

# Increasing Program Diversity: Recruiting to Make a Difference

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AT HOFSTRA/NORTHWELL

# Disclosures

No conflicts of interest to report

# Welcome!!



# Objectives

- ❖ Define diversity
- ❖ Recognize the benefits of diversity
- ❖ Identify strategies to increase diversity in your residency program

**When you think of diversity,  
what comes to mind?**



# Our Goal

Create a mixed workforce that provides a wide range of abilities, experience, knowledge, and strengths due to its heterogeneity







## *Benefits of Diversity in Healthcare*





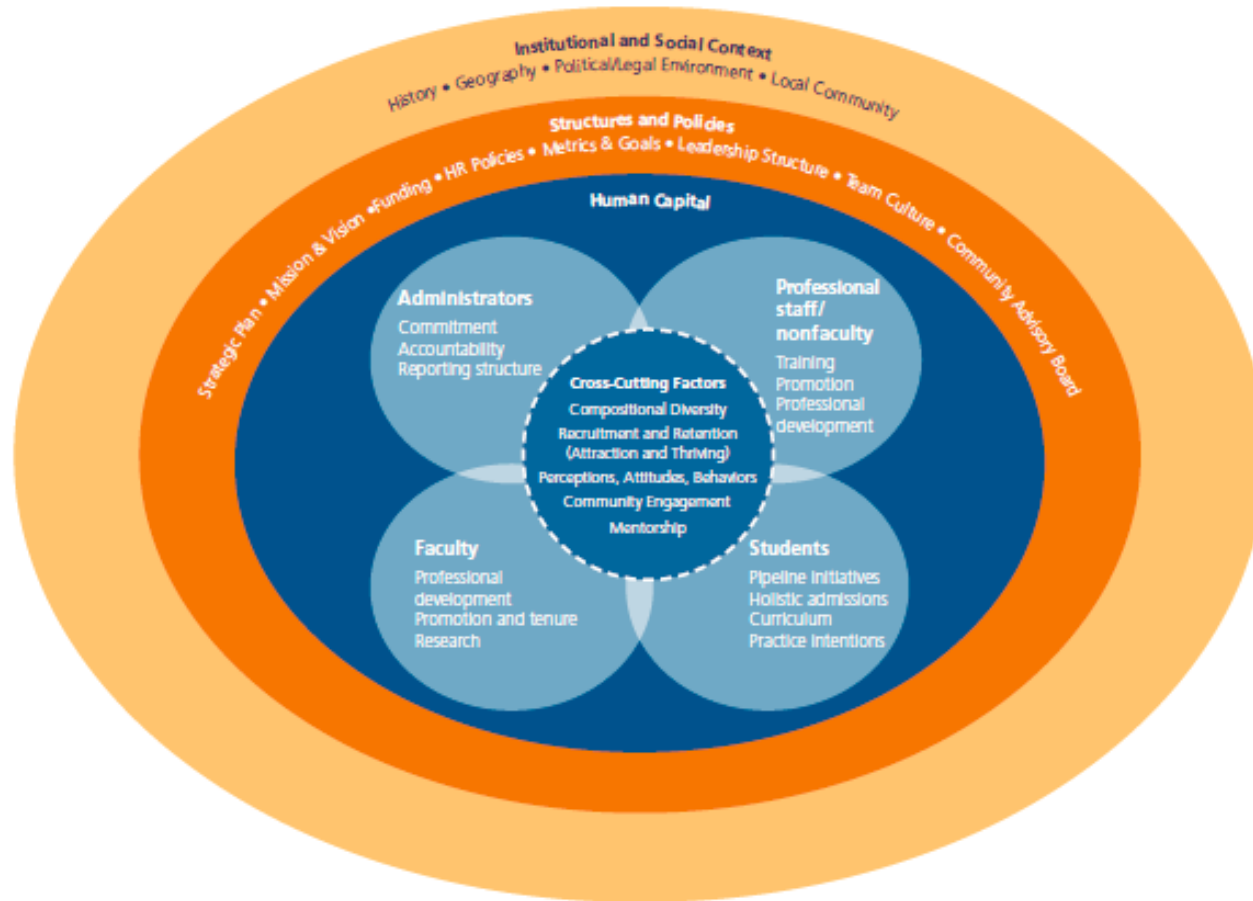
**Congratulations**

**You're the**

**WINNER!**

## CULTURE OF DIVERSITY & INCLUSION IN ACADEMIC MEDICINE

### Diversity 3.0 Framework



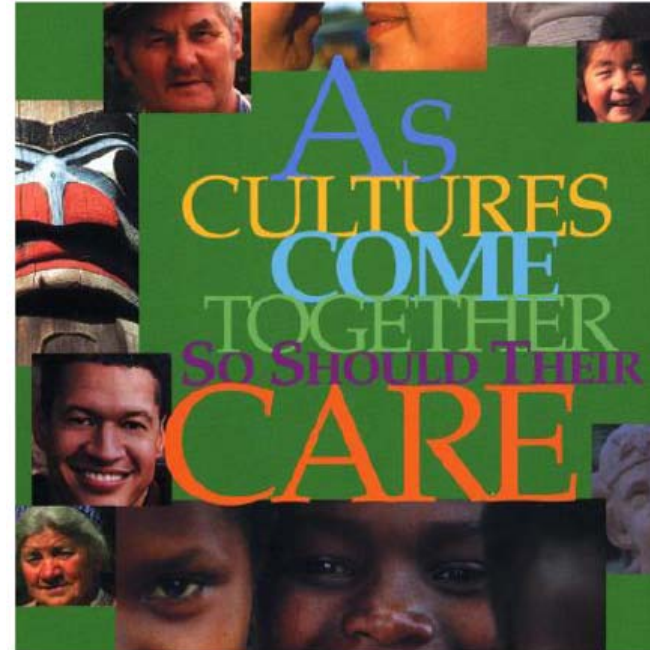
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# Why is Diversity Important?

Achieve Institutional Excellence:

- ❖ Patient Outcomes
- ❖ Benefit to Learners
- ❖ Institutional Excellence

- ❖ Health Disparities exist in all of our patient population
- ❖ Physician-Patient language and racial / ethnic concordance makes a difference
- ❖ Quality Care = Culturally Competent Care



PLoS Med. 2005 March; 2(3): e62.  
