Increasing Resident Racial and Ethnic Diversity through Targeted Recruitment Efforts

Tamorah Lewis, MD, PhD, Jaszianne Tolbert, MD, and Bridgette L. Jones, MD, MSCR

Physicians from racial minorities, including African American, Hispanic, American Indian, and certain Asian subgroups, are under-represented in medicine compared with the larger population (http://www.aamcdiversityfactsandfigures2016.org/). These physician groups are referred to as under-represented in medicine (URM or UIM). The Association of American Medical Colleges defines UIM as “those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population,” allowing for a shift in focus away from discrete racial groups to a continually evolving definition based on US demographics. Many graduate medical training programs struggle to recruit UIM trainees given the limited candidate pool matriculating from US medical schools. Without concerted efforts to address racial and ethnic diversity, diversification of training programs is unlikely to occur.

At Children’s Mercy Kansas City (CMKC), addressing the lack of racial and ethnic diversity in the pediatric residency program became a priority in 2014, when it was noted that among a group of 72 categorical pediatric residents, there were no African Americans residents. This lack of racial diversity was an important issue to address for many reasons. For one, racial concordance between physicians and patients is associated with improved communication and receipt of preventative services. Second, physicians from racial minority groups are more likely to serve large groups of minority and uninsured patients in their eventual practice. Third, white trainees from more racially diverse training programs are more likely to rate themselves as highly prepared to care for minority populations and have strong attitudes endorsing equitable access to care. Per US census projections, the changing racial make-up of the US is most visible among children. By 2020, greater than 50% of children are projected to be a race and/or ethnicity other than non-Hispanic white and by 2060, 2 out of 3 children are projected to be a race and/or ethnicity other than non-Hispanic white. With increasing racial diversity of the population, it is important that the next generation of pediatricians is also diverse.

A group of UIM faculty at CMKC met with Graduate Medical Education (GME) leadership and identified multiple potential issues including (1) lack of minority faculty on the resident selection committee; (2) minority medical students were unlikely to meet a minority trainee or faculty member during their interview day; and (3) having only 1 UIM medical student candidate on any given interview day is isolating and contributes to stereotype threat. Through meetings and workgroups, a group of varied stakeholders including faculty, current trainees, and GME administration strategized to identify potential solutions and a multipronged approach was taken.

First, 3 minority faculty were added to the resident selection committee. These faculty helped the program director prescreen the list of UIM applicants and prioritized students for interviews, in conjunction with GME. Whenever possible, the UIM medical students interviewed with the UIM faculty member on the selection committee on their interview day. Second, each UIM medical student was invited to meet with a UIM faculty member over coffee at the end of their interview day. Scheduling was optional, but if chosen by the candidate, the meeting was included on the official agenda for their interview day. During these coffee chats, UIM students had the opportunity to ask honest questions about being a minority physician at CMKC, ask questions about unique patient populations, and gather information about cultural resources for racial minorities in the Kansas City metro region. Third, GME sent faculty and trainees to the regional Student National Medical Association (SNMA) meeting, where a CMKC residency booth was presented and UIM medical students from the Midwestern region were actively recruited to apply to the program.

Between the years of 2014 and 2017, these efforts increased the racial and ethnic diversity of the training program, including the recruitment of multiple African American and Hispanic categorical pediatric residents. Although this was an improvement, the minority faculty and GME felt that more still could be done to recruit UIM students to the program.

In 2017, the Faculty and Trainee Diversity, Equity and Inclusion Committee (FT-DEIC) was officially launched and supported within the Department of Pediatrics. From the Department of Pediatrics, Children’s Mercy Kansas City, University of Missouri-Kansas City School of Medicine, Kansas City, MO 64108. 0022-3476/$ - see front matter. © 2019 Elsevier Inc. All rights reserved. https://doi.org/10.1016/j.jpeds.2019.10.015
This committee, chaired by Dr Bridgette Jones, Associate Professor of Pediatrics, developed a mission to “improve the recruitment and success of diverse Children’s Mercy faculty and trainees and to overall facilitate policies and structures that support diversity, equity, and inclusion in the Department of Pediatrics and throughout Children’s Mercy so as to improve the lives of today’s and tomorrow’s children.” Two sub-committees were immediately formed, the Gender Equity Sub-Committee and the GME Sub-Committee. With the codification of this group of invested faculty and administrators (Office of Equity and Diversity, Office of Faculty Development, Graduate Medical Education, Physician Recruitment, Philanthropy), further progress was possible.

