Increasing Diversity in Residency Training: Tales from Two Cities

Moderator:
Donna M. Parker, M.D.

Speakers:
Robert P. Christopher, FACHE
Sunny Gibson, M.S.W.
Donna Phillips, M.D.
## Group on Diversity and Inclusion

### Mission and Focus

<table>
<thead>
<tr>
<th>Mission</th>
<th>The GDI is a national forum and recognized resource to support AAMC members in their efforts to realize the benefits of diversity and inclusion in medicine and biomedical sciences across all parts of their institutions and the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Diversity and inclusion in faculty, graduate medical education, and professional development/institutional climate</td>
</tr>
</tbody>
</table>
| Membership | • Designated GDI Representative  
U.S. medical school *dean designates* a faculty or administrator who has responsibility for institutional multicultural/diversity affairs  
• Individual GDI Representatives  
*Open membership*, U.S. medical school dean or self-designated |
| Contact | Juan Amador, Director and GDI Program Leader  
202.862.6149  
jamador@aamc.org  
www.aamc.org/gdi |
**Diversity, Inclusion, and Health Equity**

**Diversity** as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age.

**Inclusion** is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.

**Health Equity** is when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance (Source: CDC).
## GDI National Priorities

### Diversity and Inclusion in Faculty

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Short Term</th>
<th>Long Term</th>
</tr>
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<tbody>
<tr>
<td>Identify GDI data needs and define a comprehensive data set</td>
<td>Develop a GDI toolkit on underrepresented groups in medicine and biomedical sciences (UGMBS) faculty for our academic institutions</td>
<td></td>
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<tr>
<td>Integrate issues unique to underrepresented groups in medicine and biomedical sciences (UGMBS) faculty into the Group on Faculty Affairs (GFA) New Member Toolkit</td>
<td>Develop an academic medicine pipeline/activities for underrepresented groups in medicine and biomedical sciences (UGMBS) to enhance the diversity in our faculty workforce</td>
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### Diversity and Inclusion in Graduate Medical Education (GME)

<table>
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<tbody>
<tr>
<td>Develop Holistic Review for residency admissions</td>
<td>Develop an academic medicine pipeline for underrepresented groups in medicine and biomedical sciences (UGMBS) residents in collaboration with other AAMC Professional Development Groups</td>
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### Diversity and Inclusion in Professional Development/Institutional Climate

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</thead>
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<tr>
<td>Provide professional development in collaboration with other AAMC Professional Development Groups</td>
<td>Develop a GDI Orientation Guide for the GDI Steering Committee and GDI members</td>
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<tr>
<td>Adding Lesbian, Gay, Bisexual, Transgender (LGBT) issues and concerns to national agenda at all levels</td>
<td>Continuous campaign to empower and engage GDI membership</td>
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<tr>
<td>Present GDI’s definition of diversity and inclusion to all AAMC memberships, organizations, and senior administration</td>
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Session Objectives

• Strategies for increasing diversity in residency training programs

• Challenges to increasing diversity

• Outcomes of both programming and assessment
Increasing Diversity in Residency Training: Tales from Two Cities

Achieving more diversity in the match

Rob Christopher, Executive Director, McGaw Medical Center of Northwestern University
Sunny Gibson, Director of Diversity, Northwestern University Feinberg School of Medicine
November 4, 2011
Our Institutional Structure
Context of our work

• Our campus is downtown in the heart of the city – an urban environment

• Our university is located in the heart of the Midwest, which is also a very diverse region

• Our city, state and region suffer from racial and ethnic health disparities in health
Institutional Goals & Approach

• Diversity of staff and faculty that reflects our city and better serves our patients

• Diversity (URM) that is consistently better than the national average (~15%) and better than our competitors (~20%)

• Diversity integrated as a core element of excellence

• Diversity addressed contextually, specifically and effectively according to program need
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<tr>
<td>total URM</td>
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<td>23</td>
<td>24</td>
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<td>trainees</td>
<td>631</td>
<td>357</td>
<td>391</td>
<td>681</td>
<td>732</td>
<td>748</td>
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<tr>
<td>% URM</td>
<td>2.2</td>
<td>6.4</td>
<td>6.1</td>
<td>6.0</td>
<td>6.2</td>
<td>7.6</td>
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Before McGaw Diversity Council

