



HUMAN RESOURCES COMMITTEE MEETING

**January 9, 2019
5:00PM – 6:30PM**

ADDENDUM MATERIALS

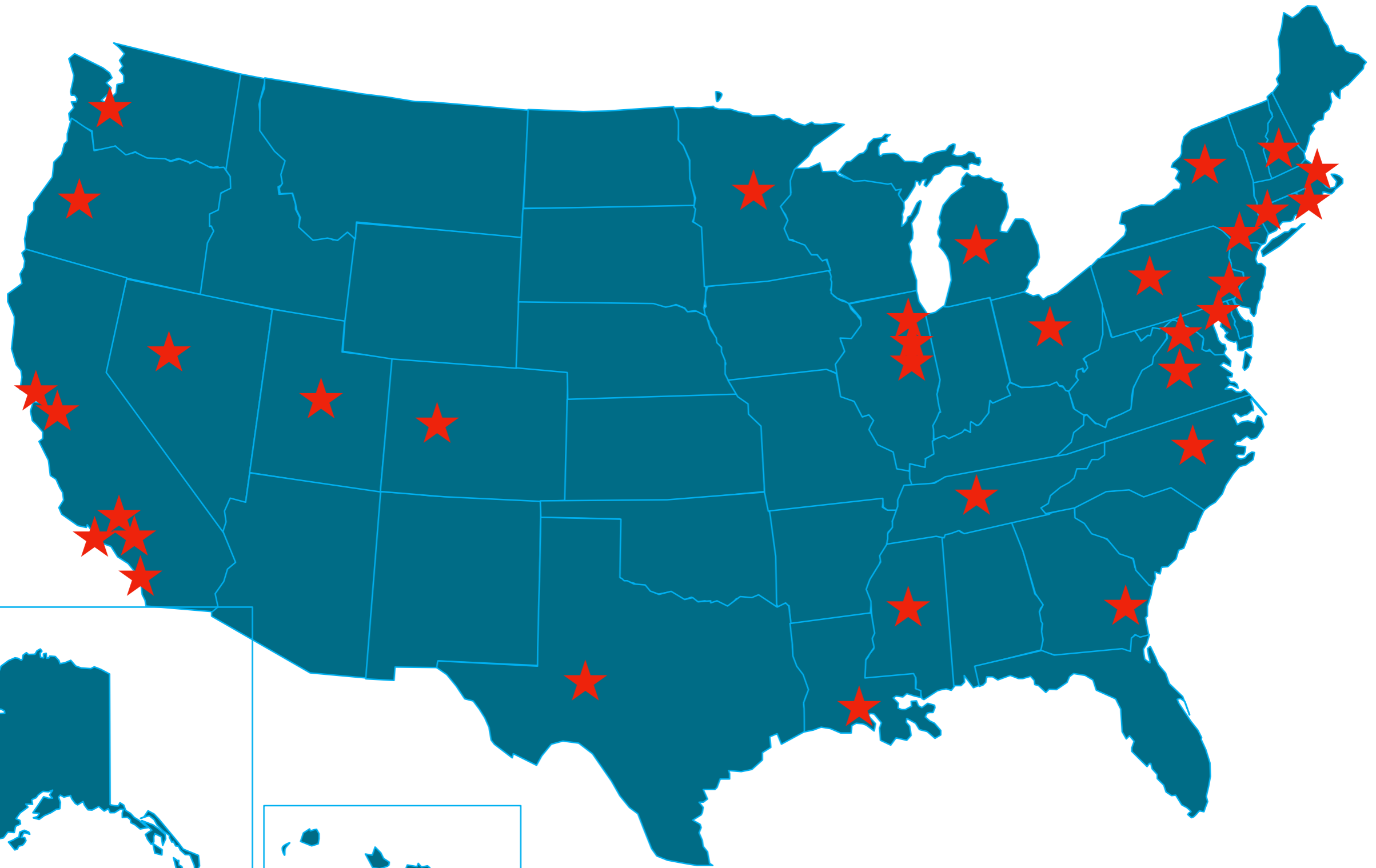
- E. INFORMATION/DISCUSSION: Residency Programs Update**
Tony Redmond, Chief Human Resources Officer



