculty Cancer Center members, from across all of the Departments, are women. Gender diversity is increasing in cancer medicine here and elsewhere as a national trend. Currently, two of the most senior leaders, the Cancer Center Deputy Director and the Medical Director of Oncology, are both women (named to these positions within the past couple of years), along with the Chief Administrator and Director of Nursing. ***Oncology Department***

Cell Biology has only had one recent opportunity to recruit a new faculty member. We have had an instance of creating a retention package for one of our female faculty members. They were offered assistance in support for lab members to minimize the impact to their sponsored funding levels or having to utilize discretionary ***Cell Biology Department***

The department utilized three on-line sites for our recent faculty recruiting effort, Nature Jobs, Academic Jobs on-line and Science Careers. These sites are the primary avenues utilized for faculty recruitment. The following was included on the position posting: “The Johns Hopkins University is committed to active recruitment of a diverse faculty and student body. The University is an Affirmative Action/Equal Opportunity Employer of women, minorities, protected veterans and individuals with disabilities and encourages applications from these and other protected group members. Consistent with the University’s goals of achieving excellence in all areas, we will assess the comprehensive qualifications of each applicant.

The representation of African-Americans among medical/pediatric oncologists and cancer researchers remains low here and nationally. Thus far, the most successful tactic for recruitment of African-Americans to the cancer enterprise generally has been to build academic programs in cancer health disparities, a strategy that has worked better in cancer research than in cancer medicine. Our experience reflects these national trends: as we have built health disparities programs as a Cancer Center, principally by supporting the recruitment of behavioral epidemiologists, etc., at the School of Public Health, we have been able to recruit more African-American Cancer Center members. Finally, since no one else has made this argument, I believe we need to think through the whole notion of retention as an innate value. If we train, mentor young faculty, and provide opportunities for career advancement to a diverse collection of talented people, we should hope that many will leave Johns Hopkins to be leaders elsewhere. In fact, I believe that the best prospects to increase diversity among our faculty ranks is to have a diverse collection of faculty members move on to great opportunities throughout academic medicine.

Oncology Department

In order to create a culture of diversity the department created a diversity committee in 2004, whose charge was to facilitate a climate of inclusion. The first charge of this committee was to define the diversity mission of the department, “The Johns Hopkins Department of Otolaryngology-Head & Neck Surgery...is committed to sharing values of diversity and inclusion in order to achieve and sustain excellence...We can best promote excellence by recruiting and retaining a diverse group of students, residents, faculty and staff by creating a climate of respect that is supportive of their success. This climate for diversity, inclusion and excellence is critical to attaining the best research, scholarship, teaching, health care and other strategic goals of the department....” The department created the position of director of diversity and inclusion, to lead the efforts to fulfill that principles stated in this mission statement. To familiarize the existing faculty with the mission statement, the need to improve diversity, and the benefits to patient care and research that can be achieved with a diverse faculty, a daylong “diversity retreat” was held with the faculty. During the retreat, potential barriers and solutions to increasing diversity were discussed, as well as ways to create an environment supportive of all colleagues regardless of gender or minority status. Ongoing efforts throughout the years have continued these efforts with speakers and book clubs to discuss advancement of women and minorities in medicine. In addition, prominent women and URM leaders in academic medicine

