Mercy Adetoye, MD, MS, on increasing diversity in residency programs

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, a discussion with Mercy Adetoye, MD, MS, a clinical lecturer in the department of family medicine at the University of Michigan Medical School, about specific ways residency programs can improve the recruiting and training experience of under-represented minorities.

Speaker

- Mercy Adetoye, MD, MS, clinical lecturer, University of Michigan Medical School

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we’re talking with Dr. Mercy Adetoye, a clinical lecturer in the department of family medicine at the University of Michigan Medical School in Ann Arbor, Michigan, about how residency programs can improve the training experience of underrepresented minoritized individuals. I'm Todd Unger, AMA’s chief experience officer in Chicago.

Dr. Adetoye, thanks for joining us. You've compiled a checklist of recommendations for residency programs to help them increase diversity and inclusion in both the recruitment process and the training experience. I think it might be helpful just to wind the clock back a little bit and think about your own experiences as a medical student and resident. How did that experience lead you to this point?

Dr. Adetoye: Absolutely. So during my time in medical school, there were a lot of experiences that
helped support the reflections. I consider these recommendations based on reflections on my experiences in medical school. But although I had personal experiences, I think that they're universal. A lot of minoritized individuals in medicine experience similar episodes, I would say.

**Unger:** When you think back about those experiences, is there anything that stands out in your mind that really had an impact on you?

**Dr. Adetoye:** Yeah, absolutely. In fact, at the end of medical school and transitioning for residency, I really thought about how I would present myself to residency programs. I was very concerned about what image I was putting out there. Normally, I'm wearing my hair in a fro and so during the residency interviews, I decided to wear a weave to seem more approachable, more likable for residency programs.

**Unger:** Any other things, any other changes you made or things you reflect on that you'd do differently?

**Dr. Adetoye:** Yeah. Well, that I would do differently at this time or that I would do differently ...

**Unger:** Yeah.

**Dr. Adetoye:** Well, I actually think that now that I've been through it, I would be more authentic to myself. I think that that is very important. I still think that the way that I approached the specific questions that I asked program directors wouldn't change because I really needed to have an understanding of who really supported diversity, equity and inclusion efforts and where I would feel protected as a trainee.

**Unger:** Well, we know that having a diverse physician workforce is important in so many ways, not the least of which is patient outcomes. Can you talk about that connection between diversity and patient health?

**Dr. Adetoye:** Absolutely. So what we see right now, medical students are becoming more increasingly diverse. I'm a family medicine trained physician and so residents, faculty leadership still lag behind in terms of the patient population of minority individuals. So studies have shown that diversity within medicine contributes to improve health outcomes, decrease health disparities and then increase patient satisfaction, so the idea is that if you have a physician caring for a patient and they have similar ethnic, racial and language background, you have improved health outcomes from them.

**Unger:** We talked with Dr. Bill McDade from ACGME a couple of months ago. I know there are a lot of people working on this problem and it really starts with the pipeline and then goes into recruitment. A lot of programs are saying they're committed to recruiting diverse candidates and you had only a few short years ago, when you were a student beginning your residency interviews, you said,
interesting, that the burden seemed to fall mostly on you to figure out which programs made you feel protected and supported. Can you tell us more about what you mean by that?

**Dr. Adetoye:** Absolutely. So one, I created a lot of questions that I wanted to ask residency programs to figure out what would be the best for me in terms of education and also experience but I struggled with one topic, how to determine which programs value diversity and inclusion, so essentially trying to determine whether or not my minority status would affect my education at a particular program. So for instance, if a patient asks for strictly Caucasian physicians, how would the program respond? So ideally I would just say, "Hey, will my Blackness be an issue with faculty or co-residents or patients in the program?"

But in the end, it shouldn't fall on the trainee to determine this. So how do you ask this question without changing the way the interviewer perceives you? And ultimately, I just decided just to ask each program director how he or she defined diversity and inclusion, and what it meant to him or her. So by asking that, you can figure out who previously thought about this topic, who was making it up and who didn't care much to engage with it.

**Unger:** That's interesting. Are there any other kind of questions that you came up with that got to that response that you were looking for?

**Dr. Adetoye:** Yeah. I also asked about what the experience was for other minority trainees in the program, just to see if it's something that they thought about, separating that group and saying, "Hey, are these experiences pretty unique within our program?" to see if anything has come up.

**Unger:** So I know you've done a lot of thinking about how you can shift that, at least anticipating questions like that and being more proactive, at least from program directors' standpoint. What suggestions did you have for program directors to be better prepared and to deal with that proactively, rather than making you do the work?

