



APM PERSPECTIVES

The Association of Professors of Medicine (APM) is the national organization of departments of internal medicine at the US medical schools and numerous affiliated teaching hospitals as represented by chairs and appointed leaders. As the official sponsor of *The American Journal of Medicine*, the association invites authors to publish commentaries on issues concerning academic internal medicine.

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Achieving Diversity in Academic Internal Medicine: Recommendations for Leaders

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The Association of Professors of Medicine (APM)—the organization of departments of internal medicine represented by chairs and appointed leaders at medical schools and affiliated teaching hospitals in the United States and Canada—is committed to ensuring that departments of internal medicine fulfill their tripartite mission of educating the next generation of physicians and other health care professionals, conducting groundbreaking research, and providing excellent patient care. Increasing racial and ethnic diversity within these departments is integral to achieving this mission. Chairs of departments of internal medicine and other leaders in academic medicine must take specific steps to increase diversity among students, residents, fellows, and faculty, not only because it is “the right thing to do” but also because it is “the smart thing to do.”¹

Background

In 2002, the APM Board of Directors formed the APM Diversity Task Force (now the APM Diversity Committee), headed by Donald E. Wesson, MD, Chair of the Department of Internal Medicine at Texas Tech University School of Medicine, and charged it to study the issue of diversity within departments of internal medicine and recommend actions the association and its members must take.

The committee authored “The Case for Diversity in Academic Internal Medicine,” which was published in *The American Journal of Medicine*.² After the development of that article, the committee drafted recommendations for review and comment by APM members. These recommendations were presented and discussed at the 2004 APM Winter Meeting (February 25-28 in Sarasota, Fla). These recommendations were revised on the basis of member comments before being offered for member approval at the 2004 APM Fall Symposium (October 15-17 in Nashville, Tenn). These revised recommendations were presented at the 2005 APM Winter Meeting (March 2-5 in San Francisco, Calif), and the committee received additional input that led to further refinement.

In drafting these recommendations, the committee recognizes that many of the problems and conditions that have led to the current diversity gap are beyond the control of academic internal medicine leaders. For example, a lack of basic educational opportunities and achievement for many underrepresented minorities are fundamental problems that lead to underrepresentation of these groups in medical school. In addition, no department of internal medicine has rigorously demonstrated the effectiveness of any specific measures to increase underrepresented minority representation in medical schools. For a group that has adopted “evidence-based” as a mantra, chairs of departments of internal medicine have little experimental proof of what works to increase underrepresented minority representation.

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tation in departments. Indeed, the last published account by a chair of internal medicine of success in underrepresented minority recruiting was apparently in 1992.³ Recently reported successful studies of improving underrepresented minority recruitment in family medicine and emergency medicine programs might provide useful lessons for internal medicine.⁴⁻⁸ These successes indicate that diversity in medical school faculty, although intimately related to societal problems and infrequently addressed systematically, can be improved by chairs and other leaders of academic internal medicine.

Because the current pool of underrepresented minority faculty and the pipeline for underrepresented minority faculty are small, the diversity committee recommends that the current focus of chairs of departments of internal medicine be to help develop leadership among current underrepresented minority faculty in their departments. The committee additionally recommends that chairs encourage and mentor current physicians-in-training in their departments to pursue careers in academic medicine and that the chairs facilitate avenues through which these trainees can succeed in such careers.

Summary

The APM Diversity Committee recommends chairs of departments of internal medicine and other leaders in academic internal medicine focus on two efforts to achieve diversity:

1. Chairs must use the “bully pulpit” of their position to promote a culture that establishes increased underrepresented minority representation as a goal worthy of the department’s best efforts.
2. All departmental leaders must strengthen efforts to increase underrepresented minority transition rates at each stage of advancement:
 - a. Medical student recruitment and retention.
 - b. Medical school to residency.
 - c. Residency to fellowship.
 - d. Fellowship to faculty.
 - e. Faculty to senior faculty with local and national leadership positions.

The committee recommends APM organizationally take the lead in two areas:

3. Raise expectations for chair performance in improving diversity.
4. Teach new chairs and other leaders in academic internal medicine about the importance of diversity and implementing best practices.

These recommendations follow our having made the case that diversity enhances the ability of academic

medicine to carry out its tripartite mission of research, education, and clinical care.²

Seize the “Bully Pulpit”

The chair position is an excellent platform from which to persuasively advocate an agenda to increase underrepresented minority representation in the department of internal medicine. There are a variety of ways by which chairs can use their “moral authority” to establish a culture that prizes this goal. Some chairs have used their influence to persuade the dean’s office to increase the institutional effort to improve underrepresented minority recruitment.³

Increase Transition Rates

The populations traditionally considered underrepresented minority in medicine are African-Americans, Mexican-Americans, Native Americans (ie, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans. Departments of internal medicine can augment underrepresented minority representation by improving “transition rates” through the multistep process that begins with medical school recruitment and culminates in professorship.⁹ Departments must focus on each step of this transition, recognizing that they do not occur in isolation. A medical student’s top choices for residency, for example, might be influenced by a department’s commitment to supporting diversity among its fellows and junior faculty. The Association of American Medical Colleges has taken the lead in increasing underrepresented minority representation in medical schools, and chairs of departments of internal medicine must support these efforts. In addition, chairs must also support efforts to actively recruit these medical school graduates into their residencies.