have been invited to lecture to the department on a regular basis, and an endowed annual lectureship was created in order to recognize women leaders in otolaryngology. The departmental diversity committee also continues to serve as a resource for faculty who wish to address issues of diversity and inclusion, and individual faculty can approach the committee with concerns in a confidential manner. With the goal of continuously advancing a culture of professionalism that supports excellence in all mission areas and inclusion of an increasingly diverse workforce, the department committed itself to engaging faculty and residents in multiple opportunities for self-assessment, reflection and improvement. In addition the diversity committee, the department created a professionalism committee, held faculty development and workshops on mentorship, conflict resolution, and providing feedback. These efforts further contributed to advancing the professional and inclusive climate of the department. Efforts at improving the climate of diversity and inclusion were paired with a firm commitment by departmental leadership to support the diversity mission, and to recruit qualified women and URM for open faculty positions. The department's principle of recruitment is to align interests and strengths with career development opportunities and appropriate mentorship. For example, 3 women faculty members have completed Masters in Public Health training programs that were completed within the first 3 years as part of their recruitment package. The department also performed an internal audit of salary by rank, subspecialty, gender, and minority status. The results of this audit revealed a discrepancy in the salary of women compared to male peers. In response to this, the departmental leadership corrected this difference, and there are continued processes in place annually to monitor the salaries annually of women and URM in comparison to their peers. In the past 10 years, both the department and institution led a campaign to increase mentorship to women and URM. The department regarded mentorship to be a key component in the retention of women and URM faculty. The Department of Otolaryngology created a "women in otolaryngology" mentorship program, which meets regularly to include women faculty, fellows, and residents. The purpose of the mentorship program is not only to allow younger faculty and trainees to connect with women mentors in the department, but also to discuss practical approaches to work-life balance, discuss networking opportunities in the specialty, and to present strategies for professional advancement. On the institutional level, an Office of Women in Science in Medicine was created, offering mentorship across departments, structured curriculum for women on how to advance their careers, routine lectures on issues of particular importance to women in academic medicine, and a leadership program for women faculty. The institution created several programs targeted towards URM faculty focusing on peer support and mentorship planning for URM faculty, headed by the Assistant Dean of the Office of Diversity and Cultural Competence. **Otolaryngology Department**

What are some of the departmental challenges with respect to increasing faculty diversity, especially in the areas of recruitment and retention?

regarding recruitment, there is a pipeline issue for retention, making faculty feeling welcome and supported

We have had no challenges in recruiting a diverse faculty in terms of gender. We have specifically targeted recruitment to the best candidates and at least 50% of the time, it is a woman who is selected, to include two of our 4 major leadership positions in the department. The primary issue in recruitment of underrepresented minorities is that our field has a lack of diversity in the pipeline of candidates from medical school to residency. The other challenge I faced this year in the recruitment of a very talented mid-level faculty member who happened to be a hispanic women, was the the lack of institutional support for spouse placement. This ultimately resulted in our loss of the candidate.

Our department does not receive financial packages to help recruit and we are constrained from using departmental reserves to recruit Our specialty receives fewer applicants from groups considered underrepresented in medicine than do many other Subspecialty areas We don't typically have retention issues for faculty, underrepresented or otherwise. We do sometimes lose faculty because they have spouses who are reassigned to another city.

The primary challenge is being provided the opportunity to recruit new faculty, financial resources are not available. When we are able to recruit we will be utilizing the site Academic Diversity Search which specifically targets women and minorities.

The greatest challenge is that the national pipeline of talent is neither diverse nor representative; the good news is that our trainee pipeline appears to better the national talent pool. Providing career opportunities to our trainees may be a great avenue to augment diversity/representation. However, with the current financial constraints, we need to recruit faculty with specific specialty skills reactively- to fill a very specific need, rather than create career opportunities for our most talented (and most diverse) trainees.

During departmental recruitment efforts of women and URM faculty, the need to increase the pipeline of URM became particularly apparent, and the department created a program to recruit talented medical students to the specialty. A clerkship for visiting URM students interested in the specialty of otolaryngology-head and neck surgery was created. This program pairs visiting students with a faculty mentor, and provides financial support for travel/living expenses. Nineteen URM students have participated in the program, and six have successfully matching in to otolaryngology residency training programs. Three of these students who participated in this program are in the otolaryngology-head and neck surgery residency program at Johns Hopkins. The diversity committee has also reached out to local medical student groups of URM and women, and has provided opportunities for those students interested in otolaryngology-head and neck surgery to spend time with faculty members.

Money! We recently tried to recruit an URM to Hopkins and we were unable to match the recruitment package he wanted, both in terms of salary and start-up funds.

APPENDIX B

RESOURCES

SEARCH TOOLS

[Interfolio by Committee](#) – an online platform for conducting faculty searches, that allows for uniform collection of applicant data. Interfolio has been in use for some time by WSE, KSAS, and CBS. Faculty in those divisions have given positive feedback on the system’s ease of use and increased efficiencies for conducting searches. Most importantly, Interfolio will allow you to collect the critical data needed to begin systematically evaluating the extent to which your searches are inclusive and diverse.

