Diversity in GME: What Program Leadership Can Do
SES086

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UPMC Medical Education
Disclosures

- We have no conflicts of interest to disclose
Objectives

- Recruit a more diverse residency applicant pool
  - Use a structured “tool box” approach
- Holistically review residency applications to evaluate the strengths of under-represented minority (URM) medical students
- Enhance mentorship activities in your program
  - Maximize success of all residency trainees
  - With a focus on URM residents
- Lead from the periphery to increase excellence in academic mission through diversification of the physician workforce
What we’re going to do today

• Introductions
• Our Charge
• Review your current status and identify barriers
• Practice Application Holisitic Review GME style
When You See This:

Write an answer to the question on your worksheet
When You See This:

Talk about the question with your neighbors
Outline

• Why is this important?
  • Disparities
  • Physician Workforce
• What are the barriers to our success?
• Program Director Role in Change
• Boots on the ground strategies
• Monitoring Progress
Racial Disparity in Health Care

Definition: Any differences by patients’ race not related to patient preferences or clinical appropriateness
Racial Disparities exist in the care of all our patients

- Cancer
- Premature birth
- CASHD
- CEA
- HIV
- Obesity
- Hypertension
- Rheumatoid arthritis
- Pain management
- Knee replacement
- Asthma
- PTCA
- Stroke
- Macular Degeneration
- Diabetes
- End of life discussions
- Mental Illness
- Sepsis
Types of Disparities in Care

- Between-Provider Disparities
  - Location
  - Access
  - Regional differences
  - Health plans

- Within-Provider Disparities
  - Patients are treated differently by same provider
    - Disparities in clinical care
    - Cultural awareness

AAMC Addressing Racial Disparities in Health Care, 2009
Adapted Model of Mediators of Racial Disparities in Quality of Care

Racial Disparities
- Within-provider disparities
  - Ineffective communication
  - Bias or stereotyping
- Between-provider disparities
  - Clustering of care for minority patients

Racial Differences
- Clinical appropriateness
- Patient preferences

Quality of Care
Population is Diversifying Faster than the Physician Workforce (2006)

Notes: 1) Native American, Multiple Races & others excluded due to small numbers; 2) NH = non-Hispanic; 3) Population data are for individuals 25 years and over; 4) Physicians are active, patient care only
Figure 5. Frequency distribution (kernel plot) for S70. Frequency distribution (kernel plot) of survival to age 70 county for each subpopulation, 1999–2001.
doi:10.1371/journal.pone.0032930.g005
Underrepresented MCAT Examinees Increased by 35% Since 2010

16,505 MCAT examinees self-identified* as part of a group underrepresented in medicine in 2013.

- The total number of examinees has increased 17.4% since 2010 (shows that increase in underrepresented are outpacing regular examinees)

*Individuals from underrepresented groups in medicine self-identified as Black or African American, Hispanic or Latino, and American Indian/Alaskan Native individuals.
Follow the Numbers

US POPULATION

- White, 74.7%
- Black, 12.1%
- Hispanic, 14.5%
- Other, 6%
- Two or more, 1.9%
- Native Hawaiian or Other Pacific Islander, 0.1%

Accepted Applicants

- White, 57.4%
- Asian, 20.4%
- Latino, 8.4%
- Black, 6.1%
- Nat Amer, 0.2%
- Pac Isl, 0.2%
- None, 3.2%
- Two or more, 3%

Med Sch Applicants

Figure 2: Percentage and Number of U.S. Medical School Applicants by Race and Ethnicity, 2011
US Medical School Graduates

- 1995: White (11,052)
- 2007: White (10,848)
- 1995: Asian (2,543)
- 1995: Black or African American (903)
- 1995: Hispanic or Latino (879)
- 1995: American Indian and Alaska Native (61)
- 1995: Native Hawaiian and Other Pacific Islander (1)
- 2007: Asian (3,344)
- 2007: Black or African American (1,120)
- 2007: Hispanic or Latino (1,115)
- 2007: American Indian and Alaska Native (130)
- 2007: Native Hawaiian and Other Pacific Islander (35)
Minorities in Medicine Fluctuate in the Medical School Applicant Pool

