

DIVERSITY AND INCLUSION



The Need for a Research Agenda Promoting Diversity and Inclusion

By Dowin Boatright, MD, MBA

There were fewer black men in medical school in 2014 than there were in 1978.¹ Despite recommendations from multiple medical bodies (including the National Academy of Medicine and Association of American Medical Colleges) to increase the diversity of the physician workforce, Black, Hispanic, and Native American physicians remain underrepresented in medicine. As a specialty that treats an increasingly diverse population, emergency medicine (EM) has not been immune to these struggles pertaining to workforce diversity.

Since 2006, the proportion of underrepresented minorities (URMs) in EM training programs has stagnated at approximately 10 percent.^{2,3} While many leaders in EM have recognized the need to increase the racial and ethnic diversity of the field, many training programs lack awareness or knowledge of strategies shown to make their programs more attractive to URMs. Consequently, there is a growing need for a research agenda focused on elucidating evidence-based guidelines and best practices designed to increase the recruitment and retention of URMs in EM.

In 2016, researchers published an innovation report in academic medicine describing the diversity recruitment efforts at the Denver Health Residency.⁴ In this article, the study authors described a program with three principal strategies: 1) a scholarship based externship for fourth year URM medical students; 2) a funded second look event for exceptional URM residency applicants; and 3) increased involvement of URM faculty in the residency interview and recruitment process.

After the initial year of the intervention, the Denver Health program experienced nearly a three-fold increase in the number of interviews for URMs and matched an intern class comprising approximately 23% URMs compared to 5% in the prior year.⁴ This work is promising. Moving forward, additional

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research from Denver Health showing sustained levels of diversity could provide a model for other EM training programs looking to augment the diversity of their classes.

In addition to recruitment, additional research should focus on the training climate for all residents, with particular attention paid to the climate for URMs. Research at the level of undergraduate medical education has shown that URMs are more likely to experience instances of discrimination.⁵ These experiences compounded over four years could lead to higher rates of depression and withdrawal from medical school for non-academic reasons among URMs when compared to their white counterparts. Research addressing the experience of discrimination, both overt and

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implicit, among URM residents in EM is needed. Furthermore, curricular elements must be developed to educate EM residents and faculty on how to respond when instances of discrimination are experienced personally or witnessed.

Finally, more data is needed concerning the retention of URMs in academic EM. It is estimated that only 10% of academic EM faculty members are URMs.⁶ URM faculty members play an integral role for the recruitment of URM residents and medical students. Prior work by the author has shown that EM residency programs with high faculty diversity (defined by the proportion of URM faculty) are five times more likely to also have high levels of diversity among residents.⁷ Residents choose to pursue a career in academics for a variety of reasons. Qualitative research exploring factors associated with URMs pursuing a career in academic medicine could prove valuable for the development of interventions to recruit a diverse workforce in EM.

Integral to improved diversity and inclusion will be a research agenda offering academic medical centers evidence-based best practices focusing on the recruitment of URM residents, assessing and improving the educational climate of EM training programs for URMs, and ultimately retaining URM residents as EM academic faculty. ▶

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Academic EM and the AAMC: What you Should Know



Michael Brown, MD, MSc



David Sklar, MD

By Michael Brown, MD, MSc and David Sklar, MD

[The Association of American Medical Colleges \(AAMC\)](#) is a not-for-profit organization established in 1876 by 22 medical school deans. Today, the AAMC represents all LCME accredited medical schools in the US and Canada, approximately 400 major teaching hospital and health system members, and over 75 academic and scientific societies.

Headquartered in Washington DC, the association provides a unified voice to congress and legislative bodies on critical issues facing academic medicine such as the increasing burden of student loan debt, the need to increase diversity among our professional workforce, and the essential role NIH funding plays in advancing health. AAMC educational programs encourage exploration of cutting edge approaches to medical education and the development of skills essential for leading academic healthcare into the future.

The AAMC provides essential services to the medical education community, many of which are familiar (ie, MCAT, ERAS, and VSAS) and others that are likely new to SAEM members (e.g., Convey—an electronic conflict of interest reporting system). Staff at the AAMC work closely with other organizations such as the NRMP to address critical issues such as the recent escalation in applicant volume that has overwhelmed program directors and burdened medical students with the costs associated with interview travel. The most recent AAMC meeting in November covered a broad range of topics relevant to emergency medicine, ranging from innovations in medical education research to health policy issues impacting academic medical centers. The annual meeting also provides a unique opportunity to network with representatives from many other medical specialties.

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As an academic society, SAEM has representation in AAMC governance by appointing two members to serve a three-year term on the [Council of Faculty and Academic Societies \(CFAS\)](#): the CFAS chair and chair-elect to serve at the highest level of the AAMC with seats on the board of directors. The Association of Academic Chairs of EM (AACEM) and Council of Residency Directors (CORD) are also society members of the AAMC. Another pathway for SAEM members to engage with the AAMC is to seek nomination within your medical school as a CFAS representative.

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