[National Center for Faculty Diversity and Development \(NCFDD\)](#) – Johns Hopkins has obtained an institutional membership to the NCFDD, an independent professional development, training, and mentoring community of over 71,000 faculty members, postdocs, and graduate students. The organization is dedicated to supporting academics in making successful transitions throughout their careers. NCFDD offers on-campus workshops, professional development training, and intensive mentoring programs. Our institutional membership covers all faculty, postdocs, and graduate students at JHU, in all schools and divisions, providing them with access to all online resources, including webinars, online multi-week courses, job boards, discussion boards, and access to other faculty from other institutions.

AAMC PROGRAMS

Building the Next Generation of Academic Physicians (BNGAP)

The AAMC has partnered with Building the Next Generation of Academic Physicians (BNGAP) to provide early career pipeline programs to encourage medical students and residents that are underrepresented in medicine tailored to encourage trainees (medical students, residents, PhDs) who are underrepresented in medicine (women, LGBTQ, and racial and ethnic minorities) to explore a career in academic medicine.

[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](#)

This presentation, created for academic medicine audiences, is designed to acquaint search committees and others with this research as one step toward mitigating the effects of unconscious bias.

Every Day Bias Workshop for Healthcare Professionals

The AAMC has partnered with Cook Ross, Inc., a leading consulting firm in the country, to create the training in the science behind unconscious bias to help academic medical staff and faculty mitigate disparities across the medical education continuum.

The course is an evidence-based, dynamic one-day workshop in which you will explore how your assumptions impact choices around communication, innovation, hiring, engagement, management, promotion, marketing, and building organizational culture. This unique professional development opportunity is aimed at diversity leaders in academic medicine and other professionals in healthcare and biomedical research.

AAMC LGBT, Gender Nonconforming, and DSD Health Faculty Development Video Series

In collaboration with the Josiah Macy Jr. Foundation, the AAMC is releasing faculty development videos on LGBT and DSD health care throughout 2015 and 2016. These videos, organized around 15 topical LGBT and DSD health care areas, will assist faculty in developing the skills needed to effectively teach LGBT and DSD health to medical students.

Diversity and Inclusion Culture & Climate Self-Assessment Tool and Scorecard

The AAMC's Diversity Policy and Programs unit, in conjunction with the Association of Public and Land Grant Universities/Coalition of Urban Serving Universities (APLU/USU), received a grant from the California Wellness Foundation in October 2015. The grant will allow for the development of a tool that will assist leaders in measuring campus climate and culture and in making changes across the institution that support the success of diverse students and faculty in the health professions. This self-assessment tool will be developed by content area experts and will be based on the AAMC's previously developed Diversity 3.0 Framework. The tool and scorecard will be piloted at eight California public medical schools and health professional schools and will result in a validated self-assessment tool and scorecard that will enable universities to systemically measure and improve programs, practices, and policies to increase the success their of diversity and inclusion efforts in medicine and the health professions.

Diversity Engagement Survey (DES) Publication

A cadre of GDI leaders and AAMC staff recently published *Measuring Diversity and Inclusion in Academic Medicine: The Diversity Engagement Survey*. The report discusses the Diversity Engagement Survey (DES) as a diagnostic and benchmarking tool in order to produce a culturally competent healthcare workforce that advances high-quality research.

Enhancing Institutional Diversity through Inclusion of All Sexual Orientations and Gender Identities

This webinar thoroughly defines diversity and addresses the need to include sexual orientation, gender identity, and gender expression in an academic health center's vision for diversity. Presenters highlight both actions taken by institutions in order to

include all sexual orientations and gender identities, and key elements in their diversity strategies. It also identifies institution-specific opportunities to incorporate sexual orientations and gender identity into pre-existing diversity initiatives.

Mid-Career Minority Faculty Development Seminar (Mid-C MinFac)

The Mid-C MinFac Seminar is designed for individuals at the associate professor level and addresses the specific needs of mid-career faculty from a culturally responsive approach offering skill building and strategies for pursuing career advancement in academic medicine, networking opportunities, executive coaching sessions, curriculum vitae review for career development planning, as well as observational learning opportunities where participants will be matched with a senior faculty member outside of their institution.