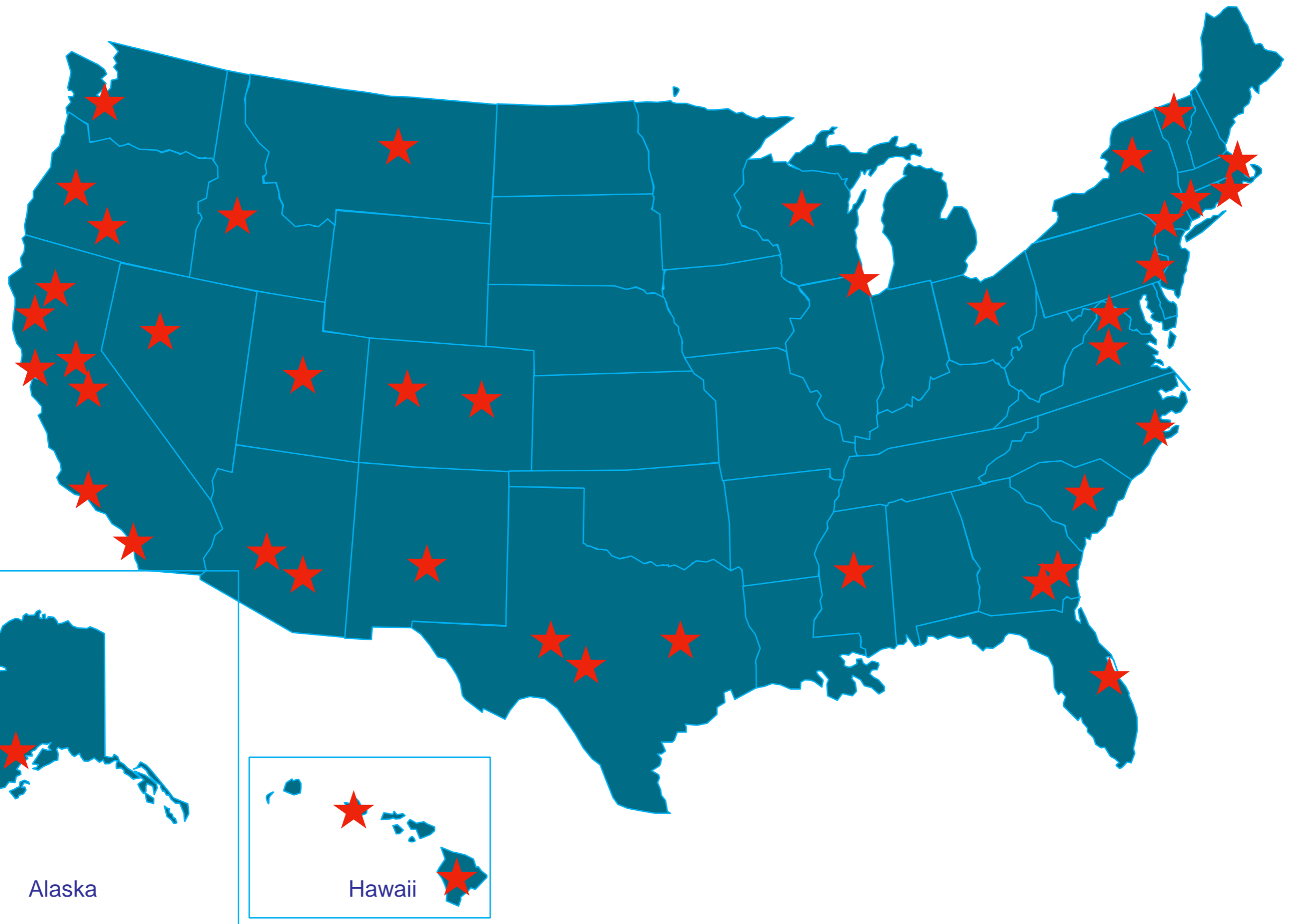
Highland Emergency Medicine



Feeder Schools



Highland EM Alumni



Bay Area Community

- Alameda Health System, Kaiser, Summit-Alta Bates, Eden Medical Center, Washington Hospital, Valleycare, John Muir, San Ramon Regional, Queen of the Valley, Marin General, CPMC, Sutter Santa Rosa, Mills Peninsula, Good Samaritan, Santa Clara Valley, Palo Alto Medical Foundation, Salinas Valley, Ukiah Regional, Community Hospital of the Monterey Peninsula, UCSF Fresno/Community Regional, St Joseph's Stockton, Napa/Queen of the Valley



