Taskforce Update:
Attracting Women and Underrepresented Minorities (URMS) to Urology

Adam Hittelman, MD PhD
Residency Director
Yale School of Medicine
Department of Urology and Pediatrics

SAU Program Directors, Coordinators & Academicians Meeting
2/1-2/2019
Recruitment and Retention of Women and Underrepresented Minorities in Urology

- Nnenaya Agochukwu (National Clinicians Scholars Program, U Michigan)
- Jessica Dai (Urology Resident, U Washington)
- Tracy Downs (U Wisconsin)
- Harris Foster (Yale)
- Kirsten Greene (UCSF)
- Patricio Gargollo (Mayo)
- Candace Granberg (Mayo)
- Simone Thavaseelan (Brown)
- Vijaya Vermulakonda (U Colorado)

Byron Joyner
No financial disclosures

- I’m not female
- I’m not a URM

- High value in this endeavor
- Learned a lot about the problems and processes
Task force on Recruitment and Retention of Women and Underrepresented Minorities in Medicine is as follows:

1) Conduct an evaluation of currently available, practical tools for diversity, equity & inclusion which might be useful to all urology faculty and trainees

2) Render recommendations regarding your evaluation of tools and technologies around diversity, equity and inclusion that might be best suited for the SAU to endorse for programs to teach their faculty and trainees

3) Provide tools that are, as much as possible, meaningful, generalizable to all programs and associated with longitudinal measurement that might allow programs to demonstrate improvement over time
2019 Urology Residency Match

- **85%** Match Rate for 2019
- **339** Positions offered
- **90%** of applicants submitted preference lists

**83%** of women matched

Record-breaking year for women matching in urology

2018:
- 75% matched
- 79/294 = **26%**

#AUAMATCH #UROMATCH
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics and gynecology</td>
<td>81.6%</td>
</tr>
<tr>
<td>Allergy and immunology</td>
<td>69.7%</td>
</tr>
<tr>
<td>Medical genetics and genomics</td>
<td>67.6%</td>
</tr>
<tr>
<td>Child neurology</td>
<td>66.7%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>66.6%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>63.6%</td>
</tr>
<tr>
<td>Osteopathic neuromusculoskeletal medicine</td>
<td>62.5%</td>
</tr>
<tr>
<td>Internal medicine/Pediatrics</td>
<td>58.4%</td>
</tr>
<tr>
<td>Family medicine</td>
<td>54.2%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>49.7%</td>
</tr>
<tr>
<td>Pathology-anatomic and clinical</td>
<td>49.3%</td>
</tr>
<tr>
<td>Preventive medicine</td>
<td>45.0%</td>
</tr>
<tr>
<td>Colon and rectal surgery</td>
<td>42.1%</td>
</tr>
<tr>
<td>Plastic surgery - integrated</td>
<td>41.4%</td>
</tr>
<tr>
<td>Neurology</td>
<td>41.0%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>40.5%</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>39.9%</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td>39.4%</td>
</tr>
<tr>
<td>Surgery</td>
<td>36.5%</td>
</tr>
<tr>
<td>Vascular surgery - integrated</td>
<td>36.2%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>34.6%</td>
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<tr>
<td>Otolaryngology</td>
<td>34.6%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>34.2%</td>
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<tr>
<td>Nuclear medicine</td>
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</tr>
<tr>
<td>Transitional year</td>
<td>31.4%</td>
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<tr>
<td>Radiation oncology</td>
<td>23.9%</td>
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<tr>
<td>Plastic surgery</td>
<td>21.7%</td>
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<tr>
<td>Thoracic surgery - integrated</td>
<td>26.8%</td>
</tr>
<tr>
<td>Thoracosurgery</td>
<td>25.5%</td>
</tr>
<tr>
<td>Neurological surgery</td>
<td>17.4%</td>
</tr>
<tr>
<td>Interventional radiology - integrated</td>
<td>15.4%</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>14.0%</td>
</tr>
</tbody>
</table>
# 2012 Graduate Medical Education (GME) Trainee Specialty Distributions -- Women