Medical Student Recruitment and Retention

Chairs and other department leaders must:

- Encourage their medical schools to work with local high schools and colleges to create a seamless pathway from high school to college and medical school to maximize recruitment and retention of high potential underrepresented minority students and to address the many obstacles these students face in accessing college and professional education.^{10,11} An example of a successful academic enrichment program is the Premedical Honors College (an 8-year college through medical school program) sponsored by Baylor College of Medicine and The University of Texas–Pan American, a predominantly Hispanic college located in Edinburg, Tex.¹²
- Encourage their medical schools to develop and implement innovative pre-entry programs.¹³⁻¹⁵ Several schools of medicine have established programs worth

emulating. The University of California, Davis, School of Medicine's postbaccalaureate Reapplicant Program, targeted to disadvantaged students, was developed and implemented to be independent of ethnicity or race in selecting its participants.¹⁶ The Medical Education Development Program, a joint program of the University of North Carolina School of Medicine and University of North Carolina School of Dentistry, identifies underrepresented minority and economically disadvantaged students who have both completed the premedical prerequisites for applying to medical school and shown the potential to succeed in medical or dental school.¹⁷

- Work to improve underrepresented minority representation on medical school admission committees. Although representation of women and minorities on medical school admission committees has improved, total underrepresented minority membership remains extremely low.¹⁸
- Insist that medical school admission committees train all committee members to play a vital role in underrepresented minority recruitment. This training must include an awareness of character qualities of physicians, such as compassion, altruism, respect, and integrity, in the admission criteria and selection process within the mission framework of the institution.¹⁹

Transition Rates from Medical School to Residency

Chairs and other department leaders must:

- Appoint underrepresented minority faculty to the department's resident recruitment committee.
- Train all resident recruitment committee members to play a vital role in underrepresented minority recruitment.
- Ask underrepresented minority faculty to review, and possibly reverse, each decision not to offer an interview to an underrepresented minority candidate.
- Appoint a member of the resident recruitment committee to review separately the case of each underrepresented minority candidate who is interviewed and to be an advocate at the final committee meeting.
- Begin a dialogue with current underrepresented minority residents to better understand how "underrepresented minority-friendly" the program and the location are.
- Send representatives to national meetings of underrepresented minority students, such as the National Medical Student Association or the Latino Medical Student Association.
- Create and advertise elective rotations for underrepresented minority medical students.
- Ask current underrepresented minority residents to call each underrepresented minority candidate who is invited for an interview to help establish a personal

contact, allow an opportunity to dispel misperceptions, and offer personal advice.

- Provide an opportunity for underrepresented minority residents to meet as a group to discuss the program.

Transition Rates from Residency to Fellowship

Many recommendations from the transition to residency are also applicable to fellowships. In addition, chairs and other department leaders must:

- Require division chiefs and fellowship program directors to mention prominently the department's commitment to increasing underrepresented minority representation in all advertisements for fellowship and faculty positions. Also, consider linking tangible accountability for legitimate efforts focused on increasing diversity to annual evaluations and/or financial incentives.
- Require fellowship program directors and search committees to examine, at least annually, the fairness of the division's selection process and its results in achieving diversity.
- Disseminate widely the funding opportunities available to underrepresented minority fellows and junior faculty.
- Invite all underrepresented minority residents and fellows along with key underrepresented minority and non-underrepresented minority faculty to a yearly social affair. This event can help reduce any sense of isolation, emphasize the department's commitment to diversity, help make underrepresented minority residents and fellows aware of their growing numbers, and allow them to network with underrepresented minority faculty and institutional leaders. The event should be open to attendance by non-underrepresented minorities who can interact with underrepresented minorities in this social setting, learn about unique challenges faced by underrepresented minorities, and lend much needed support to the important efforts to increase diversity among the leadership of their medical school and teaching hospital.
- Use visiting professorships to showcase the research accomplishments of nationally prominent underrepresented minority physician-scientists. These visiting professors must be afforded the opportunity to educate departmental leaders about common pitfalls that endanger careers of underrepresented minority academic physicians. In addition, these professorships will provide underrepresented minority residents and fellows the opportunity to network and learn successful strategies for pursuing careers in academic medicine.

Transition from Fellow to Junior Faculty

Underrepresented minorities represent approximately 12% of medical students but only 3% of faculty. Ef-

fective mentoring—defined as a “dynamic reciprocal relationship between an advanced career incumbent (the mentor) and a junior faculty member (the protégé) aimed at fostering the development of the junior person/protégé”²⁰—has been shown to be the most vital force in improving the success of women in departments of internal medicine.^{21,22} Therefore, improving mentoring of underrepresented minority faculty is likely to play a critical role in increasing underrepresented minority representation in a department of internal medicine. Because mentoring is most crucial for junior faculty, the effort must be focused on mentoring relationships within the first 3 years of appointment.