**The Coming of Age of Multicultural Medicine**

Center for Disease Control and Prevention. 2013. CDC health disparities & inequalities report (CHDIR). <http://www.cdc.gov/minorityhealth/CHDIRReport.html>.

# Added Educational Values

Intellectual and Cognitive Benefits:

1. Assumptions challenged
2. Perspectives broadened
3. More balanced exchange of information
4. Enhanced multicultural socialization

- Saha S, et al. 2008. Student body racial and ethnic composition and diversity-related outcomes in US medical schools. JAMA 300(10):1135-1145.  
- Antonio AL, et al. 2004. Effects of racial diversity on complex thinking in college students. Psychological Science 15(8):507-510.





## *Strategies to Increase Diversity*





!!!!

Structured interview

to Med School

6

Multiple points of contact

Interviewing Pipeline

6

Holistic Review Application

Diverse Selection Committee

5

Know Benchmarks

Diverse Interviewers

5

Review Policies

Preparation Committee

3

NEED TO KNOW

INCORRECT



**Congratulations**

**You're the**

**WINNER!**



# Strategies

- ❖ Pre-interview
  - ❖ Mission and Vision Statement
  - ❖ Interview Committee
  - ❖ Holistic Review
  - ❖ AAMC Medical School Data
  - ❖ Outreach
- ❖ Interview
  - ❖ Exposure to Faculty and Residents
  - ❖ Faculty and Resident Awareness
  - ❖ Structured Interviews



