

Residency programs should trumpet no-tolerance approach on racism

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It was a conversation about the murder of George Floyd that drove Mercy A. Adetoye, MD, MS, to push for diversity training in the rural hospital where she worked during her final year of residency.

Finishing up her shift, she overheard two white security guards and a nurse discussing the merits of kneeling on Floyd's neck during his arrest. As she walked into their sight, "of course, they cast their eyes down—the conversation stopped," said Dr. Adetoye, a clinical lecturer and academic medicine fellow in the Department of Family Medicine at the University of Michigan Medical School.

Distraught by this incident and various microaggressions throughout her training, Dr. Adetoye made her concerns known to the residency leadership.

"I was surprised and very pleased that they were very, very concerned, very responsive," she said. "Now, the rural hospital has a diversity committee to ensure that we improve the experience for staff and for patients alike."

Even before her residency began, Dr. Adetoye had set her sights on improving diversity in medicine. Other experts contend that graduate medical education programs play a key role in fostering diversity of the physician workforce.

In a recent episode of "AMA Moving Medicine," Dr. Adetoye shared her checklist for creating better experiences for minorities in the recruiting and training of residents.

The importance of bias training

As a medical student beginning residency interviews, Dr. Adetoye decided to query program directors to see how much they valued diversity and inclusion though she struggled with how to do so.

She was “essentially trying to determine whether or not my minority status would affect my education at a particular program,” Dr. Adetoye said. “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,” Dr. Adetoye said. “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.”

In her view, all residency program directors and recruiting committees should participate in bias training. Program directors should plainly state that residency applicants' race or ethnicity will not affect their education, she said. If problems arise, resident physicians should be encouraged to speak up so that appropriate actions can take place right away.

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Know your community

Identifying challenges up front is key, said Dr. Adetoye. Know your community, she advised program directors. This will better prepare resident physicians for any potential discrimination—if they're facing the prospect of serving an overwhelmingly white population, for example.

Leadership across training institutions should also establish a no-tolerance policy on discrimination. Not saying anything essentially supports racism or sexism. Make these policies official, and be vocal about it, stressed Dr. Adetoye.

It's also important for residency programs to foster mentorships, “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,” she added.

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