JHUSOM Diversity Recruitment and Retention Programs - Proposed

Program	Description	Transition	Contact/Office
Holistic Review in Graduate Medical Education	New program to be offered by the Office of Graduate Medical Education, which will offer training for residency program directors, department chairs, and others involved in the resident selection process on how to incorporate a holistic approach (using a variety of data) when making selection decisions.	Medical Student to Resident	Office of Graduate Medical Education
GME Ambassador Programs	JHUSOM sends ambassadors (residents and faculty) to national and regional meetings for student organizations for medical student groups from traditionally underrepresented in medicine (UIM). This includes the Student National Medical Association (SNMA) Annual Medical Education Conference and the Latino Medical Student Association (LMSA) national conference.	Medical Student to Resident	Office of Graduate Medical Education
Dean's Strategic Plan Hire Initiative	To assist with recruitment and retention of faculty who share our commitments to diversity and service to underserve or vulnerable populations, each year the Dean's Office will award up to eight grants to support activities related to our tripartite mission. These grants will provide critical support that will allow faculty to develop their academic interests as well as pursue activities that contribute to the community. These grants are not to be use as salary increases.	Resident/Fellow to Junior Faculty and Faculty Recruitment	Dean's Office/Vice Dean of Faculty
Faculty Ambassador Program	Program to support faculty to attend meetings (associations, specialty groups, etc.) to recruit potential diverse faculty to JHUSOM	Faculty Recruitment	ODI/ODCC
Underrepresented in Medicine Mentoring Program	The Underrepresented in Medicine Mentoring Program		OFD/ODI/ODCC
Equality in Medicine Workshop	The Equality in Medicine workshop is a dialogue-based workshop structured to explore identity, culture, discrimination, and social justice. The workshop provides an opportunity for self-reflection and learning through improving understanding of power imbalances between and within social identity groups. Through participation in the five sessions students will explore and challenge their own implicit biases, learn a shared vocabulary and framework to consider inequities and power dynamics, and improve their understanding of allyhood. Equality in Medicine will serve as	Medical Student to Resident	Office of Student Diversity

an initial step to developing a skill set that is critical to enhancing their professional or academic careers.

Diversity & Inclusion: Difference Matter- Eye-Opening Conversations	The Differences Matter Eye Opening Conversations is a series of moderated discussions sponsored by the School of Medicine’s Dean Office and the Office of Diversity and Cultural Competence as a commitment to conduct community dialogues on the experience of underrepresented populations in health, health care and academia. Topics will include: religion, gender, sexual orientation, disability and special populations.	Medical Student/Resident/Fellow/Faculty	Dean’s Office
Diversity Events/Awareness	Ongoing events sponsored by Office of Inclusion & Diversity	Medical Student/Resident/Fellow/Faculty	ODI/ODCC
Unconscious Bias Training	The JHUSOM Unconscious Bias Education Initiative is a program designed to educate faculty, staff, students and trainees (residents and fellows) on the impact of unconscious bias. 60 to 90 minute presentations are available throughout the Office of Diversity and Cultural Competence. Website solely on UB proposed.	Medical Student/Resident/Fellow/Faculty	
Annual Health Disparities Research Symposium	An annual symposium highlighting faculty and trainee research on health disparities with oral presentations and posters. JHUSOM has a multitude of researchers with national and international prominence in disparities research and this symposium will provide a forum to showcase the breadth and depth of this work. This contributes to community-building and may help with recruitment and retention.	Medical Student/Resident/Fellow/Faculty	Health Disparities Centers/EL Centro Sol
Exit Interviews		Medical Student/Resident/Fellow/Faculty	OFD/ODCC
Cultural Competency Curriculum	Funds provided for interdisciplinary scholarship on topics related to equity, inclusion, and diversity, in an effort to strengthen the curriculum in these areas and to recognize excellence in these important fields of inquiry.	Medical Student/Resident/Fellow/Faculty	
Pipeline Programs		Pre-/Post-baccalaureate of Medicine.	
Annual Nomination of Women of Color for Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) program	ELAM is a core program of Drexel University’s International Center for Executive Leadership in Academics, housed at the Institute for Women’s Health and Leadership® at Drexel University College of Medicine in Philadelphia. The Institute continues the legacy of advancing women in medicine that begin in 1850 with the founding of the Female Medical College of Pennsylvania, the nation’s first women’s medical school and a predecessor of today’s Drexel University College		

