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AAIM Perspectives

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After the Match: Cultivating a Community of Support, Retention, and Mentoring to Enhance Diversity

Cristin Colford, MD,[a] M. Suzanne Kraemer, MD,[b] Michael Contarino, MD,[a] Nancy Denizard-Thompson, MD,[c] Kimberley Evans, MD,[d] Kristen Hairston, MD,[c] Rachel Harris, MD, MPH,[e] Diana McNeill, MD[d]

[a]University of North Carolina School of Medicine, Chapel Hill; [b]East Carolina School of Medicine, Greenville; [c]Wake Forest School of Medicine, Winston-Salem; [d]Duke University School of Medicine, Durham, NC; [e]Morehouse School of Medicine, Atlanta, Ga.

INTRODUCTION

In 2004, the Association of American Medical Colleges defined *underrepresented in medicine* as "racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.[1]" The population of the United States is composed of 30% underrepresented minorities, but the current physician workforce identified as underrepresented minorities is <10%.[2] Underrepresented minority physicians are more likely to practice in underserved areas and care for patients in their own ethnic groups who are on Medicaid, uninsured, and of poorer health status, thus offering the potential to impact health outcomes for underprivileged populations.[3]

National efforts to increase diversity in the physician workforce were implemented to improve the experience of both minority patients and the minority providers caring for them. A national initiative by the Association of American Medical Colleges in 1991 called *3000 by 2000* strove to increase the number of minority students enrolled in medical schools to a percent that was closer to the percent of minorities in the general population.[4] The lack of underrepresented minority faculty also leads to a lack of underrepresented minority mentors for students and physicians in training.

Despite initiatives to increase the number of underrepresented minority medical students, only 7.4% of academic medical school faculty in the United States was comprised of underrepresented minorities in 2007-2008.[2] A review of literature on social and learning environments experienced by underrepresented minority medical students found that underrepresented minority students are more likely to experience less supportive social environments and less positive learning environments. Underrepresented minority students were more likely to see their race as having a negative impact on their medical school experience than were their non-underrepresented minority peers. Underrepresented minority students had poorer performance on standardized exams and were more likely to leave medicine.[5]

Work has been done to examine the unique needs of underrepresented minority faculty members. A qualitative study of non-tenure track underrepresented minority faculty in medical schools found that these faculty members felt that differences in prior educational experiences

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Requests for reprints should be addressed to Cristin Colford, MD, 5034 Old Clinic Building, CB 7110, Chapel Hill, NC, 27599.

E-mail address: cristin_colford@med.unc.edu

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led to disparities in considering career options. These faculty members suggested that their institutions could improve the diversity climate by focusing on increasing awareness among faculty and leadership of their own attitudes and behaviors, increasing the commitment of leadership to improve the diversity climate, and increasing the numbers of faculty and staff members, especially leaders, who identify with a diverse patient population.[6]

Efforts have been described to increase recruitment of underrepresented minority students to residency training programs.[7,8] However, when an underrepresented minority resident physician begins residency training, it is not known what specific experiences challenge the well-being of that underrepresented minority resident or what is needed to provide career enhancement and cultivation of that resident's talent. Regional alliances to pool resources and expertise have been demonstrated to be a successful method to promote diversity of the health professions workforce,[8] and peer mentoring has been shown to be of value in junior faculty career development.[8,9]

PERSPECTIVES VIEWPOINTS

- There is a need for underrepresented minority physicians in medicine.
- It is not known how best to support underrepresented minority residents training in internal medicine.
- Peer mentoring has been successful in expanding the health professions workforce.
- Participating residency programs develop avenues for peer mentoring for underrepresented minority residents in our region.
- These programs have been successful in supporting our current underrepresented minority residents and could inform future directions.

