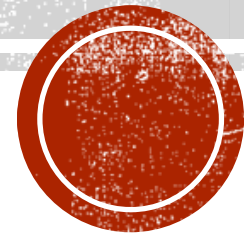


MULTICULTURAL DEVELOPMENT SEMINAR

Kanya Ferguson
Assistant Professor
Dermatology Department



CHANGING DEMOGRAPHICS

- In 2013, 13.2% of Americans were African American and 17.1% were Latino Americans
- By 2043, no single racial/ethnic group will be a majority.
- By 2060:
 - 15% of Americans will be black
 - Hispanics will increase from 53.3 million in 2012 to 128.8 million and will comprise 31% of the population



THE BOTTOM LINE

- The strongest predictor of health status is the color of a persons skin
 - Minority patients receive less pain medication for fractures
 - White women are more likely to have breast cancer but people of color are 40% more likely to die from the disease
 - African American patients with psoriasis are less likely to receive biologic therapies



WHY DIVERSITY MATTERS

- Diversity among the medical work force has been shown to improve patient care
- Race-concordant visits are longer have higher positive ratings than race-discordant visits
- Minority physicians are:
 - More likely to care for patients of their own race or ethnic group
 - Practice in areas that are underserved
 - Care for poorly insured or uninsured patients
 - Care for patients with poor health status