- Program coordinator survey demonstrated wide range of engagement in diversity from none to exemplary
  - some programs were uninformed, some had long-standing history of effective effort
- 22 residency programs matching about 200 residents per year
- Range in size from 1 seat to 40 seats per program
McGaw Diversity Council

- McGaw Diversity Council formed in 2007 by our former dean for GME
- Broad membership across constituencies
- 40-50K annual budget
- Funded by executive leadership council of McGaw, which is chaired by School of Medicine dean
- Council chaired by McGaw Executive Dir.
- Gives Annual Excellence Award to recognize individuals who contribute
Defining Underrepresented

• Across McGaw
  • Underrepresented Minorities (URM): Black, Latino, Native American/Native Hawaiian
  • Underrepresented groups: disability and LGBTQ – all collected as separate elements

• By specialty: Underrepresented in Specialty (URS):
  • Men (Ob/Gyn, Family Medicine, Dermatology, Otolaryngology)
  • Women (Emergency, General Surgery, Neurology, Neurosurgery, Orthopedic Surgery, Plastic Surgery, Urology)
People

• Residency Program Directors
• Residency Program Coordinators
• Staff in GME
• Staff in Office of Diversity
• RESIDENTS & FELLOWS
Programs: Visiting Clerkship

- Visiting clerkship stipend for students underrepresented in medicine
- Visiting student dinners to facilitate connection
- Between 15-25 students annually
- Co-managed with medical education, diversity and GME
- Have matched 3-5 students per year who received stipends
Programs: Residency Showcase
Programs: Residency Showcase

- Annual Residency Program Showcase
  - All 22 programs in one place
  - Residents and program directors panels
  - Saturday event
  - Free!
  - Travel stipends for Showcase added in 2010
  - 70 registrations in 2008 to 200 in 2011
Programs: National Meetings

- Annual SNMA and LMSA meeting presence and sponsorship
  - Large presence at fair with double booth
  - Residents, program directors, fellowship directors, and fellows attend
  - Dedicated support from our Office of Communications (staff our booth, design our media campaign)
  - Mix and Mingle as part of meeting programming
National Meetings
Programs: Groups & Media

• Media – especially website presence
  • Profiles of residents
  • Help individuals programs link to it
  • Prominent space for diversity in McGaw site redesign

• Underrepresented Residents and Fellows Forum (NMURFF)
  • Meets monthly
  • Led by residents and fellows
  • Focus on outreach and career development
Data Driven Approach

- Align programming and resources according to the opportunities identified in the data

- Present options and resources to programs in an open ended manner

- Utilize program to program modeling and mentoring to share best practice

- Educate colleagues to cover the basics – do not assume understanding

- Provide resources, be a resource
Match Process Mapping

Residency Program Process Map

Information Gathering
- Providing Information
- Encouraging Applicants
  - website preview days
  - showcase meeting exhibits
  - visiting clerkships
  - holistic review
    - "balance of 6 competencies"
    - "more than one pair"
- website early resident contact
- prompt responses
- encouragement/proactive outreach

Application
- screening applications

Interview
- selecting for interviews
- providing information

Rank
- reviewing candidates
- ranking candidates

Match

Post-Match
- Examine whom ranked but didn’t match
- Examine whom did not interview
- committee feedback
Phases of data collection

- Applicants
- Invited to interview
- Scheduled interview
- Completed interview
- Rank Quartiles
- Total ranks
- Total matches

