

BACKGROUND

Diversity is crucial for the future of pain medicine.

Significant underrepresentation exists in pain medicine fellowships, with minorities having lower odds of becoming pain medicine fellows compared to their white peers.

Persistent gender gap: men outnumber women at ratios of 5:1 to 3.7:1.

This study explores barriers to diversity through in-depth interviews with minority trainees to identify challenges and potential strategies for improving diversity in pain medicine programs.

METHODS

Study design:

- A qualitative interview study was conducted from October 2023 to March 2024, consisting of 8 questions.
- Participants: Residents self-identifying as racial/ethnic minorities from Pain Medicine programs.
- Recruitment: Email invitation via ASRA resident committee to various pipeline programs

Data collection:

- Individual interviews conducted via Zoom®
- Audio recorded and transcribed
- Personal identifiers removed before analysis

Ethical considerations:

- IRB exempt, ID 23-002645
- Informed consent obtained from all participants
- Incentive provided for participation

METHODS

Post-interview process analysis:

- Two team members reviewed each interview transcript independently.
- Two-stage topic identification: Initial review by one team member, followed by independent secondary review, to identify important topics mentioned by interviewees

Consensus process:

- Reviewers compared and agreed on key topics
- Topics were grouped into broader categories

RESULTS

Participant Demographics

13 residents participated in the study (9 males, 4 females)

Age range: 31-34 years

Racial/ethnic breakdown:

- Black or African American (69.2%)
- Hispanic/Latino or Spanish origin (23.1%)
- Asian (7.7%)

The interviews covered the following topics:

- Motivations for pursuing a Pain Medicine fellowship
- Interview experiences
- Factors influencing program choices
- Reasons for selecting specific fellowship programs

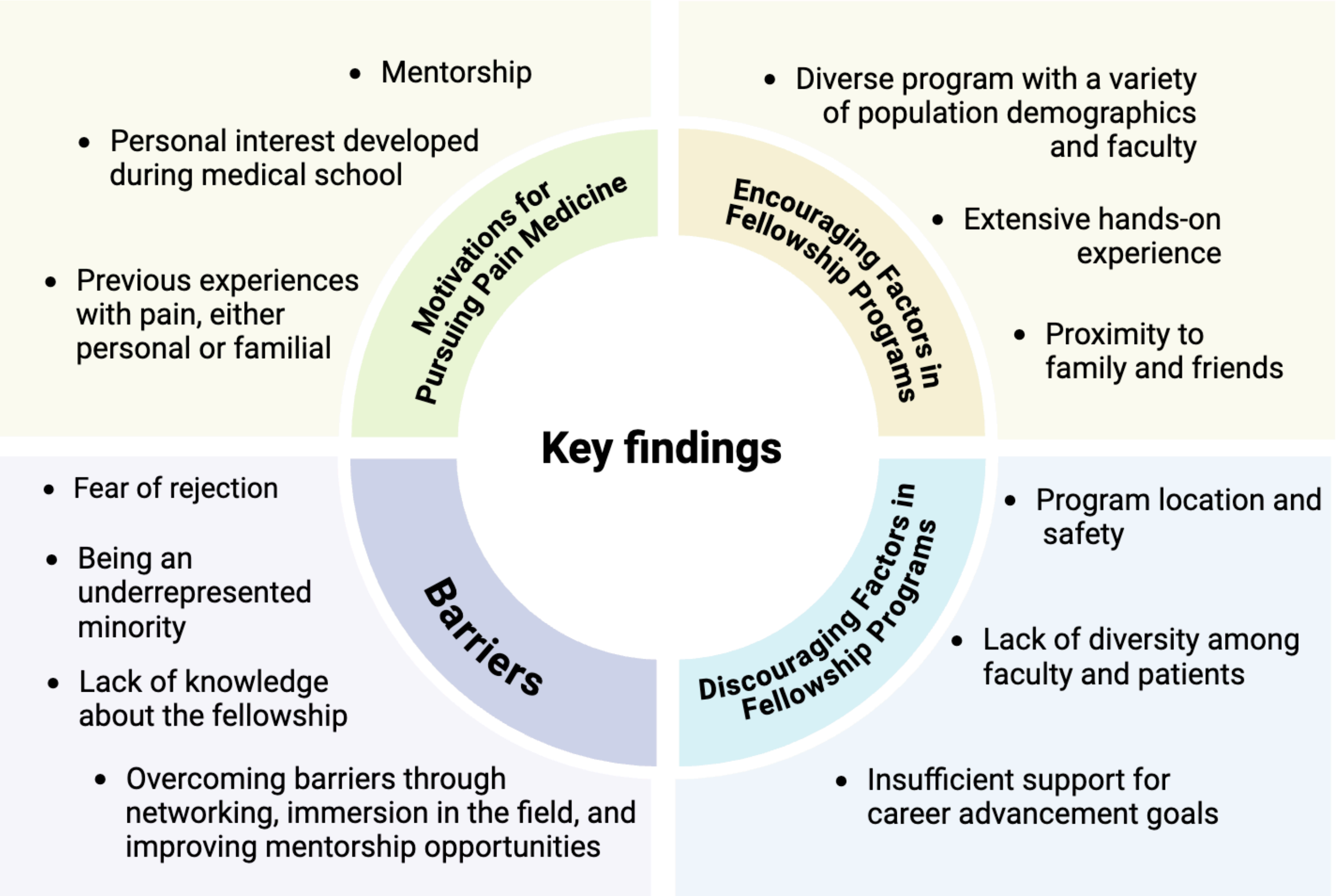
DISCUSSION

- Minority residents felt isolated, especially when they were the only minority in their program.
- The lack of diversity among faculty and peers exacerbated this isolation, particularly for female participants.
- Mentorship was critical, but mentors from underrepresented backgrounds were scarce.
- DEI initiatives often lacked meaningful implementation.

Table 1. Participants demographics

Demographic characteristics			
Participant	Age (yrs.)	Gender	Ethnicity
01	33	Male	African American
02	33	Male	African American
03	31	Male	African American
04	34	Male	African American
05	32	Male	Hispanic/Latino or Spanish origin
06	32	Male	African American
07	34	Male	Hispanic/Latino or Spanish origin
08	32	Female	Hispanic/Latino or Spanish origin
09	33	Female	African American
10	34	Male	African American
11	32	Male	African American
12	33	Female	Asian
13	33	Female	African American

Figure 1. Key interview findings



DISCUSSION

Future steps

- Develop a comprehensive survey to evaluate factors that could mitigate barriers and address disparities from minority residents.
- Reach a broader, more representative sample of residents to identify common themes, significant barriers, and effective strategies.
- Aim to create a more inclusive and supportive environment for minority residents in pain medicine, contributing to greater diversity and equity in the field.

CONCLUSION

- The challenges faced by Pain Medicine fellows from minority backgrounds underscore the need for diversity support.
- Urgent systemic reforms are necessary to promote inclusivity in the field.
- The ultimate objective is to transform pain medicine into a genuinely inclusive and equitable field.

REFERENCES

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