# Strategies

- ❖ Post Interview
  - ❖ Post interview follow-up
  - ❖ Second look
  - ❖ Post Match Survey
  - ❖ Evaluation of Diversity Initiatives
  - ❖ Assess your program

# Pre-Interview Strategies



# Mission and Vision Statement

- ❖ Express a clear commitment to the benefits of diversity as a priority
- ❖ State the benefits associated with a diverse residency, faculty, and staff
- ❖ Convey commitment to adequate URM representation among residency, department, and institutional faculty

-Liaison Committee on Medical Education. IS-16. [http://www.lcme.org/connections/connections\\_2013-2014/IS-16\\_2013-2014.htm](http://www.lcme.org/connections/connections_2013-2014/IS-16_2013-2014.htm).

-Coleman AL, Palmer SR, Winnick SY. Roadmap to diversity: key legal and educational policy foundations for medical schools. Washington, DC: Association of American Medical Colleges; 2008.

-Ku MC, Li YE, Prober C, Valantine H, Girod SC. Decisions, decisions: how program diversity influences residency program choice. J Am Coll Surg. 2011;213:294–305.



# Interview Committee

- ❖ Membership should support the commitment to diversity
- ❖ Include a diverse group of members
- ❖ Should have a clear understanding of the program's diversity goals

-Saha S. Taking diversity seriously: the merits of increasing minority representation in medicine. *JAMA Intern Med.* 2014;174:291–2.

-Petersdorf RG, Turner KS, Nickens HW, Ready T. Minorities in medicine: past, present, and future. *Acad Med.* 1990;65:663–70.

-Coleman AL, Palmer SR, Winnick SY. Roadmap to diversity: key legal and educational policy foundations for medical schools. Washington, DC: Association of American Medical Colleges; 2008. 13. Lin TY. T



# Holistic Review

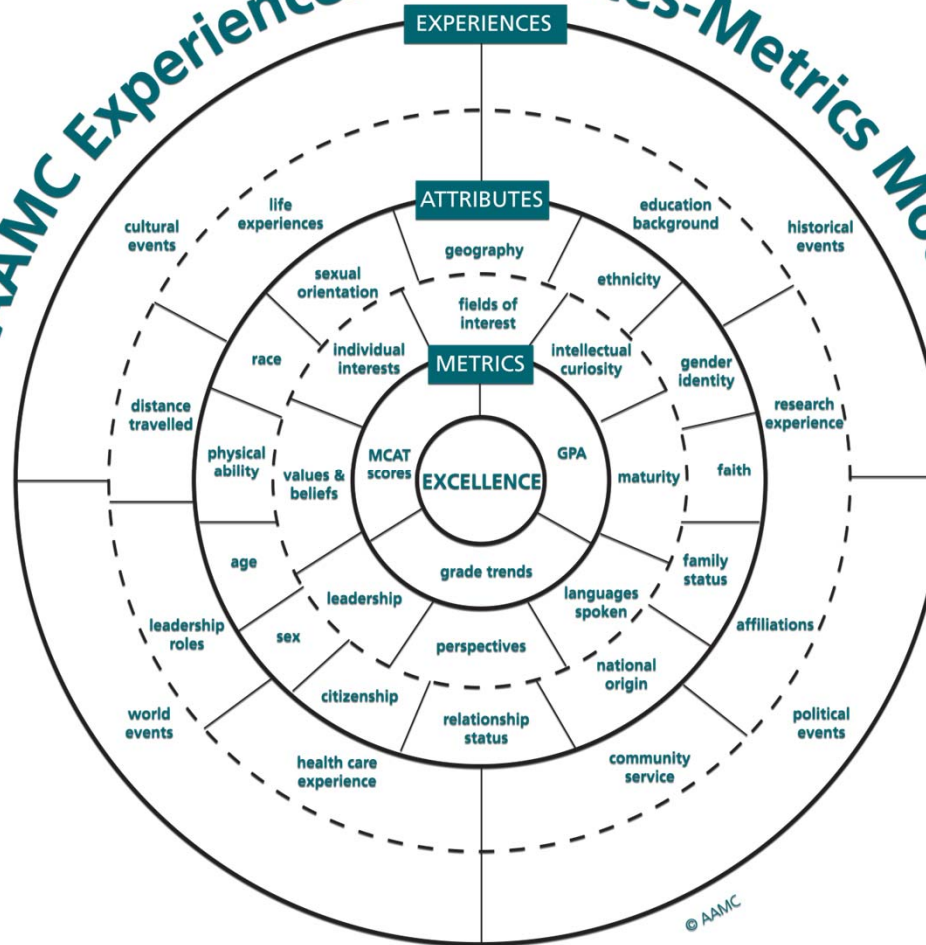
- ❖ The AAMC defines holistic review as a flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, how the individual might contribute value as a medical student and physician.