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Applicants</th>
<th>Invited to Int</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td></td>
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<td>Dermatology</td>
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<tr>
<td>Diagnostic Radiology</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Family Medicine</td>
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<tr>
<td>General Surgery</td>
<td></td>
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<tr>
<td>Internal Medicine</td>
<td></td>
<td></td>
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<tr>
<td>Neurological Surgery</td>
<td></td>
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<tr>
<td>Neurology</td>
<td></td>
<td></td>
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<tr>
<td>Obstetrics &amp; Gynecology</td>
<td></td>
<td></td>
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<tr>
<td>Orthopaedic Surgery</td>
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<tr>
<td>Otolaryngology</td>
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<td>Pathology</td>
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<tr>
<td>Pediatrics</td>
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<td>PM&amp;R</td>
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<tr>
<td>Plastic Surgery</td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Radiation Oncology</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Vascular Surgery</td>
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<td>TOTALS</td>
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## Match Process Data Summary

<table>
<thead>
<tr>
<th></th>
<th>Program A</th>
<th>Nationwide</th>
<th>Percentage of available pool</th>
</tr>
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<tbody>
<tr>
<td><strong>2011</strong> AMG Applicants</td>
<td>793</td>
<td>1723</td>
<td>46%</td>
</tr>
<tr>
<td>AMG URMs</td>
<td>116</td>
<td>314</td>
<td>37%</td>
</tr>
<tr>
<td>Pool % URM</td>
<td>14.6%</td>
<td>18.2%</td>
<td></td>
</tr>
<tr>
<td>Interview/App ratio</td>
<td>205:793 (25.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URM interview/app ratio</td>
<td>17:116 (14.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed interviews/offers (yield)</td>
<td>130:205 (63.4%)</td>
<td>11:17 (URM)</td>
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</tr>
<tr>
<td>Ranks:Completed interviews</td>
<td>129:130</td>
<td></td>
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<tr>
<td>URM candidates ranked: total</td>
<td>11:129 (8.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URM candidates matched: total</td>
<td>3:21 (14.3%)</td>
<td></td>
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</table>

* 2010 prog URMs: 4 (5.5%)
# Action Plan Program A – Incorporate diversity more

<table>
<thead>
<tr>
<th>Action</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
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<tbody>
<tr>
<td>Showcase participation</td>
<td>■</td>
<td></td>
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</tr>
<tr>
<td>SNMA participation on-site</td>
<td></td>
<td>□</td>
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</tr>
<tr>
<td>Advertising</td>
<td>□</td>
<td></td>
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</tr>
<tr>
<td>Holistic candidate review (interview more URM)</td>
<td></td>
<td></td>
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<tr>
<td>Participate in second visit or info sessions</td>
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<td>□</td>
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</tr>
<tr>
<td>Pro-diversity materials on interview day</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td>Diversity wrap up session on interview day</td>
<td></td>
<td>□</td>
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## Match Process Data Summary

<table>
<thead>
<tr>
<th></th>
<th>Program C</th>
<th>Nationwide</th>
<th>Percentage of available pool</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMG Applicants</td>
<td>160</td>
<td>572</td>
<td>30%</td>
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<tr>
<td>AMG URMs</td>
<td>121</td>
<td>27</td>
<td>22.3%</td>
</tr>
<tr>
<td>Pool % URM</td>
<td>16.9%</td>
<td>21.2%</td>
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</tr>
<tr>
<td>Interview/App ratio</td>
<td>101:160 (63%)</td>
<td></td>
<td></td>
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<tr>
<td>URM interview/app ratio</td>
<td>4:27 (14.8%)</td>
<td></td>
<td></td>
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<tr>
<td>Completed interviews/offers (yield)</td>
<td>76:101 (65.2%)</td>
<td>4:4 (URM)</td>
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<tr>
<td>Ranks:Completed interviews</td>
<td>41:76</td>
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<tr>
<td>URM candidates ranked: total</td>
<td>3:41 (7.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URM candidates matched: total</td>
<td>0:4 (0%)</td>
<td></td>
<td></td>
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<tr>
<td>Highest % of IMGs ranked (10%) of any program, total 2010 prog urms: 1 (4%)</td>
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## Action Plan Program C: Review more applications

