To the Editor: The Privilege of the Scalpel: Diversity in Surgical Residency Programs

We read with great interest the article by Mortman and colleagues,[1] in which the authors identified general, integrated thoracic, and integrated vascular surgery residency programs through the Electronic Residency Application Service (ERAS) to evaluate their respective websites for "diversity and inclusion" (D&I) or "underrepresented in medicine" (UiM)–related information. The authors found that, of the 403 included programs, only 18.6% of websites provided some type of information related to D&I within their specialties and 4.5% included information on early exposure opportunities for UiM students. The authors, however, did note that a mere mission statement supporting D&I on program websites may not be sufficient to attract prospective UiM applicants, suggesting the need for targeted interventions to increase representation. We thank Mortman et al for their thorough analysis and call for increased diversity in surgical training and subsequent practice. Through this letter, we hope to provide additional insight into the importance of a diverse surgical workforce, as well as current barriers to achieving equitable surgical training for individuals of all demographics.

A great deal of literature has called attention to the importance of health care diversity and subsequent quality of care. In a 2018 study analyzing patients undergoing postmastectomy breast reconstruction,[2] the authors noted that vulnerable populations were less likely to actively participate in the shared decision-making process due to factors such as provider implicit biases and a general mistrust of medical professionals. This disconnect in the patient-physician relationship may hinder patients' comprehension of treatment options and their ability to raise questions or concerns. Interestingly, previous reports exploring the effects of patient-physician racial concordance on patient satisfaction suggest that patients are more likely to trust health care provided by physicians with similar upbringings as their own.[3] Thus, we agree with the authors that, as society continues to grow, equal representation through diverse surgical teams and residency programs is paramount.

To foster such change and recruit well-rounded UiM students, residency programs should consider implementing a holistic review of applicants. In a retrospective study comparing the proportion of women and UiM students ranked and matched into general surgery categorical positions before and after the implementation of the holistic review process, the ranking of these populations increased compared with previous rankings by the "traditional" approach.[4] Additionally, the study's recruitment committee was able to interview and rank significantly more UiM and female applicants. Therefore, a holistic overview of applicants could prevent overlooking qualified students who would make an invaluable addition to a program. In turn, the modality of application review would allow for the diversification of physicians-in-training to better reflect the patient population they will serve.

Once again, we give great thanks to Mortman et al for their insightful analysis and call to action and hope to see future studies exploring the effects of targeted initiatives on program diversity. For many patients, going into surgery is an incredibly uncertain and intimidating experience; therefore, having a diverse specialty pool with culturally competent surgeons may help alleviate patient fears, improve communication, and strengthen the patient-physician dynamic.

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