



Editorial

COVID-19 Has Exacerbated Inequities That Hamper Physician Workforce Diversification

James N. Woodruff, MD; William A. McDade, MD, PhD; Sunny Nakae, PhD, MSW; Monica B. Vela, MD

In 2021, the number of matriculating Black and Hispanic medical students in the US was the highest it has ever been.¹ Several contributing factors may explain this shift. Very visible health and health care inequities during the COVID-19 pandemic may have encouraged medical schools to actively recruit students underrepresented in medicine (UIM), including American Indian, Black, and Hispanic students.² These same circumstances may have encouraged UIM students to pursue careers in medicine. Additionally, the de-emphasis of standardized testing in the medical education pathway may have made medicine more appealing to groups traditionally disadvantaged by standardized testing.³ Regardless of the reasons, this demographic shift in matriculating students is a welcome one, given evidence that racial concordance between patient and physician is associated with improved patient outcomes,^{4,5} studies have shown that UIM trainees are more likely to establish practice in underserved areas,^{6,7} and according to the Association of American Medical Colleges (AAMC), more than two-thirds of increases in physician demand over the next 15 years will be driven by racially and ethnically minoritized populations, such as American Indian, Black, and Hispanic patients.⁸

However, in their qualitative study of the experiences of premedical students during the COVID-19 pandemic at Historically Black Colleges and Universities (HBCUs), Weiss et al⁹ raise important concerns regarding ongoing threats to pathways programming. Prehealth advisors at these institutions perceived 3 types of COVID-19–related difficulties faced by HBCU students that could negatively influence students' academic progress: balancing academic responsibilities with family needs associated with the pandemic; distraction, disruption, and isolation in the virtual learning environment; and the uncertain and evolving requirements of the medical school application process. Weiss et al⁹ point out that these difficulties have disproportionately affected HBCU students due to racial disparities in COVID-19–related morbidity and mortality in the Black community¹⁰ and exacerbation of what students have perceived to be a prepandemic lack of mentorship opportunities, institutional support, and shadowing opportunities at HBCUs.¹¹

As an individual investigation, the study by Weiss et al⁹ is significant because HCBUs produce 25% of all Black graduates earning degrees in science, technology, engineering, and medicine.¹² In addition, their study joins other important studies contributing to an evolving understanding of the role of COVID-19 in the pathways continuum and the growing need for workforce diversity efforts. This understanding has grown more robust over the last year and now warrants action.

First, the pandemic has exacerbated health and health care disparities. Nationwide, Asian, Black, and Hispanic patients have experienced all-cause excess mortality that is as much as 4-fold that experienced by White patients.¹³ Furthermore, changes in life expectancy have been significant in many parts of the country. In Chicago, Illinois, Latinx residents have lost 7 years in their life expectancy since 2012.¹⁴ The life expectancy gap between Black and White residents in Chicago has increased by 10 years since 2012, with life expectancy among Black residents now less than 70 years for the first time in decades.¹⁵ COVID-19 has served to amplify the impact of long-established disparities in access to and quality of health care among US racially and ethnically minoritized groups.

Second, the pandemic has adversely affected efforts to sustain pathways designed to improve physician workforce diversity. Support for pathways programs (formerly known as *pipeline programs*) that recruit and support UIM trainees have stalled during the pandemic due to public health precautions and institutional financial strains.¹⁶

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Third, the COVID-19 pandemic has differentially affected the experience of UIM trainees in the medical education pathway. In a survey of US medical students in 2020, Black and Hispanic medical students were twice as likely to report experiencing financial strain due to COVID-19-related shifts in the economy compared with other groups.¹⁷ These same students described higher levels of stress and a higher incidence of burnout compared with White students.¹⁷

Fourth, concerns exist that nearly 3 years of COVID-19 disruption to curriculum and professional development experiences will negatively affect the professional and academic performance of multiple cohorts of medical student and resident trainees. The Coalition for Physician Accountability has acknowledged this concern and created a transition guide designed to facilitate the transition of fourth year medical students to residency.¹⁸ This disruption, combined with the established financial and emotional strains reinforce concerns that UIM trainee performance may be more substantially affected than White trainees' performance. At the April 8, 2022, American Association of Medical College's Group on Student Affairs National meeting, participants acknowledged a pattern of UIM academic difficulties on clerkship shelf examinations and US Medical Licensing Examination boards preparation not seen prior to the pandemic. COVID-19 has exacerbated the impact of differential levels of trauma and established inequities in medical education practices on UIM students.¹⁹

In September 2021, the AAMC's Research and Action Institute issued updated recommendations for responding to COVID-19 speaking specifically to health equity: investment in data infrastructure, expansion and improvement of health insurance coverage, and a commitment to improving equity through engagement with communities.²⁰ Workforce diversification efforts, essential for fully leveraging these infrastructure interventions, are glaringly absent. Updated recommendations for supporting this core element of disparities mitigation are sorely needed in 5 main areas.