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<th>Action</th>
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<tr>
<td>Pro-diversity materials on interview day (highlight NMURFF)</td>
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<tr>
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<table>
<thead>
<tr>
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<th>Program F</th>
<th>Nationwide</th>
<th>Percentage of available pool</th>
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<tr>
<td>AMG Applicants</td>
<td>524</td>
<td>1245</td>
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<td>AMG URMs</td>
<td>115</td>
<td>297</td>
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<td>Pool % URM</td>
<td>22%</td>
<td>23.8%</td>
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<tr>
<td>Interview/App ratio</td>
<td>96:524 (18.3%)</td>
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<td>URM interview/app ratio</td>
<td>27:115 (23.4%)</td>
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<td>Completed interviews/offers (yield)</td>
<td>86:96 (89.6%)</td>
<td>23:27 (URM)</td>
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<tr>
<td>Ranks:Completed interviews</td>
<td>85:86</td>
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<td>URM candidates ranked: total</td>
<td>31:85 (36.5%)</td>
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<td></td>
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<tr>
<td>URM candidates matched: total</td>
<td>5:12 (41.6%)</td>
<td>3:12 URS (25%)</td>
<td></td>
</tr>
</tbody>
</table>

**URS=men. ~28% of national pool. 70/524 applicants (13.4%). Invited 19 (19.7%), interviewed 17 (19.7%), ranked 16 (18.8%), matched 3 (25%)**

**2010 prog URM: 7 (17.5%)**
# Action Plan Program F: Keep it up!

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<tr>
<td>Diversity wrap up session on interview day</td>
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<tr>
<td>Current residents outreach to candidates</td>
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<tr>
<td>Holistic application review</td>
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## McGaw Diversity Progress

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<td>17</td>
<td>19</td>
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<tr>
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<td>754</td>
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<tr>
<td>% URM</td>
<td>6.4</td>
<td>6.1</td>
<td>6.0</td>
<td>6.2</td>
<td>7.6</td>
<td>9.2</td>
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*2010 & 2011 matches were over 11% URM*
Lessons & Reflections

• Don't assume anything and work with the willing
• Data is useful and persuasive
• Honor program autonomy
• Doesn't take a lot of money
• Learn and adapt as you go - challenges in individual programs are unique and may require different strategies.
• Be transparent in your work - very key
  • “applicant pool enhancement”
  • educational benefits of diversity
  • market benefits of diversity
Increasing Diversity in Residency Training: A Tale of Two Cities

Donna Phillips, M.D., Pediatric Orthopaedic Surgeon
Mekbib Gemeda, Diversity Dean
November 4, 2011
Creating a diverse residency program

- How we created a diverse resident group at NYU- Hospital for Joint Diseases
- Efforts to increase diversity
- Professionalism curriculum
- The use of unannounced standardized patients to assess health disparities: A pilot study
What is NYU-Hospital for Joint Diseases?

• One of the largest Orthopaedic residency programs in the country

• Residents rotate at a variety of hospitals with different patient populations:
  
  • **Bellevue Hospital Center:** Large city
  
  • **Tisch Hospital:** Private NYU
  
  • **Hospital for Joint Diseases:** Primary Orthopaedic Hospital
  
  • **VA Hospital**
  
  • **Jamaica Hospital:** Private with diverse patient population
Current Resident Group

Orthopaedic Surgery Residents 2011-2012
Bellevue Hospital Center

Emergency Visits

African American
18,000 (29,000 visits)

Hispanic/Latino
30,000 (47,000 visits)

Asian
7,000 (10,000 visits)

White
15,000 (22,000 visits)
Diversity in Surgical Specialties

<table>
<thead>
<tr>
<th></th>
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<th>NYU-HJD Ortho</th>
<th>Gen Surgery</th>
<th>Urology</th>
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<tbody>
<tr>
<td>African-American</td>
<td>4.7%</td>
<td>8%</td>
<td>6.5%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.7%</td>
<td>11.3%</td>
<td>8.3%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Women</td>
<td>13.5%</td>
<td>14.5%</td>
<td>35%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.5%</td>
<td>17.7%</td>
<td>21%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Native Am</td>
<td>.5%</td>
<td>0%</td>
<td>.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>White</td>
<td>76.2%</td>
<td>61.2%</td>
<td>61.2%</td>
<td>69.0%</td>
</tr>
</tbody>
</table>

Brotherton, *JAMA* 2010
Surgery applications: Day JBJS 2010

Significantly fewer African Americans, Hispanics/Latinos, and women in Ortho Residency compared to Surgery.

