Diversity and Inclusion in GME: Strategies for Recruitment and Retention

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Disclosures

• none
What is Diversity?

- Diversity is about the acceptance and respect of an individual and all the dimensions that make them a unique individual
  - Race
  - Ethnicity
  - Gender
  - Sexual orientation
  - Socio-economic status
  - Marital status
  - Language
  - Education
  - Age
  - Physical abilities
  - Religious and political beliefs

- By 2060, it is estimated that 57% of the U.S population will be composed of members of underrepresented groups
What is Inclusion?

• Inclusion is working to ensure that the broad range of perspectives are integrated holistically into the existing culture

  • Creating an environment where individuals can thrive

  • Be valued for unique perspectives

  • Not just welcoming but encouraged to use differences to shape the environment
• Lou Gerstner took the helm in 1993
  • IBM had a long history of progressive management when it came to civil rights and equal opportunity employment
  • Felt IBM was not taking full advantage of a diverse market for talent, nor was it maximizing the potential of its diverse customer and employee base
  • *Necessary and profitable to embrace and reflect their ethnically diverse customer base by enlisting diverse workforce*
American and Global Industry

Companies with the highest representation of women in their top management teams achieve better return on equity and total return to shareholders.

Fortune 500 companies maintaining three or more women on their boards of directors earned an 85% greater return on sales and a 60% greater return on invested capital when compared with companies with no female directors.
Why Diversity in Healthcare?

• Better care for diverse patient populations

• Provide high quality, equitable care for all patients

• Health care field is moving from a volume based to value based delivery system

• Cultural barriers?
Why Diversity in Healthcare?

Race, Gender, and Partnership in the Patient-Physician Relationship

Lisa Cooper-Patrick, MD, MPH
Joseph J. Gallo, MD, MPH
Junius J. Gonzales, MD
Hong Thi Vu, MHS
Neil R. Powe, MD, MPH, MBA
Christine Nelson, RN
Daniel E. Ford, MD, MPH

Telephone survey of 1816 adults who recently attended 1 of 32 primary care practices associated with a large mixed model managed care organization in an urban setting

Outcome → patients’ ratings of their physicians

doi:10.1001/jama.282.6.583
Why Diversity in Healthcare?
Race, Gender and Partnership in the Patient-Physician Relationship

- Do minority patients rate their physicians’ decision-making styles as less participatory than white patients?

- Do patients of minority physicians rate their physicians’ decision making styles as less participatory than the patients of white physicians?
AA patients had significantly less participatory visits with their physicians than white patients

- Findings persisted after adjusting for potential confounders in the relationship between patient race and physician decision making style

- Patients seeing physicians of their own race rate their physicians’ decision making styles as more participatory

- Female physicians had more participatory visits with patients than male physicians
Why Diversity in Healthcare?
Race, Gender and Partnership in the Patient-Physician Relationship

• Providing patients with access to a diverse group of physicians
  • Leads to MORE patient involvement in care
  • Higher levels of patient satisfaction
  • Better health outcomes
Health Disparities

• AA women die at three to four times the rate of white mothers ➔ **ONE OF THE WIDEST of all racial disparities**

• Average wait time for AA needing kidney transplants is almost twice as long as that of white patients

• Diabetes

• Revascularization after angiography

• Joint Replacements

http://www.cdc.gov/minorityhealth/strategies2016/
Where do we start?
Medical School Admission

Southeast Asians are less likely to apply to medical school than Black or African Americans or Hispanic or Latinos

- Asian: 19%
- Black or African American: 8%
- Hispanic, Latino, or of Spanish Origin: 6%
- Southeast Asian: 5%
Where do we start?
Medical School Admission

Black or African American applicants have lower medical school acceptance rates than peer applicants.
Where do we start?
Black men in medicine

Fewer Black Men Apply To Medical School Than In 1978

1,140 in 1978 → 1.337 in 2014
Implicit Racial Bias in Medical School Admissions
Quinn Capers IV, MD, Daniel Clinchot, MD, Leon McDougle, MD, and Anthony G. Greenwald, PhD

• **Implicit Bias**: A positive or negative mental attitude towards a person, thing or group that a person holds at an unconscious level

• **Explicit Bias**: A positive or negative mental attitude towards a person, thing or group that a person is aware of and is under conscious control
Physicians’ Implicit and Explicit Attitudes About Race by MD Race, Ethnicity, and Gender

DR. Janice A. Sabin, PhD, MSW, University of Washington (UW), School of Medicine
DR. Brian. A. Nosek, PhD, University of Virginia
DR. Anthony G. Greenwald, PhD, and UW Department of Psychology
DR. Frederick P. Rivara, MD, MPH UW Department of Pediatrics and the Child Health Institute in Seattle

• Majority of a large sample of physicians demonstrate implicit “white preference”
  • Negative attitude towards Blacks and preference for White
  • Association of the image of a Black person with negative feelings
Implicit Bias

**IAT Test:** widely used and validated to determine biases outside of an individual’s conscious control

- Sought to determine the presence and extent of unconscious racial bias in The Ohio State admissions committee
  - All members (140) admissions committee members surveyed

*Implicit Racial Bias in Medical School Admissions*

Quinn Capers IV, MD, Daniel Clinchot, MD, Leon McDougle, MD, and Anthony G. Greenwald, PhD
Implicit Racial Bias in Medical School Admissions
Quinn Capers IV, MD, Daniel Clinchot, MD, Leon McDougle, MD, and Anthony G. Greenwald, PhD

- 43 (31%) faculty → MDs and PhDs
- 97 (69%) medical students
- 67 (48%) → women
- 73 (52%) → men
- 21 (15%) → were self reported URMs
Implicit Bias