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ob/Gyn</td>
<td>80 a</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>80 a</td>
</tr>
<tr>
<td>Dermatology</td>
<td>50 a</td>
</tr>
<tr>
<td>IM/Peds</td>
<td>60 a</td>
</tr>
<tr>
<td>Family medicine</td>
<td>70 a</td>
</tr>
<tr>
<td>Pathology</td>
<td>90 a</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>80 a</td>
</tr>
<tr>
<td>Neurology</td>
<td>70 a</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>40 a</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>50 a</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>20 a</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>70 a</td>
</tr>
<tr>
<td>Surgery-general</td>
<td>30 a</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>30 a</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>30 a</td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>20 a</td>
</tr>
<tr>
<td>Radiology-diagnostic</td>
<td>40 a</td>
</tr>
<tr>
<td>Urology</td>
<td>10 a</td>
</tr>
<tr>
<td>Neurological surgery</td>
<td>10 a</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>10 a</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Disparities in medicine

- URM 30% US population, 6% practicing physicians, 16% students entering medical school, 11% Urology

- Acknowledge disparity
  - Why address it?

- Historic racism and inequity
- Implicit bias
- Disenfranchised members of our community

- Improving quality and access to care
- Clinical benefit
Practice patterns- AAMC Group on Diversity and Inclusion

• Despite increasing diversity among the physician workforce, a strong lag behind the nation’s diversity

Disproportionate representation-> disproportionate care
• African American and Hispanic physicians are more likely to work in underserved and minority communities

• More likely to accept Medicaid and uninsured minority patients
  – providing the underserved with access to care.
The Secret to Keeping Black Men Healthy? Maybe Black Doctors

In an intriguing study, black patients were far more likely to agree to certain health tests if they discussed them with a black male doctor.

By Gina Kolata

Black men have the lowest life expectancy of any ethnic group in the United States. Much of the gap is explained by greater rates of chronic illnesses such as diabetes and heart disease, which afflict poor and poorly educated black men in particular.

But why is that? Lack of insurance? Lack of access to health care?

Now, a group of researchers in California has demonstrated that another powerful force may be at work: a lack of black physicians.
U.S. Black men have lowest life expectancy of any major demographic group

Reasons multifactorial
- Lack of healthy insurance, lower socioeconomic status, structural racism

Disadvantage is due to chronic diseases (60%)
- Amenable to primary and secondary prevention

Diversity impact health?

Recruited pt’s from barbershops and flea markets

Vouchers for free health screening

Incentives for intervention
- Flu shots
- Screening blood pressure, cholesterol, diabetes
• Randomized to see black male and non-black male doctors

• More likely to agree to preventive measures when doctor black

• Larger effect
  – pt’s will little experience with routine med care
  – pt’s who mistrust medical system

• Pt’s more likely to discuss health problems with black doctors

• Calculate reduction in cardiovascular mortality by 16 deaths per 100,000 per year
  – Leading to a 19% reduction in the black-white male gap in cardiovascular mortality.
Diversity in medicine

• Accept assumption that there is benefit to diversity

• Historical trends in Medicine/Urology
  – Women
  – URM
Diversity in Graduate Medical Education in the United States by Race, Ethnicity, and Sex, 2012

JAMA-Curtiland Deville, MD Wei-Ting Hwang, PhD Ramon Burgos, AB Christina H. Chapman, MD Stefan Both, PhD Charles R. Thomas Jr, MD

US Census
Med student grads
Residents
Physicians
### U.S. Medical Students by Sex, Race and Ethnicity, 2002-2017

<table>
<thead>
<tr>
<th>Sex</th>
<th>2002</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>67.9%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Asian-American</td>
<td>20.8%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>African-American</td>
<td>6.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Female</td>
<td>49.0%</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

**Notes**

The study used Association of American Medical Colleges data that documented the number of matriculants by self-reported sex, race and ethnicity, based on fixed categories consistent with the U.S. census.
Progress with increasing diversity?

Jeffrey Okonye (left) and Oviea Akpotaire are fourth-year medical students at the University of Texas Southwestern.
There Were Fewer Black Men In Medical School In 2014 Than In 1978


<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>13,767</td>
<td>3,816</td>
<td>11,609</td>
<td>5,515</td>
</tr>
<tr>
<td>Asian</td>
<td>607</td>
<td>60</td>
<td>562</td>
<td>59</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>933</td>
<td>1,227</td>
<td>1,230</td>
<td>53</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>562</td>
<td>1,230</td>
<td>1,227</td>
<td>53</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>54</td>
<td>53</td>
<td>53</td>
<td>53</td>
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Black Male Students

<table>
<thead>
<tr>
<th></th>
<th>Applied</th>
<th>Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978:</td>
<td>1,410</td>
<td>542</td>
</tr>
<tr>
<td>2014:</td>
<td>1,337</td>
<td>515</td>
</tr>
</tbody>
</table>

**Alterning the Course: Black Males in Medicine**
AAMC Data 2015
Interviewed medical students
• Diversity among doctors is important for patient health.

