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. 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. 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. 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. This work is promising. Moving forward, additional 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. 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 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.
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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.9 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.

REFERENCES:

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