Special Foreword

Offering a Helping Hand to Future Colleagues

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The great actress and humanitarian Audrey Hepburn famously said, "Remember, if you ever need a helping hand, it's at the end of your arm; as you get older, remember you have another hand. The first is to help yourself, the second is to help others." I first read this 4 years ago, when I was President of the American Academy of Otolaryngology–Head and Neck Surgery and writing a piece on mentorship and sponsorship. The 2 articles in the Special Article Series: Intentionally Shaping the Future of Otolaryngology in this issue speak to this concept.

Dr Jennifer Villwock spearheaded this series of articles, which will appear two at a time in *Otolaryngologic Clinics of North America*. The first articles were on Leadership and the dearth of diversity therein and appeared in the August 2020 issue. The next articles, in the October 2020 issue, covered the current state of the Otolaryngology workforce and defined diversity among our peers and why it is important. The subsequent articles, in the February 2021 issue, discussed the history of women and minorities in surgery and looked at leadership competencies in medicine. This issue's articles are on Mentorship and Sponsorship in a Diverse Population and on Otolaryngologic Training and Diversity.

These articles could not come at a more appropriate time. Our field has the doubtful distinction of being the lowest of all surgical specialties in percentage of African American residents and faculty, and we are near the bottom for all underrepresented in medicine (URIM), including blacks, Latinos, Native Americans, and Native Hawaiians. This disturbing, statistically significant data were presented based on a snapshot across medical school to residency to faculty representation in 2016.[1] We have more women in our residency programs than most surgical specialties, but less than general surgery and integrated plastic surgery. Women are 50% of medical school graduates but are underrepresented among otolaryngology residency applicants. However, they are equally represented between applicants and residents.

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African Americans apply to ENT programs in the same percentage as they exist in medical school; however, they are significantly not matching into programs. In terms of faculty, Asian Americans and Hispanics are underrepresented compared with their representation as residents.

Currently, Otolaryngology in the United States does not look like the populations we serve. Not only do diverse teams perform better across fields but also the presence of faculty and mentors who are racially concordant with potential applicants and/or trainees is vital to diversifying departments. A survey[2] of US Otolaryngology Program Directors showed the following: Over one-third of programs had matriculated 1 or fewer URIM residents. There was a significant association between the number of URIM faculty and the number of URIM residents matriculated. This highlights the importance of URIM faculty mentorship.

But just getting into an ENT program is not the end of the support. Ongoing mentorship and sponsorship are vitally important. Across specialties, URIM residents are dismissed at disproportionately high numbers. The ACGME (Accreditation Council on Graduate Medical Education) data from 2015 to 2016[3] show that black residents are dismissed at an alarming 6.1 to 1 rate compared with white residents in General Surgery. For other pipeline training programs, the rates are likewise bad: Anesthesiology fires 10.3 black residents to 1 white resident; Family Medicine has a rate of 3.3 to 1; Internal Medicine's rate is 12.3 to 1; Obstetrics and Gynecology has a rate of 3 to 1 for black residents and 4.8 to 1 for Latinx residents compared with non-Hispanic white residents; Pediatrics fires 6.7 black residents to 1 white resident; and Psychiatry has a rate of 4.2 to 1. Orthopedic Surgery is the worst, firing 14.75 Latinx and 31.25 black residents per white resident. Although Otolaryngology is not particularly evaluated because it is not defined as a pipeline program, the story is clear. These bright, high-achieving physicians who excelled through high school, college, and medical school and entered their chosen fields are confronting obstacles in training that we, as leaders and educators, need to identify and remove.

Otolaryngology lags behind other surgical specialties in representation of minorities and women. By deliberately focusing, we can correct this and enhance ENT health care for our population. I commend the authors of these 2 articles on clearly showing us what is and what can be, and what each of us can do to use our second

hand to help others. I hope you read them and bring the message home to your own institution.

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