

AAEM Position Statement on GME Response to Resident Discrimination

The American Academy of Emergency Medicine (AAEM) believes that increasing diversity, equity, and inclusion in the field of emergency medicine is necessary to provide high-quality, culturally humble care to all patients who present to the emergency department. AAEM is committed to ensuring that prejudice and discrimination in emergency medicine residency programs are not tolerated. In order to mitigate current and future biases in emergency medicine, a diverse and inclusive resident workforce is needed. AAEM recommends that graduate medical education (GME) leadership take the following steps to minimize discrimination in the emergency medicine training environment. The goal is to reduce discrimination based on identity characteristics including, but not limited to, age, race, ethnicity, national origin, disability status, sex, sexual orientation, gender identity and gender expression:

1. Every sponsoring institution should have an office dedicated to diversity, equity, and inclusion with resident and fellow representation and external oversight.
2. Transparency regarding the process of selecting residency applicants for interviews and ranking should be prioritized, and GME leadership should adopt systems that minimize systemic and individual conscious and unconscious bias during this process. A program should strive to rank candidates in a way that will ensure a diverse and inclusive residency class.^{1,2,3}
3. Formal education on matters of diversity, equity, and inclusion in medicine should be required of all individuals who interact with residents and fellows.² Furthermore, those who directly deal with reports of discrimination should also be trained on how to take a trauma-informed approach towards handling these cases.
4. Consequences for founded incidents of discrimination should be established, transcribed, and clearly visible for all prospective and current residents, fellows, attending physicians, and staff.
5. Currently, based on the current policy regarding discrimination from the Accreditation Council for Graduate Medical Education (ACGME), a resident or fellow who wants to file a complaint regarding discrimination of bias can do so either through the ombudsman or with a formal complaint to ACGME. However, there is little guidance regarding the steps needed to file a complaint and the process for review after a complaint is made. We recommend that the ACGME reviews its current policy and revises it to ensure (1) transparency regarding who is on the review committee and (2) that the resident has an appropriate ability to respond and is empowered to petition for a new review if the ACGME considers no further investigation is warranted after they review the initial complaint.
6. Access to mental health resources should be provided at no cost to all residents and fellows to support them through any prejudice and/or discrimination they face. Additionally, resident physicians should be provided access to an external, uninvolved

party (e.g., ethics hotline) that can assist them through the process of reporting incidents of discrimination.

References

1. Garrick JF, Perez B, Anaebere TC, Craine P, Lyons C, Lee T. The Diversity Snowball Effect: The Quest to Increase Diversity in Emergency Medicine: A Case Study of Highland's Emergency Medicine Residency Program. *Ann Emerg Med*. 2019;73(6):639-647. doi:10.1016/j.annemergmed.2019.01.039
2. Crites K, Johnson J, Scott N, Shanks A. Increasing Diversity in Residency Training Programs. *Cureus*. 2022;14(6):e25962. Published 2022 Jun 15. doi:10.7759/cureus.25962
3. Boatright D, London M, Soriano AJ, et al. Strategies and Best Practices to Improve Diversity, Equity, and Inclusion Among US Graduate Medical Education Programs. *JAMA Netw Open*. 2023;6(2):e2255110. Published 2023 Feb 1. doi:10.1001/jamanetworkopen.2022.55110