

DIVERSITY AND INCLUSION



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Striving for Equity: Women and Minorities in Emergency Medicine

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Despite decades of calls demanding increased representation of women and underrepresented minorities in the health care workforce, the numbers remain woefully suboptimal. The need to accomplish equity in representation both in practice, academia, and in leadership positions for women and racial/ethnic minorities is one of the most glaring of our shared concerns. The [2013-14 AAMC report entitled "The State of Women in Academic Medicine"](#) highlighted the significant underrepresentation of women in academic faculty rosters. The 2014 AAMC faculty roster revealed that women comprised 38% of associate professors and 21% of full professors despite outnumbering men at 56% at the Instructor [AL1] level in academic medicine. Women comprise 38% of all trainees in emergency medicine with the same percentage comprising the female full time faculty in the specialty.

The term underrepresented in medicine (URM) as defined by the Association of American Medical Colleges^[AL2] (AAMC), identifies those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. Historically, African Americans, Native Americans and Latinos have fallen into this definition. These racial/ethnic groups comprise 30% of the total US population, yet only 6% of all practicing physicians and 9% of emergency physicians self-identified as URMs. The percentages are unlikely to improve as URMs account for 15% of the medical student population and 14% of residents in emergency medicine training programs. Diving deeper, in the

recent report, [Altering the Course: Black Males in Medicine](#), the AAMC noted that fewer black males applied to medical school in 2014 than in 1978.

The AAMC Faculty Engagement Survey of 2011-14 proposed improvements to the workforce climate that would certainly benefit members of each of our academies. These include the provision of:

- An equitable and diverse workforce with an environment that retains female and racial/ethnic minority faculty and insists on their inclusion at all levels and roles. Numerous studies have revealed the significant value of diverse perspectives when addressing challenges both at the bedside and at the institutional level.
- Clear expectations about their role and the path to advancement. Women and URM's are subject to implicit bias and microaggressions that can curtail the progression of their academic careers. The recent JAMA article by Dayal, [Comparison of Male vs Female Resident Milestone Evaluations by Faculty During Emergency Medicine Residency Training](#), speaks to the significant challenges and potentially career derailing challenges faced by our female trainees. It goes without saying the many URM's have historically been victims to these microaggressions, and implicit biases, in addition to outright racist behaviors, as they pursue their training and progress through their medical careers.



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- Access to opportunities for professional advancement through faculty development programs and access to mentors. Participation in leadership and research training programs both within their institutions and in programs sponsored by national organizations is essential in providing a potential solution to the lack of equity in academic medicine by women and URM physicians.

The factors that led to our present day inequitable emergency medicine workforce are complex. The "leaky pipeline" that plagues our profession starting as early as the undergraduate level and progresses through our academic careers, is unlikely to improve without a focused and concerted effort by those of us who have been successful with the strong advocacy of departmental and institutional leaders. The egress of the talented women and URM physicians from academic medicine despite having successfully achieved the level of instructors must be curbed. URM and women physicians must have a seat at the table with others in leadership positions to voice our concerns, and to provide our unique perspectives and solutions on the issues that affect us, our colleagues and, most importantly, our patients. ▀

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The Academy for Diversity and Inclusion in Emergency Medicine (ADIEM) will be joining the Academy for Women in Academic Emergency Medicine (AWAEM) for AWAEM's annual luncheon to be held at SAEM17 in Orlando. The joint luncheon is an opportunity for the members of each academy, along with luncheon attendees, to begin a dialogue addressing shared experiences and concerns about our careers in Academic Emergency Medicine.