Between 2017 and 2019, further diversity efforts were advanced. For the first time, a Diversity and Inclusion website was added to the Pediatric Residency website (https://www.childrensmercy.org/professional-education/residencies/pediatric-residency-program/diversity-and-inclusion/). The GME sub-committee created the Mercy + ME visiting minority elective, a funded 1-month elective with custom experiences on 4 half-days geared toward exposure to UIM faculty, minority patient populations, and research focused on Health Inequities (https://www.childrensmercy.org/professional-education/student-programs/childrens-mercy-minority-elective/). Funding to support this elective was obtained externally with additional support provided by GME. We recruited 3 UIM medical students to the Mercy + ME program in the inaugural year, and 1 of the African American candidates matched into the subsequent intern class in 2019. The GME sub-committee worked with the CMKC Marketing Department to create a Diversity and Inclusion flyer and a Mercy + ME flyer, both of which could be easily distributed at recruitment conferences and to visiting UIM faculty and trainees. For the resident selection process, a specific domain related to diversity was added to the applicant scoring rubric, and racial and ethnic diversity of the rank list was explicitly discussed at each rank meeting. The FT-DEIC continuously tracked data to understand the diversity of the residency applicant pool, and to look for missed recruitment opportunities in the pipeline between application and matching.

During the 2018-2019 resident interview season, a more pivotal program was created. Five specific interview days, spread throughout the season, were designated as targeted UIM interview days. In the interview invitation to UIM medical students, the option of these 5 dates was offered, with the invitation to attend a reception during their interview visit that included current CMKC UIM trainees and faculty. This approach was an improvement over the individual coffee chats as it allowed for multiple UIM students to cluster interviews on the same day (decreased sense of isolation and stereotype threat) and also allowed for the visiting students to meet multiple UIM residents, fellows, and faculty during their primary interview visit.

The receptions, called “Minority Mix and Mingles,” were successful in providing an opportunity for residency candidates to meet UIM faculty and trainees and also showcased the program’s intent to actively address diversity and inclusion. Despite being scheduled on evenings and weekends, multiple UIM trainees and faculty attended each of the 5 receptions. In all, 52% of the invited UIM students chose to interview on one of these dedicated reception days and most personally reached out and thanked the program for this unique opportunity to meet multiple UIM faculty.

With the culmination of these efforts, in 2019 CMKC will have its most racially diverse intern class in recent history with 6 out of 24 categorical residents identifying as racial minorities (2 African American, 2 Hispanic/Latino, 1 Native American, and 1 under-represented Asian ethnicity). Other exciting ripples of these efforts include multiple UIM residents remaining at CMKC for their subspecialty fellowship programs, with the goal to recruit and retain them as faculty. In addition, with more racial diversity of the residency program, CMKC has been able to increase involvement in mentorship of UIM medical students at the University of Missouri-Kansas City School of Medicine, increasing pipeline efforts and strengthening the overall synergy between the hospital’s and the School of Medicine’s diversity efforts.

Despite our recent success, there is more work to be done. With a limited pool of UIM faculty, there is potential for overburdening UIM faculty with serving on the resident selection committee and supporting all of the prior described efforts. Presently, the FT-DEIC is working on efforts to recruit and retain more racially and ethnically diverse faculty. In addition, it is challenging to prioritize the limited budget of GME to balance our recruitment efforts with all of the other important trainee programs. We continue to improve our data collection. We are working on continued efficient use of funds to send CMKC trainees and faculty to UIM recruitment fairs, funding the Mercy + ME elective, and discussion of when to start new initiatives. Lastly, culture change is difficult, and a sustained and intentional focus on Diversity, Equity, and Inclusion efforts will be an ongoing journey and not a destination. We recognize that sustaining our recent success will require an ongoing and unwavering commitment.

Lessons Learned

Education and common understanding are a key starting point for success. Different stakeholders (minority faculty vs GME administration) may start at very different places regarding knowledge of the health inequity literature and importance of racial diversity in medicine.

Getting comfortable with uncomfortable conversations helps progress. Discussing race, racism, and discrimination can still feel taboo in academic medicine, but it is important for all parties to remain open and receptive to hearing diverse opinions and experiences.

Developing a group of stakeholders and allies within the institution and/or hospital is essential to allowing a multifaceted approach to diversity, equity, and inclusion. Utilizing...
assets, resources, and knowledge across multiple groups and offices within the institution allows you to “double your efforts” and their impact. It is also clear from our experiences that presentations of certain thoughts or ideas are often received differently depending on who is delivering the message or who is supporting the idea. Aligning and utilizing allies is key.

Engaging key leaders is critical. Institutional cultural acceptance of diversity, equity, inclusion work, and willingness to change the norm is most successful when initiated by or clearly supported by key leaders (eg, Chair of department).

Collect the Data and Foster Data Transparency. To know if your programs are improving diversity, you must know where you are starting and create metrics to track progress. Engaging with GME to collect this data is a key driver of sustained motivation and funding. Allowing data transparency also helps to objectively communicate and define the “why” to others who are essential for continued success (eg, other minority and nonminority faculty, administrators, donors/external funders).

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Reprint requests: Tamorah Lewis, MD, PhD, Children’s Mercy Kansas City, Division of Neonatology, 2401 Gilham Rd, Kansas City, MO 64113. E-mail: trlewis@cmh.edu

References