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Increasing Diversity in Cardiology: A Fellowship Director's Perspective

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Introduction

- Underrepresented minorities (URM) make up 10% of physicians in the cardiology workforce¹ and diversity in cardiology is needed to ensure that the needs of an ever-evolving and diverse patient population are met²
- Concerted efforts to increase diversity may increase the likelihood of graduating URM cardiologists³, however there remains uncertainty regarding how best to recruit underrepresented minorities
- Goal:** To survey current cardiology fellowship program directors regarding their views of diversity and recruitment of underrepresented minorities.

Methods

Design: A questionnaire was developed containing items that assess program characteristics, importance of diversity, underrepresented minority presence, methods to increase diversity, and responsibility to increase diversity among accredited cardiology fellowship programs in the U.S.

Methods:
A list of cardiology program directors was abstracted from the FREIDA AMA Residency & Fellowship Database

- Cardiology programs were grouped based on region, category, location, number of fellow positions, and URM presence
- The results were analyzed using descriptive statistics and standard statistical methods with IBM SPSS.

Results

- A total of 71 out of 250 program directors responded to the survey, a 28.4% response rate
- The majority of PDs (n=49, 69%) strongly endorsed or somewhat endorsed (n=12, 16.9%) the importance of diversity in their fellowship programs
- Most PDs (n=42, 59.2%) believed that allowing applicants the opportunity to interact with URM cardiology fellows, directly recruiting URM to apply to their fellowship program (n=43, 60.6%), and involving current program fellows in informal recruitment of URM (n=39, 54.9%) increased diversity. These strategies were implemented by 54.9% (n=39), 49.3% (n=35), and 62.0% (n=44) of PDs.
- Most PDs (n=48, 67.6%) agreed that holistic review of applicants played an important role in diversifying the cardiology applicant pool and 69.0% (n=49) implemented this method. However, deemphasizing USMLE scores when reviewing URM applications (n=24, 33.8%), expanding the fellowship selection committee to include URM reviewers (n=29, 40.8%), and considering more IMG applicants (n=16, 22.5%) were supported by fewer PDs.
- 71.8% (n=51) and 63.3% (n=45) of respondents indicated that fellowship and residency programs have the most responsibility to increase URM representation in cardiology fellowships respectively.

Degree of Importance of Diversity In Cardiology Fellowship Programs According to Cardiology Program Directors

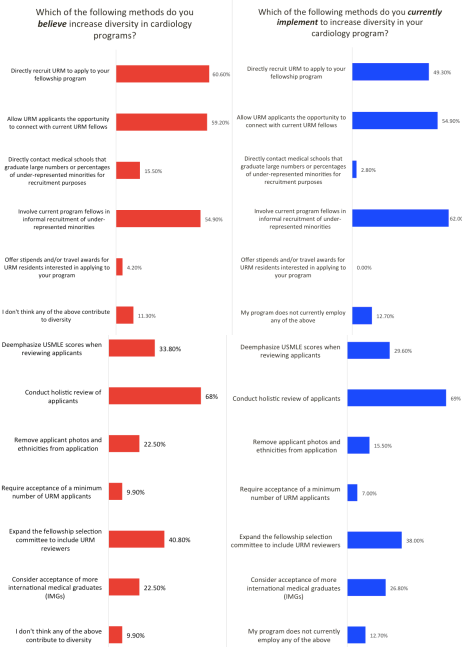
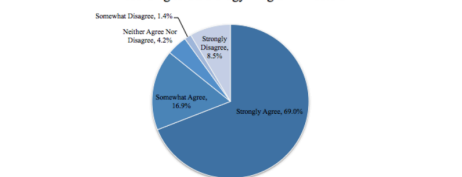


Table 7. Entities with Responsibility to Increase Diversity in Cardiology Programs According to Cardiology Program Directors

Entity	n (%)		
	No responsibility	Some responsibility	Major responsibility
Associate Council for Graduate Medical Education	17 (23.9)	40 (56.3)	14 (19.7)
Residency Programs	6 (8.5)	20 (28.1)	45 (63.3)
Fellowship Programs	5 (7.0)	15 (21.1)	51 (71.8)
Departmental Chairs	7 (9.9)	29 (40.8)	35 (48.3)
Departmental Attending Physicians	7 (9.9)	43 (60.6)	21 (29.6)
Applicants	12 (16.9)	42 (59.2)	17 (23.9)
Medical Schools	9 (12.7)	24 (33.8)	38 (53.5)
Physician/Professional Organizations	10 (14.1)	36 (50.7)	25 (35.2)
Minority Physician Interest Organizations	7 (9.9)	39 (54.0)	25 (35.2)
Federal Government	18 (25.4)	36 (50.7)	17 (23.9)

Conclusions

- (1) Program directors (PDs) overwhelmingly supported increasing diversity in fellowship programs
 - (2) Multiple strategies to increase diversity of programs was supported and implemented by program directors
 - (3) Program directors believed that fellowship programs and residency programs have the most responsibility in increasing diversity in the field of cardiology
- Results of this study may be used as reference by PDs to inform them of strategies that their peers support and are actively utilizing to increase diversity within their own programs

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