To overcome relatively small numbers of underrepresented minority physicians, residency leaders from internal medicine residency programs at 5 medical schools (Duke, East Carolina, Morehouse, University of North Carolina, and Wake Forest) in the southeastern United States leveraged already established professional relationships to create a regional internal medicine underrepresented minority peer network. All of the participating residency programs were engaged in recruitment efforts directed toward underrepresented minority students but lacked mentoring during residency that was tailored for underrepresented minority residents. The goal of this regional collaboration was to identify for the graduate medical education community the factors that are important for successful underrepresented minority–specific mentoring during an internal medicine residency and to expand the professional network of participating underrepresented minority internal medicine residents.

METHODS

The framework of this collaborative effort includes conference calls, local and regional focus groups, and regional networking events. The Table outlines the components of the collaboration. Faculty at each participating internal medicine residency program participate in monthly conference calls to share ideas, develop regional events, and sustain execution of this project.

Institutional review board approval was obtained from each institution. Focus groups of self-selected underrepresented minority internal medicine residents were conducted at each participating internal medicine residency site. Each institution followed a consistent framework for the focus group discussion, as outlined in the Table. Ensuring anonymous responses of the focus group participants was deemed to be essential. The focus group moderators were faculty members, not residency program directors or associate program directors, which allowed residents to be frank in their discussions. The focus group sessions were audiorecorded and transcribed by individuals not affiliated with the residency programs. After qualitative analysis, these focus group comments should serve to inform the internal medicine community about the most vital strategies for the professional development of the underrepresented minority internal medicine resident.

Three regional underrepresented minority networking events have occurred and included faculty and underrepresented minority residents from the 5 institutions. Similar formats were followed for each regional event. The sessions included time for introductions, discussion on how to find and utilize mentors, and the input of an expert underrepresented minority physician panel, who shared their experiences in clinical practice, education, and administration. During a portion of the events, residents and faculty met separately for candid peer underrepresented minority mentoring and the promotion of comfortable sharing of experiences without fear of being observed by program leadership. The first event was held at one of the medical schools in conjunction with the Student National Medical Association regional meeting with the intention to further build on a pipeline of existing support for underrepresented minority residents. The next Student National Medical Association meeting was held at a more distant location; thus, we were not able to participate, but it continues to be a goal for the future. The second regional event was held approximately a year later, and underrepresented minority residents participated in the

Table Components of Multi-Institutional Collaboration

Activity	Participants	Interval	Action Items
Conference calls	Faculty	Monthly	Develop the vision and mission of the group. Plan scholarly products and outcome measures. Develop timelines, focus group questions, and institutional review board submissions. Schedule in-person meeting logistics, such as venue and virtual or real time. Appoint a team leader to set agendas and run meetings. Develop a sustainability plan.
Regional meetings	Faculty, residents, and invited guests	Annually	Offer networking opportunity for residents and faculty. Develop the mentoring process. Share the narrative experiences of underrepresented minorities in residency programs. Select faculty for expert panel discussions on underrepresented minority issues in residency and best practices to address these issues. Offer skill development in networking and self-promotion.
Focus groups	Residents	1 time	Elicit the needs of underrepresented minority residents in participating internal medicine programs to guide further work.
	Focus group facilitator	1 time	Ask questions such as the following: "Do you think having an underrepresented minority faculty mentor is important for your success?" "Do you perceive any special expectations by staff, faculty, peers, and others (including family) because you are an underrepresented minority resident?" "Can you tell us about your support network?" "How connected do you feel to your residency cohort?" "What resources do you use for support (social media, church, etc.)?"
Case conference development	Faculty and residents	Monthly	Prepare an annotated literature review. Develop cases that can be used for discussion of issues related to underrepresented minority issues in residency programs. Identify local and regional experts in the topic as consultants.

program planning and delivery. The residents selected the venue, which was more social and not academic. They developed the agenda, which included interactive breakout sessions; invited speakers; and moderated the evening. The third event was held at a medical school building and focused on skill building related to networking and self-promotion as a leadership skill. Residents received coaching in creating a curriculum vitae and participated in an interactive presentation on how to deliver a brief "elevator pitch" to highlight their strengths and future potential.

