

Department of Anesthesiology

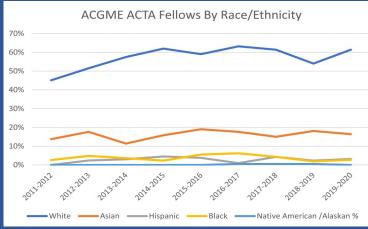


Lack of Underrepresented Minorities in Cardiothoracic Anesthesiology Fellowship

Education

Michele L. Sumler MA, MD, FASE

Abstract: Adult cardiothoracic anesthesiology (ACTA) is a field committed to leadership, innovation, and excellence. As leaders in the perioperative space, cardiac anesthesiologists have an opportunity to be leaders in recognizing and harnessing the power of diversity in their professional environment. While it is not yet a specialty that embodies diversity in its membership, cardiothoracic anesthesiology could serve as a model to other subspecialties for how to implement actionable change and successfully create a more equitable professional landscape. The demographic data for ACTA demonstrates a lack of racial and ethnic diversity in the subspecialty. The 2019-2020 Accreditation Council for Graduate Medical Education (ACGME) program data reported that of the 220 ACTA fellowship trainees in accredited programs, thirty-six identified as Asian, seven as Hispanic, six as Black, one as Native Hawaiian/Pacific Islander, and zero as Native American/Native Alaskan. While discussions of the need for diversity are not new in the last ten years, the racial and ethnic demographics in ACTA largely have remained unchanged and may even have become slightly less diverse. Multiple strategies can be implemented to improve representation of underrepresented minorities in ACTA fellowships including improving the pipeline, recruitment, and application evaluation processes; as well as evaluating the overall work environment and access to diverse mentors.



Strategies to Improve Diversity of URMs in ACTA Fellowships and Anesthesiology Residency Programs	
Targeted Areas	Actionable Solutions
Pipeline	Identify barriers to URMs in medicine and explore creative ways to address these obstacles.
	Increase faculty involvement in minority student medical society's (SNMA, LMSA) as a means to increase
	interest in anesthesiology and ACTA.
	Increase community outreach as a means by which to attract college and medical students to the field.
	Early exposure to medicine and mentorship
	Introduce medical students and anesthesiology residents to the subspecialty of ACTA.
Recruitment	Examine recruitment efforts.
	Efforts should be made to highlight programs diversity.
	Consider the use of a diverse recruitment committee to review applications.
	Interviewers should reflect program diversity.
	Consider a holistic approach to application review and avoid strict cutoff metrics.
	Formalized scoring systems and structured interviews
	Survey candidates on interview experience, including any perceptions of bias.
Training programs	All program committees (fellowship selection, clinical competency, program evaluation, etc.) should include member
	who are diverse and share common values.
	Faculty evaluations by trainees that identify trends in negative or biased behavior should be addressed promptly
	after being adequately investigated.
	Create an inclusive environment.
Work environment	Identify DEI champions in each division.
	Create DEI metrics (expectations for leadership, including division chiefs and educational leaders).
	URM involvement with Grand Rounds
	Evaluating URMs in leadership positions.
Mentorship	Increase access to mentors and role models at all levels (medical school, residency, fellowship).
	Encourage resident participation in ACTA-related research projects, meeting presentations (posters and/or abstracts
	Provide information about existing networks within ASA and SCA.
Role of non-URM	Proactive support of non-URM colleagues that are in the majority is required, and acknowledgement of implicit bias
colleagues	and its effects are needed in order to implement change.
	A supportive environment can help mitigate attrition of URMs in training programs.

Sumler ML et al, A Call for Diversity: Underrepresented Minorities and Cardiothoracic Anesthesiology Fellowship Education, Journal of Cardiothoracic and Vascular Anesthesia 36 (2022) 58Å65