

Making med school diversity more than a box-checking exercise

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The racial and ethnic makeup of American physicians doesn't align with the racial and ethnic makeup of America. In 2016 nearly 13% of the U.S. population was African American and nearly 18% was Hispanic, yet those groups combined represent just 11% of medical school graduates, according to the Association of American Medical Colleges.

Many efforts to support diversity and inclusion are in place at medical schools across the country. The Liaison Committee on Medical Education (LCME), for instance, has introduced requirements to implement policies to attract and retain more diverse students. Still, progress has been slow.

A recent expert panel discussion in the AMA's Accelerating Change in Medical Education Community examined the importance of promoting diversity in medical schools and how to implement programs that support a more inclusive student body. Here is a look at some of the more compelling aspects of a dialogue among many key stakeholders in medical education.

Defining diversity

Frank Clark, MD, medical director of inpatient psychiatric services at PRISMA Health-Upstate/Marshall Pickens Hospital, clinical assistant professor at University of South Carolina School of Medicine-Greenville: Diversity is like a bag of Skittles that has the opportunity to promote curiosity, knowledge and understanding of people from various backgrounds. Diversity fosters a growth mindset and an appreciation for the lived experiences of people in their communities.

Carl G. Streed Jr., MD, MPH, clinician investigator, Boston Medical Center for Transgender Medicine and Surgery; assistant professor of medicine, Boston University School of Medicine: Diversity is a critical first step in that it aims to bring individuals of diverse backgrounds to "the table" where power structures are created and maintained. Diversity does not imply inclusion. It's one thing

to be at the table, it's another to be heard.

Recruiting and retaining diverse trainees

William McDade, MD, PhD, chief diversity and inclusion officer at the Accreditation Council for Graduate Medical Education: There are so few diverse candidates that make it through the pipeline that we cannot afford to lose even one who makes it through medical school to GME. We have to do a better job in requiring that residency programs and sponsoring institutions ensure there is an inclusive and humanistic clinical learning environment to maintain the well-being of all trainees.

We have to have better access to resources that can supplement a learner's specific needs. And we have to remove barriers to success that may disproportionately impact some learners more than others. The use of descriptive terms in the evaluation of residents may differ as a function of race/ethnicity or gender and we have to be aware of the impact of implicit bias.

The value of diversity

Tani Malhotra, MD, maternal fetal medicine fellow at Case Western Reserve University Metrohealth Medical Center: We are always taught to "treat others as you would have others unto yourself." This assumes that everyone wants to be treated the same way and has the same value system and priorities as we do. This is a faulty assumption in a heterogeneous population such as the US.

In order to provide the appropriate care for patients it is important to understand what they would have unto themselves, even if that is different from what we would want. Anticipating and understanding patient needs as they are influenced by their race, sexual identity, sexual orientation, sex, ethnicity, socio-demographic factors improves patient outcomes, satisfaction, and their adherence to their treatment. This requires physicians who can understand if not relate to the diverse backgrounds of our patients.