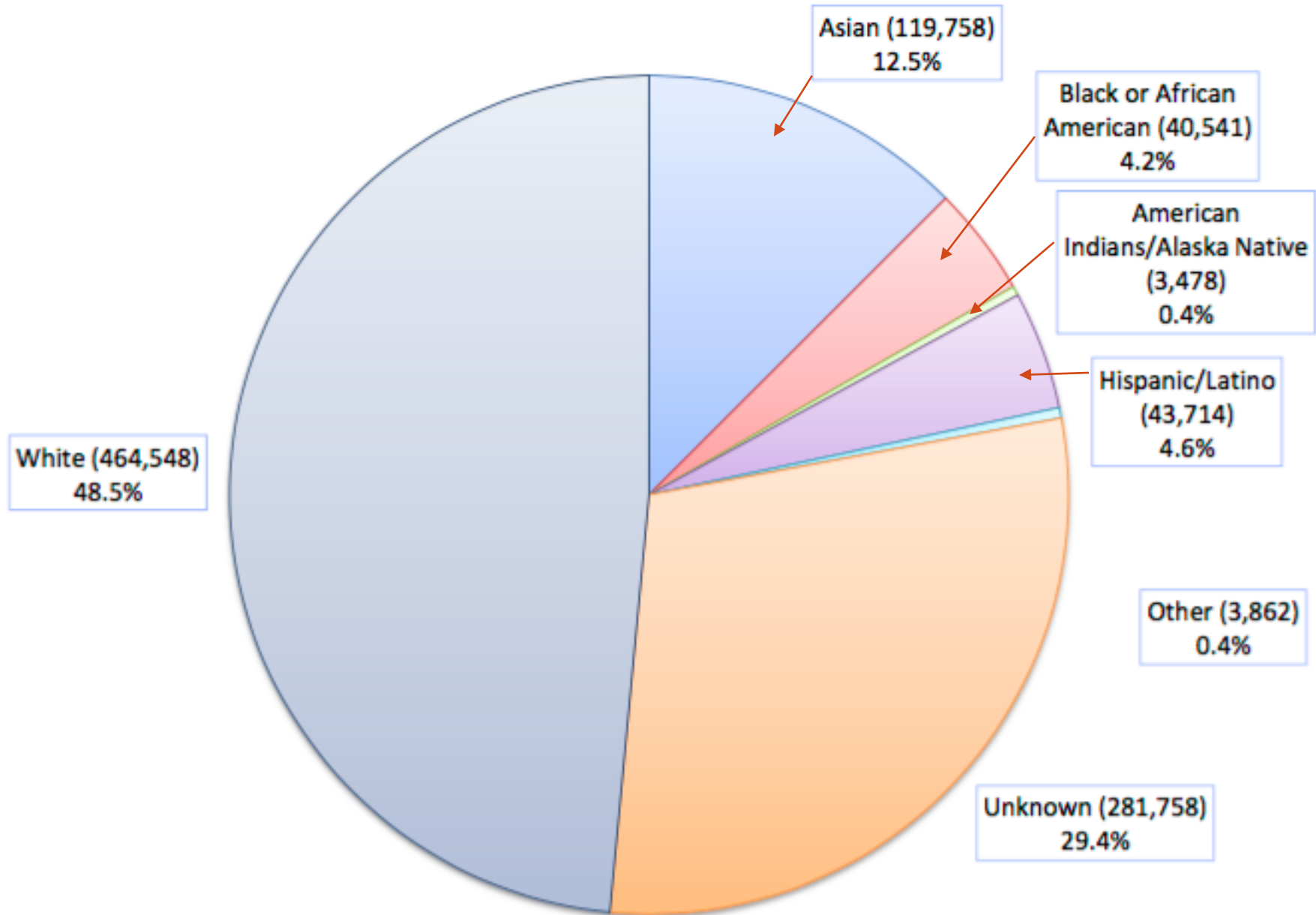


WHY DIVERSITY MATTERS

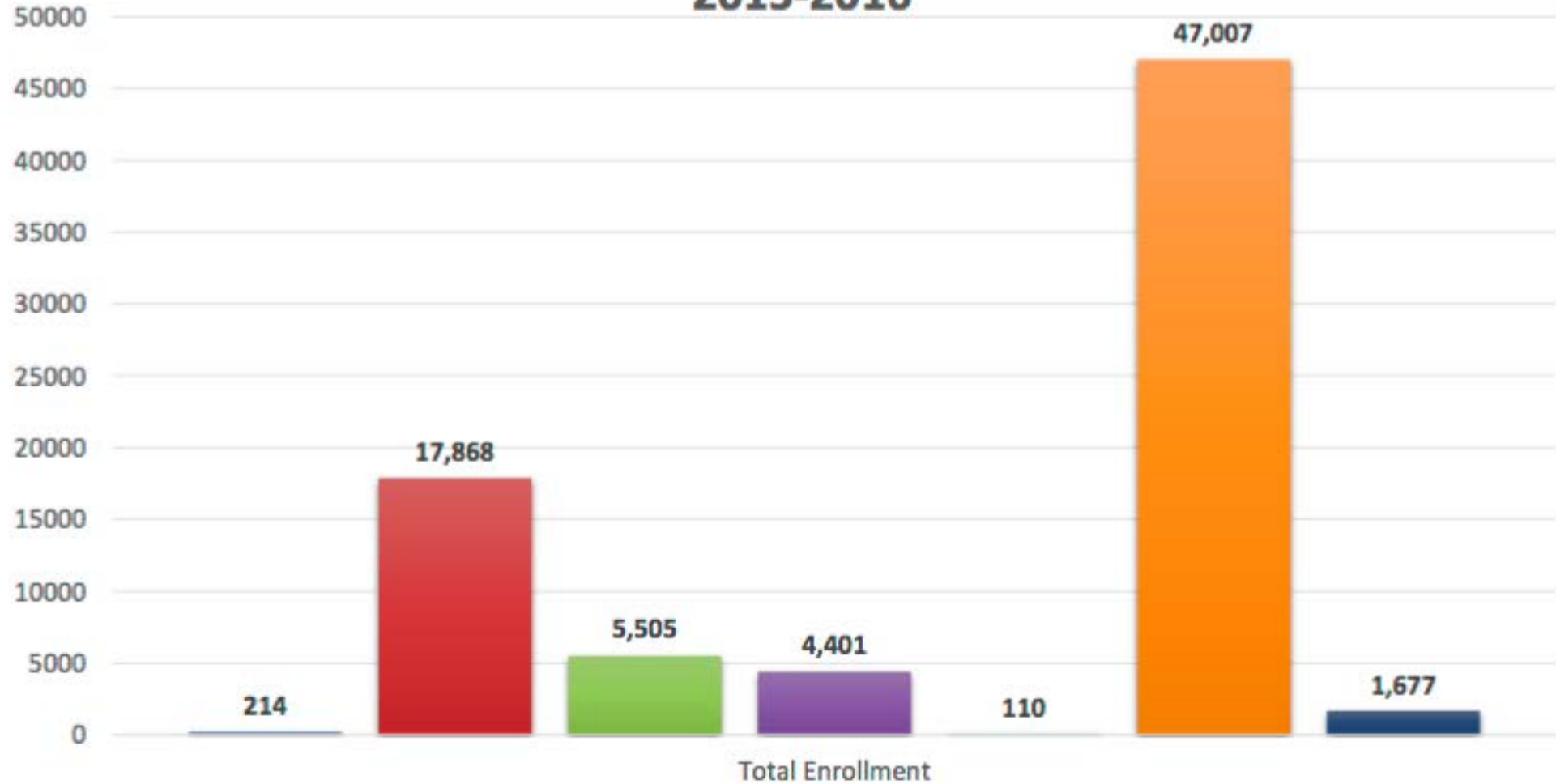
- Racially and ethnically diverse faculty, students and physicians enhance medical education and medical practice in overall campus climate and patient / provider relationships
 - Diverse classrooms create a robust learning environment
 - Students in these classrooms are exposed to a broader range of ideas, experiences and perspectives and are thereby better prepared to meet the needs of patients in a culturally dynamic and diverse United States
 - Racial and ethnic minority health professionals tend to work in underserved areas and serve patient populations that are mostly comprised of racial and ethnic minorities



