

## CONTACT

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# MUSC Psychiatry Residency

Increasing diversity while improving outcomes



## In a nutshell

### Motivators

African Americans, Native Americans and Hispanics are three specific minority groups within the Under Represented in Medicine (URM) category, identified by the Association of American Medical Colleges (AAMC). In South Carolina one third of the population falls into these demographic groups; however, as of 2003, only 3% of the MUSC College of Medicine's residents self-identified as URM.

### Transformation

Since 2007, The Medical University of South Carolina (MUSC) Psychiatry Residency program has helped lead the way by significantly increasing their outreach, recruitment and graduation of URM residents as a major component of its Diversity and Inclusion strategic planning.

### Results

The percentage of URM psychiatry residents has tripled over the last seven years (from 9% in 2008, to 28% in 2015).

Every psychiatry residency graduate over the last four years has successfully passed the Psychiatry Certification Exam, commonly known as "the boards"; the program was named the 4<sup>th</sup> best psychiatry residency program in the South in 2014, and the Department of Psychiatry and Behavioral Sciences is rated 8<sup>th</sup> nationally among all Departments of Psychiatry for research funding, according to the National Institutes of Health.

### Background

Scientific literature suggests that racial and ethnic concordance between providers and patients may improve patient satisfaction and outcomes of care. Mistrust of non-rationally concordant providers is highest among African American patients due to historical and personal experiences.

In the case of psychiatry, a 2011 meta-analysis in the Journal of Counseling Psychology showed that African Americans preferred a therapist of their own race, and had a tendency to perceive their same-race therapist more positively than those of other races.

Deliberate diversification of the health care professional pool has been promoted by professional and scientific organizations not only for its equity implications, but as a tool to improve clinical outcomes of the increasingly diverse population in the United States.

### The change agents

MUSC successfully launched its first diversity plan in 1995, but results eventually reached a plateau. In 2002, the College of Medicine implemented a strategic plan that explicitly made diversity a strategic aim. The College of Medicine Diversity Committee, under the leadership of Dr. Deborah Deas, currently the Interim Dean of the College of Medicine, was charged to develop a plan to increase diversity across the institution. The MUSC College of Medicine Diversity Plan includes the following goals:

- Increase racial and ethnic diversity reflecting the general population of South Carolina
- Promote racial/ethnic and gender diversity in leadership positions within the School of Medicine
- Promote cultural understanding and cultural competency
- Expand and enhance opportunities within the College of Medicine at all levels for individuals from all backgrounds

These goals continue to be supported by the MUSC Diversity and Inclusion Strategic Plan and by the newly appointed President of MUSC, Dr. David Cole, through the 2015-2020 MUSC Strategic Plan.

The MUSC Department of Psychiatry and Behavioral Sciences has taken the lead in the implementation of these strategic plans. Since 2010 they have led the Residency Programs at MUSC (known as Graduate Medical Education [GME]) in the recruitment of URM residents, and their efforts have started to impact URM

recruitment in other specialties. Dr. Kantor and Angela Ybarra, from the GME office, co-chair the first GME-wide Diversity Strategic Planning Committee involving faculty, residents and staff from all clinical specialties. The committee was created in 2012 by Dr. Clyburn, Associate Dean for GME, after an all-hands retreat where Diversity & Inclusion was named one of three top priority issues to tackle in the next five years.

## Key elements of the transformation

In 2008, only 8% of the applicants for the Psychiatric Residency program at MUSC came from Under Represented in Medicine (URM) physicians. Dr. Ed Kantor, Director of the Psychiatry Residency Training Program, with support from the Department Chair, Tom Uhde, committed to re-engineer the recruitment process to make sure that URM applicants were not inadvertently excluded from the recruitment process. He took the following steps:

