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Raising Anesthesiology Diversity and Antiracism: Launching a National Initiative

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GLOSSARY

ASSURE = Anesthesiology Summer Research Fellowship Program; **DEI** = Diversity, Equity, Inclusion; **NIH** = National Institutes of Health; **RADAR** = Raising Anesthesiology Diversity and Antiracism; **UCSF** = University of California–San Francisco

The year 2020 was unlike any in recent history. A culture-shifting pandemic, economic distress and uncertainty, and a divisive political environment all collided with racial unrest. The murder of George Floyd in May 2020 fueled calls for change in our society—including in health care. Such heinous acts were certainly not new, but the intensity of the commitment to change was, with previously unheard and silenced voices speaking out against the wrongs committed, and more people listening. Invigorated calls for reform on a global scale impacted many sectors, including medicine. The field of anesthesiology also felt these events acutely, and we continue to experience the repercussions. As one approach to help move our field forward, we conceived a new, national initiative: Raising Anesthesiology Diversity and Antiracism (RADAR, www.radaranesthesia.org). RADAR is a US National Institutes of Health (NIH)–funded collaborative with 3 goals: (1) engage underrepresented or historically minoritized college students to attract them to medicine, and involve

medical students to attract them to anesthesiology; (2) facilitate the development of community spirit and offer mentorship and support networks for residents, fellows, and early-career faculty; and (3) provide curated resources and structured education on diversity and antiracism for senior leaders in anesthesiology (Figure). Through a holistic, multidimensional approach, RADAR aims to significantly enhance the diversity and inclusivity of our specialty at all levels. Although RADAR was launched by the Department of Anesthesiology at the University of Michigan in collaboration with the Department of Anesthesiology at Washington University in St. Louis, we invite all departments, anesthesiologists, and individuals to join together to be a force for positive, significant, sustainable, and enduring change.

The dearth of racial diversity within anesthesiology is acute. Compared to 1978, the number of Black men applying to and matriculating to medical school has decreased, even though there has been an overall increase in the total number of medical students in the country.¹ Despite a call for increased racial diversity within the medical community broadly, and anesthesiology specifically, the number of trainees from underrepresented backgrounds has been stagnant.² This same trend is almost certainly present in other medical specialties and is indicative of a societal challenge. RADAR was formed to help address this problem.

The first aim of our initiative focuses on the pipeline. Many programs and initiatives have attempted to widen, lengthen, and shore up the “leaky” pipe, with varying levels of success.³ However, these well-intentioned efforts have not yet yielded significant change, as evidenced by the ongoing lack of racial diversity within our field. More broadly, there have been concerning signals that racial diversity may be decreasing in medicine broadly, specifically reflected by a

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Figure. Vision for the RADAR Initiative. RADAR indicates Raising Anesthesiology Diversity and Antiracism.

shrinking number of Black men who are becoming physicians.¹ Through story-telling and direct engagement, RADAR hopes to demonstrate the dynamic, patient-centric career that one can attain within anesthesiology. Since anesthesiology exposure is often late in medical school curricula, engaging with high school, college, and early-stage medical students can help establish anesthesiology as a viable option before medical students are typically exposed to anesthesiology in their training, when they might already have committed to another specialty. We also believe that it is insufficient to explain what we do and that we need to establish more durable connections and a feeling of belonging through the creation of networking, mentoring, and sponsorship opportunities.

One illustration of how this can be achieved is investment in a local school system. For example, the Department of Anesthesiology at the University of Michigan is partnering with the Flint Southwestern Classical Academy, a public high school in Flint, MI. By hosting students for an interactive day focused on the field of anesthesiology, with hands-on simulation and a panel dedicated to illustrating various paths to medicine, we can utilize and build relationships in the community to expand our pipeline. After the initial event, we will continue our involvement with the school by providing mentorship. By creating a beneficial and sustainable relationship, we hope to inspire students to consider medicine as an exciting and fulfilling path on which to embark. This type of event and relationship can be executed with college-aged medical interest groups, as well. Another example is provided by the Department of Anesthesiology at Washington University School of Medicine. Newly launched, the Anesthesiology Summer Research Fellowship Program (ASSURE) provides underrepresented minority college students from the St. Louis

metro area an opportunity to engage in basic, clinical, and/or translational research projects.⁴ These fellows are immersed into the research of the department through their projects, and can develop lasting relationships with mentors. This provides not only valuable experiences that will assist in building a strong application for medical school but also a taste of life as a clinician-scientist. The fellows participate in journal clubs, laboratory meetings, and sessions aimed at exposing them to the field of anesthesiology. Such outreach activities are not limited to our institutions. For example, the University of California–San Francisco’s Department of Anesthesia and Perioperative Care engages in precepting students from underrepresented and disadvantaged backgrounds via the “FACES for the FUTURE Coalition,” an Oakland-area initiative that has spent over 2 decades supporting underrepresented youth.⁵ There are likely many other examples. Every anesthesiology department has the potential, through independent initiatives, to make an impact within their individual communities and programs on curating, disseminating, and implementing best practices and creative initiatives across departments has the potential for a more significant and sustained impact.