**Table 1**

Explicit and Implicit Preference Measures From the Black–White IAT for 140 Admissions Committee Members, Ohio State University College of Medicine, 2012–2013 Admissions Cycle

<table>
<thead>
<tr>
<th>Committee member category</th>
<th>No. (%)</th>
<th>Explicit measure, mean effect size</th>
<th>P value</th>
<th>Implicit measure, Cohen’s d (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>67 (48)</td>
<td>0.042</td>
<td>NS</td>
<td>0.321 (0.080–0.562)</td>
<td>.01</td>
</tr>
<tr>
<td>Males</td>
<td>73 (52)</td>
<td>0.080</td>
<td>NS</td>
<td>0.697 (0.463–0.931)</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medical students</td>
<td>97 (69)</td>
<td>0.087</td>
<td>NS</td>
<td>0.379 (0.176–0.582)</td>
<td>.003</td>
</tr>
<tr>
<td>Faculty</td>
<td>43 (31)</td>
<td>0</td>
<td>NS</td>
<td>0.820 (0.515–1.130)</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

- ALL groups displayed significant levels of implicit white preference
  - Faculty and males had the largest bias measures
  - Lowest among females
  - Medical students magnitude of their implicit white preference is less than half the faculty
Implicit Bias

Following the IAT exercise at The Ohio State College of Medicine

Although nearly same # of URMs were offered acceptance in both years, the relative increase in yield (matriculants/offers x100) is what accounts for the increase in matriculating URMs

- 26% relative increase in yield
McGaw GME IAT

• IAT emailed:
  • program directors
  • fellowship directors
  • program coordinators

• 58% response rate
McGaw IAT Results

Overall IAT Results

<table>
<thead>
<tr>
<th>Preference</th>
<th>Score</th>
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<tbody>
<tr>
<td>Strong automatic preference for European American compared to African American</td>
<td>8.62</td>
</tr>
<tr>
<td>Moderate automatic preference for European American compared to African American</td>
<td>27.59</td>
</tr>
<tr>
<td>Slight automatic preference for European American compared to African American</td>
<td>22.41</td>
</tr>
<tr>
<td>Little to no preference between European American compared to African American</td>
<td>29.31</td>
</tr>
<tr>
<td>Slight automatic preference for African American compared to European American</td>
<td>5.17</td>
</tr>
<tr>
<td>Moderate automatic preference for African American compared to European American</td>
<td>3.45</td>
</tr>
<tr>
<td>Strong automatic preference for African American compared to European American</td>
<td>3.45</td>
</tr>
</tbody>
</table>
McGaw IAT Results
Breakdown by role in GME

<table>
<thead>
<tr>
<th>IAT Results By Title</th>
<th>PD</th>
<th>APD</th>
<th>Fellowship Director</th>
<th>Program Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong automatic preference for European American compared to African American</td>
<td>37</td>
<td>18.18</td>
<td>6.67</td>
<td>20</td>
</tr>
<tr>
<td>Moderate automatic preference for European American compared to African American</td>
<td>25.93</td>
<td>27.27</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Slight automatic preference for European American compared to African American</td>
<td>25.93</td>
<td>27.27</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Little to no preference between European American compared to African American</td>
<td>40.74</td>
<td>18.18</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Slight automatic preference for African American compared to European American</td>
<td>0.09</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate automatic preference for African American compared to European American</td>
<td>6.67</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong automatic preference for African American compared to European American</td>
<td>3.60</td>
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</table>
Potential Barriers Residency Recruitment

- Lack of racial diversity within a residency or fellowship program
- Limited visibility of existing URM faculty with the training program during interview or recruitment day
- Perceived lack of residency program or institutional commitment to supporting diversity related outcomes
- Opportunities to work with underserved patient populations
Strategies for Recruitment

TOP 5

1. Identify “perception” issues

2. Maximization of URM applicant exposure to faculty that are themselves underrepresented OR are working in relevant clinical and research areas

3. Improvement of communication of enthusiasm to highly ranked URM applicants

4. Improvement of outreach and mentorship of URM students at home institution

5. Improvement in cultural competency curriculum within the residency program
Where do we start?

Faculty

Only 4% of full-time faculty are Black or African American, Hispanic or Latino, Native American or Alaska Native, and Native Hawaiian or Pacific Islander females.

39% of full-time faculty are female.
1. Create dialogue between residents and department leadership regarding how "URM-friendly"

2. Cultural competency curriculum

3. Implicit bias training for ALL staff, trainees and faculty

4. MENTORSHIP

5. Break Bread Together! → Common identity formation
Resources at McGaw

1. Visiting Student Diversity Clerkship Stipend
2. SNMA and LMSA National Meeting
3. Second Look
4. NMURFF: mentor mix and mingle
5. Residency Showcase
## Results of a Diversity Strategic Plan

McGaw Medical Center of Northwestern University

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2018</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>9</td>
<td>15</td>
<td>15</td>
<td>26</td>
<td>26</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>12</td>
<td>16</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Native Hawaiian/Native</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>American/Alaskan Native</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total URM</td>
<td>14</td>
<td>23</td>
<td>24</td>
<td>41</td>
<td>46</td>
<td>165</td>
<td>165</td>
</tr>
<tr>
<td>trainees</td>
<td>631</td>
<td>357</td>
<td>391</td>
<td>681</td>
<td>732</td>
<td>1176</td>
<td>1176</td>
</tr>
<tr>
<td>% URM</td>
<td>2.2</td>
<td>6.4</td>
<td>6.1</td>
<td>6.0</td>
<td>6.2</td>
<td>14%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Thank you!

Question?

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