



## FROM THE EDITOR

## THE AUDACITY OF HOPE

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This last January, during Martin Luther King weekend, I attended our medical school's diversity "second look" weekend where we invited promising resident candidates to return and take a look at several training programs at our medical center. The event focused on underrepresented minorities applying to residencies in medicine, pediatrics, psychiatry, and anesthesia so I was able to talk to candidates interested in careers outside of internal medicine as well.

Like many institutions, we work hard to attract candidates from diverse backgrounds for our training programs. Our trainees care for a diverse patient population with regard to race, ethnicity, gender identity, and socio-demographics so it makes sense to have a training workforce that reflects the population for whom they care. A diverse workforce also makes sense for several other reasons. From the patient perspective, a diverse healthcare workforce can help to increase healthcare access for the underserved because graduates are more likely to work in areas where there is a need.<sup>1</sup> I believe that not only enriching your program with students from diverse backgrounds is the right thing to do for the individual candidates seeking a training position but also the right thing to do for the training programs. For the institution, diverse candidates are likely to pursue research in neglected areas of societal need and, over time, enhance the pool of leaders and policymakers required to meet the needs of a diverse population.<sup>2</sup>

According to Mark A. Nivet, Ed.D., chief diversity officer for the Association of American Medical Colleges' Diversity Policy and Programs, the goal is not about ensuring compliance with civil rights legislation and affirmative action but the need for teaching hospitals to "better capture, leverage, and respond to the rich diversity of human talents and aptitudes." "Fundamentally, it requires a mental shift that frames diversity as a means to address quality health outcomes for all, rather than an end goal in and of itself."<sup>3</sup> In our discussions with the applicants, the faculty present that day admitted that they never considered diversity as a variable in applying to training programs. For today's applicants and for our current residents it is an important consideration in the rankings. The day's events and discussion gave me hope that Dr. King's legacy is still strong even though we are regularly reminded that racism and inequities still exist and those that disseminate it have been emboldened over

the last few years. We must continue to work on it and never become complacent.

This month's *Forum* highlights the morning report format in several articles. In one instance, Drs. Gupta and O'Glasser remind us of the immense value of morning reports and case vignettes and why the format offers a good reflection of clinical thinking and provide guidelines on how to approach writing one. Dr. O'Glasser also reviews what looks to be an outstanding reference for developing clinical reasoning skills—*Frameworks for Internal Medicine* by Dr. André Mansoor. This month's case by Shawna Le and Drs. Krainin, Lakshmi, and Gupta walks us through the many possibilities of fever and a rash. In the health policy arena, Dr. Bracey reviews how the midterm elections may impact Medicaid programs around the country and Dr. Candler proposes an innovative funding mechanism for graduate medical education. Finally, SGIM President, Dr. Giselle Corbie-Smith, offers some tips on maintaining your well being and staying sane.

By the way, did you notice anything unusual about the December printed version of *Forum* that came with your JGIM subscription? Due to a printing error, half of the SGIM logo was missing as was the text "SGIM *Forum*." Most people I spoke to didn't even notice it as they were so engrossed in the high-quality articles. We sincerely apologize for the omission and remind you that the intact *Forum* issue can be printed out via our website: <https://www.sgim.org/publications/sgim-forum>.

But just remember that printing errors usually make a book or album cover more valuable so I suggest that you hold on to that copy of the "no-SGIM" *Forum*!

## References

1. DiversityMD. Three important benefits of a diverse physician workforce. <https://blog.diversitymd.com/blog/three-important-benefits-of-a-diverse-physician-workforce>. Accessed February 15, 2019.
2. Health Affairs. Cohen J, Gabriel B, Terrell C. The case for diversity in the health care workforce. <https://www.healthaffairs.org/doi/10.1377/hlthaff.21.5.90>. Published online September 1, 2002.
3. Nivet MA. Commentary: Diversity 3.0: A necessary systems upgrade. *Acad Med*. 2011 Dec;86(12):1487-9. doi: 10.1097/ACM.0b013e3182351f79.