**Dr. Adetoye:** Absolutely. So I think that all program directors and then the recruiting committees should participate in bias training, recognize those biases and leave them at the door. But I also think it's very important that you assume the candidate knows his or her minority status and the program director should feel empowered to assess the candidate's or trainee's level of comfort in discussing issues of race, equity and bias. So be direct and ask the candidate, "Are you concerned about this? Are you concerned that this might affect your training?" This can also be done in a survey prior to the interviewee showing up. I also think that program directors should acknowledge the candidate's minority status but also state very plainly that their education should not be impacted by that status and if anything comes up, "I would like you to tell me. You should tell us right away. This is exactly what we're going to do about it."

**Unger:** So past the recruitment stage and into the training, let's move there. You had an experience during your last year of residency that illustrated why we can't assume that the day-to-day
experiences of seeing patients is the same for everybody. Can you talk about that situation and what you learned and how your program responded?

Dr. Adetoye: Absolutely. So in my last year of residency, I was actually in one of my final shifts at a rural hospital. I was working in my workroom and overheard two male voices and a female voice arguing the merits of the police kneeling on George Floyd's neck, the argument being that since Mr. Floyd was resisting arrest, the method of restraint was justified. Then, the female voice agreed but said, "Hey, the police should not have killed Mr. Floyd." So I walked out of the room and saw two Caucasian security guards and one Caucasian nurse staring at me and, of course, they cast their eyes down. The conversation stopped.

At that point, I was a third-year resident, so one that's more empowered. I had my voice and I was pretty fed up with things, microaggressions and macroaggressions that have been ongoing. So that was one of the first times I actually communicated with my residency leadership about what was going on and I was surprised and very pleased that they were very, very concerned, very responsive. Now, the rural hospital has a diversity committee to ensure that we improve the experience for staff and for patients alike.

Unger: How did you feel about that response?

Dr. Adetoye: Over the last year and a half, it's been very in vogue to think about diversity, equity and inclusion efforts, so I was shocked that the hospital didn't have a diversity committee already but I was very impressed at how quickly moving that was in terms of, "Hey, this is an issue. Thank you for bringing it up. We need to do something about it to make it a more-inclusive environment for all."

Unger: Well, in keeping with a lot of the other stories you told, you have proactively developed your own kind of program that has five different points. The first one is about being proactive and about identifying potential challenges upfront. Can we dig a little deeper into that? Tell us about that.

Dr. Adetoye: Absolutely. So I think you have to know your community very well, as a program director, as leaders, knowing what the community is so that you can communicate any particular challenges that might arise with your minority trainees. So for instance, having a Black physician working in an overwhelmingly white community. Communicate these with trainees so that this will help a trainee and prepare them for any potential discrimination they may face in training so they're just aware, not that you can cover the gambit of that but so that they're aware that, "Hey, we recognize that your experience might be a little different. We don't think that this should impact your education here." We should know about it.

Unger: And then that leads to your step two?

Dr. Adetoye: Yeah, absolutely. I do think that leadership across training institutions at all levels should be very vocal about the intolerance of discrimination, not saying anything as essentially
supporting racism, sexism. So the programs should discuss how they will support trainees in the situation but make it very clear, state it very plainly that discrimination is not tolerated.

Unger: Your third recommendation is something that’s so incredibly important during this time right now, which is about education and training of staff and faculty. What’s involved in that?

Dr. Adetoye: Institutions should consider highlighting mentorship, advising coaching from interested faculty who are racially and ethnically congruent with trainees so that trainees do not have to seek this out on their own. One of the difficult times for me was trying to figure out where to go with this, who can I talk to with these issues that were occurring. It is important to provide time for faculty of color to serve as mentors.

Unger: Your last recommendation is about institutionalizing these changes. Why is that so important and how do you do it?

Dr. Adetoye: Yeah. So I think that putting these policies in place, it cannot be dependent on the goodwill of one individual. So I am now somebody that's out of training and in a clinical lecturer faculty position and so I won't be the voice for the residents in the specific program but I think that we can do better because we know that increasing physician diversity and supporting trainees with these difficult experiences will prepare us for a population that's much more diverse. So making it, putting your money where your mouth is in terms of, "We do not tolerate discrimination. We do support minority trainees," that actually making the policy official will go a long way to provide lasting change. Thank you so much.

Unger: Well, thank you so much, Dr. Adetoye. I really appreciate your perspective. Thanks for sharing your plan with our audience out there. And that's it for today’s Moving Medicine video and podcast. You can join us for future episodes of Moving Medicine by subscribing at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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