**** Invited, unable to attend**

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Chair, Otolaryngology Diversity Committee
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Leslie Mangold, MS

Research Administrative Manager
Residency Coordinator, Department of Urology
Co-Chair, Urology Diversity Committee
Johns Hopkins School of Medicine

Ginette Okoye, MD

Associate Professor
Department of Dermatology
Director, Ethnic Skin Program
Johns Hopkins School of Medicine

Arman Rahmim, MD

Chief Physicist, Section of High Resolution Brain PET Imaging, Division of Nuclear Medicine
Associate Professor of Radiology and Radiological Science
Chair, Radiology and Radiological Science Faculty Diversity Committee
Johns Hopkins School of Medicine

Adrienne Scott, MD

Assistant Professor of Ophthalmology
Medical Director, Wilmer Eye Institute - Bel Air
Co-Chair, Ophthalmology Diversity Committee
Johns Hopkins School of Medicine

Daniel H. Teraguchi, PhD

Assistant Dean for Student Affairs
Director, Office of Student Diversity
Assistant Professor of Pediatrics
Johns Hopkins School of Medicine

Maria Trent, MD**

Associate Professor
Department of Pediatrics
Chair, Pediatrics Diversity Committee
Johns Hopkins School of Medicine

Juan Troncoso, MD**

Professor of Pathology
Director, Clinical and Neuropathology Core
Chair, Pathology Diversity Committee
Johns Hopkins School of Medicine

Martha A. Zeiger, MD**

Associate Dean for Postdoctoral Affairs
Professor of Surgery, Oncology and Cellular and Molecular Medicine
Associate Vice Chair of Research, Department of Surgery
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Charlene Gamaldo, MD

Associate Professor of Neurology
Director, Johns Hopkins Center for Sleep
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Rachel E. Salas, MD

Associate Professor of Neurology
Assistant Director, Johns Hopkins Center for Sleep
Johns Hopkins School of Medicine

AVAILABILITY POOLS – FACULTY BY
GENDER, DEPARTMENT & RANK
SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	Male	Female	Total	Percent Female
ANATOMY	1. Professor	410	128	538	24%
	2. Associate Professor	253	116	369	31%
	3. Assistant Professor	220	121	341	35%
	4. Lecturer	29	38	67	57%
	Total	912	403	1,315	31%
BIOCHEMISTRY	1. Professor	810	211	1,021	21%
	2. Associate Professor	350	161	511	32%
	3. Assistant Professor	357	199	556	36%
	4. Lecturer	59	37	96	39%
	Total	1,576	608	2,184	28%
MICROBIOLOGY	1. Professor	575	191	766	25%
	2. Associate Professor	290	132	422	31%
	3. Assistant Professor	251	159	410	39%
	4. Lecturer	30	29	59	49%
	Total	1,146	511	1,657	48%
PATHOLOGY (BASIC)	1. Professor	354	133	487	27%
	2. Associate Professor	233	141	374	38%
	3. Assistant Professor	230	241	471	51%
	4. Lecturer	18	24	42	57%
	Total	835	539	1,374	39%
PHARMACOLOGY	1. Professor	568	152	720	21%
	2. Associate Professor	266	104	370	28%
	3. Assistant Professor	265	123	388	32%
	4. Lecturer	49	25	74	34%
	Total	1,148	404	1,552	26%
PHYSIOLOGY	1. Professor	555	130	685	19%
	2. Associate Professor	233	79	312	25%
	3. Assistant Professor	198	125	323	39%
	4. Lecturer	40	33	73	45%
	Total	1,026	367	1,393	26%
OTHER BASIC SCIENCES	1. Professor	1,442	482	1,924	25%
	2. Associate Professor	784	465	1,249	37%
	3. Assistant Professor	886	623	1,509	41%
	4. Lecturer	105	111	216	51%
	Total	3,217	1,681	4,898	34%