Tomorrow's Doctors, Tomorrow's Cures®



# AAMC Experiences-Attributes-Metrics Model



Adapted from *Workforce America: Managing Employee Diversity as a Vital Resource*, McGraw Hill Publishing, 1990.

# AAMC US Medical School Race/Ethnicity Data

Table B-5: Total Enrollment by U.S. Medical School and Race/Ethnicity, 2016-2017



The table below displays the racial and ethnic characteristics of enrolled students in U.S. medical schools from 2016-2017.\* Enrollment includes the number of students in medical school, including students on a leave of absence, on October 31 of each year shown. Enrollment does not include students with graduated, dismissed, withdrawn, deceased, never enrolled, completed fifth pathway, did not complete fifth pathway, or degree revoked statuses. The "Multiple Race/Ethnicity" category includes those who selected more than one race/ethnicity response. Please email us at [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

	Total Enrollment	American Indian or Alaska Native	Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other	Multiple Race/Ethnicity	Unknown Race/Ethnicity	Non-U.S. Citizen and Non-Permanent Resident	Total Enrollment
State	Medical School											
AL	Alabama	6	95	33	8	0	585	12	44	7	1	791
	South Alabama	1	34	29	2	0	219	7	10	1	0	303
AR	Arkansas	2	59	27	17	2	556	6	28	5	0	702
AZ	Arizona	9	90	14	56	0	264	22	52	9	1	517
	Arizona Phoenix	1	63	9	25	0	180	16	30	2	0	326
CA	California Northstate	0	64	1	3	0	51	8	15	0	8	150
	Loma Linda	0	200	50	45	1	271	8	80	6	60	721
	Southern Cal-Keck	0	308	47	61	1	272	29	59	29	2	808
	Stanford	1	180	30	31	1	160	11	45	13	19	491
	UC Berkeley/SF Joint Prog	0	17	2	2	0	16	0	11	0	0	48
	UC Davis	2	135	30	90	1	120	27	48	11	2	466
	UC Irvine	0	149	13	48	1	172	25	61	11	1	481
	UC Riverside	0	68	14	29	0	53	17	26	2	0	209
	UC San Diego	1	180	27	45	1	233	17	64	10	0	578
	UC San Francisco	1	213	54	73	0	253	25	103	11	2	735
	UCLA Drew	0	13	55	48	1	0	0	13	0	1	131
	UCLA-Geffen	1	254	49	77	0	215	23	75	19	9	722
CO	Colorado	4	117	18	55	2	439	16	124	9	2	786
CT	Connecticut	0	81	43	13	0	244	7	33	7	2	430
	Quinnipiac-Netter	0	74	18	10	1	179	18	23	6	0	329
	Yale	2	162	44	19	2	184	10	53	16	57	549
DC	George Washington	0	176	60	34	0	352	21	59	18	27	747
	Georgetown	1	114	46	18	1	531	18	49	18	14	810
	Howard	1	66	299	28	0	19	18	42	2	31	506
FL	FIU-Wertheim	0	90	32	122	0	154	18	75	3	0	494
	Florida	0	69	57	38	0	344	14	62	3	2	589
	Florida Atlantic-Schmidt	0	32	18	20	0	158	8	22	2	0	260
	Florida State	0	50	58	57	0	268	10	37	6	0	486
	Miami-Miller	0	209	49	64	1	418	24	65	14	8	852