Resourcing Equitable Care

Diverse medical teams represent a reservoir of experience from which contextually appropriate health care solutions may be derived and implemented. Even before the pandemic, the burden on UIM physicians, students, and other clinicians to provide necessary perspectives regarding patients from historically marginalized communities was taxing. During the pandemic, this additional service has been overwhelming²¹ and provides a glimpse of the challenges posed for the small number of UIM physicians and the increasing racially and ethnically minoritized populations in the US. The health care system must adequately resource UIM trainees and physicians who have taken on this responsibility and recruit their non-UIM colleagues to join the effort.

Tending to the Medical Education Continuum

Within the curriculum, COVID-19 concerns moved learning practices away from active learning formats known to narrow differences in academic outcomes between UIM students and their nonminoritized peers.²² Training programs should return to and even augment pedagogy strategies that promote active learning, such as problem-based learning, group discussion, research, and civil discourse and debate. In student affairs, UIM students' baseline sense of isolation and loneliness (already higher than that among White students before the pandemic) was exacerbated by virtual learning during the pandemic.¹⁷ Additionally, reduced family financial resources for many first generation students with low income and UIM students has often translated into reduced access to study resources compared with more affluent students.¹⁷ Medical schools should invest in greater financial and personal support for UIM students to mitigate the personal and structural burdens they face, given the pandemic-driven threats to their academic achievement and well-being.

Building Trust

Medical education must prepare and train physicians capable of building inclusive teams characterized by trust. The last 2 years have highlighted the fundamental importance of trust in health care.^{23,24} Frontline practitioners understand that trust, more than medical data or evidence, convinces reluctant patients to seek out and accept vaccination. Efficacious health care must account for psychological and sociological dynamics of both the patient-physician relationship and the medical team. Similarly, medical schools must create an environment worthy of the trust of UIM trainees—an environment that will provide the space, collective power, and resources for all trainees to thrive. Such inclusion requires education leadership to apply a trauma-informed approach to building platforms for meaningful discourse around the most difficult challenges facing the training community and health care environment.²⁵

Commit to Holistic Review and Support

Given the available data on the differential financial and emotional impact of the pandemic on UIM and first-generation students with low income, training programs should not be surprised to see differential deterioration of academic performance. Such deterioration should not be interpreted as a failure of holistic review. Success with holistic review has always depended on subsequent provision of individualized learning plans and support. The Group on Student Affairs has developed a Holistic Student Affairs model²⁶ to guide schools in assessing critical supports needed for onboarding, matriculation, and retention. The challenges posed by COVID-19 over the past few years have only increased the importance of supportive programming and infrastructure.

Think Broadly About Diversity

While the number of Black and Latinx students matriculating into medicine has increased over the past 2 years, not all UIM groups have made headway in admissions. The number of American Indian and Alaskan Native matriculants has remained unchanged over the last 5 years.²⁷ In the face of ongoing disparities in health and education, this situation represents an ongoing failure of efforts to improve physician workforce diversity.²⁸

The recent increase in the UIM students entering medical school is an event worth celebrating. It raises the prospect of more equitable health care through the diversification of the physician workforce. But success in this effort cannot rely purely on admissions practices. The challenges to ultimately achieving that workforce diversity are in many ways more substantial than before the COVID-19 pandemic. Our response should be to redouble our commitment throughout the pathway from admission into the ranks of practicing physicians with the goal of providing equitable, inclusive, and tailored support for all our colleagues.

ARTICLE INFORMATION

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Corresponding Author: James N. Woodruff, MD, Pritzker School of Medicine, The University of Chicago, 924 E 57th St, Chicago, IL 60637 (jwoodruff@medicine.bsd.uchicago.edu).

Author Affiliations: Department of Medicine, Pritzker School of Medicine, University of Chicago, Chicago, Illinois (Woodruff); Diversity, Equity, and Inclusion Office, Accreditation Council for Graduate Medical Education, Chicago, Illinois (McDade); Equity, Inclusion, Diversity and Community Partnerships, California University of Science and Medicine School of Medicine, Riverside (Nakae); Department of Medicine, Hispanic Center for Excellence, University of Illinois College of Medicine, Chicago (Vela); Department of Medical Education, Hispanic Center for

Excellence, University of Illinois College of Medicine, Chicago (Vela); Diversity, Equity, and Inclusion Associate Editor, *JAMA Network Open* (Vela).

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