

Medical organization outlines processes to ensure diversity in leadership

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At the organization responsible for certifying the training and skills of US urologists, achieving and maintaining diversity, equity and inclusion is more than just a "numbers game," according to a special article in *Urology Practice*, an Official Journal of the American Urological Association (AUA).

In the new article, the American Board of Urology (ABU) points out that the practice of [diversity](#) and inclusion has been a cornerstone of its values for years. However, the Board acknowledges that while progress has been made, more work remains to be done. The authors included ABU Trustees Douglas A. Husmann, MD, Martha K. Terris, MD, and Cheryl T. Lee, MD, and Executive Director J. Brantley Thrasher, MD.

Building and sustaining diversity and inclusion at ABU

The report focuses on informing ABU diplomates about initiatives to evaluate and strengthen diversity and representation on three Committees central to the ABU's mission: The Board of Trustees and the Written and Oral Examinations Committees. For several years it has been the ABU's standard of practice to perform a yearly GAP analysis, comparing and contrasting the membership of their committees to the characteristics of their constituents: Practicing urologists within the United States, as defined by the American Urology Association's 2019 annual National Census.

The selection of new Committee members is subsequently based on both the individual's merit and an attempt to match or exceed the diversity

ratios defined within the Census regarding gender, race, ethnicity, geography of practice, and subspecialty area. This year's evaluation revealed the ABU [committee](#) structure consisted of 85% men and 15% women, compared to 90% and 10% in the 2019 National Census, respectively.

Regarding race and ethnicity, proportions of Committee members compared to the National Census of practicing urologists were non-Hispanic White, 74% versus 81%; Asian, 22% versus 12%; Black/African American, 3% versus 2%; and Hispanic, 1% versus 4%. Regarding region of practice, the ABU assesses the proportion of US urologists practicing within a given section, and attempts to achieve a Committee structure that is equivalent or within 1 to 4 percentage points.

While counting and comparing gender and racial/ethnic representation is a necessary first step, establishing ratios has not been found to change societal behavior or attitudes substantially—and indeed may have significant negative unintended consequences. Dr. Husmann and coauthors outline a series of "continuous and structural processes" to promote a lasting culture of diversity and inclusion. Specific aims include:

- Educating ABU diplomates and Committee members regarding the benefits of diversity
- Educating Committee members about the concept of unconscious bias
- Performing rigorous assessments of the ABU written and oral examinations to verify the absence of implicit bias
- Stressing the need to mentor today's diverse constituency of young urologists to participate and eventually take over leading roles in state, regional and national committees—giving them the experience they will need to succeed as ABU Committee members

- Anticipating the changing demographics of the next generation of urologists—for example, whereas only 10 percent of urologists currently in practice are women, they account for 30 percent of residents in training
- Above all else, encouraging frank and open discussions regarding diversity, equity, and inclusion

Dr. Husmann and coauthors conclude, "The ability to achieve and maintaining diversity, equity, and inclusion is an imperative requiring regular attention and discussion to ensure that we continually strive to reflect the values and principles of both the public and the diplomates we serve."

More information: Douglas A. Husmann et al, The American Board of Urology: In Pursuit of Diversity, Equity, and Inclusion, *Urology Practice* (2021). [DOI: 10.1097/UPJ.0000000000000244](https://doi.org/10.1097/UPJ.0000000000000244)

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