Source: AAMC Data Warehouse: Applicant Matriculant File (DW:AMF), as of 10/4/2011
Medical School Graduates

Figure 20: U.S. Medical Schools Graduating 499 or More Black or African-American MD Physicians, 1978-2008

Addressing Racial Disparities in Health Care: A Targeted Action Plan for Academic Medical Centers

Model of Academic Centers’ Role in Addressing Health Care Disparities

Between Provider Disparities

- Increase targeted physician supply
  - Diversity building
  - Clinical training exposure

- Improve knowledge
  - Community partnerships
  - Research

Within Provider Disparities

- Improve delivery of cross-cultural care
  - Increase awareness of racial disparities
  - Cultural competence training
  - Research

Target clustering of care for minorities in low quality settings

Improving health care for minority patients

Improve quality of interactions between minority patients and health care system
Mission Driven

The mission of the University of Pittsburgh School of Medicine is to improve the health and well-being of individuals and populations through cutting-edge biomedical research, innovative educational programs in medicine and biomedical science, and leadership in academic medicine. We strive to implement this mission with the highest professional and ethical standards, in a culture of diversity and inclusiveness, and in an environment that enables each individual to develop to his or her fullest potential.
Assess Your Program

• Track the numbers of:
  • URM Applicants
  • URM Interviewees
  • URM Candidates ranked “to match”
  • URM Physicians joining your program
• Know the faculty data
  • Departmental statistics of URM faculty
• Believe that recruitment of URM applicants is important
## UPMC Internal Medicine

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<th>Intern year</th>
<th>2008</th>
<th>2009</th>
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<td>Internist, Pulmonary Fellow Emory</td>
<td>NIH fellow, Hospitalist UPMC, Rheum Fellow UPMC, Hospitalist UPMC</td>
<td>Physician scientist Hem/Onc Fellow Memorial Sloan Kettering</td>
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</tbody>
</table>
Ask for an external look
Not a site visit

• Current residents (if you have any)
• Medical Students
• Faculty
• Another program director
• Staff members
What they told me

- Website
- Faculty
- Faces
- Mission
- Open conversation
  - It’s ok that you aren’t black
  - Ask questions and about what it is like
  - Be prepared for the answer

When things go well, look in the mirror.

When things don’t go well, look in the mirror.
What we did
(everything they told me to)

• Diversity Committee
• Website updates
• Recruitment efforts
• Resident conversations
• Meetings with UPSOM students
• Outreach to other schools
  • GME office, Faculty Grand Rounds, Society meetings
Assess the Strengths and Challenges of Your Own Program and Institution
Step One Recruitment

- Examine the applicant pool
- Look at schools who traditionally train URM physicians
- Ask yourself why certain students might not be applying
- Track minority applicants separately
  - Invite “risky” applicants
- Tell your faculty that this is important
Holistic Review

• Holistic review is a flexible, highly-individualized process by which balanced consideration is given to the multiple ways in which applicants may prepare for and demonstrate suitability as residents and physicians.

• Under a holistic review framework, candidates are evaluated by criteria that are institution-specific, broad-based, and mission-driven and that are applied equitably across the entire candidate pool.

AAMC Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admission Processes, 2010
Application Review

- EAM
  - Experiences
  - Attitudes
  - Metrics

- We are pretty comfortable with METRICS
Experiences

• How did the applicant get here?
• Examples
  • Care for a family member
  • Employment history
  • Geography distance
  • Research
  • Volunteerism
Attributes

• Skills and abilities, personal and professional characteristics, demographics
  • Listening skills, written and verbal communication, critical thinking, multilingual abilities
  • Intellectual curiosity, motivation, resilience, integrity, persistence, empathy
  • Socioeconomic status, parental education levels, geography, being a first generation college student, race, ethnicity, and gender
Where do you find these?

- MSPE
  - Opening paragraphs
  - Comments
- CV
  - Volunteer, leadership, activities
- Personal Statement
  - Family hardship, illness, empathy
- Letters
  - Perseverance, leadership, resiliency, communication
Interview Day

- Consider “planting” your residents with an interest in diversity in key places
  - Lunches, conferences, tours
- Match appropriately with faculty who can answer questions honestly about what it is like here
- Address diversity in your remarks
- Make sure your recruitment team is aware of your mission
Let’s Practice!