# Outreach to URM Medical Students

- ❖ Interact with relevant existing medical school programs (ex. Office of Diversity Inclusion and Outreach).
- ❖ Coordinate with pertinent medical student groups (ex. Student National Medical Association and Latino Medical Student Organization)



## **LATINO MEDICAL STUDENT ASSOCIATION**

**12<sup>th</sup> Annual National Conference at the  
Hofstra Northwell School of Medicine**

**"¡Aquí Estamos! Our Journey and the  
Climb to Greater Heights"**



-Saha S. Taking diversity seriously: the merits of increasing minority representation in medicine. JAMA Intern Med. 2014;174:291–2.

-Rumala BB, Cason FD. Recruitment of underrepresented minority students to medical school: minority medical student organizations, an untapped resource. J Natl Med Assoc. 2007;99:1000–4.



Latino Medical Student Association (LMSA): <https://lmsa.site-ym.com/>: was founded to represent, support, educate and unify Latin American medical students in the U.S. Now more than 30 years in existence, the organization works to eliminate health disparities, educate medical students on Latino health issues and advocate for rights of Latinos in the health care system. LMSA leaders also work closely with the National Hispanic Medical Association.

Association of American Indian Physicians (AAIP): <https://www.aaip.org/about/mission/>: The Association of American Indian Physicians was established to improve the health of American Indian and Alaska Natives in part by promoting education in the medical disciplines. The organization supports students through information on scholarships, internships, and fellowships for Native American and Alaska Natives.

The Student National Medical Association (SNMA): <http://www.snma.org/>: SNMA is the nation's oldest and largest independent, student-run organization focused on the needs and concerns of medical students of color. SNMA is dedicated to ensuring culturally-sensitive medical education and services, as well as increasing the number of African American, Latino and other students of color entering and completing medical school.

# Interview Strategies



# Exposure to URM and Non-URM Faculty and Residents

- ❖ Carefully review URM applications making sure that interviewer-applicant are matched by their interests
  - ❖ Specialty
  - ❖ Medical School
  - ❖ Research areas of interest
- ❖ Identify relevant faculty for residency applicant interviews
- ❖ Provide applicants with summary of relevant training opportunities, residents, and faculty, including contact information

-Ku MC, Li YE, Prober C, Valantine H, Girod SC.  
Decisions, decisions: how program diversity influences  
residency program choice. J Am Coll Surg.  
2011;213:294–305.

# Faculty and Resident Awareness

- ❖ Ensure that faculty and residents are aware of diversity initiatives taking place in the program and health system
  - ❖ Diversity Committee
  - ❖ Recruitment efforts
  - ❖ Didactics/Cultural Competence Curriculum
- ❖ Make sure that faculty are able to answer applicant questions honestly
- ❖ Current resident URM information
- ❖ Faculty URM information

# Structured Interviews

- ❖ Increasing standardization of the interview content and evaluation is likely to reduce the impact of unconscious bias on the interview process
- ❖ The impact of unconscious bias can be mitigated through defining criteria, using a scoring rubric
- ❖ Provide faculty development course training interviewers on proper technique



# Post Interview Strategies



# Post Interview Follow-up

- ❖ Clearly express your interest
- ❖ Email applicants letting them know that they can contact you with any questions
- ❖ Have Chief Residents follow-up with applicants
- ❖ 2<sup>nd</sup> Look Day where applicants are able to interact with URM faculty and residents

-Pierre, J.M., Mahr, F., Carter, A. et al. Underrepresented in Medicine Recruitment: Rationale, Challenges, and Strategies for Increasing Diversity in Psychiatry Residency Programs Acad Psychiatry (2016).

