

How to increase diversity in medical residency programs

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How can medical residency training programs improve diversity and, consequently, the quality of health care? UC Davis Health researchers have some suggestions, backed by evidence.

In a study published today in *JAMA Network Open*, a team of researchers analyzed more than two dozen residency programs across the country. All employ strategies to boost [diversity](#), equity and inclusion (DEI). The team then compiled their findings to share widely with Graduate Medical Education (GME) programs seeking to diversify the physician workforce.

The study is believed to be the first of its kind to compile a comprehensive list of data-driven approaches to increasing diversity, equity and inclusion in GME programs.

"We have created a guide to help GME programs move forward in improving their DEI efforts," said Stephany Sanchez, a co-author of the study and associate clinical professor of internal medicine at UC Davis Health.

"This is intended for programs that are very early in their journey toward diversifying, to be able to apply foundational strategies we highlighted," Sanchez said. "And it's also intended for programs that are much farther along in their path, so they can have a more aspirational list of strategies to consider."

UC Davis has long been a model for its commitment to diversity and inclusion. The School of Medicine ranked No. 3 in diversity for medical schools across the nation, according to the 2023 U.S. News & World Report's list of "Best Graduate Schools."

More diversity means better health outcomes for patients

GME, commonly referred to as residency, is the training required for medical school graduates before they become eligible to take board

exams for certification in their chosen specialty field. GME can last anywhere from three to seven years, most often at an academic medical center like UC Davis.

Nationally, GME programs are striving to increase the number of physicians from backgrounds underrepresented in medicine. However, challenges exist. These trainees, from Latino, Black, American Indian, Alaska Native, Native Hawaiian, and Pacific Islander populations, are less likely to be offered placement in GME.

"Closing the diversity gap is critical to ensure equity in [medical education](#) and health care quality," the authors stated. "Nevertheless, evidence-based strategies and [best practices](#) to improve DEI in the biomedical workforce remain poorly understood and underused."

Studies show that patients have better health outcomes when they are cared for by doctors who understand their culture, who look like them, or speak their language. Authors of the study released today say that diversifying GME programs is critical to diversifying the physician workforce.

Although some GME programs seek to diversify, their leaders aren't sure how

Implementing DEI strategies is fairly new to GME, and a common challenge among program leaders is not knowing the steps to take at becoming more diverse.

"GME programs really want to be more inclusive," said co-author Tonya Fancher, the UC Davis associate dean for workforce innovation and education quality improvement. "But I think programs don't always know how to do it, so this work offers a menu of successful strategies to

choose from."

There is a dearth of information about what most GME programs are doing to increase diversity and inclusion, but the authors found a creative way to tap into the information: They received permission to access the submission forms of GME programs that have vied for an annual diversity award given out by the Accreditation Council of Graduate Medical Education.

The study was based on 29 award applications submitted between Aug. 17, 2020, and Jan. 11, 2022. The applicants described in detail what the programs were doing to boost diversity. This included efforts among trainees and faculty and staff, as well as the overall culture of the institutions.

The institutions were not identified in the paper, but a wide range of GME specialties were represented.

Here is a sample of the themes, strategies and practices detailed in the study that some GME programs rely on to increase diversity and be more inclusive to current residents:

- Develop relationships with K-12 schools, community colleges, 4-year universities and medical schools to participate in outreach activities.
- Use holistic review for admissions, which emphasizes life experience over test scores and grade-point averages.
- Require an implicit bias mitigation course for those who interview prospective GME trainees.
- Include historically excluded and underrepresented faculty, residents and other stakeholders on selection committees.
- Financially and logistically support DEI committees of residents, faculty and staff.

- Offer clinical experiences for residents in medically underserved communities.
- Support trainees through mentorship and research opportunities as a retention tool for residents to stay on as faculty at the end of their training.

"We found there's a very large range of strategies—some are foundational, some are aspirational," said co-author Dowin Boatright, an assistant professor of emergency medicine at New York University Grossman School of Medicine (who was at Yale University during the study).

"We really want to emphasize the importance of foundational strategies—those that in many cases are considered high impact and can be achieved at probably low cost," Boatright said. "I think we can make a lot of progress if all programs adopted even just the foundational strategies."

More information: Dowin Boatright et al, Strategies and Best Practices to Improve Diversity, Equity, and Inclusion Among US Graduate Medical Education Programs, *JAMA Network Open* (2023). DOI: [10.1001/jamanetworkopen.2022.5511](https://doi.org/10.1001/jamanetworkopen.2022.5511). [jamanetwork.com/journals/jaman ... /fullarticle/2801104](https://jamanetwork.com/journals/jaman.../fullarticle/2801104)

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