U.S. Physicians by Race and Ethnicity, 2013



U.S. Medical School Total Enrollment by Race/Ethnicity 2015-2016



- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or of Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Other

Source: AAMC
11/25/2015



DERMATOLOGY MATCH

- 65 to 90 URM medical students apply to dermatology programs each year
- 25 to 30 URM medical students match to dermatology programs each year
- Dermatology matches 30-40% of URM applicants each year
- The overall match rate ranges from 57%-68%



Number of All Residents and Dermatology Residents by Race and Ethnicity

	2011-12		2012-13		2013-14		2014-15	
	Total	Derm	Total	Derm	Total	Derm	Total	Derm
White	49,070	663	50,740	668	52,063	680	52,877	699
Black	5,317	50	5,517	46	5,594	45	5,649	40
Hispanic	5,529	35	5,588	36	5,790	44	5,942	47
Total	115,293	1,214	117,717	1,240	120,108	1,262	121,579	1,275

Source: Number of Residents by Specialty and Subspecialty and Ethnicity in ACGME Graduate Medical Education Data Resource Books

In 2014-15

4.6% of All Residents are African American

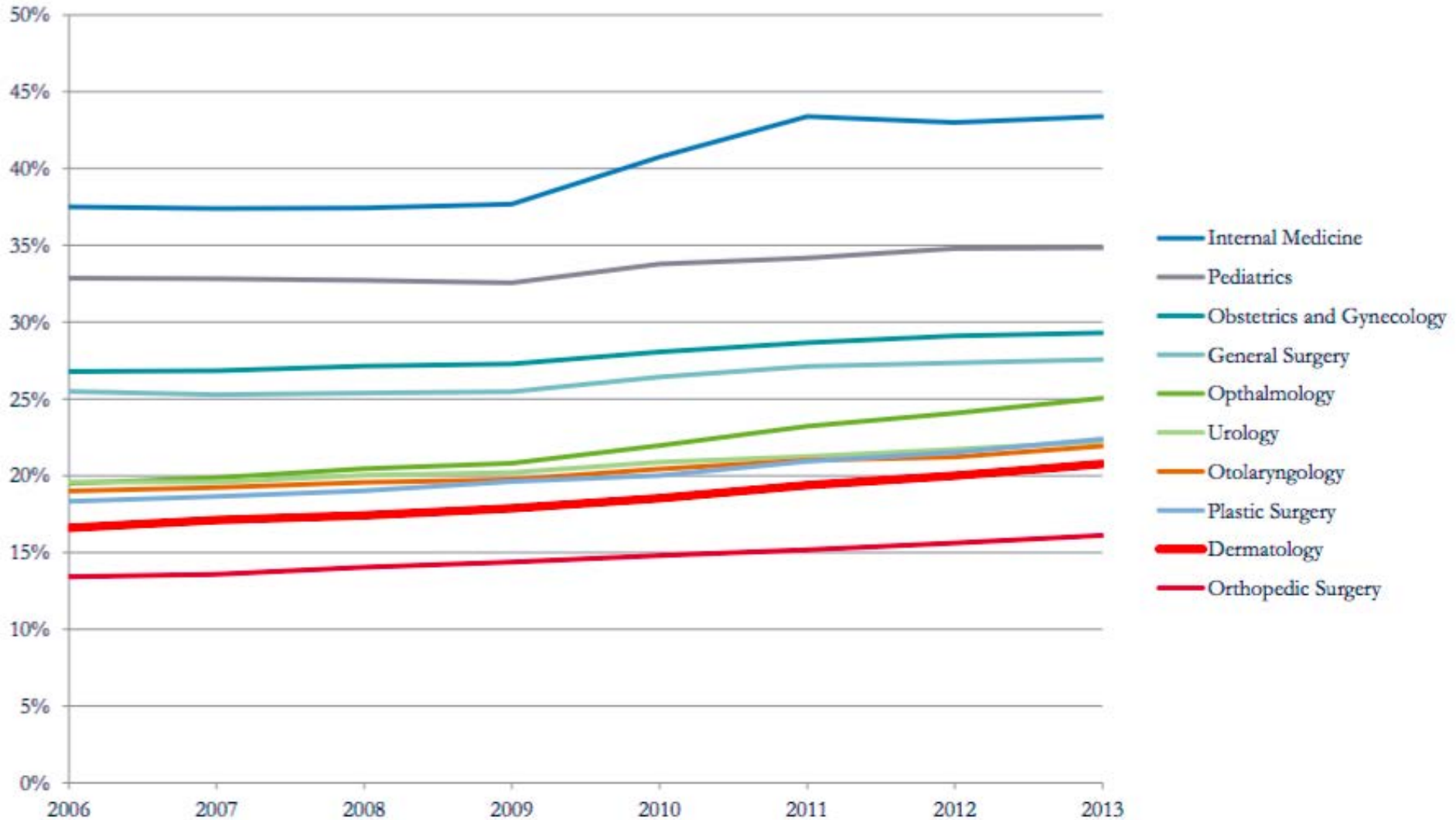
3.1% of Derm Residents are African American

