

Underrepresented Minorities and Academic Difficulty During Family Medicine Residency: No Association?

TO THE EDITOR:

The brief report “Common Factors Among Family Medicine Residents Who Encounter Difficulty”¹ published in the April 2018 issue of *Family Medicine* examined various elements felt to make an impact on family medicine residents’ success. The authors showed the association of academic challenges with being older and the interesting observation that, in their population, those residents who transferred into family medicine from other programs were significantly less likely to encounter difficulty. We found this information immediately relevant and applaud the work of the authors in this area.

Our roles as residency faculty have required us to participate in the remediation of residents in difficulties ranging from academic challenges to unprofessionalism. We’ve found it imperative to know the factors that increase the likelihood that a resident experiences challenges during his or her training. Knowledge of these factors brings greater clarity during recruitment and aids us as we set our residents up for future success.

We were surprised that the authors did not comment on the race or ethnicity of the residents studied—their sample of residents was large enough to capture some underrepresented minority (URM: black, Latino, and Native American) residents. Other authors have associated minority status with an increased likelihood of being placed on academic probation in residency² even though this finding was not specific to family medicine residencies. It is also noted that URM faculty encounter increased responsibility for the same reward, promotion bias, and frank racism in their careers.^{3,4} Extrapolating from this research done on faculty, could it be that URM residents are similarly exposed to bias, racism, and discrimination? Could this affect how they are evaluated in residency?

Even though this is the suggestion, we believe that URM residents in family medicine

are of equal competence to their counterparts and should not be significantly more likely than any other residents to encounter difficulty in residency. The authors of this study may have missed an opportunity to determine if, in their sample, there was any association between URM status and difficulty in residency.

If the authors’ data shows no significant disparity in the rate of academic difficulty among URM residents, it would be a finding that highlights the strength of residency training in our specialty. Such a finding would create a positive association for URM family medicine residents. This is not often found in the literature.

Family medicine welcomes and embraces URM faculty and residents; our specialty prides itself on its diversity. We need every resident to graduate with the skills necessary for independent practice as we attempt to alleviate the extreme and worsening primary care shortage in diverse communities across the country. Now that the authors have identified factors shared by residents in difficulty, we can use this information to prepare even at-risk residents for success in our discipline.

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Reply to “Underrepresented Minorities and Academic Difficulty During Family Medicine Residency: No Association?”

TO THE EDITOR:

Thank you for the opportunity to respond to the letter written by Dr Forde and Dr Rodriguez addressing our article, “Common Factors Among Family Medicine Residents Who Encounter Difficulty.”¹ Drs Forde and Rodriguez expressed interest in whether our study could have explored potential association between residents’ minority status, such as race or ethnicity, and the likelihood of encountering difficulty during residency training. The question of whether underrepresented minorities (URM, defined by Drs Forde and Rodriguez as those of black, Latino, and Native American ethnicity) are more likely to encounter difficulty in medical training is an important topic to examine.

There is a simple answer to the query raised about our findings: while we anecdotally know that our program includes residents from URM, we do not collect data on the race or ethnicity of residents at any point in the application process or during residency training. This is not unique to our residency program; unlike in the United States, where race and ethnicity demographics are routinely included in information gathered about applicants,² in Canada, race and ethnicity data are not part of standard data collection.³ Additionally, although there are enough commonalities between the Canadian and American family medicine residency training curricula to argue that our findings are generalizable beyond Canadian family medicine residency training, it would be difficult to justify generalizing any findings about URM beyond the Canadian context due to large differences in the demographics of the Canadian population and that of the United States.

As highlighted by the letter from Drs Forde and Rodriguez, there are many potential factors that may contribute to the situation of a resident encountering difficulty during training. Further research is needed to both improve identification of residents who encounter difficulty, and to facilitate better interventions for those residents.

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Moving From Uncertainty to Internal Emotional Responses

TO THE EDITOR:

We read with interest, and really enjoyed, the brief report by Taylor and colleagues, “A Pilot Study to Address Tolerance of Uncertainty among Family Medicine Residents.”¹ We were pleased to learn how their restructured outpatient family medicine teaching rotations improved their residents’ abilities to attend to undifferentiated medical problems, manage ambiguity in clinical presentations, and abide moments of uncertainty.

Recently, there has been an increase in awareness around issues of self-efficacy, emotional intelligence, and mindfulness in medicine. Based on our understandings of these issues, we wonder if the factors the authors studied—behavioral responses—adequately represent the inner reality of residents’ experiences.² Given that residency is known to be psychologically stressful,³ we encourage researchers to expand their investigative horizons and study the psychodynamic responses that commonly emerge in clinicians-in-training, including anxiety, negative dialogue, avoidance, shame, and disorientation.⁴ We also urge researchers to examine how residents can benefit from positive emotions so as to flourish in spite of stressful work environments. We suggest they begin exploring how we can best inculcate in our trainees confidence while dealing with complexity, habituate affirmative self-talk, encourage shared relational engagement,

promote intentional practice, and develop curiosity when confronted with unknowing.⁵

Skilled family physicians are adept at attending to uncertainty.¹ Our hope is that they and their research colleagues do not forget the “flip sides” of uncertainty—internal emotional reactions—as they work to educate new generations of physicians to do the work of family medicine with proficiency, equanimity, and authentic style.

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Reply to “Moving From Uncertainty to Internal Emotional Responses”

TO THE EDITOR:

We thank Dr Ventres and Mr Rule for their thoughtful review and stimulating ideas for consideration regarding our study.¹ They will be of great value to us as we design future study for positively influencing tolerance of uncertainty in family medicine residents. As we indicated in the article, this was a pilot study, so some of their ideas were at that time beyond the scope of what we were able to study. As we continue to explore opportunities for future research in this area, we plan to consider their suggestions about shifting the focus to the internal experience of the learner. Dr Ventres and Mr Rule have provided a compelling argument for the value this could have in influencing and improving tolerance of uncertainty

for our learners and thereby benefiting the patients and families they serve.

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