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Optimizing the Pipeline to the Rheumatology Workforce

Announcer:
You're listening to ReachMD. This episode of *Living Rheum*, titled "Optimizing the Pipeline to the Rheumatology Workforce" is sponsored by Novartis US Clinical Development and Medical Affairs. The host and speakers have been compensated for their time. This program is intended for health care professionals. Here's your host, Dr. Anisha Dua.

Dr. Dua:
A *JAMA* study has shown that while the numbers and proportions of Black, Hispanic, and American Indian, or Alaskan native medical school matriculants increased, it did so at a rate slower than their age-matched counterparts in the U.S. population, increasing underrepresentation.[1] This study suggests that the physician workforce still doesn't represent the demographic characteristics of the U.S. population.

This is ReachMD and I'm Dr. Anisha Dua. Joining me to discuss the pipeline into rheumatology are Dr. Grace Wright and Dr. Irene Blanco. Dr. Wright is a consultant rheumatologist in New York City and president of Association of Women in Rheumatology, AWIR. Dr. Wright, thanks for joining us today.

Dr. Wright:
Thanks for having me.

Dr. Dua:
Of course. And Dr. Blanco is a professor and associate dean for diversity enhancement in the Department of Medicine at the Albert Einstein College of Medicine. Dr. Blanco, thank you as well for being here today.

Dr. Blanco:
Thanks so much.

Dr. Dua:
So, Dr. Blanco, to start us off, what are some of the most significant barriers to representation for minority populations who are interested in pursuing careers in either rheumatology or in medicine in general?

Dr. Blanco:
You know, the path to rheumatology is fraught with a lot of bias and can actually be incredibly cost prohibitive for, particularly students from low socioeconomic status. So, you know, can these students, when they're in elementary school, middle school, when they're in high school, can they take advanced placement classes. Are there guidance counselors telling them, you know, you can go to a four-year college, you can apply to medical school. Because oftentimes, students from minority and underrepresented communities don't hear those messages from their guidance counselors. And it goes all the way through medical school and the rest of their training, right?

So, for example, what are supervisors writing about them in their evaluations and in the clerkships, right? We know that there's data that shows that on clerkship evaluations that end up going on the dean's letter for students graduating from medical school, that minority students oftentimes are getting labeled with terms like, very polite, very nice, very neat, whereas white students often get labeled excellent, superb, extraordinary.[2,3] So, how does that then translate to letters of recommendation, right? Where we know that oftentimes people a lot of gendered language, etc. And so, will people then get considered for fellowship and you know, entrance into rheumatology and then subsequently into becoming faculty?

Dr. Dua:

Yeah, no, thanks for bringing up a couple of those points. There's a lot more awareness at least for the recommendations for the transition from undergraduate to graduate medical education, specifically looking at some of the things you mentioned like clerkship grading, letters of recommendation, AOA Society memberships. And these are all processes as program directors that we use to filter applicants to kind of try to find, you know, who are the people that we want in our program. But all of these are really wrought with a lot of biases, and they influence sort of that transition from undergraduate to medical graduate education and then beyond that from residency to fellowship. So, it translates all the way down. I think that's just an important, you know, thing to bring up that you've highlighted.

Dr. Wright:
And think about it, the same behavior in one person is considered assertive and in another person it's aggressive. Assertive is positive, aggressive is not. And so that same thing and that same way of being, then follows that person through to getting the fellowship or not getting the fellowship because of the innuendos and the, you know, the connotative meanings that follow these words.

Dr. Blanco:
Exactly. So, as a program director, you start seeing this person as a headache and not necessarily as a leader, right? Because you're thinking, oh my goodness, you know, this person's going to be screaming at me about everything, as opposed to saying, oh my goodness, this person's going to be a huge advocate. And it's going to carry the tone all the way through.

So, there's data from the Harvard Business Review that shows, you know, women - what we often tell women, you need to negotiate, you need to be very aggressive in negotiations.[4] But this data from the Harvard Business Review shows that women that actually aggressively negotiate their contracts are then viewed negatively by their hiring managers, and so they're starting the job off on the wrong foot, using the advice that we, ourselves, gave them, right? So that they could, you know, at least gain some salary equity when they first get hired.

Dr. Wright:
And we're still not at compensation equity. I mean, one of the things that we have to do is to teach negotiation strategies to women so that they don't end up with these negative labels and they can see positive outcomes. And the very fact that we still have to do this, that we have to teach this is a problem. But it's really something that we need to do so that these slight nuances in the way in that we speak and the words that we use, this idea that when women speak about 'we', they can actually then negotiate on a stronger footing because it's about the benefit to the collective community which includes you, the person that may be trying to suppress me. So there are all of these tools, but we really need to learn the language of negotiation where we sit and we teach and we mentor and we sponsor so that we really can push this forward.

Dr. Dua:
Yeah, I think those are some really important nuances and points, it's frustrating that we do need to learn this, but we really do and try to help teach others how to negotiate and negotiate effectively, not only for that equity but also to not sort of set the tone that now they're in this new career and they're set up to be either, you know, too aggressive or too whatever. It's definitely a nuance thing that we need to learn more about.

Do you think, Dr. Wright, are there any steps that are being taken to try to overcome some of these barriers?

Dr. Wright:
Yeah, I mean this is one of the initiatives behind AWIR, so, you know, the Association of Women in Rheumatology really was formed on a few things; one of them was advocacy for both physicians and providers but the other thing was leadership. And part of leadership is learning negotiation strategies and creating mentoring pools so that those who have been before, can mentor those who wish to follow that same path. So, things are being done but we just need more. We need more people engaged.

