# A Multi-Tiered Approach to Recruitment of Underrepresented in Medicine Applicants to a Pediatric Residency Program

## Problem/ Background
There is a dearth of well-known best practices for recruitment of underrepresented in medicine (URM) pediatric residency program applicants.

## Project Goal
We aimed to increase the number of URM applicants and URM matched applicants to the pediatric residency program at the University of Colorado.

## Project Team & Roles
- **Danielle Arnold**, former DIPC co-chair & current chief resident
- **Brandi Freeman**, current liaison for diversity
- **Sophia Meharena**, past liaison for diversity
- **Adam Rosenberg**, program director,
- **Ann-Christine Nyquist**, residency selection committee chair
- **Elizabeth Thilo**, past residency selection committee chair

## Interventions
**Intervention Tiers** include
- Mentorship and Support for Current URM Students
- Recruitment of URM Medical Students
- Targeted Recruitment of URM Applicants
- Formation of Diversity in Pediatrics Committee (DIPC)
- Creation of Liaison for Diversity position
- Collaboration with other department’s diversity efforts
- Funded externships for students interested in serving the medically underserved
- Recruitment at URM medical student conferences
- Recruitment dinners for applicants identified as diverse
- Second look weekend for URM interviewees

## Progress to Date
All interventions have been completed and are supervised by the liaison for diversity and departmentally designated administrative support.

## Data
We analyzed the average rate of URM applicants, interviewees, and matched residents of those who self-identified race/ethnicity during the 6 years before, compared to 6 years after program initiation using an independent two-sample t-test with equal variance. In the six years prior to interventions, there were a total of 3673 program applicants who disclosed race/ethnicity compared to 5609 in the six years following the interventions. Ninety-three percent of total applicants reported their ethnicity over study period. African-American (AA) applicants increased 1.8% to 3.6% (P<0.001). Mean number of AA matched went from 0.16 to 1.6 per year (p <0.05). For Mexican-Americans (MA), percentages remained similar (3.0% vs. 3.5%, P=0.052). There was no statistically significant change in the number of matched MA applicants.

## Lessons Learned
- Support and mentorship for current URM residents is an important starting point
- Recruitment efforts (to medical students and applicants) can make an impact for some racial/ethnic groups
- Location of the residency program matters
- Collaboration with other departments is beneficial

## Next Steps
We plan to continue all tiers of the interventions and measure their impact on our program’s racial/ethnic diversity in future years. More work to understand why recruitment has been less successful for Mexican-Americans is needed. In order to help us answer this question, better understand how much location matters and learn what other factors may influence applicant’s rank lists, we would like to add a race/ethnicity question to our post-match survey.

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**Figure:**

- University of Colorado Anschutz Medical Campus
- Children's Hospital Colorado