Engage me: Will residency program directors listen?

The rapidly increasing diversification of the United States’ population brings forwards the need to cultivate a more diverse physician workforce that is equipped to provide care for patients of varying cultures and backgrounds. Mismatch between provider and patient populations can be detrimental to patients’ access to health care as well as the development of meaningful physician-patient relationships. Abelson et al. notes that in 2014–2015, Black/African American and Hispanic individuals constituted only 6.2% and 8.5% of general surgery trainees despite representing 12.4% and 17.4% of the U.S. population, respectively [1]. Diversity and inclusion go beyond just race, however. Gender imbalance is a problematic issue that is seen in many specialties, especially orthopedics (84.6% males), neurosurgery (82.5% males), and interventional radiology (80.8% males) [2]. One study notes that Black/African American women make up only 0.79% of the US medical school surgical faculty and are recipients to just 0.34% of NIH grants awarded to academic surgeons [3]. Program Directors (PDs) have a responsibility to develop a more diverse physician workforce through recruitment and have played integral roles in the movement towards closing this gap in diversity within surgical training. Acknowledgement of the current gap as well as recognition of current interventions and suggestions is crucial to further improvements. In recent years, implementation of multi-level modifications, including outreach initiatives, diversity within faculty and leadership, and the development of a holistic review approach, have been shown to be potentially successful strategies in achieving greater diversity and inclusivity in resident recruitment.

Increased outreach efforts and recruitment strategies to target applicants of varying backgrounds is a key step in improving training diversity. Dinh et al. studied the prioritization of diversity during the residency match by analyzing NRMP data, and they found that the respondents’ rating of both geographic diversity (27.8% vs. 33.2%) and institutional diversity (22.3%–33.8%) increased in priority between 2008 and 2017 [4]. Increased emphasis on commitment to underserved communities and diverse recruitment teams at events and conferences resulted in an 80% increase in underrepresented minority applicants [5]. Given this data, we strongly encourage PDs to emphasize diversity as a priority in their program through outreach measures. The Association of Program Directors in Surgery suggest that PDs develop strategic partnerships with local medical schools, undergraduate institutions, and underrepresented minority (URM)-oriented organizations to improve outreach and showcase their programs. In this way, they can also foster students’ interests in surgical specialties by hosting a variety of information panels and workshops (i.e. suturing, case presentations, externships), and by promoting participation in research-focused and clinically relevant summer opportunities [6]. While these outreach programs already exist in many institutions, we urge PDs to place a stronger emphasis on the recruitment of URMs.

While there has been significant progress towards diversity in the physician workforce, women and URMs still hold disproportionately fewer positions in academic and clinical leadership. In one survey among orthopedic surgery PDs, 69.2% of respondents claimed that a lower number of minority faculty is a barrier to diversity and deters applicants. The authors’ showed a correlation between higher numbers of underrepresented minority faculty and higher minority representation among residents, and institutions with more female faculty have been shown to have a higher number of female residents [7]. Given these statistics, increased recruitment of URM faculty would be greatly beneficial in fostering a more inclusive environment for future surgery residents. We acknowledge that this diversity within faculty might be better suited for a call to action of Surgical Chairs or Deans of medical schools, and we encourage PDs to have open discussions with their colleagues on this topic.

Many residency programs have started to re-evaluate their approach to interviews and selection, and we strongly encourage PDs to continue making these changes to improve diversity and inclusivity among surgical trainees. Gonzaga et al. proposes a 5-point inclusive recruitment framework for the diversification of GME training programs: (1) setting diversity as a priority, (2) seeking out candidates via holistic review, (3) implementing inclusive recruitment practices, (4) investing in trainee success, and (5) building the pipeline [8]. By investing time and effort towards these initiatives, PDs can continue to play a crucial role in improving healthcare education, patient-physician relations, and expanding healthcare access and support to more communities.

Given the competitive nature of the residency matching process, PDs and selection committees often utilize standardized metrics such as the USMLE Step 1 and 2 as performance measures for candidates. However, the high influence of these test-based criteria on the residency match process has unintendedly become a form of structural bias and a barrier to diversity [9]. Preparation for these standardized tests often involve extensive financial expenses and students of lower socioeconomic background may not be in a position to make use of these resources [9]. In addition, studies have reported that an applicant’s performance in the USMLE exams is not necessarily related to their clinical skillset.

PDs should explore alternative screening methods that assess both the candidates’ academic and clinical performances beyond the standardized metrics. Alibana et al. discuss the PD and selection committee’s efforts to promote a holistic review process by placing more significance on applicants’ life experiences. Following implementation of this holistic approach, this study reported an increase from 14.1% to 20.4% in the number of minority
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Research registration Unique Identifying number (UIN)

1. Name of the registry:
2. Unique Identifying number or registration ID:
3. Hyperlink to the registration (must be publicly accessible):
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Guarantor

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Declaration of competing interest

None.

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