• More likely to follow doctors' directions when they identify with doctor
  • medication
  • exercise

• Subjects of the article Nigerian immigrants
• Exposure—family members nurses/doctors

"In 1978, those people we're looking at, a lot of them were probably black American males" whose families had been in this country for generations, he says. Today's black medical school students may be more recent immigrants from Nigeria or the Caribbean, he says. "So if we broke it down that way, that factoid is actually even more alarming."
Percentage of gender by race and ethnicity, 2014

- **Black and African American**: 62.2% Women, 37.8% Men

*Source: AAMC Data Warehouse, Applicant and Matriculant File, as of 30 June 2015.*
Liaison Committee on Medical Education (LCME)

- LCME accredits medical schools
- 2009 Implemented policies to help attract and retain medical students
  - LCME introduced 2 diversity accreditation standards
  - Citations for failure to do so
- Mandating US medical schools to engage in systematic efforts to attract and retain students from diverse backgrounds
- Develop programs to broaden diversity among qualified applicants
  - Pipeline
  - Academic enrichment programs,
- These standards characterized diversity broadly
  - Including but not limited to sex, race/ethnicity, and socioeconomic status.
Figure. Percentage of US Medical School Matriculants by Sex, Race, and Ethnicity, 2002-2017

A  Female matriculants

Female matriculants

<table>
<thead>
<tr>
<th>Year</th>
<th>Matriculants, %</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>52.5</td>
</tr>
<tr>
<td>2005</td>
<td>50.3</td>
</tr>
<tr>
<td>2010</td>
<td>47.5</td>
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<tr>
<td>2015</td>
<td>50.3</td>
</tr>
<tr>
<td>2020</td>
<td>52.5</td>
</tr>
</tbody>
</table>

Annual trend, %

- 2000-2005: -0.28 (95% CI: -0.39 to -0.18)
- 2005-2010: -0.46 (95% CI: -0.67 to -0.26)
- 2010-2015: 0.83 (95% CI: 0.68 to 0.99)

P Value

- 2000-2005: <.001
- 2005-2010: <.001
- 2010-2015: <.001
Association Between the Liaison Committee on Medical Education's Diversity Standards and Changes in Percentage of Medical Student Sex, Race, and Ethnicity

Figure. Percentage of US Medical School Matriculants by Sex, Race, and Ethnicity, 2002-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic matriculants, %</th>
<th>Annual trend, % (95% CI)</th>
<th>P Value</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>5.0</td>
<td>0.18 (0.11 to 0.25)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>2005</td>
<td>6.0</td>
<td>0.40 (0.35 to 0.46)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>2010</td>
<td>7.0</td>
<td>0.35 (0.25 to 0.45)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>2015</td>
<td>8.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>9.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Association Between the Liaison Committee on Medical Education’s Diversity Standards and Changes in Percentage of Medical Student Sex, Race, and Ethnicity

Figure. Percentage of US Medical School Matriculants by Sex, Race, and Ethnicity, 2002-2017

Black matriculants

<table>
<thead>
<tr>
<th>Year</th>
<th>Matriculants, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>6.3</td>
</tr>
<tr>
<td>2005</td>
<td>6.0</td>
</tr>
<tr>
<td>2010</td>
<td>5.7</td>
</tr>
<tr>
<td>2015</td>
<td>6.1</td>
</tr>
<tr>
<td>2020</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Annual trend, %

<table>
<thead>
<tr>
<th>Year</th>
<th>Trend</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-05</td>
<td>-0.09</td>
<td>(-0.14 to -0.04)</td>
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<tr>
<td>2005-10</td>
<td>0.00</td>
<td>(-0.05 to 0.04)</td>
</tr>
<tr>
<td>2010-15</td>
<td>0.27</td>
<td>(0.15 to 0.39)</td>
</tr>
</tbody>
</table>