Source: AAMC Faculty Data, 2014

AVAILABILITY POOLS – FACULTY BY
GENDER, DEPARTMENT & RANK
SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	Male	Female	Total	Percent Female
ANESTHESIOLOGY	1. Professor	807	187	994	19%
	2. Associate Professor	905	346	1,251	28%
	3. Assistant Professor	2,073	1,154	3,227	36%
	4. Lecturer	331	368	699	53%
	Total	4,116	2,055	6,171	33%
DERMATOLOGY	1. Professor	190	86	276	31%
	2. Associate Professor	110	80	190	42%
	3. Assistant Professor	200	239	439	54%
	4. Lecturer	47	63	110	57%
	Total	547	468	1,015	46%
EMERGENCY MEDICINE	1. Professor	350	64	414	15%
	2. Associate Professor	455	148	603	25%
	3. Assistant Professor	1,201	638	1,839	35%
	4. Lecturer	131	103	234	44%
	Total	2,137	953	3,090	31%
FAMILY MEDICINE	1. Professor	478	184	662	28%
	2. Associate Professor	519	355	874	41%
	3. Assistant Professor	1,243	1,231	2,474	50%
	4. Lecturer	132	243	375	65%
	Total	2,372	2,013	4,385	46%
INTERNAL MEDICINE	1. Professor	5,842	1,423	7,265	20%
	2. Associate Professor	4,335	2,142	6,477	33%
	3. Assistant Professor	7,804	5,561	13,365	42%
	4. Lecturer	1,451	1,516	2,967	51%
	Total	19,432	10,642	30,074	35%
NEUROLOGY	1. Professor	982	218	1,200	18%
	2. Associate Professor	570	278	848	33%
	3. Assistant Professor	934	739	1,673	44%
	4. Lecturer	159	169	328	52%
	Total	2,645	1,404	4,049	35%
OSTETRICS & GYNECOLOGY	1. Professor	674	267	941	28%
	2. Associate Professor	509	445	954	47%
	3. Assistant Professor	754	1,437	2,191	66%
	4. Lecturer	96	360	456	79%
	Total	2,033	2,509	4,542	55%
OPHTHALMOLOGY	1. Professor	557	122	679	18%
	2. Associate Professor	320	158	478	33%
	3. Assistant Professor	505	361	866	42%
	4. Lecturer	126	86	212	41%
	Total	1,508	727	2,235	33%
ORTHOPAEDIC SURGERY	1. Professor	657	51	708	7%
	2. Associate Professor	577	89	666	13%
	3. Assistant Professor	1,012	212	1,224	17%
	4. Lecturer	118	60	178	34%
	Total	2,364	412	2,776	15%

Source: AAMC Faculty Data, 2014

AVAILABILITY POOLS – FACULTY BY
GENDER, DEPARTMENT & RANK
SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	Male	Female	Total	Percent Female
OTOLARYNGOLOGY	1. Professor	386	50	436	11%
	2. Associate Professor	257	89	346	26%
	3. Assistant Professor	394	179	573	31%
	4. Lecturer	49	73	122	60%
	Total	1,086	391	1,477	26%
PATHOLOGY (CLINICAL)	1. Professor	926	302	1,228	25%
	2. Associate Professor	496	327	823	40%
	3. Assistant Professor	625	551	1,176	47%
	4. Lecturer	89	84	173	49%
	Total	2,136	1,264	3,400	37%
PEDIATRICS	1. Professor	2,356	1,099	3,455	32%
	2. Associate Professor	1,807	1,636	3,443	48%
	3. Assistant Professor	3,134	4,468	7,602	59%
	4. Lecturer	471	1,061	1,532	69%
	Total	7,768	8,264	16,032	52%
PHYSICAL MEDICINE	1. Professor	126	44	170	26%
	2. Associate Professor	144	104	248	42%
	3. Assistant Professor	268	283	551	51%
	4. Lecturer	48	54	102	53%
	Total	586	485	1,071	45%
PSYCHIATRY	1. Professor	1,351	481	1,832	26%
	2. Associate Professor	913	663	1,576	42%
	3. Assistant Professor	1,841	1,929	3,770	51%
	4. Lecturer	385	589	974	60%
	Total	4,490	3,662	8,152	45%
PUBLIC HEALTH	1. Professor	94	67	161	42%
	2. Associate Professor	68	91	159	57%
	3. Assistant Professor	103	131	234	56%
	4. Lecturer	16	33	49	67%
	Total	281	322	603	53%
RADIOLOGY	1. Professor	1,359	313	1,672	19%
	2. Associate Professor	1,145	390	1,535	25%
	3. Assistant Professor	2,379	1,055	3,434	31%
	4. Lecturer	364	210	574	37%
	Total	5,247	1,968	7,215	27%
SURGERY	1. Professor	2,873	292	3,165	9%
	2. Associate Professor	2,099	501	2,600	19%
	3. Assistant Professor	3,784	1,227	5,011	24%
	4. Lecturer	410	326	736	44%
	Total	9,166	2,346	11,512	20%