4.8% of All Residents are Hispanic

3.6% of Derm Residents are Hispanic



Total minority representation in Dermatology versus other fields, 2006-2013



WHY DIVERSITY MATTERS

- **Dermatology**
 - Increasing underrepresented minority representation in the dermatology workforce may impact disparities in access to care and therapy
 - A more diverse workforce may help address the growing discrepancy in geographic distribution of dermatologists
 - A more diverse academic workforce may improve research focused on unique needs of underrepresented minority populations

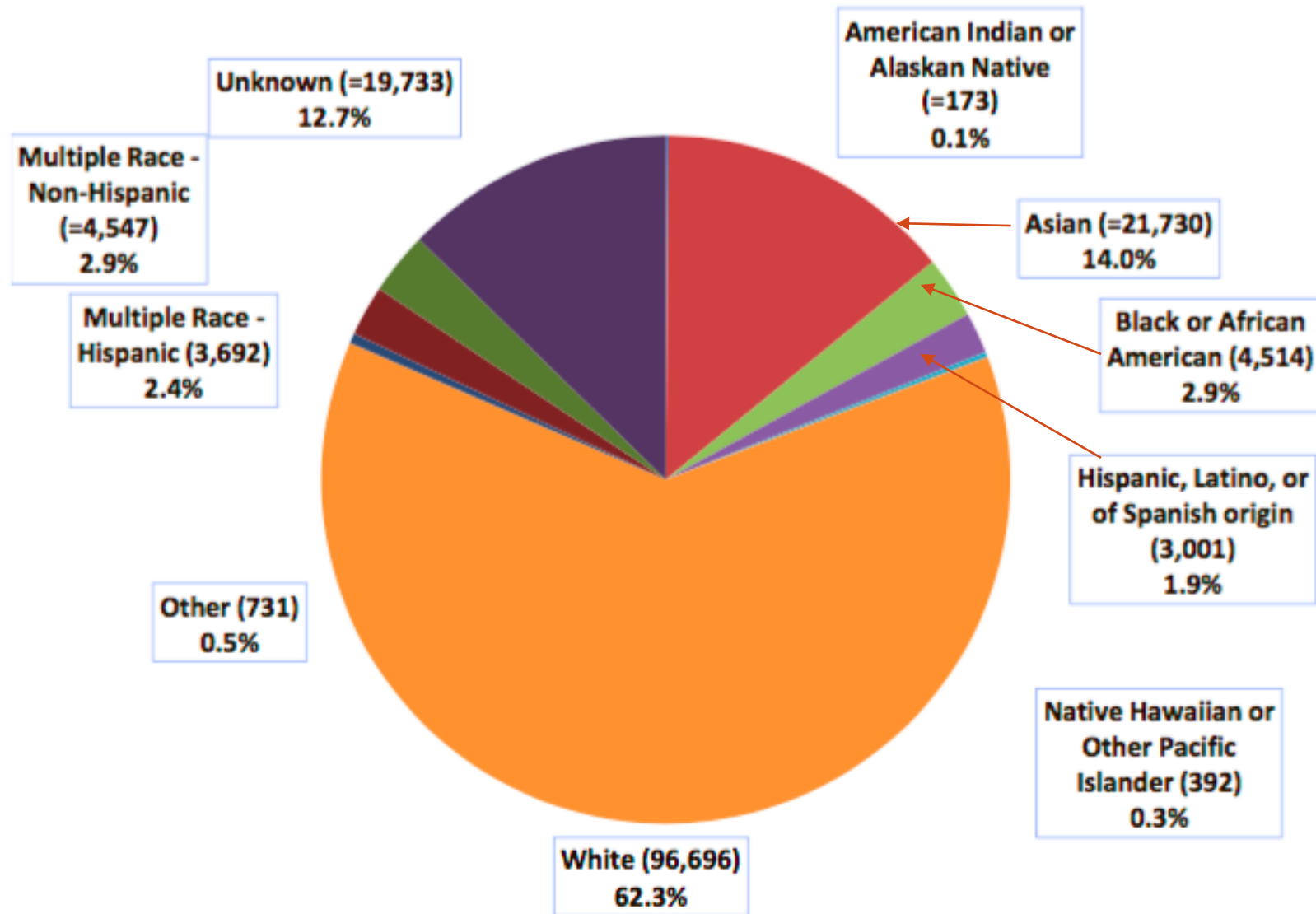


MINORITY FACULTY

- Minority physicians and scientists have been inadequately represented among medical school faculty when compared with their representation in the US population
- Underrepresented minority faculty are less likely to be promoted and spend a longer period in a probationary rank
- Less likely to hold senior positions
- Less likely to receive National Institutes of Health research awards or faculty and administrative positions
- Minority faculty report lower career satisfaction and higher social isolation and attrition than faculty who are not underrepresented minorities



U.S. Medical School Faculty by Race and Ethnicity, 2014



MINORITY FACULTY

- **Numerous barriers and challenges hinder recruitment, retention and promotion of racial and ethnic minority faculty in the field of academic medicine**
 - Lower rates of promotion
 - Lower job satisfaction with reports of higher rates of harassment or bias
 - Lack of faculty-to-faculty mentors among racial and ethnic minority faculty
 - Access to fewer formal and informal networks
 - Face stereotypes about their attainment of merit in comparison with their non-minority counterparts



MINORITY FACULTY

- **Mentoring programs play an invaluable role in matching racial and ethnic minority junior faculty mentees with senior faculty mentors who can help them reach their career development goals**
 - Senior faculty mentors can help junior faculty mentees:
 - Navigate the policies and procedures of their academic / professional institution
 - Provide them with the tools, connections and support needed to succeed in their careers



BENEFITS OF MENTORSHIP

- Faculty with mentors demonstrate higher levels of the following success factors:
 - Teaching effectiveness, evidenced by declines in teaching anxiety and improved student ratings of teaching effectiveness
 - Research productivity
 - Professional socialization and interactions with colleagues
 - Salary levels
 - Satisfaction with salary and promotion



SUCCESSFUL MENTORSHIP

- 1. Establish trust
 - Cross-gender or cross-cultural mentoring relationship, there could be a lack of comfort due to the uncertainty of the other person's culture, experiences, values, and behaviors
 - Mentors should try not to subscribe to negative stereotypes of minorities by withholding support until the potential protégé proves "worthy of investment"
 - Minority partners need to meet a non-minority group mentor halfway in the relationship
 - A deeper understanding of each other's worldviews will promote learning and growth for both parties



SUCCESSFUL MENTORSHIP

- 2. Communicate Openly and Often
 - The mentoring pair who feel comfortable with one another are able to address with more ease the personal and professional challenges that may arise
 - Minorities who were mentored by white males who acknowledged race as a potential barrier advanced farther because the mentors could help their protégés overcome obstacles
 - Cross-race and cross-gender relationships can be fragile, and thus participants may be less willing or able to discuss sensitive issues
 - May be helpful to begin with conversations centered on safe topics



SUCCESSFUL MENTORSHIP

- 3. See each other as individuals
 - Check assumptions at the door and resist viewing each other as part of a category based on gender, race, age, or other characteristics
 - Each of us is on a unique journey and has unique mentoring needs
 - “this approach worked for me, but may not work the same for you...”
 - Having multiple mentors for guidance and support in a variety of personal and professional areas decreases the chance of an individual mentoring relationship proving inadequate



SUCCESSFUL MENTORSHIP

- 4. Take the initiative
 - Mentees may hesitate to seek assistance or advice because they do not want to be judged as incapable of making it on their own, or may perceive themselves as a burden to others more senior and more accomplished
 - Mentor should provide assurance that mentoring provides a beneficial learning experience for both partners



THANK YOU