P Value

<table>
<thead>
<tr>
<th>Year</th>
<th>P Value</th>
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<tbody>
<tr>
<td>2000-05</td>
<td>.001</td>
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<tr>
<td>2005-10</td>
<td>.84</td>
</tr>
<tr>
<td>2010-15</td>
<td>&lt;.001</td>
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</table>
Association Between the Liaison Committee on Medical Education's Diversity Standards and Changes in Percentage of Medical Student Sex, Race, and Ethnicity

Figure. Percentage of US Medical School Matriculants by Sex, Race, and Ethnicity, 2002-2017

- Asian matriculants

<table>
<thead>
<tr>
<th>Year</th>
<th>Matriculants, %</th>
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<tbody>
<tr>
<td>2000</td>
<td>19.5</td>
</tr>
<tr>
<td>2005</td>
<td>23.0</td>
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<tr>
<td>2010</td>
<td>24.5</td>
</tr>
<tr>
<td>2015</td>
<td>26.0</td>
</tr>
<tr>
<td>2020</td>
<td>27.5</td>
</tr>
</tbody>
</table>

- Annual trend, % (95% CI):
  - 2000-2005: 0.26 (0.18 to 0.35)
  - 2005-2010: 0.15 (0.10 to 0.20)
  - 2010-2015: 0.44 (-0.20 to 1.08)
  - 2015-2020: 0.44 (-0.20 to 1.08)

- P Value:
  - <.001
  - <.001
  - .16
Figure. Percentage of US Medical School Matriculants by Sex, Race, and Ethnicity, 2002-2017

White matriculants

<table>
<thead>
<tr>
<th>Year</th>
<th>Matriculants, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>80</td>
</tr>
<tr>
<td>2005</td>
<td>75</td>
</tr>
<tr>
<td>2010</td>
<td>70</td>
</tr>
<tr>
<td>2015</td>
<td>65</td>
</tr>
<tr>
<td>2020</td>
<td>60</td>
</tr>
</tbody>
</table>

Annual trend, % (95% CI)

- White matriculants:
  - 2000-2005: -0.20 (-0.70 to 0.29)
  - 2010-2015: 0.27 (-0.17 to 0.70)
  - 2015-2020: -0.84 (-2.02 to 0.34)

P Value

- 2000-2005: .38
- 2010-2015: .21
- 2015-2020: .14
Transition from medical school to residency

- Differences in representation from medical school to residency
Education

Women in Urology Residency, 1978-2013: A Critical Look at Gender Representation in Our Specialty


![Graph showing trends in women's representation in different medical specialties from 1978 to 2013.](image)
Match rates: Women in Urology vs. Subspecialties

- Proportion of female applicants and successful match rates in the urology match.

![Graph showing the proportion of female applicants and successful match rates in the urology match from 1996 to 2015.](image)
Examining Trends in Underrepresented Minorities in Urology Residency
Govind Shantharam, BA¹, Timothy Y. Tran, MD¹,², Heather McGee, PhD¹ Simone Thavaseelan, MD¹,²

**Figure 2:** 5-Year Trends of Hispanic, Black, Native American/Alaskan and Other Representation in Urology vs. Surgery vs. All Fields

![Graph showing 5-Year Trends of HBNO Representation in Urology vs. Surgery vs. All Fields](image)
Gender and racial disparities in early urology exposures during medical school

<table>
<thead>
<tr>
<th>n</th>
<th>Gender</th>
<th>p-value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Women</td>
<td>0.001</td>
<td>0.15</td>
</tr>
<tr>
<td>10</td>
<td>Men</td>
<td>0.80</td>
<td>4.32</td>
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<tr>
<td>3</td>
<td>Women</td>
<td>0.03</td>
<td>6.00</td>
</tr>
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<td>4</td>
<td>Men</td>
<td>0.25</td>
<td>5.75</td>
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<td>7</td>
<td>Women</td>
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<td>5.10</td>
</tr>
<tr>
<td>6</td>
<td>Men</td>
<td>0.02</td>
<td>4.80</td>
</tr>
</tbody>
</table>

\( \chi^2 = 13 \)
Gender and racial disparities in early urology exposures during medical school
Thomas W. Gaither, Mohannad A. Awad, Benjamin N. Breyer, Kirsten L. Greene

• Disparities in early urologic exposure
  – Research

• Uncover systemic bias within career trajectories

• Targets for earlier interventions in Med school training
Pilot Program to Improve Diversity: Denver Health Residency in Emergency Medicine program (DHREM)

Innovation Report

Increasing Resident Diversity in an Emergency Medicine Residency Program: A Pilot Intervention With Three Principal Strategies

- 2012–2013, DHREM diversity committee
  - Develop focused pilot intervention to increase URM residency candidates interviewed and matched.
- 1. Implementation of scholarship based externship program
- 2. Implementation of a funded second-look event
- 3. Increase involvement and visibility of URM faculty in the interview and recruitment process.