Source: AAMC Faculty Data, 2014

AVAILABILITY POOLS – FACULTY
 BY UNDER-REPRESENTED MINORITY, DEPARTMENT & RANK
 SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	FACULTY RANK		Total	Percent URM
		URM	Non-URM		
ANATOMY	5. Professor	11	527	538	2%
	6. Associate Professor	15	354	369	4%
	7. Assistant Professor	16	325	341	5%
	8. Lecturer	2	65	67	3%
	Total	44	1,271	1,315	3%
BIOCHEMISTRY	5. Professor	22	999	1,021	2%
	6. Associate Professor	21	490	511	4%
	7. Assistant Professor	29	527	556	5%
	8. Lecturer	3	93	96	3%
	Total	75	2,109	2,184	3%
MICROBIOLOGY	5. Professor	28	738	766	4%
	6. Associate Professor	27	395	422	6%
	7. Assistant Professor	32	378	410	8%
	8. Lecturer	4	55	59	7%
	Total	91	1,566	1,657	5%
PATHOLOGY (BASIC)	5. Professor	17	470	487	3%
	6. Associate Professor	22	352	374	6%
	7. Assistant Professor	42	429	471	9%
	8. Lecturer	5	37	42	12%
	Total	86	1,288	1,374	6%
PHARMACOLOGY	5. Professor	21	699	720	3%
	6. Associate Professor	26	344	370	7%
	7. Assistant Professor	26	362	388	7%
	8. Lecturer	6	68	74	8%
	Total	79	1,473	1,552	5%
PHYSIOLOGY	5. Professor	27	658	685	4%
	6. Associate Professor	22	290	312	7%
	7. Assistant Professor	29	294	323	9%
	8. Lecturer	7	66	73	10%
	Total	85	1,308	1,393	6%
OTHER BASIC SCIENCES	5. Professor	48	1,876	1,924	2%
	6. Associate Professor	53	1,196	1,249	4%
	7. Assistant Professor	83	1,426	1,509	6%
	8. Lecturer	11	205	216	5%
	Total	195	4,703	4,898	4%

