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 the University of Colorado School of Medicine (CU SOM) to assess their perspectives on the school climate 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. Many students reported witnessing students, residents, or faculty making disparaging remarks or exhibiting offensive behaviors, most often targeting those with conservative views. Many participants reported witnessing students, residents, or faculty make disparaging remarks or exhibiting offensive behaviors toward those with conservative views. Many students reported witnessing students, residents, or faculty make disparaging remarks or exhibiting offensive behaviors, most often targeting those with conservative 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 students, residents, or faculty make 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 with a few notable exceptions.

Introduction
- Emphasis on diversity, equity, and inclusiveness (DEI) in medical education and in the physician workforce lead to such benefits as:
  - Decreased feelings of isolation among students who are underrepresented in medicine (URIM),
  - Improved communication between physicians and patients,
  - Improved patient care outcomes,
  - Reduced health disparities, and
  - Increased numbers of physicians in underserved areas.

- In 2008, the 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 that the CU SOM is diverse.
  - Many participants reported witnessing students, residents, or faculty making disparaging remarks or exhibiting offensive behaviors toward those with strong religious or conservative beliefs, individual of low socioeconomic status (SES), non-English speakers, women, racial or ethnic minorities, or LGBTQ+ individuals.

Methods
- Survey distributed (Qualtrics) to students enrolled in the MD, PA, and PT programs at the CU SOM
- The survey (optional and anonymous) included 33 Likert-scale, short-answer, and free-text questions
  - When appropriate, questions repurposed from the 2008 Climate Survey
  - New questions were added to assess groups not explicitly assessed in 2008 and to measure the impact of the pandemic and racial killings on students’ perspectives of the school’s climate.
- The Colorado Multiple Institutional Review Board approved as exempt (Protocol # 19-2685)

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, an increase from 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 with a few notable exceptions:
  - 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.

Comparison of notable responses based on self-identified political ideology

Perception of homophobia and transphobia based on self-identified sexuality

Conclusions
- Supports previously published literature regarding the importance of continuing to promote 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 to be shared with the CU SOM Diversity Council.

Limitations
- Generalizability to other U.S. medical schools may be limited.
- Low response rate (18%) increases the likelihood of non-participation bias.
- Despite similarity with respect to gender, participants and non-participants differed regarding age, race/ethnicity, and self-identified minority status.
- Study data do not enable us to calculate true frequencies of witnessed negative remarks or behaviors.

Competing Interests
The authors declare that they have no competing interests.

References

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