Chairs and other department leaders must:

- Train underrepresented minority and non-underrepresented minority faculty to become better mentors to support the career growth of junior underrepresented minority faculty. Most women faculty (80%) and underrepresented minority faculty (86%) who had mentors reported that it was not important to have a mentor of the same gender or underrepresented minority group.²⁰ This important insight recognizes that effective mentors of underrepresented minorities need not be underrepresented minorities themselves. This recognition broadens the potential pool of faculty who can serve in this critical role.
- Offer additional training on grant writing for junior underrepresented minority faculty.
- Become familiar with and use funding opportunities at the National Institutes of Health and elsewhere designed to assist with underrepresented minority faculty development.

Transition from Junior to Senior Faculty

Chairs and other department leaders must:

- Establish a standing committee on underrepresented minority faculty in the department or actively participate in such a committee if one is available in the medical school.
- Before recruiting, remind division directors that a conscious effort is needed to identify and recruit outstanding junior and senior underrepresented minority faculty.
- Enhance the effectiveness of search committees to attract underrepresented minority candidates, including assessment of group process and of how candidates’ qualifications are defined and evaluated.
- Open and maintain channels of communication between department leaders and underrepresented minority faculty.
- Regularly benchmark underrepresented minority representation against the Association of American Medical Colleges published means.
- Collect equity data and survey faculty morale each year for inclusion in a written report and disseminate a summary of the report throughout the department.

- Review salary data and distribution of resources annually for underrepresented minority and gender equity.
- Seek underrepresented minorities for influential positions in the department and medical school, including as division heads and as members and chairs of key committees.
- Replace administrators who knowingly practice or permit discriminatory practices against underrepresented minority faculty.
- Promptly end inequitable treatment of underrepresented minority faculty and make appropriate corrections for inequities when they are discovered.
- Watch for, and intervene to prevent, the isolation and gradual marginalization of underrepresented minority faculty.
- Identify institutional practices that might favor white male faculty members over underrepresented minority and women faculty in professional development, such as defining “academic success” as largely an independent activity and rewarding unrestricted availability to work (ie, neglect of personal life). Such efforts must include credit toward professional advancement for “collaborative” in addition to “independent” research efforts.

The recommendations must be considered in the context of the limited number of underrepresented minority faculty at most medical schools. Involving such faculty in all of the above recommended initiatives will compromise the time to be spent on developing their own academic careers. The chair and faculty should be sensitive to this issue. Mentoring is of course important to the academic advancement of all faculty, not just underrepresented minority faculty, and some medical schools have used the need to mentor underrepresented minority faculty to broaden their mentoring of all faculty in a systematic fashion. Nevertheless, the committee believes that the mentoring needs of underrepresented minority faculty still require special attention from senior faculty who themselves need not necessarily be underrepresented minorities.

Raise Expectations for Chair Performance

APM must take the lead, in partnership with all willing members of the Alliance for Academic Internal Medicine and other internal medicine organizations, in fostering an atmosphere that raises chair and department leader performance in enhancing and supporting underrepresented minority recruitment and retention at all levels of the department. Through education of its own members and that of other medical center leaders who evaluate chair performance, APM and its partners must make clear that chairs are to be held responsible for:

1. Increasing underrepresented minority representation within the department of internal medicine. APM must support efforts to hold chairs and key depart-

ment leaders accountable for increasing underrepresented minority representation in the department. It is imperative to engage the support of key department leaders (eg, division heads and program directors) with clear and compelling arguments for increasing underrepresented minority representation within departments of internal medicine.

2. Accepting assistance on how to advocate successfully for greater underrepresented minority representation in medicine. Discrimination is often subtle but pervasive. It often appears as unrecognized assumptions and attitudes that work systematically against minorities and women, "even in the light of obvious good will."²³ Chairs need to recognize their need for assistance in identifying barriers within their departments and in advocating for positive change.

Train Chairs on Importance of Diversity and How to Apply Best Practices

Given the high turnover of chairs,²⁴ APM must provide ongoing programs that educate chairs about the importance of adequate underrepresented minority representation, highlight successful efforts developed at other institutions, and provide current information on published research regarding recruitment, retention, and mentoring practices. APM must support other national academic internal medicine associations willing to provide similar training to their members.

Conclusion

APM remains committed to supporting appropriate and effective mechanisms to increase underrepresented minority representation in departments of internal medicine as strategies toward implementing the tripartite mission of these departments.² For their part, department chairs and other academic internal medicine leaders must not complacently accept the shortage and differential treatment of minorities in their departments and their profession. Consequently, all leaders in the academic internal medicine community must take a leadership role in appropriately creating opportunities for qualified individuals to succeed in medicine.²⁵ Chairs can seize "the bully pulpit" to create a culture that prizes diversity and can establish policies and programs that systematically improve underrepresented minority transition rates from resident training to faculty positions; departments can improve the transition rates for underrepresented minorities from student all the way through senior faculty ranks; and APM can do more to train its members and raise expectations of their performance on matters of departmental diversity.

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