The second aim focuses on residents, fellows, and early-career faculty, with the goal of providing education, mentorship, and collaboration. The period from residency through the first few years of a faculty position are formative. We aim to help influence this process by providing networking opportunities, educational materials for personal growth and reflection, and a platform through which discussions around diversity and antiracism are encouraged. Both by (1) engaging underrepresented and historically marginalized populations, and (2) equipping the next generation of leaders within

the field to develop an antiracist mindset that values diversity as a core pillar of the mission, we can begin the arc toward a more inclusive specialty. By supporting residents, fellows and faculty through the creation of an environment in which individuals underrepresented in medicine find career success, an additional plug is placed in the leaky pipeline. These individuals can then go on to further serve as mentors and sponsors, creating a positive cycle of investment into others.

Providing structured content delivery in an accessible format, we can also elevate and enrich resident, fellow, and faculty education. Some initiatives we recommend include a quarterly Visiting Professor Series focused on diversity, equity, and inclusion (DEI), journal clubs and discussions, as well as devoting scheduled resident educational sessions to NIH topics. By creating space for these important ideas to be discussed, the entire organization can benefit. Through RADAR, we are continually compiling and providing educational materials that can be utilized for further education. As anesthesiology departments across the country continue to incorporate diversity and antiracism training into their curricula, we strive to be a cohesive repository of resources and information. We have launched RADAR with a collaboration and growth mindset—there is much to be learned from one another and we can better achieve our goals for anesthesiology acting collectively.

The third aim is to support senior leadership within anesthesiology departments. Senior leaders are vision-casters and influencers of departmental and institutional culture, and we believe that significant and long-lasting change can be achieved through and by this cohort. By providing them with vetted and curated resources, leaders in the specialty will be better prepared to collaborate and innovate within and across institutions. Materials focused on creating inclusive organizations, understanding implicit bias, and discussions around antiracism and health equity are relevant, topical areas in which background material and supporting evidence are made accessible. Inclusive principles make clear that it is by setting policy and procedure that outcomes can be achieved—a robust area of influence for senior leaders. By reimagining how “business gets done” within our field, we can create long-lasting change that outlives the current moment.

Conceived during the height of the coronavirus disease 2019 pandemic, RADAR leadership approached the NIH to refocus an existing R13 award toward diversity in academic anesthesiology. With formal NIH approval, RADAR launched in spring 2021. The inaugural event, a virtual panel consisting of Drs Brittany Ervin-Sizkhonze,

Allison Mitchell, and Peter Knoester, explored the ideas of creating a diverse workforce within anesthesiology, and provided tangible ways to achieve this, including tackling microaggressions head on, elevating the recruitment process to provide holistic review of candidates, and finding the courage to discuss biases without judgment or retribution. These physician leaders also shared stories of the racism that continues to exist daily within medicine and anesthesiology, and offered tangible steps to help create an antiracist and inclusive environment. Attended by over 300 participants across the United States and Canada, this inaugural event served as a launch point for RADAR in the long journey toward a more just and welcoming community within the field of anesthesiology. The entire discussion can be viewed on the Michigan Medicine YouTube page (<https://www.youtube.com/watch?v=fqAVbvVBZwY&t=4s>).

RADAR’s intention is collaboration, innovation, education, and mentorship—to elevate the diversity and inclusivity of our specialty for the benefit of our patients, trainees, colleagues, and greater community. It has been well described that diverse teams are more creative, innovative, and successful.⁶ The trauma of 2020 has continued to the present time, with racial unrest in our communities, and systemic health disparities highlighted by the ongoing pandemic. We believe that RADAR can be an effective vehicle by which anesthesiology departments around the country come together, learn from one another, and improve the care of patients. Simply put, the overarching goal of RADAR is our vision of success—a more inclusive community in academic anesthesiology. We exist to attract and guide people to the field of anesthesiology, to build and support a diverse community, and to bolster and educate thought leaders and change agents through our platform. ■

DISCLOSURES

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Contribution: This author revised and contributed to manuscript.

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