

## ***Interested in taking the next step?***

If you are energetic, motivated, flexible, comfortable with uncertainty, capable of multi-tasking, and skilled with your hands, you will do well in this specialty.

### ***Diversity starts with you.***

For more information:

1. Check with your medical school to see if there are EM representatives to speak with you.
2. Go to the Society for Academic Emergency Medicine (SAEM) home page for medical students: <http://www.saem.org/inform/02med.htm>.
3. Sign up for a Virtual Advisor through SAEM: <http://saem.org/advisor/index.htm>
4. Contact SAEM or Council of Residency Directors (CORD) directly at [www.saem.org](http://www.saem.org) or [www.cordem.org](http://www.cordem.org).
5. Visit the Emergency Medicine Residents' Association (EMRA) website at [www.emra.org](http://www.emra.org).

---

### **SAEM**

901 N. Washington Avenue  
Lansing, Michigan 48906-5137  
Telephone: (517) 485-5484  
Fax: (517) 485-0801  
E-Mail: [saem@saem.org](mailto:saem@saem.org)

## ***Discover your Future — Emergency Medicine***

**The face of America is changing. It grows more diverse each day.**

**The Society for Academic  
Emergency Medicine is  
committed to keeping pace.**

**You can make a difference  
and change the face of  
Emergency Medicine.**



## **Society *for* Academic Emergency Medicine**

901 N. Washington Avenue  
Lansing, Michigan 48906-5137  
Telephone: (517) 485-5484  
FAX: (517) 485-0801  
E-Mail: [saem@saem.org](mailto:saem@saem.org)

*"to improve patient care by advancing research  
and education in emergency medicine"*

## Diverse Patients, Diverse Faculty



### Sheryl L. Heron, M.D., M.P.H.

Associate Professor, Emory University  
Associate Residency Director

Medical School: **Howard University**

Emergency Medicine Residency:  
**King Drew Medical Center**

I was born in Jamaica, West Indies and immigrated with my parents and brother at the age of 5 to Brooklyn, NY where I grew up. I went to Tufts for undergraduate school and Hunter College School of Health Sciences for my Masters in Public Health.

#### Who were your role models?

I learned my work ethic from my parents, particularly my father. They were my first role models. My role model and mentor in medicine is Dr. Vivian Pinn, who encouraged me to pursue medicine as a career. My friend Dr. Ruth Browne, inspired me to pursue a Masters in Public Health prior to medical school.

---

*“Diversity in resident a  
cal given the diverse*

---

I discovered emergency medicine through my colleague and friend, Dr. Patricia Baines, also an MD of color in EM. I saw the link between public health and EM while rotating as a student and the "A-HA" moment was clear to pursue EM as a career.

#### Why is diversity important in Emergency Medicine?

The Institute of Medicine report "Unequal Treatment" highlights the inequality of healthcare in our country for people of color. Research has also shown that patients are more comfortable being cared for by physicians who "look like them." The Sullivan report "Missing Persons: Minorities in the Health Professions" speaks to a lack of minority physicians. These inequities need to be addressed to create a uniformly healthy nation.

## Discover your Future — Emergency Medicine

### SAEM Diversity Position Statement

The Society for Academic Emergency Medicine (SAEM) believes that attaining diversity in emergency medicine residencies and faculty that reflect our multicultural society is a desirable and achievable goal. SAEM encourages all academic medical centers to recruit, retain, and advance a faculty reflective of the community served.

SAEM encourages its members to respect, support, and embrace the existing cultural differences of its membership. SAEM encourages the development of didactic, educational, research, and other programs to assist academic emergency medicine departments to improve the diversity of their faculties and residencies.

James T. Acad Emerg Med. 2000 Sep;7(9):1055

## Diverse Patients, Diverse Residents



### Danielle McGee Ware, MD

**Medical School:**  
**University of Chicago**  
**Emergency Medicine Residency:**  
**Northwestern University**

I grew up on the south side of Chicago and went to the University of Chicago for both college and medical school. I took one year off between the two to work as a junior scientist in the Howard Hughes Medical Institute at the University of Chicago.

#### Who were your role models?

My role models in medicine were my mother and aunt who were both nurses and encouraged me to pursue medicine. Additionally, my pediatrician, an African-American female, was also a great inspiration to me.

#### Why is diversity important to you?

I think it is really unfortunate that, despite going to a large, well-known, urban academic university, these three women are the only role models I have. There were very few minorities in a position to teach and, consequently, I had very little interaction with minority role models throughout my educational career.

As a minority in medicine, I can honestly say that I feel my education suffered by not having greater exposure to other minorities in medicine.

#### Why is diversity important in Emergency Medicine?

I think we provide a different sociocultural perspective to caring for patients. Additionally, I also feel a responsibility to allow our diverse patient population a chance to see that our staff strives to be as diverse as they are.

## Discover your Future — Emergency Medicine

### *There is a need*

In terms of acuity, variety, and patient demographics, no other specialty sees as diverse a patient population as Emergency Medicine (EM). We treat over **110 million** patients annually in the United States. That is one out of every 3 Americans per year. A significant proportion of our Emergency Department (ED) visits are patients of minority background. In 2000, minorities accounted for 31.6% of the US population. By 2050, this is projected to reach **50%**.

---

*nd attending staff is critical to the population we serve.”*

---

In 1997, the AAMC reported a total of 835 full-time EM faculty in the United States. Of these, there 47 (**5.6%**) underrepresented minorities (URMs), 30 of whom were African American, 11 Puerto Rican, 5 Mexican American, and 1 Native American.



## Diverse Patients, Diverse Residents

### Christian Herrera, MD

Medical School:

**Northwestern University**

Emergency Medicine Residency:

**Northwestern University**



**“My cultural background and fluency in Spanish has been a tremendous asset for me as a physician as it helps me obtain better histories and allows me to take care of my Spanish-speaking patients.”**

My mother is a nurse and the only health professional in our family. I saw how much she enjoyed helping others and I have always wanted to do the same and more.

I chose Emergency Medicine because I especially enjoy the acute management of patients, dealing with a broad spectrum of patients and disease, and the fact that, in addition to working hard, I have a life outside the hospital.



**“It is easier to have role models who you can identify with, who have the same background as you and who face some of the same challenges you face.”**

- Fred Korley, PGY III Emergency Medicine Resident

## Discover your Future — Emergency Medicine



### Leon L. Haley, Jr., MD, MHA, FACEP

Associate Professor, Vice-Chairman  
Department of Emergency Medicine,  
Emory University, Chief of Emergency  
Medicine, Grady Health System

Medical School: University of Pittsburgh

Emergency Medicine Residency:  
Henry Ford Hospital

I grew up in Pittsburgh, PA and was the only person of color in the entire class. My parents (both educators) were my first role models and many of my parents' friends were either MD's or associated with medicine.

I hurt my knee playing basketball in the 10th grade and needed surgery. I was going to be an orthopedic surgeon and practice sports medicine. I chose EM because to me, it is more interesting, more challenging, provides more variety, and I like the shift work concept.

The US is becoming more “global” everyday. It's important to have physicians who can function in this type of environment. The value I bring is that I share many of the same customs and historical background that many of our patients have gone through. Without that, it is hard to care for patients of different backgrounds, though not impossible. This is why we need to continue to train our faculty and residents to be culturally competent.

