



Invited Commentary | Medical Education

The Plight of the Minority Resident Physician— Similar Challenges in a Different World

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In the article “Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace,” Osseo-Asare et al¹ report a qualitative approach to teasing out the plight of underrepresented in medicine minority (URMM) resident physicians in their training programs. Underrepresented minorities in medicine include black, Latino, and Native American individuals. Their study involved mostly black residents who were surveyed by semistructured interview at the 2017 Annual Medical Education Conference, sponsored by the Student National Medical Association. Comments from participants in the study transcend the academic health center environment, ranging from concerns like being thought to “play the race card,” their minority culture being viewed as unprofessional, and, as black resident physicians, being asked to fix diversity and culture problems that were thought to be minority problems. Themes included having to deal with racism and discrimination on a daily basis, managing the influence of diversity pressures on their professional and personal lives, and the effect of discrimination on self-identify.

The world of residency education can be a challenging one of transition, where the shine of being a medical school graduate evolves into the grind of patient care. Not yet realized is the finality of becoming an attending. Literature on URMM resident physicians and their workplace experiences is limited, with faculty and students in the academic environment tending to garner more attention. This is highlighted by the fact that the Accreditation Council for Graduate Medical Education has now included, as of June 2018, diversity standards as part of their Common Program Requirements for Residency and Fellowships.² Osseo-Asare et al¹ highlight the problems associated with the absence of such standards, and the creation of a level of accountability in resident education is long overdue. The Liaison Committee on Medical Education introduced diversity standards to the accreditation standards for medical schools almost 10 years ago.³

The challenges that resident physicians face in their training programs mirror closely those encountered by URMM faculty and students. Faculty who are URMMs experience racism, lack of faculty development, absence of mentorship, diversity pressures, and isolation.⁴ The resident physician space is not immune. Just as concerns are raised for institutional racism influencing URMM medical students⁵ and URMM faculty^{4,6} perceptions of poor fit or being invisible, resident physicians experience the same.

Discrimination against minorities has heightened under the current presidential leadership because of encouraged race dividing,⁷ creating even more challenges for URMMs. Increased discrimination and bias against URMMs from attending physicians, peers, and patients can lead to hypervigilance and hiding one’s culture, as was mentioned in the article by Osseo-Asare et al.¹ In addition, concerns about retribution if reporting discrimination, as well as limited curricula on bias and discrimination in residency education, influence strategies to address these considerations.

The resident physician training environment needs to build on existing diversity initiatives for faculty and students. Medical schools have been working to address diversity and culture through bias cognizance,⁸ pipeline and outreach programs,^{9,10} and other initiatives to increase attention to diversity and inclusion. More responsiveness is needed in addressing workplace experiences of underrepresented minority residents to enhance their belonging and contributions to clinical care.

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