The Journal of Emergency Medicine, Vol. 51, No. 5, pp. 576–583, 2016

0736-4679/$ - see front matter

http://dx.doi.org/10.1016/j.jemermed.2016.06.003

Education

THE IMPACT OF THE 2008 COUNCIL OF EMERGENCY RESIDENCY DIRECTORS (CORD) PANEL ON EMERGENCY MEDICINE RESIDENT DIVERSITY

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☐ **Abstract—Background: In 2008, the Council of Emergency Medicine Residency Directors (CORD) developed a set of recruitment strategies designed to increase the number of under-represented minorities (URMs) in Emergency Medicine (EM) residency. Objectives: We conducted a survey of United States (US) EM residency program directors to: describe the racial and ethnic composition of residents; ascertain whether each program had instituted CORD recruitment strategies; and identify program characteristics associated with recruitment of a high proportion of URM residents. Methods: The survey was distributed to accredited, nonmilitary US EM residency programs during 2013. Programs were dichotomized into high URM and low URM by the percentage of URM residents. High- and low-URM programs were compared with respect to size, geography, percentage of URM faculty, importance assigned to common applicant selection criteria, and CORD recruitment strategies utilized. Odds ratios and 95% confidence limits were calculated. Results: Of 154 residency programs, 72% responded. The median percentage of URM residents per program was 9%. Only 46% of EM programs engaged in at least two recruitment strategies. Factors associated with higher resident diversity (high-URM) included: diversity of EM faculty (high-URM) (odds ratio [OR] 5.3; 95% confidence interval [CI] 2.1–13.0); applicant's URM status considered important (OR 4.9; 95% CI 2.1–11.9); engaging in pipeline activities (OR 4.8; 95% CI 1.4–15.7); and extracurricular activities considered important (OR 2.6; 95% CI 1.2–6.0). Conclusion: Less than half of EM programs have instituted two or more recruitment strategies from the 2008 CORD diversity panel. EM faculty diversity, active pipeline programs, and attention paid to applicants' URM status and extracurricular activities were associated with higher resident diversity.** © **2016 Elsevier Inc. All rights reserved.**

☐ **Keywords—cultural diversity; minority groups; questionnaires; internship and residency; cross-sectional studies**

This work was previously presented at the Society for Academic Emergency Medicine, 2014, Dallas, Texas and the Council of Emergency Medicine Residency Program Directors Academic Assembly 2014, New Orleans, Louisiana.

Author Contributions: DB, JT, RK, SL, and JD conceived the study. DB, RK, JT, JD, CA, BB, and SO acquired the data and conducted the surveys. EC conducted the statistical analysis and was supervised by SL. All authors analyzed the results and interpreted the findings. DB drafted the manuscript, and all authors contributed substantially to its revisions. All authors listed have contributed sufficiently to the project to be included as authors, and all those who are qualified to be authors are listed in the author byline.

Received: 25 August 2015; Final submission received: 30 November 2015;
Accepted: 2 June 2016

INTRODUCTION

> "The rationale for increasing diversity in the health workforce is evident: increased diversity will improve the overall health of the nation. This is true not only for members of racial and ethnic minority groups, but also for an entire population that will benefit from a health workforce that is culturally sensitive and focused on patient care."
>
> —*Missing Persons: Minorities in the Health Profession (1).*

Health care disparities involving racial and ethnic minorities have been extensively reported (2–6). The Emergency Medicine (EM) literature has shown that minorities are less likely to receive and more likely to wait for analgesia during certain orthopedic procedures and for presentations of back and abdominal pain (7,8). Minority patients have greater lengths of stay and times to diagnosis for appendicitis, and they are less likely to receive a stress test from the emergency department (ED) during evaluation of low-risk chest pain (9,10).

The causes of these and other health disparities are complex and probably include health care systems and structural factors, cultural and language barriers, and provider biases. Whatever the root causes, multiple agencies, including the Institute of Medicine, the Association of American Medical Colleges (AAMC), and the American College of Emergency Physicians, have advocated increasing the diversity of the health care workforce as an integral component to combat health care inequities (11–13).

Underrepresented minority (URM) physicians, including African Americans, Latinos, and Native Americans, are more likely to treat uninsured patients and patients covered by Medicaid. Additionally, URM physicians are more likely to practice in medically underserved communities, thereby increasing access to health care (14,15). Concerning the impact on medical education, medical students training in a diverse student body felt more prepared in their interactions with patients from different backgrounds (15,16). Nevertheless, the percentage of URMs in EM has not changed significantly over the last 15 years (17).

In 2008 the Council of Emergency Medicine Residency Directors (CORD) assembled a panel of program directors (PDs), associate PDs, and EM faculty members to discuss the state of diversity in EM and to develop a set of "best practice" recruitment strategies designed to increase the number of URMs in EM residency programs (Table 1) (18). These strategies were seen as ways to combat racial and ethnic health care disparities and to increase diversity in the health care workforce. The recommendations were developed by this panel of experts through a consensus process. However, no follow-up studies have been published addressing whether the CORD best practices have been implemented by United States (US) EM residency programs, or whether any of the strategies has helped to increase resident diversity.

The current study was conducted with three specific aims: first, to describe the racial and ethnic composition of EM residents and core faculty in each of the 154 accredited EM residency programs; second, to ascertain the proportion of residency programs that have implemented one or more of the recruitment strategies recommended by CORD; and third, to identify program characteristics and CORD diversity strategies associated with recruitment of a high proportion of URM residents.

METHODS

Study Design

We conducted a survey of residency program directors from accredited, nonmilitary US EM residency programs from July 2013 to April 2014. Residency programs in Puerto Rico and military programs were excluded. The study was approved by the institutional review board.

Participant Recruitment

An e-mail detailing the purpose of the project was sent to the program directors of each of the 154 US-accredited, nonmilitary EM residency programs, asking them to complete the survey via an Internet link. Nonresponders were subsequently contacted by phone or a repeat e-mail.

Table 1. Summary of CORD Recruitment Recommendations

1. Verbally recognize the diversity present in the residency program when URM applicants arrive to interview. Express that the department welcomes and is actively recruiting students from diverse racial and ethnic backgrounds.
2. Know the institution's local and community demographics, and address those needs.
3. Broaden selection criteria beyond USMLE scores to include intangibles such as leadership, community service, and other life experiences.
4. Develop curricula to address topics on diversity, cultural competence, and implicit bias.
5. Become involved in programs designed to increase the number of URMs entering into the field of medicine.
6. Offer URM interview dinners and social events.
7. Include diversity in recruitment material and institutional Web site.

CORD = Council of Emergency Medicine Residency Directors; URM = under-represented minority; USMLE = United States Medical Licensing Examination.