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VIEWPOINT

VOICES IN CARDIOLOGY

A Call to Action

A Resident Coaching Program to Improve Gender Diversity in Cardiology

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The field of cardiology faces ongoing challenges with gender parity in its physician workforce. Currently, whereas women comprise 51% of students at U.S. medical schools and 42% of internal medicine residents, only 25% of general cardiology fellows are women (1). There are several reasons postulated to explain why women trainees may be less likely to choose cardiology as a subspecialty. In a national survey of 4,850 internal medicine trainees, women residents were more likely to negatively perceive a lack of role models in the field of cardiology (2).

The perceived lack of role models in cardiology among women internal medicine trainees represents a critical barrier to achieving equity in the field. In an earlier paper in *JACC: Case Reports,* Chandra et al. (3) highlighted the use of coaching programs in surgical residency programs to support women residents, thus suggesting that similar programs for internal medicine residents could be part of a multipronged intervention strategy to encourage more women to pursue careers in cardiology. At Beth Israel Deaconess Medical Center, Harvard Medical School, in Boston, Massachusetts, within the Department of Medicine at an academic medical center, we developed a unique coaching pilot program specifically designed for women residents considering careers in cardiology. The goals of the coaching program are 3-fold: 1) to offer insight on work-life issues; 2) to assist with networking connections; and 3) to promote career preparation that will translate to a successful fellowship and career. The guiding principles of the program are as follows: 1) to be inclusive of women who express any level of interest in a cardiology career; 2) to provide active coaching; and 3) to be resident-driven.

We initiated the coaching program in 2018, with the first cohort of residents graduating from the program in 2020. A 3-year timeline, with the overall structure of the coaching program, is outlined in **Figure 1**. We first advertise the program to post-graduate year (PGY) 1 residents in the summer. In the early fall, we identify interested residents by circulating a survey to all women residents. The survey also includes open-ended questions to identify specific interests within cardiology or potential needs the residents may have from their coach (e.g., advice on subspecialty training or family considerations). We then recruit cardiology faculty within our division to serve as the coaches and pair residents with coaches on the basis of career interests or needs previously identified. The first resident-coach meeting occurs in the winter of PGY1 year to discuss cardiology as a career and to plan clinical and research activities. We also host a faculty panel dinner that all residents and faculty attend for trainees to gain a broader perspective on a range of careers within cardiology. In PGY2 and PGY3, the focus of the biannual meetings shifts toward the fellowship application process and the transition to cardiology fellowship.

To set up the pairings for a successful coaching relationship, we share a list of expectations with both residents and coaches. Expectations for residents include the following: reaching out to the faculty coach to initiate the first meeting; participating in biannual meetings with the coach; maintaining

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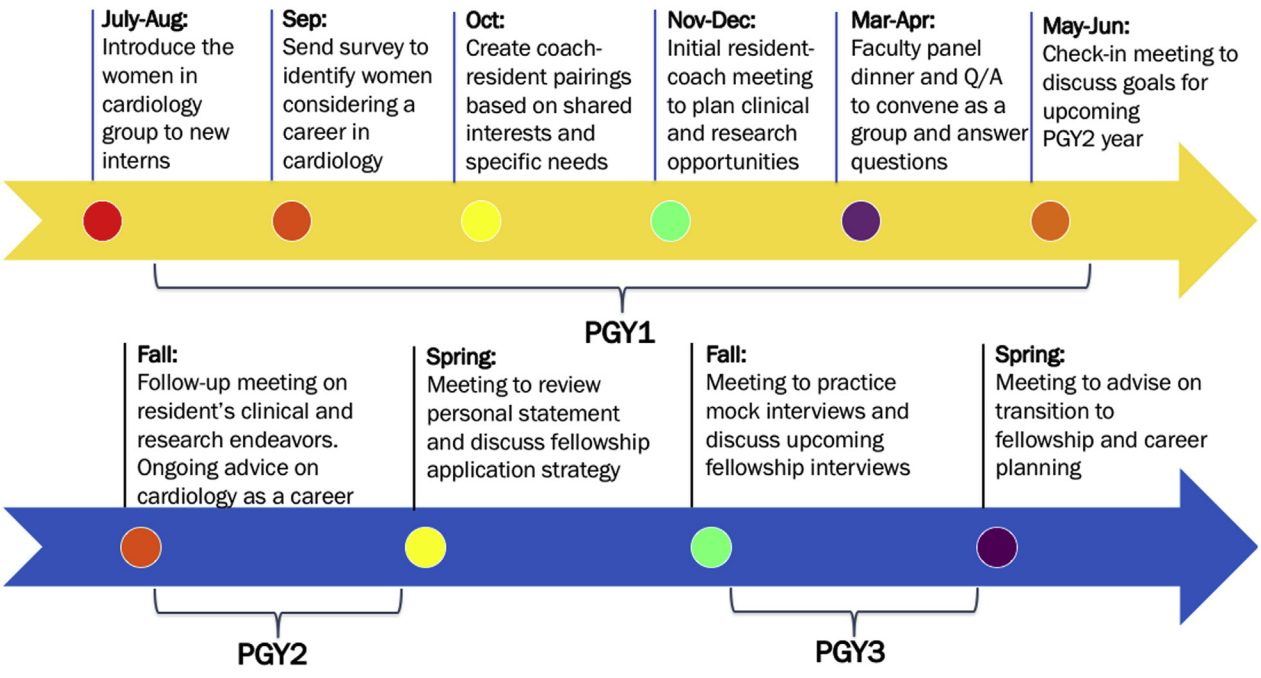
FIGURE 1 **Timeline of Cardiology Coaching Program for Women Internal Medicine Residents**