Academic Placements

- Highland: 16 faculty are Highland trained
- UCSF/SFGH: 19 faculty are Highland trained
- Denver, Utah, UCSD, UC Irvine, UC Davis, Cincinnati, Emory, University of Vermont, King's County, Duke, Brown, Stanford, University of Rochester, University of Mississippi, Baystate/Tufts, University of Virginia, UCLA-Olive View, University of Wisconsin, University of Washington, Baylor, University of New Mexico, UCSF-Fresno, Harvard, NYU, St.Luke-Roosevelt, Mt. Sinai, Stanford, Pittsburgh, Johns Hopkins, Harbor-UCLA, Columbia, UMDNJ, George Washington University, University of Virginia, Rutgers





THE TREATMENT GAP

This E.R. Treats Opioid Addiction on Demand. That's Very Rare.

Some hospital emergency departments are giving people medicine for withdrawal, plugging a hole in a system that too often fails to provide immediate treatment.



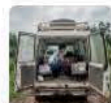
Follow

By Dr. Dan Schnorr

Sign in

Get started

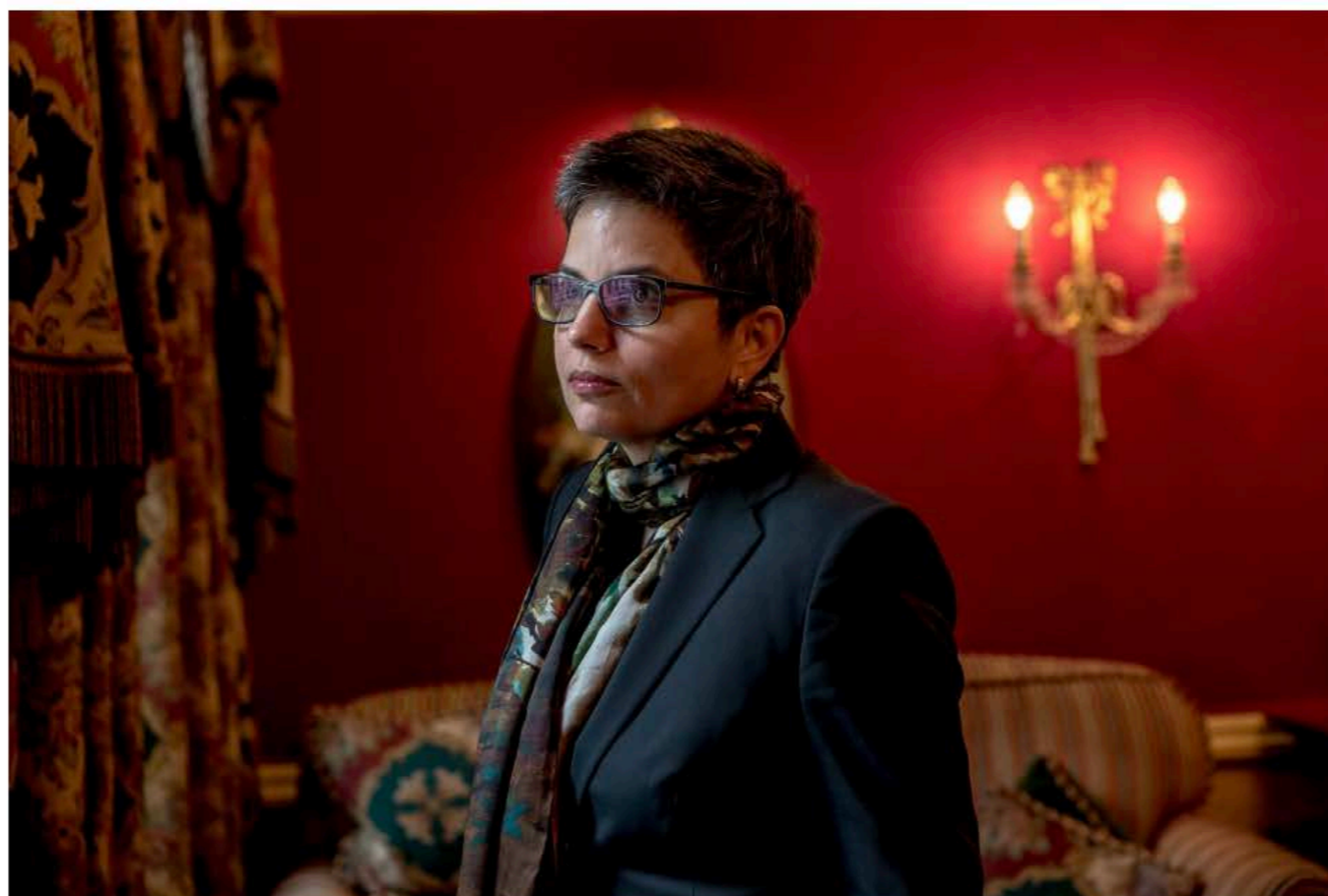
HOME FORCED FROM HOME WOMEN'S HEALTH



Never miss a story from **MSF Passport**, when you sign up for Medium. [Learn more](#)

GET UPDATES

Getting Care to Those Who Need It, and Fast



Dr. Teri Reynolds of the World Health Organization leads a team that aims to provide the technical resources countries need to strengthen emergency care affordably.

Andrew Testa for The New York Times

By Tanya Mohn

March 7, 2018



Teri Reynolds has undertaken a bold challenge: to help develop and improve emergency care systems around the globe.

“There are still many, many places in the world where there is no 911 or 112 number, no formal ambulance system, and where, even once someone has arrived at the hospital, there may be no dedicated emergency unit

