

# Study identifies strategies to help minority students in med school

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(Medical Xpress)—While minority populations are rising throughout the country, enrollment by minority students in the nation's medical schools has stagnated. Further, some data show that non-white students face a greater likelihood of academic withdrawal or dismissal, or graduate without passing key exams on their first try.

Why is this happening? That question is at the crux of a new study that analyzes the successes of the University of Chicago Pritzker School of Medicine's program to address the lack of diversity among [health care professionals](#) nationwide, particularly as minorities make up an increasing share of the U.S. population.

"There's very good evidence that the population of the United States is changing demographically, and that the health of the population will be aided and improved by having a health care workforce that is more similar to the population itself demographically," said Holly Humphrey, MD, dean for medical education at the University of Chicago Pritzker School of Medicine and co-author of the study.

The percentage of underrepresented [minority students](#) that the Pritzker School of Medicine matriculates is roughly twice the national average of underrepresented minority students, according to data from the Association of American Medical Colleges.

So Humphrey and a few of her colleagues decided to find out what the school was doing right and what barriers to success remained. They

hoped whatever intelligence they found could be used by other academic hospitals to improve the diversity of [medical education](#).

"We had very specific goals: We wanted to better understand how Pritzker supports our underrepresented minority (URM) students during the medical school experience, and whether or not there were things that we could do better," Humphrey said.

A qualitative study of current and former students, called "The Minority Student Voice at One Medical School: Lessons for All?" published in the January 2013 issue of [Academic Medicine](#), found three positive factors that supported education success and two areas that needed addressing.

The study found the support system within the classroom was a key contributor to building important relationships among students and that factors of success were clustered in three broad, interrelated areas:

- Collaborative learning environment
- Pass/fail evaluation system
- Student diversity

"This collegiality led participants to feel that they were part of a noncompetitive community, which facilitated class cohesiveness. The camaraderie and sense of trust amongst peers was perceived as an 'intangible benefit of a sense of community' that dissolved 'any residual desire for competitiveness,'" the study found, quoting some of the responses they received. Interviews were conducted in 2009-2010.

Underlying the noncompetitive environment was the pass/fail system. While not unique to the Pritzker School of Medicine, it is used in only a minority of medical schools.

Humphrey said this alternative system of evaluation is consistent with adult learning theory, in which competencies are acquired through mastery of knowledge and skills rather than by competitively working against your peers.

"I think that is very fundamental to medicine because health care and helping patients is very much a team sport," Humphrey said. "A patient is not helped by having a group of competitors show up at the bedside. It has to be a team that shows up."

Another key component cited as a positive factor is the school's mandatory health care disparities (HCD) course. This innovative course, developed by associate dean for multicultural affairs Monica Vela, MD, is part of the first-year curriculum and exposes incoming students to local clinics, emergency rooms, public hospitals and community centers.

"The goal of the HCD course is to inform students of the magnitude of health disparities nationally and locally, prepare them to communicate across cultures, and foster their commitment to reduce these disparities in their future practice," Humphrey said. "Dr. Vela introduced that course because it has so many important [health care](#) issues for patients. But an equally important impact of that course is how an underrepresented minority student feels about the school that offers and requires such a course."

Diversity was identified as the third main area that led to better educational outcomes. Students felt that learning alongside diverse peers enabled them to become culturally competent while at the same time, as one respondent said, to "feel comfortable being myself."

While the more diverse student body was a positive influence, the lack of diversity among the faculty—less than 5 percent are from underrepresented minorities—was found to be an inhibitor of success.

"These statements echoed the national concerns over the small number of minority medical school faculty," the report said.

The University of Chicago has taken steps to improve the diversity of its faculty. At the beginning of 2012, it named Melissa Gilliam, MD, professor of obstetrics/gynecology, an associate dean for diversity and inclusion in the Biological Sciences Division. And in September, Brenda Battle, RN, BSN, MBA, was named an assistant dean for diversity and inclusion and vice president for care delivery innovation.

"The big picture goal is to have a more diverse physician workforce and to have a learning environment that is noted for openness to diverse points of view. This is especially important in medicine where patients come to us from very diverse background," Humphrey said. "Our own learning environment has been greatly shaped by our first associate dean for multicultural affairs, Dr. Bill McDade, now the associate provost for research and minority affairs, and our current associate dean, Dr. Monica Vela. Their impact in creating an environment where all [students](#) can thrive underlies the success that our school has had in contributing to the diversity of the physician workforce."

Provided by University of Chicago Medical Center

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