

Response to “Promoting Diversity, Equity, and Inclusion: Building Community for Underrepresented in Medicine Graduate Medical Education Trainees”

We were very interested to read Usoro and colleagues’ article on promoting diversity, equity, and inclusion of groups underrepresented in medicine (UiM), specifically for residents in graduate medical education (GME) programs.¹ The authors suggest that a “pay it forward” model is critical to the success and retention of UiM trainees and needs to begin in the pre-medical stages for a more fundamental impact.¹ By involving leadership stakeholders, securing financial support, and engaging UiM trainees in issues that influence the committee, the house staff diversity council (HSDC) created a model that other institutions can learn and adopt in their resolve to create a more inclusive environment.

In addition to creating a support system for UiM trainees, the HSDC emphasizes the need for adequate representation among house staff to allow role models to be present at every stage of a student’s journey.¹ The Council proposes that recruitment should begin in high school when students first begin to plan and prepare for possible career options.¹ We believe that the HSDC’s pipeline program is a step toward increasing awareness among young students to the possibility of a medical career. The program creates a support system for the students by recruiting residents, faculty, and mentors from similar ethnic/racial backgrounds to help guide them. We envision the network taking the form of a “mentoring web” and cultivating opportunities for premedical, medical, and graduate level trainees in a way that can have lasting effects (FIGURE).

Through this early intervention for diversity and inclusion, the HSDC model will likely influence far more people than those affiliated with Johns Hopkins.

As such, the measurement of the efficacy of this model should go beyond monitoring the number of UiM residents and faculty members at Johns Hopkins.

The American Physician Scientists Association (APSA) has created a mentorship program similar to what has been instituted by the HSDC with the aim of increasing diversity of physician-scientists. The Undergraduate Mentorship Program of APSA not only provides mentorship and sponsorship to participants, but also tracks the participants’ educational progress to help determine if their program is increasing the number of UiM physician-scientists.² We propose that measurement of the success of the HSDC model include a similar strategy due to the large sphere of influence created in their programs. These measurable outcomes could include tracking of participants’ educational progress, faculty appointments, publications, and awards. Due to the longitudinal nature of the effects of this program and thereby the measurement of outcomes, it will be imperative to ensure continued leadership succession and adaptation of the model to fulfill the needs of trainees.



FIGURE
Mentoring Web Demonstrating Bidirectional Mentor-Mentee Relationships

Note: A diverse mentoring web provides the necessary support system for success in academic medicine and potentiates an inclusive learning environment.

We appreciate and recognize the efforts that the HSDC undertook in order to develop a more diverse and inclusive learning environment. We hope to see this blueprint continued beyond the level of UiM trainees in GME programs and on creating fundamental, institution-wide changes that include maintaining financial support and expanding interdepartmental communication. We are interested to see the lasting effects in addition to how these changes are continued by subsequent leaders and members.

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