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

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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.

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

"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>
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.
Female faculty and Grand Rounds speakers (%), by specialty: 2014

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

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
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

- Actively consider diversity with every appointment, particularly leadership roles
- Make choices that promote a shared commitment to diversity whenever possible
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
lead from where you are.

— Nelson Mandela

It always seems impossible until it’s done.