- Goals 1st year of the intervention
  - double the number of URM applicants interviewed
  - match at least two URM residents
  - increase the involvement of URM faculty in the recruitment process.

Java Tunson, MD, Dowin Boatright, MD, MBA, Stephanie Oberfoell, MD, Katherine Bakes, MD, Christy Angerhofer, Steven Lowenstein, MD, MPH, Richard Zane, MD, Renee King, MD, MPH, and Jeffrey Druck, MD
Increasing Resident Diversity in an Emergency Medicine Residency Program: A Pilot Intervention With Three Principal Strategies

Java Tunson, MD, Dowin Boatright, MD, MBA, Stephanie Oberfoell, MD, Katherine Bakes, MD, Christy Angerhofer, Steven Lowenstein, MD, MPH, Richard Zane, MD, Renee King, MD, MPH, and Jeffrey Druck, MD

Significant improvement with simple, defined goals
Opportunity
Exposure
Increasing Diversity in Surgical Training program

• U Penn: 23% student body 23 URM; 7% surgery resident URM

• URM surgical resident recruitment
  – URM-focused, 4-week, visiting clerkship programs
    • $1500 stipends for lodging and traveling expenses
    • Expense per individual department
  – Holistic review of residency applications.
    • Attenuate focus on traditional metrics (board scores, grades, number of authored publications)
    • Emphasize candidates’ experiences - more indicative of their success as a future physician.
  – Targeted outreach to candidates by members of the U Penn’s Alliance of Minority Physicians (AMP)
    • Communicate pre-interview, during interview, and post follow up

Annals of Surgery
Paris D. Butler, MD, MPH, Cary B. Aarons, MD, FACS,y Jaimo Ahn, MD, PhD, FACS,z Alan J. Wein, MD, PhD(hon), FACS,§ Michael J. Ruckenstein, MD, MSc, FACS, FRCS, jj Lanair A. Lett, MB, Ronald P. DeMatteo, MD, FACS,y and Joseph M. Serletti, MD, FACS
Increasing Diversity in Surgical Training program

UPHS Surgery Residency Match

- % Interviewed
- % Matched

Opportunity and exposure

Step1 scores

UPHS Surgery Residency Match Metrics

- Mean USMLE Step 1 Score of Matched Applicant

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>251</td>
<td>250</td>
<td>245</td>
<td>251</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
</tr>
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</table>
Exposure and Opportunity

- **Research Program:** SAU/AUA organized/endorsed
  - Summer research at individual institutions (responsible for financing)
  - Present at AUA meeting
  - ”Speed mentoring”- opportunity to meet faculty at AUA event

- **“Distance Mentoring”- members of R. Frank Jones Urologic Society (African American Urologic Society)**
  - Primary mentor at home/research institution

- **Sub internship grant/scholarship**
  - Mentorship– home institution and “distance mentorship”
Recruitment/interviewing

Institution

- Review all applications without cut offs/exclusion
- Increase number of applicant spots to accommodate URM/women
- Re-review “unblinded” applications of URM

- Increase interview days
  - more opportunities for competitive applicants

- Funded/preferential sub I positions

- Rank to match

- Diversity breeds more diversity-
  - applicant reported that it made her feel "good to see other people who looked like her” “welcoming place to train"
DIVERSITY, EQUITY & INCLUSION AT YALE

We would like to extend our warmest welcome to you on behalf of the Diversity Council of the Yale Resident Fellow Senate and the Minority House-staff Organization and tell you a little more about what each of these organizations do.

The Diversity Council under the Yale Resident Fellow Senate is invested in creating a welcoming and inclusive environment that promotes retention and expansion of underrepresented house staff including but not limiting to, race/ethnicity, gender, sexual orientation, socioeconomic status, physical abilities, religious identification, and nationality. It is dedicated to finding what unites us whilst celebrating our differences and cultivating an atmosphere that helps all residents reach their fullest potential.