OUTCOMES TO DATE

Approximately 45 residents and 15 faculty have participated in the 3 regional events. The residents and faculty who participated in the networking events had an overwhelmingly positive experience as recorded in post-event surveys. All residents who responded to the post-event survey agreed that the event enhanced their understanding of important issues for underrepresented minority residents and allowed for discussion about strategies to help underrepresented minority residents find professional success. The residents shared that they preferred email as a method of connection and communication as opposed to social media. We had anticipated that they would create social media pages, but they felt that because their daily workflow required checking email they would prefer not to utilize a separate platform for networking. A database of contact information for underrepresented minority residents in the 5 programs was established, and leadership roles were created for residents with the goal of sustaining these new connections and moving the collaboration forward.

Faculty members did not provide a formal structure for the peer interactions so that residents could focus on what was important to them. After the second regional meeting, participating residents determined that they wanted to collaborate on educational initiatives for all residents in their programs related to caring for patients from diverse backgrounds. They are currently developing case conferences highlighting cultural factors that influence patient interactions with health care providers.

Faculty who have participated in the collaboration report that relationships among the program leaders have fostered a supportive environment for the underrepresented minority residents of their institutions. Faculty members discuss the collaboration when meeting

with underrepresented minority applicants during interviews and highlight this as a strength in fostering and mentoring underrepresented minority residents in training.

Measurement of ongoing success and sustainability of the collaboration will include the number of regional meetings, number of peer interactions by underrepresented minority residents across institutions, number of educational products developed, and resident and faculty satisfaction. We chose not to use number of underrepresented minority residents in the programs as an outcome due to the complexity of the residency recruitment and match process and the fact that this initiative was not designed to focus on recruitment.

DISCUSSION

Building upon what is already known regarding perceptions about the learning and social environments for underrepresented minority medical students, we sought to create a peer mentoring collaboration of 5 internal medicine residency programs located in the southeastern United States. Regional collaboration can be an important tool for learning how to enhance the experience of underrepresented minority residents in internal medicine residency, especially when the numbers of underrepresented minority residents at each institution are small. Despite the challenges associated with bringing residents together due to the intensity of their clinical duties, proper planning and prioritization of these initiatives can ensure the success of such collaborations. Emerging technologies could be better utilized, such as videoconferencing and social media platforms, to more easily bridge the physical distance. One challenge noted by faculty leaders was balancing their enthusiasm to make the program successful with the needs and preferences of the residents. Although the original group of residents expressed a preference for email, we suspect it may be useful to try alternative methods of communication.

In addition, in areas of the country where there may not be a large number of underrepresented minority residents, collaboration allows residents to build a social network in the region. Some participating residents have developed peer networks that span across specialties and regional institutions, which was an unexpected but welcome outcome. Many institutions have initiatives for the entire underrepresented minority graduate medical education community, and there may be opportunities to expand the scope of peer interactions through these programs.

We are pleased that the residents have begun to collaborate independently from program leadership and are developing a case-based series related to caring for patients from diverse backgrounds. Teams of residents are developing and planning to deliver didactic sessions on perceptions of hospice in the African American community and under-communication with non-English speaking patients to the 5 participating internal medicine residency programs this academic year. We thought it was interesting that the residents chose to focus on caring for patients rather than underrepresented minority resident experiences when planning these joint activities.

Semiannual regional meetings of the internal medicine faculty and residents will continue to address social support needs and provide a venue for planning and sharing scholarly activities. We hope to expand the number of internal medicine residencies involved in the collaboration, as we have been encouraged by the interest expressed by directors in our region. In addition to the initial goal of improving the underrepresented minority resident experience, our expectation is that faculty and, ultimately and most importantly, patients will benefit from an improved culturally diverse clinical environment in which providers thrive as they work toward achieving quality health outcomes for all.

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