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education should be longitudinal and begin early in medical training. Faculty recommended core content, hands-on experiences, and partnering with local community resources. They also noted that leadership support and faculty buy-in was important to the success of Social EM education.

Conclusion: Residents and faculty believe Social EM is a cornerstone of emergency medicine. Important curricular areas and educational strategies were identified. These results can inform the development of formal Social EM curricula.

8 Female Mentorship in Academic Emergency Medicine

Adrienne Caiado, Dana Lev-Ran, Gifford Mezey, Joseph Pauly, Joelle Borhart

Learning Objectives: We sought to understand social EM curricular needs.

Background: Addressing social determinants of health is a crucial part of emergency medicine (EM). However, training in social EM is variable.

Objective: We sought to understand social EM curricular needs.

Methods: We performed a mixed methods needs assessment of residents and faculty at two academic training sites. Residents were emailed an online survey of multiple choice, rating scale, and free response items that was piloted prior to use. We conducted semi-structured interviews with faculty. We performed descriptive analysis on survey data. Two qualitative researchers independently analyzed interview data using a thematic approach. Discrepancies were resolved by in-depth discussion and negotiated consensus.

Results: 43 out of 120 residents completed the online survey and 6 faculty were interviewed. 34 residents (79%) stated they were “Not knowledgeable” or “Somewhat knowledgeable” about the field of Social EM. 34 (79%) reported that education in Social EM is “Very” or “Extremely” important to them, and 37 (86%) responded that Social EM is “Very” or “Extremely” important to the field of EM. Faculty reported that Social EM is crucial given its importance to patient health. They felt this education should be longitudinal and begin early in medical training. Faculty recommended core content, hands-on experiences, and partnering with local community resources. They also noted that leadership support and faculty buy-in was important to the success of Social EM education.

Conclusion: Residents and faculty believe Social EM is a cornerstone of emergency medicine. Important curricular areas and educational strategies were identified. These results can inform the development of formal Social EM curricula.

9 Improving Diversity Consciousness: Initiatives for Increasing Emergency Medicine Residency Diversity Recruitment

Adrienne Caiado, Dana Lev-Ran, Gifford Mezey, Joseph Pauly, Joelle Borhart, Kathryn Sulkowski

Learning Objectives: To increase diversity within the UNLV EM residency program, defined as increasing underrepresented in medicine (defined by the American Medical Association as Blacks, Mexican Americans, Native Americans, and mainland Puerto Ricans) interviewees.

Background: The percentage of emergency medicine (EM) physicians from underrepresented minority (URM) groups is small and has not significantly increased over the past 20 years despite much evidence describing the advantages of a diverse workforce.

Objectives: It was hypothesized that the percentage of URM interviewed would increase after implementation of the rubric and diversity initiatives.

Methods: During the 2020-2021 academic year (July 2020-June 2021) a multitude of changes were implemented with the goal of increasing diversity within the UNLV EM residency program. Changes implemented included: the creation of a rubric utilized by faculty for the interview selection process, implementation of a longitudinal diversity and equity (DICE) curriculum, creation of a social EM elective for fourth year medical students and coordination of an URM second look day. The percentage of URM interviewees was calculated and compared for the 2019-2020 and 2020-2021 interview seasons.

Results: In 2019-2020, 119 total applicants were interviewed of which 16 identified as an ethnicity considered URM. In 2020-2021, 143 total applicants were interviewed, of which 17 identified as URM. The number of URM interviewees after 1 year of rubric implementation did not change in a statistically significant way (14% 2019-2020 vs 12% 2020-2021, $p=0.568$).

Conclusions: Diversity and equity within a residency program are multifactorial and changes need to be maintained and implemented longitudinally. Rubrics are a method to attain a “holistic review” of a residency applicant and can improve objectivity in residency applicant evaluation by decreasing implicit bias. Curriculum changes and implicit bias training create a lasting impact by gradually changing viewpoints, opening dialogue and increasing knowledge about topics traditionally not taught in medical education. This reinforces that change is slow and multifactorial with no one change making immediate progress.