We have women in medicine, we have all of these groups really sort of trying to push the narrative that we need to pay attention to the women within our specialties. And, you know, I always reach back and say this is not a woman-only thing, we need sponsorship from whoever the dominant culture is, and in this perspective, we are talking about our male colleagues.

This is not a put down, but this is to say that we all have to work together for the betterment of all of us. So that those at the top, who are more likely to be men, really have to open up and sponsor the women even though their experience and their path was different. It doesn't mean was as easy as they say, you know, we're all in the same ocean but we're sailing on different ships, to really understand and respect that so that we can move this forward.

Dr. Blanco:
And, you know, it's just opening up that pathway and opening up the sponsorship, right? So, for example, with the American College of Rheumatology, we've started creating more scholarships to get underrepresented students from either historically Black colleges and

universities or other minority institutions, from rural areas, etc., to come to our national meeting, to start meeting mentors there so they can start, you know, envisioning themselves as rheumatologists, right? Because, if you can't see it, you can't be it. And if you think about the rheumatology community and you just don't see a place for yourself there, then it's just not going to a place where you're going to want to go, right?

So, the more we can expose trainees and medical students and high school students to this profession a lot earlier, the better. Particularly because a lot of medical schools don't have rheum focused courses so they're not going to get it there, but you know, high school students have a sense of what a cardiologist is and what a cardiologist does. But, you know, most adults, unless they have a rheumatic disease don't know what a rheumatologist is, right? So, we need to do a much better job at just exposing people to our field in general, especially if we are going to open up the pathway.

Dr. Dua:
That's such a good point. I'm actually teaching a medical school course now for musculoskeletal and, you know, you have all of your rheumatology exposure wedged in between different orthopedic topics, you know, in a couple of weeks and a few hour lectures. And so, it becomes this black box almost for medical students. And again, you guys talked a little bit about even catching people before that point to try to get interest in rheumatology and diversify our workforce, expand the pipeline. The exposure is really minimal and so trying to get that excitement and open up the world of rheumatology to folks, I think is just an important thing.

Dr. Wright:
Yeah, and even our medical students, they don't know about rheumatology because we're not an inpatient specialty anymore. That was 25 years ago. Now, we're predominantly outpatient so unless we really get them and mentor them, that's one of the things that we did with AWIR, it was to say, "Well, yes, our rheumatology fellows absolutely, you can be members," but what about our residents and medical students who have whatever the nugget was, have this interest that was turned on for rheumatology, how do we capture them and maintain them all the way through so that eight years later, we have a brand-new rheumatologist born? So that one of the ways in which we can pull them into our societies and mentor them, just by giving them exposure.

We talk about something that is a bit difficult now in the pandemic era, which is having our high school kids shadow us so that, you know, they get exposed. They can get turned onto all of the amazing connections that we can form with our patients and the impact that we can have, not just in the person but on their family and their communities.

Dr. Dua:
Absolutely, that role modeling piece is so important, and it is tough that now we can't get people, you know, and exposed as easily with all of the restrictions around the pandemic. I know just for me when I did a rotation in med school and I saw just the connection that the rheumatologists had with their patients, they knew their story, they knew their dog's name, they knew exactly what to do, they were brilliant and smart. And just sort of seeing that connection was super inspiring and one of the main triggers for me pursuing a career in rheumatology.

Dr. Blanco, I know you mentioned a couple of things, a couple of strategies to help increase the pipeline, you know, of diverse students. Can you expand on that a little bit?

Dr. Blanco:
I think we need to keep leveraging organizations like AWIR, like the American College of Rheumatology, thinking about how we create just partnerships. Partnerships across the board particularly with historically Black colleges and universities and other minority-serving institutions to really think about how we just increase the exposure to rheum, because, I think, you know, Dr. Dua, you just said it so well, that I think so many times when people actually get exposed to rheumatology, they realize, "Oh my goodness, this is exactly the patient engagement and the relationships that I wanted to establish with my patients. I only thought I could get this in X field or Y field or Z field, but in reality, I can get this in rheumatology, where I just never knew that before." So, the more we can leverage these societies and really show students that there is mentorship available, that we're welcoming, that we want to see them there, it's even better. Because they just know that this is a home for them.

Dr. Wright:
And that's exactly why we created the AWIR fellow because we wanted to have this collective mentoring where the village was really rheumatologists, that's us, and the person being mentored that medical student, that resident, that rheumatology fellow, really had the safe space to express all of the various things that they were uncomfortable with. It was a space to be vulnerable, right, so that you can be mentored in this modeling manner. It was the, what I call the We on One so, it's all of us working together, because we all come with different strengths and weaknesses and so we can take them all the way through, not just fellowship but that first job, getting set up. And if that fails, then the second job. And you form this lifelong partnership which becomes a friendship and becomes an era even in which

you can get, you know, sort of some of the collegiality that we need in difficult cases. It's what keeps us connected. We're connected in rheumatology. And we just need to start that at a much earlier stage.

Dr. Dua:
Absolutely, I think that connectedness is really what we feel talking to each other and what we feel with our patients and that's really what pulls people into rheumatology.

That's such a great way to round out our discussion on this topic. I want to thank both of you for helping us better understand the pipeline into rheumatology and many of the issues of diversity and inclusion in rheumatology. Dr. Wright, Dr. Blanco, it was really great speaking with both of you today.

Dr. Wright:
Pleasure being here. Thank you.

Dr. Blanco:
Thanks so much for having me.

Announcer:
This industry podcast was sponsored by Novartis US Clinical Development and Medical Affairs. If you missed any part of this discussion or to find others in this series, visit reachmd.com/living-rheum.

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