Proportion of Applicants

<table>
<thead>
<tr>
<th></th>
<th>Ortho</th>
<th>General Surgery</th>
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</thead>
<tbody>
<tr>
<td>African-American</td>
<td>13.5 white</td>
<td>5.7 white</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14 white</td>
<td>6 white</td>
</tr>
<tr>
<td>Women</td>
<td>6.3 male</td>
<td>2.2 male</td>
</tr>
</tbody>
</table>
NYUHJD Ortho Residency Selection Process

Approximately 500 applications are screened to select 72 for interviews.

- Deans letter
- AOA membership
- Board scores by 20 point groupings
- Research
- Intangibles
- Special talents
- Extra curricular activities
NYUHJD Residency Selection

• Tour hospitals, meet the residents
• Interview with six groups of 2-3 faculty
• Interview with chief residents
• Each group has a questions they ask each applicant for comparison
• Group ranks applicants based on scoring system of 0-10.
• Final ranking takes in to account student rotations, and diverse experience
Minority Rankings at NYUHJD

2007-2011

18 women and 10 AA males were ranked to match but went to another program.

Efforts are being made to contact those applicants to determine why they chose another residency.
URM Survey NYUHJD Residents

Attraction to NYU-HJD:

- Location (100%)
- Leadership of the department (60%)
- Strength of the academic program (85%)
- Diversity of patient populations (55%)
- Bellevue Hospital (75%)
Barriers to Medical Student Applications: Misconceptions

• Impossible to get in
• Orthopaedists have to be strong
• Women do not think they can be orthopaedists and have a family
• Lack of exposure to orthopaedics in medical school
• Lack of mentors or peers

Schel JBJS 2001
NYUHJD: Removing Barriers

• Assist students get in to programs
  • Interview skills workshops
  • Mentoring/role models
  • Research positions, one year
  • Student outreach: SNMA, externships, electives

• Gym at the HJD

• Diverse group of residents and faculty
Student Outreach: NYUHJD

Externship between 1st and 2nd year of medical school.

• 20-30 per year
• 10 weeks
• Research/presentation
• Faculty mentoring

• Average 30% women over the last four years (range 20-35%)
Student Outreach

Student National Medical Association (SNMA)

- AAOS exhibit staffed by NYU-HJD faculty and resident
- 27 mentoring program applications collected this year
- Described as: “enthusiastic and invaluable resources”, “made it clear that students are welcomed to specialty with open arms”
- NYU-HJD sponsors the AAOS Outreach Event yearly. 150 attended this year
- Bioskills demonstrations by Dr. McLaurin
Orthopaedic Residents at NYUHJD

• 38 (61%) of current residents rotated at NYU-HJD as fourth year students

• 100% of current PGY1 group rotated at NYU-HJD

• Medical school rotation at program directors institution was rated the most important selection criterion by program directors (Bernstein et al. JBJS 2002)
Student Outreach: 2012

May and Serge Parisien Scholarship

• Funds two URM students for one month rotation in 4th year of medical school
• Based primarily on academic record
• Goal: Increase exposure of students to our program, and improve the chances of matching at NYU-HJD.
Culture of Inclusion and Mentoring

• Diversity Committee
  • URM groups and women’s groups
  • Speaker series
  • Scholarships
• Strong commitment from department chairman to increase diversity and support faculty and residents.
• Office of Diversity Affairs sponsors event that includes all URM residents and faculty.
NYU-HJD Faculty Diversity: Mentors for Residents
Million Dollar Questions:

• Does a diverse resident population translate into greater commitment to serve underserved populations?

• Do residents consider city hospitals a place to have autonomy that they wouldn’t have in a private setting?

• If so, do they take ownership of the patient and patient care?

