

Cultivating Diversity Through Mentorship

Daniel A. Placik, MD | Natalia V. Galarza, MD

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To the Editor:

The Association of American Medical Colleges defines underrepresented in medicine (URM) as "racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."¹ Building diversity in education has been a challenging topic in the United States for decades. This is evident by historical initiatives such as President John F. Kennedy's executive order initiating Affirmative Action in 1961, as well as the following *Grutter vs Bollinger* Supreme Court case in 2003.² The subject of diversity in medicine deserves more attention given the advantages a diverse workforce can contribute. Studies demonstrate that physicians raised in underserved, underrepresented backgrounds tend to practice medicine in similar environments.³ They also serve as role models and mentors to other minority students, residents, and faculty. Unfortunately, efforts to increase diversity in the United States have been less than adequate. Over the past 20 years, URM physicians have increased minimally in comparison to physician growth in the general population. In response, our graduate medical education program has initiated a step toward curving URM in our own community by utilizing a prehealth pipeline program to mentor underrepresented students at an early stage in their career.

Our program was designed to stimulate racially and ethnically underrepresented students in our underserved community to pursue the field of health care and help diversify the future population of medical professionals. The community shares a border with Mexico, which contributes to our high population of Mexican-Americans who have been historically underrepresented in medicine.^{1,3,4} This serves to address the gap in diversity by providing professional development opportunities to local high school students who are interested in a medical career. Participants are involved in monthly didactics sessions with an educational curriculum that serves to develop both their leadership skills and fundamental knowledge about pursuing the medical field. Examples of subjects we have covered included applying for college and medical school, and pursuing extracurricular and scholarship opportunities in order to improve their chances in doing so. Furthermore, they participate in clinical activities that are designed to impart an inclusive experience and shadowing opportunity. They perform basic clinical duties in order to have a better understanding of the clinical environment and hopefully become increasingly motivated to pursue medicine.

The students are local to our rural community and would fall into the URM category if they were to pursue a medical career. In addition, since the participants are local, they are at higher probability of practicing their future career in the community and contributing to the diversity in medicine that comparable populations across the United States would benefit from. We anticipate the application of an early prehealth pipeline program in other underrepresented communities may serve to improve diversity, inspire similar endeavors in other GME programs, and further contribute to the URM curve.

Corresponding Author

Daniel A. Placik, MD

Yuma Regional Medical Center Family Medicine Center, 2500 South 8th Avenue, Suite #200, Yuma, AZ 85364.
310-962-7673.

dplacik@yumaregional.org

Author Affiliations

Daniel A. Placik, MD - Family and Community Medicine Residency Program, Yuma Regional Medical Center, Yuma, AZ

Natalia V. Galarza, MD - Family and Community Medicine Residency Program, Yuma Regional Medical Center, Yuma, AZ

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