# Second Look



## Diversity Second Look

Sunday, January 29, 2017

10:00am - 1:00pm  
Hofstra Northwell School of  
Medicine  
500 Hofstra University,  
Hempstead, NY 11549

Program Agenda  
10-11am: Highlight of Diversity Activities  
11-12pm: Residency Program Specific  
Overviews and Resident Panel

- Internal Medicine
- Emergency Medicine
- Pediatrics

12-1pm: Informal Networking Session  
(light breakfast and lunch will be provided)



Dear Applicant,

We are excited to invite you back to Northwell Health for our Diversity Second Look!

We, at Northwell Health, continually strive to recruit the best and brightest applicants and also understand the importance of applicants choosing the right residency program for themselves. We fully acknowledge that having a diverse residency community positively impacts our patients, learners and the academic institution. That is why we assure you of Northwell Health's firm commitment to diversity at all levels. This Diversity Second Look is just one example of this commitment.

We are inviting residents from under-represented minority (URM) backgrounds in the fields of Emergency Medicine, Internal Medicine, and Pediatrics to join us on this Second Look.



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# Post Match Survey

- ❖ Survey URM applicants that matched at other programs
  - ❖ Keep the survey short and simple
  - ❖ Ask which factors were most important to them when making their rank list
  - ❖ Ask if there is something that they would change about the interview experience
- ❖ Use this information to make changes to next year's process



# Evaluation of Diversity Initiatives

- ❖ Create a process to review relevant policies, and effectiveness of implementation
- ❖ Identify and address areas where goals are not being met
- ❖ Debrief with everyone involved in the process and discuss what worked and what didn't

-Liaison Committee on Medical Education. IS-16. [http://www.lcme.org/connections/connections\\_2013-2014/IS-16\\_2013-2014.htm](http://www.lcme.org/connections/connections_2013-2014/IS-16_2013-2014.htm).

# Assess Your Program

- ❖ Keep track of your numbers
  - ❖ URM applicants applied
  - ❖ URM applicants invited
  - ❖ URM applicants interviewed
  - ❖ URM applicants ranked
  - ❖ URM applicants ranked to match
  - ❖ URM applicants that matched to program



