

CAREER WATCH

How Can You Increase Racial Diversity Among Faculty at Your Institution?

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It often says it right there in the mission statement and the strategic plan: "We value diversity among our Faculty, Students and Staff..." However, few institutions have achieved the goals of the stated policy. It is a bit like the weather. A lot of people talk about it, but few people seem to be able to really do anything about it.

However, with a sustained commitment of resources, as well as some creative planning, diversity goals can be achieved. And everyone, from the Dean to the medical students, has a role to play in the process of getting there.

Plant the Seeds for a Future Harvest

First, let's admit this is not a quick-fix issue, and a successful strategy must be planned and measured over the long term. Increasing faculty diversity begins with developing the candidate pool and nurturing an interest within your institution and discipline. Here are some suggestions:

- ❖ Plant some seeds. Have faculty and residents visit elementary and high schools to talk with bright students in science classes. Medical students can mentor selected students in the context of their community service requirement. At least once annually at your alma mater or a local university, reinforce interest in medicine among academically

qualified underrepresented minority (URM) students. Colleges with sizeable or exclusively URM student bodies are especially important to target in this type of program. Schedule annual visits (show a sustained commitment) and have a senior member of your faculty meet with the institution's president and share results. Provide administrative support to those involved in this effort to assure coordination and follow-through.

- ❖ Enlist a committed, enthusiastic and well-established faculty member for your medical school's admissions committee to cultivate interest among URM students in your institution's residency training programs four years hence. Since these activities require a considerable time commitment if done well, make it a part of the individual's formal work assignment and provide salary support for their effort. Reward them for proven results in the same fashion that performance in other critical areas is rewarded. Strongly encourage visibility and involvement of your existing URM residents and faculty with your medical students throughout their four years.

- ❖ Increase collaboration with your medical school's black/Hispanic medical student association. Host the local chapter of the National Medical Association, and ask for their assistance in recruiting students and residents.

- ❖ Meet with the top targeted URM graduates of other health care programs (nursing, physician assistant, pharmacy, etc.) and invite them to explore an interest in medical school. Consider advanced placement that recognizes their prior training.

- ❖ Hold periodic grand rounds within your discipline that focus on medical and

social issues unique to an URM population. Invite black and Hispanic medical students and residents from other disciplines, and be sure they interact after-



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wards with speakers and faculty. Remember, some residents change disciplines or do second residencies; they might have an interest in your discipline if they witness a true commitment to issues important to them.

- ❖ Invite academic physicians of color from elsewhere to conduct grand rounds at your institution, and 'measure' their interest in a position at your institution. Introduce them to a wide range of students, residents, and faculty.

- ❖ Pursue sponsorship that will attract URM students. Endow a position, not just to support residents' stipends (which are already covered), but to help reduce their medical school debt by a certain amount each year as they complete your program. Call upon the entire black and Hispanic professional community (not just medicine) to assist your program in this effort. If they can't provide economic support, ask them to help demonstrate that your community can

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be an attractive location for these residents (and faculty) to live and work.

- ❖ Utilize your medical school's alumni association and invite back to campus alumni who may be willing to assist you in your efforts.
- ❖ Create a tracking system and assign responsibility for follow-up that will allow your organization to monitor the movement and progress of each targeted candidate. Communicate with them at least annually as a show of sincere interest in their progress and accomplishments.

Put it in Writing

- ❖ Put your commitment to racial diversity in writing, and place it prominently (i.e., not the last item) in the vision state-

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ment, the goals and objectives statement, the principles and values statement, and in the strategic plan.

- ❖ Make this goal part of each faculty member's position description and annual review process. ("What have you done to advance this goal this year?") Reward effort and accomplishment, and implement consequences for a lack of demonstrated commitment. Just as there are consequences for failure to publish, pursue grants, or be clinically compliant, there should be consequences for non-compliance to critical, stated core values such as these.
- ❖ Celebrate success. Acknowledge, in a public way, faculty making an effort and realizing successes.

Beyond Recruiting: Maintaining a Diverse Faculty

Just as getting young physicians of color to enter academic medicine is not a casual process, neither is keeping them there. Here are a number of factors to keep in mind:

- ❖ Guard against isolation of your URM faculty within the institution and within the community. Enlist one or more indi-

viduals to your recruiting team who are familiar with the community and who are prepared to quickly connect candidates to neighborhood, church, school, and professional groups that support people with similar backgrounds.

- ❖ Mentor each individual. Some will benefit from multiple mentors with expertise in academic, scientific, and clinical areas, as well as mentors that will support their social and community needs.

Determine if they have a personal commitment to supporting others who will be recruited, as well as young aspirants in the community. If so, provide them an opportunity to reach out to young people in the community so they might also commit to a career in science or patient care, and for the very brightest,

a career in academic medicine.

- ❖ Guard against over-committing minority faculty to committees needing "representation."
- ❖ Be aware of their family's needs. Discontent at home can spur them to move elsewhere.

In closing, we must applaud our colleagues and institutions who have made a commitment to diversifying the medical student body by both gender and race. Striking changes have been observed over the last 25 years, and most institutions continue to further improve student body diversity.

Achievement of diversity in faculty ranks is, however, a different matter. As recently reported in *Academic Medicine*, gender diversity has made modest strides at best, and goals for racial diversity have not been realized. We must remember how each success in this complex process fosters other successes. Improving diversity today in the faculty ranks plants seeds that will improve diversity in the student body in the near term. And in time, the more racially diversified student body will result in an ever more racially diverse faculty. ❖

Up Close & Personal

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fy the common factors or characteristics that contribute to cardiovascular (CV) disease. People of color disproportionately suffer from CV disease, but we were not enrolled in appropriate numbers in one of the most important studies to ever examine this illness.

But the NMA is trying to counter these discrepancies: we are wholly committed to "100 percent access and 0 disparities," the central issue of our campaign seeking to ensure all communities of color have access to quality health care, at all times, and in all places in the United States, no matter what their medical condition.

However, the responsibility is ultimately ours, as people of color. Taking the time to educate ourselves, our children, and practicing what we preach in terms of health and wellness, will be the most effective antidotes to the many problems your question highlights. ❖

AMA: Minority Physicians To Encourage Youths of Color to Enter Medical Careers

As part of a new nationwide program called "Doctors Back to School," minority physicians will be visiting elementary and junior high schools to encourage minority children to consider a career in medicine, according to a March 27 announcement from the American Medical Association (AMA).

"By calling attention to this growing need and sowing the seeds of interest in our young people, we hope we can eventually grow minority physician ranks," said William A. McDade, MD, PhD, governing committee chair of the AMA's Minority Affairs Consortium.

The AMA is working to increase the number of minority physicians. Although African Americans, Hispanic Americans, and Native Americans comprise about one-quarter of the U.S. population, only 7 percent of physicians and 6 percent of academic faculty are from those groups, according to AMA figures. ❖