Program seeks to help gun victims break cycle of violence

By Victoria Colliver | December 13, 2015 | Updated: December 13, 2015 8:19pm

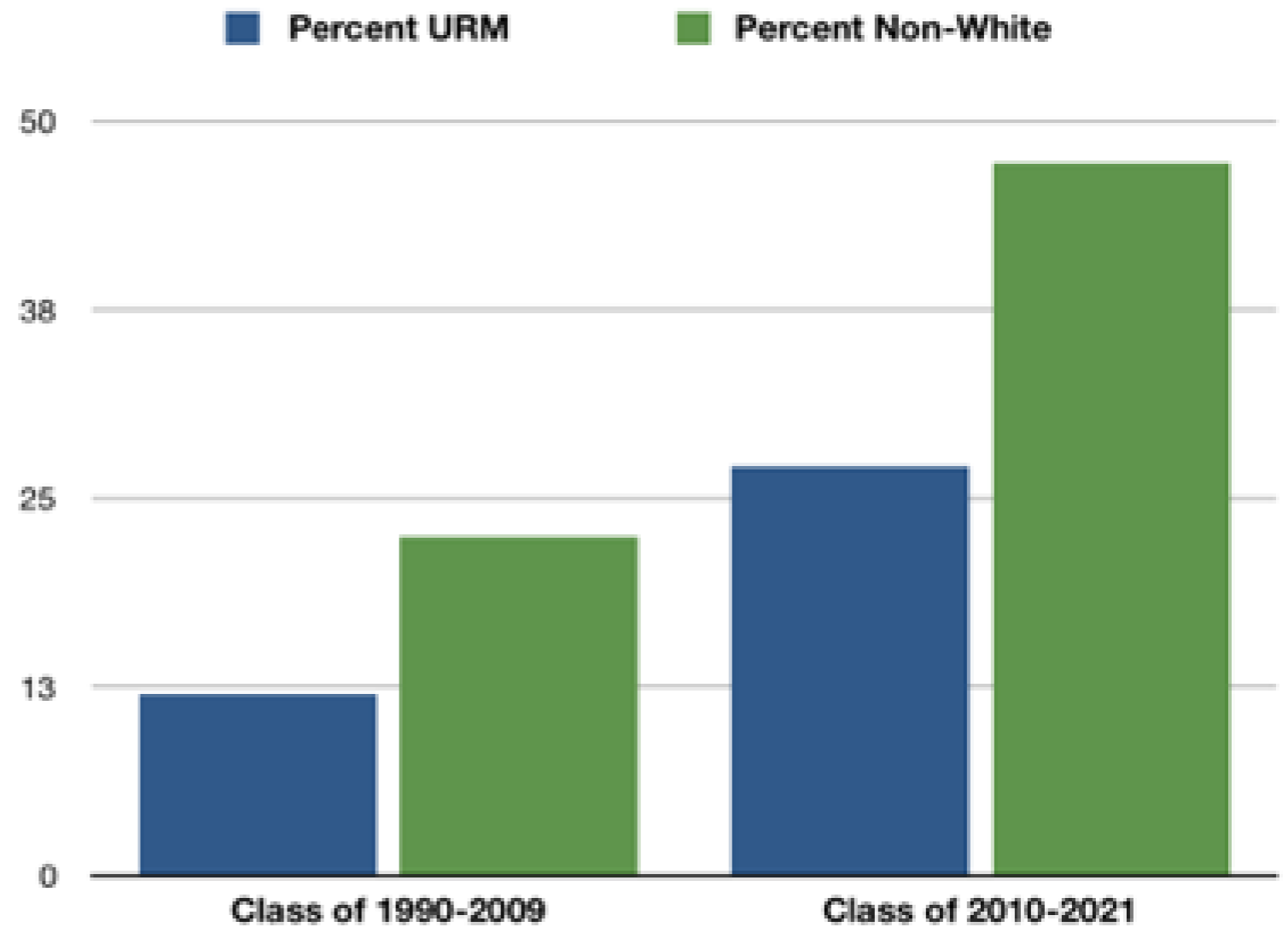


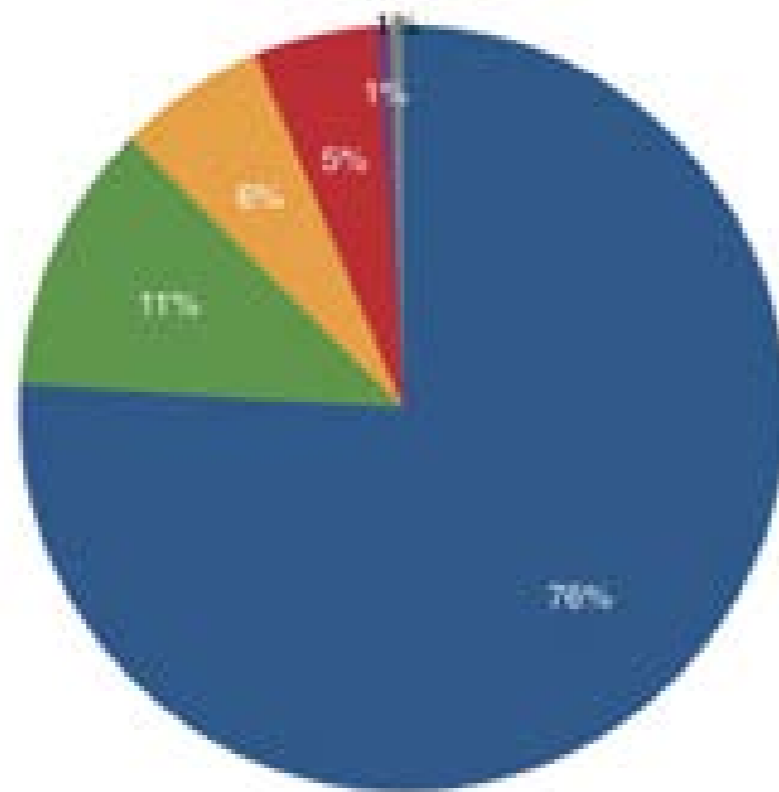
UIM in Emergency Medicine

- Over one third of the US population are now Black, Latinx or AI/PI, but only 9% of emergency physicians identify as an underrepresented minority.
- The Highland EM program committed to raising its compliment of UIM residents in 2006 (approx 11% at that time).
- Two goals: two increase diversity in the EM physician workforce AND reflect the diversity of our patient population at Highland.