• Do the residents incorporate what they learn in communications/professionalism in their clinical practice?
ACGME: Professionalism

Residencies are required to teach and evaluate residents on professionalism:

“Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population including but not limited to diversity in gender, age, race, religion, disabilities, and sexual orientation.”
Professionalism Curriculum

- Communications skills workshops
- Interactive lectures

**Malpractice**: What to do if sued, and how to avoid it

**Delivering Bad News**: What is bad news?

**Disclosing Medical Error**

**Stress of Orthopaedic Surgery**: Recognizing a physician at risk

**Culturally Competent Care**

**Health Disparities**
Importance of a Diverse Residency Group

• Exposure to different cultures and ethnicity = comfort with diverse patient populations

• Decrease health disparities:
  • Minorities are more likely to provide care for underserved patient populations
  • Patients are most comfortable with physicians of their own ethnicity (Reede 2003)
What do we know?
Saha  JAMA 2008

• White students in diverse medical schools: More prepared to care for minority patients, and had more equity oriented attitudes about access to care

• Diversity education did not affect plans to serve the underserved

• Student body URM proportions were not associated with plans to serve the underserved
• SP, one male and one female, were scripted to have same scenario, clinical presentation, life situation and co-morbidities.

• 29 orthopaedic office visits.

• Orthopaedists stated that they treat women and men with OA same.

• The odds that TKA was recommended to male patient was 4X odds for female patient.

• Male and female physician rates of recommendation were the same.

• Women physicians were susceptible to biases that are pervasive in society.
Unannounced Standardized Patient Program: An innovative method to assess cultural competency

• Actors are trained to assume a patient role (standardized patient).

• The SP presents to the clinic as a “real” patient.

• After the visit, the SP completes a validated checklist. The % well done are reported.
USP Program: Results Checklist

Pilot program 24 visits to Bellevue Hospital Clinics

Communications 57.7% well done

- Information gathering 66.5%
- Relationship develop. 60.0%
- Edu and counseling 42.1%
USP Program: Results

Global ratings: 0=not recommended, 3=highly recommended

Average scores:

• Communications skills 1.74
• Medical Competence 1.89
• Professionalism 2.03

Goal: 2 (recommended) or 3 (highly recommended)
Are residents providing competent care:

• Limited history and physical exam
  • Wrong diagnosis
  • Dismissive due to lack of x-rays
• Patients turned away
• Inconsistent hand washing (13% overall)
• Inadequate documentation
  ▪ Note under different log in on computer
  ▪ Incomplete patient assessment
Bellevue Hospital Center

Orthopaedic Clinics: trauma, hand, pediatrics, implant, sports, spine, scoliosis
USP Program: Results

--88% nurse assistants and front desk treated SP with courtesy and respect

--85% front desk was helpful

--100% of non-MD staff treated the SP very professionally or somewhat professionally
Conclusion

NYU-HJD Orthopaedic Department has been successful in recruiting a diverse group of residents.

Professionalism curriculum has emphasized communications skills and cultural competence

USP program: Residents need to be more aware of communications skills in the clinic, and take responsibility for diagnosis, education and treatment of patients.
The Tale from NYUHJD: Summary

• Student outreach has resulted in a reputation among students that we welcome URM students.

• Our applicant pool has a high proportion of women and AA men who would have matched with us.

• Nearly a third of our residents are URM.

• Efforts are underway to increase exposure of students to NYU-HJD.

• We are assessing whether this translates into high level of care for underserved patients using unannounced standardized patients.
A Tale from NYUHJD: Next steps

- Evaluate reasons we don’t have a MORE diverse resident group
- Expand our professionalism curriculum
- Faculty development

Next step in USP program:
- Develop cases to compare male/female, language barriers, sexual orientation in diverse underserved patient population.
- USPs in other hospitals.
- Educate residents about the findings
Thank you
Questions?
Save the Date

GFA/GDI
Professional Development Conference

August 9-12, 2012
Indianapolis, Indiana

Group on Faculty Affairs
Group on Diversity and Inclusion
Professional Development Conference