The timeline and structure of the coaching program over a 3-year internal medicine residency. During post-graduate year (PGY) 1, the resident-coach pairings are created, and the initial meetings take place to discuss cardiology as a career and to plan clinical and research opportunities. The PGY2 and PGY3 meetings focus on the fellowship application process and the transition to fellowship. Q/A = question and answer.

contact and providing updates about research and clinical activities; and soliciting advice about the fellowship application process. Expectations for faculty interested in coaching include the following: meeting on a biannual basis for career counseling; advising on and making connections to clinical and research experiences within cardiology; and coaching through the fellowship application process, which can include discussing fellowship programs, reviewing personal statements, and offering mock interviews. We defined the scope of the coaching program to include discussions of cardiology subspecialty career choices and encouraged open discussions about work-life strategies. We also enable residents to enter the coaching program at any stage during residency if they develop an interest in cardiology and would like to work with a faculty coach.

Thus far, all 9 residents who participated in the coaching program and applied into cardiology have successfully matched to cardiology fellowship. There are currently 12 PGY1 and PGY2 residents who are participating in the coaching program and are planning to apply to cardiology. We designed a survey with multiple-choice and open-ended questions to evaluate the impact of the coaching program. The survey was deemed to meet Institutional Review Board exempt status by Beth Israel Deaconess Medical Center Committee on Clinical Investigations. Eight of the 9 residents who matched to cardiology fellowship completed the survey. The residents met frequently with their coaches: 1 resident met annually, 4 residents met 2 to 3 times annually, and 1 resident met 6 or more times annually. Of the fellows who matched to cardiology, 7 of 8 reported receiving feedback on their personal statement, 7 of 8 received advice on fellowship program selection, and 7 of 8 participated in mock fellowship interviews. All residents who participated would recommend the program to their peers, and all believed that the program influenced their attitude toward cardiology as a career. Resident participants commented that the program "solidified my interest in cardiology going forward for my career" and "made more confident that I would be able to match" and that "seeing the group of successful women in cardiology was inspiring." Areas for improvement identified by the residents included increasing the structure of the program and pairing residents with coaches with

divergent clinical and research interests to diversify their perspective.

The creation and implementation of a cardiology coaching program for women internal medicine residents contribute to a larger body of initiatives aimed at improving gender parity within cardiology. Rymer et al. (4) recently published the outcomes of a fellowship recruitment initiative that doubled the proportion of women and tripled the proportion of underrepresented racial and ethnic minorities who matriculated to their institution. Our program differs from the aforementioned in that it acts further upstream and targets the recruitment of women internal medicine residents into the field of cardiology by fostering coaching relationships with female faculty members. The positive influence of gender concordance in mentorship relationships has previously been described (5), which highlights the important role female faculty can have in encouraging women internal medicine residents to consider careers in cardiology. A comprehensive strategy to cultivate an inclusive and equitable cardiology physician workforce must include actionable plans to support a diverse group of physicians to pursue careers in cardiology. Initial outcomes from our cardiology coaching pilot program pairing women internal medicine residents with female cardiology faculty have been encouraging. Although our experience focused on improving diversity within cardiology through the gender lens, similar coaching methods could be adapted to the important need to improve racial and ethnic diversity, with the ultimate goal of creating a structure of support for all groups underrepresented in medicine.

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