Source: AAMC Faculty Data, 2014

AVAILABILITY POOLS – FACULTY
 BY UNDER-REPRESENTED MINORITY, DEPARTMENT & RANK
 SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	URM	NON-URM	Total	Percent URM
ANESTHESIOLOGY	5. Professor	27	967	994	3%
	6. Associate Professor	64	1,187	1,251	5%
	7. Assistant Professor	265	2,962	3,227	8%
	8. Lecturer	44	655	699	6%
	Total	400	5,771	6,171	6%
DERMATOLOGY	5. Professor	6	270	276	2%
	6. Associate Professor	9	181	190	5%
	7. Assistant Professor	34	405	439	8%
	8. Lecturer	6	104	110	5%
	Total	55	960	1,015	5%
EMERGENCY MEDICINE	5. Professor	11	403	414	3%
	6. Associate Professor	21	582	603	3%
	7. Assistant Professor	141	1,698	1,839	8%
	8. Lecturer	31	203	234	13%
	Total	204	2,886	3,090	7%
FAMILY MEDICINE	5. Professor	37	625	662	6%
	6. Associate Professor	69	805	874	8%
	7. Assistant Professor	298	2,176	2,474	12%
	8. Lecturer	47	328	375	13%
	Total	451	3,934	4,385	10%
INTERNAL MEDICINE	5. Professor	257	7,008	7,265	4%
	6. Associate Professor	354	6,123	6,477	5%
	7. Assistant Professor	1,109	12,256	13,365	8%
	8. Lecturer	219	2,748	2,967	7%
	Total	1,939	28,135	30,074	6%
NEUROLOGY	5. Professor	23	1,177	1,200	2%
	6. Associate Professor	24	824	848	3%
	7. Assistant Professor	107	1,566	1,673	6%
	8. Lecturer	11	317	328	3%
	Total	165	3,884	4,049	4%
OSTETRICS & GYNECOLOGY	5. Professor	60	881	941	6%
	6. Associate Professor	107	847	954	11%
	7. Assistant Professor	289	1,902	2,191	13%
	8. Lecturer	77	379	456	17%
	Total	533	4,009	4,542	12%
OPHTHALMOLOGY	5. Professor	19	660	679	3%
	6. Associate Professor	14	464	478	3%
	7. Assistant Professor	45	821	866	5%
	8. Lecturer	13	199	212	6%
	Total	91	2,144	2,235	4%
ORTHOPAEDIC SURGERY	5. Professor	14	694	708	2%
	6. Associate Professor	19	647	666	3%
	7. Assistant Professor	73	1,151	1,224	6%
	8. Lecturer	9	169	178	5%
	Total	115	2,661	2,776	4%

Source: AAMC Faculty Data, 2014

AVAILABILITY POOLS – FACULTY
 BY UNDER-REPRESENTED MINORITY, DEPARTMENT & RANK
 SCHOOL OF MEDICINE

DEPARTMENT	FACULTY RANK	FACULTY RANK		Total	Percent URM
		URM	Non-URM		
OTOLARYNGOLOGY	1. Professor	9	427	436	2%
	2. Associate Professor	12	334	346	3%
	3. Assistant Professor	36	537	573	6%
	4. Lecturer	5	117	122	4%
	Total	62	1,415	1,477	4%
PATHOLOGY (CLINICAL)	1. Professor	35	1,193	1,228	3%
	2. Associate Professor	26	797	823	3%
	3. Assistant Professor	61	1,115	1,176	5%
	4. Lecturer	14	159	173	8%
	Total	136	3,264	3,400	4%
PEDIATRICS	1. Professor	141	3,314	3,455	4%
	2. Associate Professor	199	3,244	3,443	6%
	3. Assistant Professor	710	6,892	7,602	9%
	4. Lecturer	124	1,408	1,532	8%
	Total	1,174	14,858	16,032	7%
PHYSICAL MEDICINE	1. Professor	12	158	170	7%
	2. Associate Professor	27	221	248	11%
	3. Assistant Professor	48	503	551	9%
	4. Lecturer	3	99	102	3%
	Total	90	981	1,071	8%
PSYCHIATRY	1. Professor	60	1,772	1,832	3%
	2. Associate Professor	74	1,502	1,576	5%
	3. Assistant Professor	331	3,439	3,770	9%
	4. Lecturer	86	888	974	9%
	Total	551	7,601	8,152	7%
PUBLIC HEALTH	1. Professor	13	148	161	8%
	2. Associate Professor	15	144	159	9%
	3. Assistant Professor	38	196	234	16%
	4. Lecturer	16	33	49	33%
	Total	82	521	603	14%
RADIOLOGY	1. Professor	56	1,616	1,672	3%
	2. Associate Professor	53	1,482	1,535	3%
	3. Assistant Professor	197	3,237	3,434	6%
	4. Lecturer	27	547	574	5%
	Total	333	6,882	7,215	5%
SURGERY	1. Professor	130	3,035	3,165	4%
	2. Associate Professor	130	2,470	2,600	5%
	3. Assistant Professor	401	4,610	5,011	8%
	4. Lecturer	47	689	736	6%
	Total	708	10,804	11,512	6%

Source: AAMC Faculty Data, 2014