Increasing Diversity

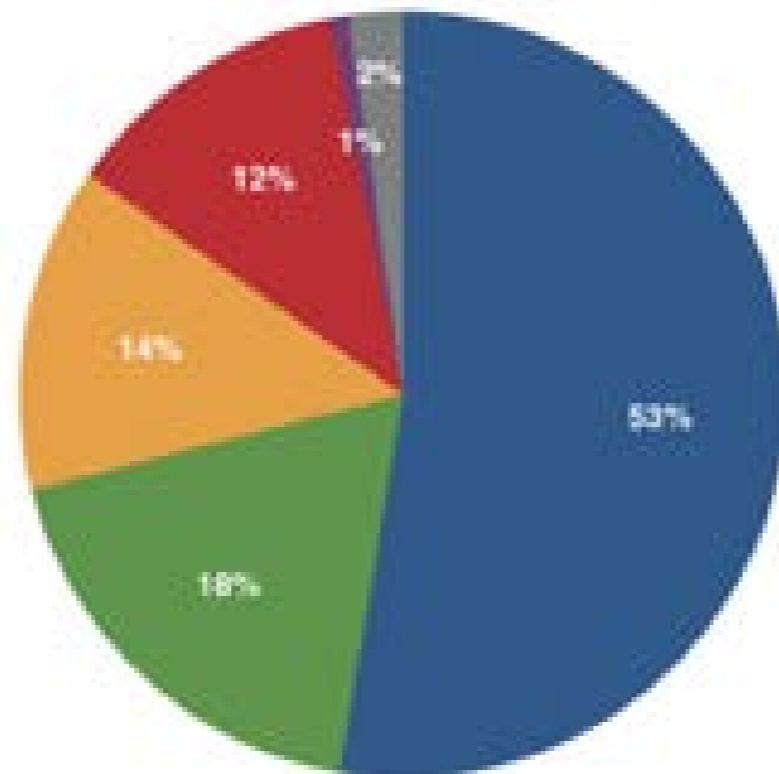
- Percent URM (black, Hispanic/Latino, American Indian) and non-white (black, Asian, Hispanic/Latino, American Indian and Middle Eastern) residents before and after Highland Diversification Initiative.





Before Initiative
1990-2009

- White
- Asian
- Black
- Hispanic/Latino
- American Indian/Alaska Native/Native Hawaiian/Pacific Islander
- Middle Eastern



After Initiative
2010-2021

- White
- Asian
- Black
- Hispanic/Latino
- American Indian/Alaska Native/Native Hawaiian/Pacific Islander
- Middle Eastern

Racial and Ethnic Diversity in Academic Emergency Medicine: How Far Have We Come? Next Steps for the Future

Dowin Boatright, MD, MBA, MHS, Jeremy Branzetti, MD, David Duong, MD, Marquita Hicks, MD, Joel Moll, MD, Marcia Perry, MD, Ava Pierce, MD, Elizabeth Samuels, MD, MPH, MHS, Teresa Smith, MD, MEd, Christy Angerhofer, and Sheryl Heron, MD, MPH

ABSTRACT

Although the U.S. population continues to become more diverse, black, Hispanic, and Native American doctors remain underrepresented in emergency medicine (EM). The benefits of a diverse medical workforce have been well described, but the percentage of EM residents from underrepresented groups is small and has not significantly increased over the past 20 years. A group of experts in the field of diversity and inclusion convened a work group during the Council of Emergency Medicine Residency Program Directors (CORD) and Society for Academic Emergency Medicine (SAEM) national meetings. The objective of the discussion was to develop strategies to help EM residency programs examine and improve racial and ethnic diversity in their institutions. Specific recommendations included strategies to recruit racially and ethnically diverse residency candidates and strategies to mentor, develop, retain, and promote minority faculty.

