Promoting diversity in academic medicine: The unique role of medical educators

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Medical Educators of the 21st Century 2018
Rationale – Federal government

America was founded on the ideal that from many, we are one, a whole that is greater than the sum of its parts. That is the rationale for inclusion. To gain the maximum benefit from our increasingly diverse workforce, we must make every employee feel welcome and motivated to work their hardest and rise through the ranks. We must affirm that we work better together because of our differences, not despite them.

Rationale – Federal Government

The business case for inclusion is clear in American history. The best, brightest, hardest workers have come to America for over two centuries because they knew they would have an opportunity to join our society, work hard, and succeed.

Diversity, equality, empowerment, fair, rights, policy, access, values, beliefs, education, religion or belief, norms, sex, agency, legislation, race, age, discrimination, anti-oppressive practice, opportunities, differences, youth work, status, poverty, society, sexual orientation, gender, disability, ethnicity.
The revised standards contain five minimum categories for race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

There are two categories for ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino."

"Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

Before June 26, 2003, the AAMC used the term "underrepresented minority (URM)," which consisted of Blacks, Mexican-Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans.

https://www.aamc.org/initiatives/urm/
AAMC Survey

• Schools are dedicated to increasing diversity in their student body.

• The majority of respondents had established or expected to establish programs/policies geared toward minorities underrepresented in medicine, students from disadvantaged backgrounds, and students from rural and underserved communities.

• Schools reported a variety of approaches, with a focus on outreach at high schools and local four-year universities and admission strategies such as holistic review.
### Proportion of schools with admissions programs or policies, by specific groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Established</th>
<th>Recently implemented</th>
<th>Planned</th>
<th>No plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underrepresented in medicine</td>
<td>82</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Disadvantaged background</td>
<td>79</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Students from rural communities</td>
<td>54</td>
<td>7</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Students from underserved communities</td>
<td>54</td>
<td>7</td>
<td>2</td>
<td>21</td>
</tr>
</tbody>
</table>
14th Annual AAMC Health Workforce Research Conference
LCME – prior standard

• MS-8: Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

• FA-1: The recruitment and development of a medical school’s faculty should take into account its mission, the diversity of its student body, and the population that it serves.
LCME – revised standard

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.
VS.
US population 2016: Census Bureau

- White: 61.3%
- African American: 13.3%
- American Indian: 1.3%
- Asian: 5.7%
- Latino: 17.8%
CHALLENGES AHEAD
\[s(n) = k_1 \cdot s(n-1) + k_2 \cdot s(n-j) + \ldots\]
Female faculty and Grand Rounds speakers (%), by specialty: 2014

Boiko JR, Anderson AJM, Gordon RA, Representation of women among academic grand rounds speakers, *JAMA Internal Medicine* March 6, 2017
Achieving gender balance among conference speakers

- Collect the data
- Develop a speaker policy
- Establish a balanced and informed program committee
- Be family-friendly

Martin JL. Ten Simple Rules to Achieve Conference Speaker Gender Balance. PLOS Computational Biology 2014
Quality:

Excellent

Good
Likelihood of election to AOA (aOR) among residency applicants to Yale: 2014-2015

Boatright D, Ross D, O’Connor P, Moore E, Nunez-Smith M, Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society. JAMA Internal Medicine 2017
Leaky pipeline
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.com

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KEEP CALM AND DO IT YOURSELF
SIX

NINE
Cultivate relationships
Review teaching materials

• Are case examples diverse and inclusive?

• Types of issues/diseases

• Names of “patients”

• Teaching case presentation – how to describe patients? What is normative?
Committee composition

50/50
• Actively consider diversity with every appointment, particularly leadership roles

• Make choices that promote a shared commitment to diversity whenever possible
Our Leaders

Congratulations to Dean's Diversity Leader Nwando Olayiwola, MD, MPH, on winning the Chancellor Award for Dr. Martin Luther King, Hr. Leadership.
Focus Area: Leadership

Goal
Develop an informed and committed leadership who are dedicated to advancing diversity, equity and inclusion across all mission areas and at all UCSF sites.
Focus Area: Faculty, Residents, Staff

Goal
Increase the diversity of our faculty, residents and professional staff and increase the personal competencies of all our professionals in teaching, leading and managing a diverse community.
Focus Area: Education

Goal

Cultivate the highest quality, most inclusive learning environment for our medical students and residents.
Focus Area: Clinical Environment

Goal

Identify and address health care disparities in the clinical environments and ensure that health care professionals are skilled in working with diverse communities.
Focus Area: Research

Goal

Increase the diversity of our scientific workforce and our clinical trials participants and work to ensure that our discovery engine provides better insights into the health and health care needs of our increasingly diverse population.
Focus Area: Community

Goal

Establish UCSF as a destination for those who seek to eliminate opportunity disparities in our communities.
American Pediatric Society

- Strategic Plan Committees
  - Advocacy
  - Communication
  - Leadership
  - APS at PAS

- Standing Committee
  - Committee on Diversity and Inclusion (CODI)
APS Committee on Diversity & Inclusion

• Founded 2012

• Goals
  – To promote diversity and inclusion within APS
  – To promote diversity and inclusion in academic pediatrics
Committee on Diversity and Inclusion: Activities

• Creation of an APS members’ database

• Scientific programming at PAS meetings

• Develop liaison relationships with other organizations
diversity

equality

sexual orientation

policy

education

belief

values

rights

agency

religion or belief

norms

sex

sexuality

gender

race

age

discrimination

anti-oppressive practice

difference

society

equality

fair

access

class

justice

disability

youth work

status

poverty

celebrate
Traditional Problem  Wicked Problem
lead from where you are.
IT ALWAYS SEEMS IMPOSSIBLE UNTIL IT’S DONE.

— Nelson Mandela