1. **Research on potential causes that prevent the recruitment of URM residents:** The first challenge was to figure out why URM physicians were not applying or matching to psychiatry residencies at MUSC. In the preliminary research process, they identified three key factors to increase the volume of URM applicants: diversifying the advertising outlets, making visible a genuine commitment to diversity, and increasing the opportunities for community-based health disparity rotations and projects during residency training.
2. **Developing Connections:**
  - a. **Proactive outreach to professional associations of minority medical students and physicians:** In 2009, Kantor, along with Associate Director Dave Beckert and other faculty members and program residents started attending the Student National Medical Association (SNMA, largest and oldest association of URM medical students) Annual Medical Education meetings and included MUSC Psychiatry Residency advertising in the National Journal for Minority Medical Student (NJMMS). At that time they were the only Psychiatry Program using direct outreach to minority students through the journal. These networking events were good opportunities for him to meet physicians from different backgrounds (LGBT, International, minority racial groups, etc.); connect with organizations such as Black Psychiatrists of America, and the American Psychiatric Association (APA) Office of Diversity and Health Equity, and to share the vision of his program and department. It was also an opportunity to learn how other universities were recruiting minority students, and develop a credible presence among other programs related to diversity and inclusion.
  - b. **Mentoring URM residents:** Dr. Kantor became a National Minority Mentor for minority medical students and psychiatry residents through the APA. This was the first step to demonstrate genuine commitment to diversity. His role was to support interested medical students in their plans for career development in psychiatry; but it also provided an opportunity for him to learn how to connect MUSC to a community of potential URM and LGBT residents in a meaningful way.
3. **Creating a competitive advantage:** One of the tools that contributed to the recruitment of more URM residents is the development of opportunities to participate in community projects. The residency now incorporates expanded clinical rotations and outreach projects partnering with the local community mental health center, an HIV psychiatry collaborative care program with an infectious diseases division, the MUSC National Crime Victims Center Clinic, the MUSC Sickle Cell Medical Home program, Women's Mental Health with OB/GYN and the RJ VAMC's Homeless Medical Home project.
4. **Launching of a Diversity Matters Campaign in Psychiatry in 2010:** This campaign created an opportunity for faculty, staff and students to learn about the importance of a diverse workforce in the delivery of care to patients with mental illness. Meant to serve as a visible cue to "start the conversation", wrist bands, posters and web announcements underscored how crucial it is for medical professionals to consider a patient's background during treatment, and to develop cultural competency both inter-professionally with their colleagues and perhaps more importantly, with the patients and families they serve.
5. **Establishing holistic assessment of knowledge, skills and competencies of medical student applicants to residency training, beyond board scores:** Psychiatry minimized the practice of using USMLE I and II Board Exams as a sole "first pass" selection criteria for screening applicants for the residency program. That practice often eliminated otherwise solid candidates who possessed dimensional strengths and attributes necessary for success in GME and future practice. This change enhanced the ability of training directors to view individual applicants more holistically, and still select residents who could become successful professionals and leaders in the field.
- c. **Serving as a liaison for the MUSC College of Medicine:** The lessons learned by the psychiatry department served to benefit the GME-wide diversity plan. An interdepartmental approach to recruiting was seen as one of the best ways to create sustainable results and engage staff across all departments. Therefore, Dr. Kantor partnered with Dr. Deas (Interim Dean), Dr. Michael de Arellano, now Associate Dean for Diversity, to ensure that the process and connections developed by the department could be leveraged to help other programs in similar outreach efforts

## Results

- Proportion of URM applicants to MUSC psychiatry residencies increased from 8% in 2008 to 17% in 2015.
- Proportion of URM residents in the MUSC psychiatry programs increased from 8.8% in 2008 to 28% in 2015 (close to the proportion of racial minorities in SC population and far above the proportion in the applicant pool). Over the last four years, four MUSC psychiatry residents were awarded prestigious National Fellowships in Diversity and Health Equity involved in Community Programming, Research and Advocacy leadership across an array of topics relevant to underrepresented groups and disenfranchised patient populations.
- Self-identified LGBT orientation among residents has grown from 0 in 2009 to 5 in 2015. This is a positive sign of a supportive cultural climate for LGBT individuals at the

university and within the psychiatry residency. In fact the university added sexual orientation and gender identity to its nondiscrimination policy, and expanded partner benefits in 2015 across the enterprise.

- Although not specifically related to the diversity initiative:
  - The MUSC Psychiatry Residency Training Program was ranked the 4<sup>th</sup> best psychiatry program in the South in 2014 by Doximity/U.S. News & World Report in the first ever residency rankings.
  - 100% of residents have passed the Psychiatric Certification Process in the last four years, higher than the national pass rate of 90% over that time.

## Impact in the College of Medicine

- The proportion of URM residents at MUSC has grown from 3% to 11% between 2003 and 2015.

## Closing comments

The diversity recruitment success of the MUSC Psychiatry Residency Training Program may have implications beyond resident recruitment:

- One reason minorities are underrepresented in the pool of applicants for employment may be due to personnel processes and recruitment strategies. Targeted outreach in relevant, established minority networks is an effective way to increase diversity in the applicant pool.
- The perceptions about organizational cultural climate may encourage or deter highly-qualified candidates from applying to job openings. Trust building and a clear commitment to change are two ways to demonstrate that the organization welcomes diversity.
- Changes in the recruitment process to increase diversity did not negatively impact residency performance outcomes. Instead, they may have made a positive contribution.
- The process has engaged residents to help build a cultural competency curriculum within the program and expand relevant clinical and research experiences for all residents in the program related to health disparities.

According to Dr. de Arellano, the most important outcome of MUSC College of Medicine's deliberate diversification effort, in particular the psychiatry residency program, is the organizational change that can become self-perpetuating and cascade to other areas of the organization. As opposed to seeing recruitment as individual or event specific, he explains that the recruitment of a more diverse resident pool not only attracts more applicants, but also creates a pipeline for highly qualified minority faculty members. Their participation continues to impact the organization beyond graduate medical education to support the overall institutional goals across the enterprise.

Investing in diverse professional and social recruitment networks today can create a strong organizational culture that seamlessly integrates diversity efforts in the future.

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