Review the sample ERAS application
Assigns roles: PD, APD, selection committee member
The Interview

- Faculty match is important
- Consider adding yourself or a member from the diversity team in your program to the itinerary
- Ask about attributes that are strengths. Allow applicant to address struggles they may have had
  - Lower board scores, repeat course work, etc.
- Be explicit about your commitment to diversity
Follow Through

- Make sure the candidates receive and email from you after the interview day
- Follow up on questions they may have raised and ask a URM member of your house staff to email them or speak by phone
- Address concerns about neighborhoods, churches, family, institutional diversity
- Consider a “second look”
Rank Meeting

- Assign an advocate for the URM applicants during the meeting
  - Chair, Diversity Committee
  - Chair, Department
- Include separate spreadsheet for these candidates and spend time addressing experiences and attributes at more length
  - (NOTE: I do this for all categories I am trying to enhance - research, minorities, peers, Pitt)
- Know these candidates better than the rest, do your homework
  - Call the Dean of Students or letter writers
Sealing the Deal

• Email again and offer to ask questions
• Use a powerful faculty member to demonstrate your interest
• Tell your residents to call and follow up
• On second look, add a breakfast or lunch meeting with minority faculty
• Inquire about opportunities for significant others
Post Match

• Reach out to matched URM residents to personally address concerns about the move
• Include questions about the interview environment in your post match survey
• Debrief with your team about the barriers that might have occurred with each of these applicants you did not catch
Year One

- Orientation and Welcome
- Advisor assignment
- Early check in via “spies”
- Personal emails and early meeting
- Matching on teams with residents like them, especially early in the year
- Have resources available for personal needs
  - Housing, church, restaurants, spouse
Power of Mentorship Programs

Program Effects on Management Diversity

Mentorship and Career Development

- As for other residents PLUS
  - URM Faculty Mentor
    - Support for the lived experience of being a minority in medicine
    - Navigating the world of academic medicine
  - Early and special attention to support weaknesses
    - Efficiency, EMR, note writing
  - Be clear about your commitment to success
  - Preparation for in training exams
    - Remediation if needed
    - Study skills assistance

“I am honored to stand under the shade of a tree I did not plant.”

Dr. Valerie Montgomery-Rice
Retention and Support

- Address fellowship plans early on
- Ask about (encourage) plans to stay in the area
- Inquire frequently in small groups about experiences in the hospital and in the community
- Be specific: What do we need to do to keep you here?
Building a Community

- Improved faculty matching with URM residents
- Updates to the website
- Group meetings of with diversity committee residents
- Support of the Minority House Staff Association
- Second Look Visit day for all departments
- PD event at Carnegie Museum
Supporting Mentors Early On

• As you increase faculty diversity, prepare the faculty you do have

• Universal Approach
  • Find out about the resident as an individual
  • Be prepared for a range:
    • Not fitting in
    • “Imposter” syndrome
    • Social isolation
    • The Tax
  • How are they being treated? (Caveat- ask everyone)
  • Encourage Social Networking
  • Parent Organizations (NMA)
  • Meet the professor sessions

Lessons Learned

• Ask for honest feedback from your residents
• Involve medical students
  • Participate in their activities (e.g., SNMA, LMSA)
  • Host meet and greet sessions to talk about careers
• Utilize the resources that exist in the SOM, the health system and your Department
• Unmeasured advantages of increased diversity
• Approach Diversity Recruitment the way you would any new initiative…Play to Win!
Institutional and National Resources

- School of Medicine
- Office of Health Sciences Diversity
- UPMC Center for Inclusion
- Minority House Staff Association
- AAMC Diversity Task Force
- Your Professional Societies
Next Steps Once You're Home
@gradydoctor

Thank You

- Our mentors (past and present)
- Chenits Pettigrew
- Paula Davis
- Ora Weisz
- John Reilly
- Wishwa Kapoor
- Conrad Smith
- Esa Davis
- Rita Patel
- UPSOM SNMA
- My Residents and future colleagues, especially Vivian Chidi
The Melting Pot is Bubbling Over
www.theracecardproject.com