Please get in touch: ynhh.senate@yale.edu

YALE MINORITY HOUSE STAFF ORGANIZATION

MHO operates on the belief that a team of people with diverse racial and ethnic backgrounds can produce better ideas & services; and that our shared strengths, unique perspectives and rich interplay of ideas and skills will enable us to connect with and serve patients from a wide spectrum of backgrounds.

MHO PROVIDES:
HOUSESTAFF RECRUITMENT
MENTORING opportunities & NETWORKING opportunities
COMMUNITY OUTREACH & Health Fairs
SOCIAL gatherings & HOLIDAY Festivities
All expense paid trips to National Conferences

Please get in touch: yalemho@gmail.com
Yale Minority Housestaff Organization

2017-2018 Year in Review

**Activities this Year**

- Melanin in Medicine Faculty Panel
- 1st Annual Holiday Networking Event
- SNMA Conference in San Francisco
- LMSA Conference in Miami
- Black Panther Movie Outing
- Happy Hours
- Quarterly General Body Meetings
- Common Ground High School Mentoring collaboration w/ Dept. of Psychiatry
- Volunteerism at Downtown Evening Soup Kitchen
- 2nd Look Dinner for Minority Applicants
  - And more!

MHO was re-launched in 2013 by Dr. Ayana Johnson and Dr. Opeyemi Lamikanra:
Change in culture-- Inclusive Learning Environment

• Implicit/Unconscious bias training

• U Wisconsin-Faculty Mentorship Training program
  – Diversity Inclusion Advocates (DIA)
    • Advocates, “safe space” for students/residents
    • Participate larger diversity initiatives
  – pair/match faculty with URM Students

• Diversity officer in each department
  – Review applications
  – Meet with applicants
Implicit bias training

Equity Research & Innovation Center presents:
Nora Osman, MD
Bobby Gottlieb, MD

Grand Rounds
Mitigating Bias in the Residency Selection Process

Exchanging the unconscious and conscious bias inherent in the residency selection process and the practice skills that mitigate the effects of this bias.

Nov 15, 2018
7:30–8:30 am
Location: Beaumont Room

“As in many professions—and in all of our lives—diversity cannot flourish where there is historical or institutional bias against a group of people, in whatever form it exists.”

– Byron Joyner
Commentary
Culture of inclusion/diversity
Initiation of annual diversity lectureship

DEPARTMENT OF SURGERY
GRAND ROUNDS
2018-2019

Presented by
Yale University School of Medicine’s Department of Surgery
Section of Surgical Education

Inaugural Diversity Lectureship

Selwyn M. Vickers, MD
James C. Lee, Jr. Endowed Chair
Senior Vice President of Medicine and Dean
University of Alabama School of Medicine

“Champion for Diversity: Levi Watkins, A Life Committed to Facing and Overcoming Challenges”

Friday, January 18, 2019 @ 7:30AM
Fitkin Amphitheatre- FMP 1094

Course Director/Host: Nita Ahuja, MD, MBA
Big Picture.... Start early.....
AAMC Pipeline programs

- Exposure needs to start young
- Pipeline programs
Recruitment opportunities

Howard University College of Medicine
2019 Residency Fair Participation Packet

Febrary 23, 2019
Location: TBA, Washington, D.C.
9:00 AM - 2:00 PM
howardmed.residencyfair@gmail.com

The Howard University College of Medicine

While the College of Medicine offers excellent research and teaching opportunities, the major emphasis is on preparing students to deliver patient care in underserved communities and to produce an implicit cadre of physicians and public health professionals.

The College living alumni, which exceed more than 2,000, are a testimony that excellent medical education is obtained at Howard. Although open to students from all other medical schools, the College uniquely supports the special needs of underserved communities and continues to produce a significant number of Howard-trained physicians. The College is a part of Howard University, which is one of the most diverse universities in the country. The University community has traditionally been dedicated to inclusiveness, with students from all races and from many foreign nations. All support the high standards of the Howard University, which has the largest concentration of African Americans and other minorities.
Research - study the problem

- AUA match database
  - Match rates
  - Applicant demographics
  - Geographical data

- Requested AUA data, awaiting results...
Summary

• Recommendations
  – Exposure and Opportunity
    • Centrally organized research program with opportunity to present at meeting (locally financed)
    • Subsidized externships (per institution)
    • Increase opportunities for interview
    • Diversity officer in department
    • Rank to match

• Ask? (resources we need)
  – Support for research-- AUA database....
  – Organization for research program
  – Participation in mentorship program