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Surgical diversity initiative has double bonus

A program that teaches minority physicians minimally invasive techniques is turning more of them into medical school faculty members.

By KEVIN B. O'REILLY, *amednews* staff. *Posted Nov. 16, 2010.*

A commercially sponsored training program designed to help minority physicians improve their odds of landing competitive fellowship training spots also has meant that more minority graduates are pursuing academic medicine, a new study shows.

Of the 42 graduates of the Diverse Surgeons Initiative now in practice, 57% hold positions as full-time faculty members in academic surgery departments, according to the study published in the October *Journal of the American College of Surgeons*. Experts have pointed to the lack of diversity among medical school faculty as one reason why there is a shortage of minority physicians.

"Our main goal for this program was to provide qualified underrepresented minority residents with the fundamental skills that would enable them to excel in their surgical careers," said Paris D. Butler, MD, MPH, the study's lead author and surgical resident at the University of Virginia Health System in Charlottesville. "There are many potential factors for the shortage of minority faculty in academic medicine, including anything from an insufficient number of minority medical school graduates to a scarcity of role models. We hope [the Diverse Surgeons Initiative] can work to counteract some of these factors."

Eighty-six percent of the initiative's 64 fellowship-eligible graduates have gone on to pursue a postsurgery fellowship, nine percentage points higher than the 77% rate among surgical residents nationwide, the study said (www.ncbi.nlm.nih.gov/pubmed/20868978/).

The initiative, funded by laparoscopic surgery instrument-maker Ethicon Endo-Surgery Inc., consists of three two-day sessions over nine months that teach minimally invasive skills to underrepresented minority surgical residents. It was launched in 1998 for all physicians and limited to residents in 2002.

The sessions cover laparoscopic knot tying and suturing, and use a porcine surgical laboratory to simulate procedures such as laparoscopic cholecystectomy and laparoscopic Nissen fundoplication. The classes of eight to 14 residents each year get lectures on disease pathophysiology and do case-based question-and-answer sessions.

One-third of residents graduating from the program have gone on to pursue fellowships in minimally invasive surgery. Other residents pursued fellowships in subspecialties such as cardiothoracic, transplant, pediatric and plastic surgery.

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