# Workshop Action Items



# Questions





## Contact Information

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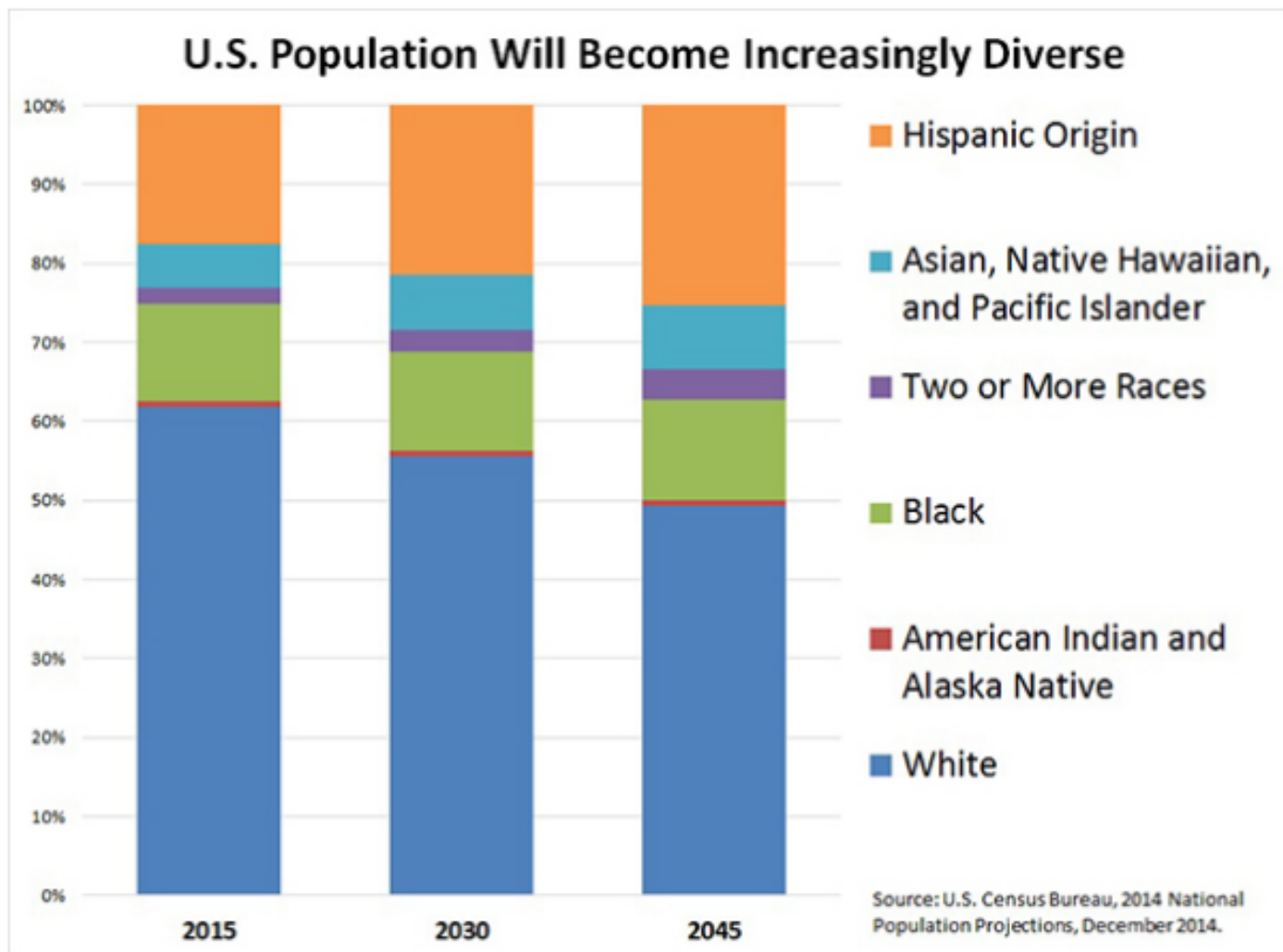
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Matthew Sinclair, MD  
[msinclair@northwell.edu](mailto:msinclair@northwell.edu)



# Patients





2013	US Population (US Census Data)	US Physician Workforce (AAMC facts/figures)
White	63%	43.0%
Hispanic	16.9%	4.0%
Asian/NH/PI	5.1%	10.9%
Black	13.1%	3.7%
American Indian/AN	1.2%	0.3%
Other	2.4%	37.7%



# **Our Communities: AAMC**

**Diversity should be a core value in the health professions. Health professions schools should ensure that their mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff, and administration.**

# Learner/Trainee

# Diversity Requirements

Liaison Committee on Medical Education (LCME):

## **3.3 Diversity/Pipeline Programs and Partnerships:** Diversity in the learning environment

“A medical school has effective policies and practices in place and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.”

## **7.6 Cultural Competence/Health Care Disparities/Personal Bias**

“The medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.

# Diversity Requirements

## Accreditation Council for Graduate Medical Education (ACGME):

Residents are expected to **communicate effectively** with patients, families, and the public, as appropriate, across a **broad range of socioeconomic and cultural backgrounds** (IV.A.5.d.1).

Residents must demonstrate a commitment to carrying out professional responsibilities and adherence to **ethical principles** (IV.A.5.e.).

Residents are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and **sensitivity and responsiveness to a diverse patient population**, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation (IV.A.5.e.1-5).



# Strategies

