

Diana Rodgers
Meeting with Institutional Leaders

The professional development portfolio requirement that we meet with an institutional leader was somewhat challenging for me. Because I am the owner and founder of a boutique consulting firm, I don't have institutional leaders. However, I wanted to take the opportunity to meet with several institutional leaders at the University of Pittsburgh in the health professions school. I felt that this would help me to clarify my problem of practice and serve as a useful networking tool as I began to think about my internship and potential allies and clients.

For the sake of clarity, I will be presenting notes and reflections from each of my meetings and conclude with a reflective synthesis.

Molly Kunzman—March 7th at 2114 Salk Hall

Molly Kunzman is an admissions officer at the University of Pittsburgh School of Dental Medicine. Prior to working at the Dental School, Molly worked as an admissions officer at Colgate University and in career services at Vanderbilt University. Molly has a particular interest in first-generation college students and will be beginning the EdD program at Vanderbilt this Fall in order to explore this interest. As such, we had much to discuss because she does not have an academic education background, and I knew little about dental admissions. Molly reports that although the Dental School has fairly good gender parity in the incoming class, they are actively recruiting more racial and ethnic minority students, rural students, and first-generation college students. There is no active recruitment of GLBTQIA+ students.

One of the challenges that the Dental School faces in attracting and enrolling these applicants is that there are limited opportunities to reach out to these groups in a formal way. The Dental School admissions staff tries to host Skype information sessions at target colleges like HBCUs and attends some recruiting fairs in health care but the infrastructure doesn't exist. This is frustrating for Molly because as a college admissions officer, there were many nonprofit and other resources that existed to specifically target high schoolers from disadvantaged backgrounds from an admissions perspective.

One initiative that the Dental School is taking in order to recruit minoritized students is changing the way that they evaluate community college credits. Prior to last year, only 1/3 of courses could be taken at a community college. This unintentionally excluded students from minoritized backgrounds. Now, there is no limit, but a greater number of community college classes may put more weight on the DAT in the evaluation process. Molly also encouraged me to look into Ohio State's School of Dental Medicine rural recruitment program.

Chenits Pettigrew—March 13th at 586 Scaife Hall

Dr. Chenits Pettigrew is the Director of Diversity for the University of Pittsburgh School of Medicine. He has a long career working with recruiting and retaining racial and ethnic minorities in STEM fields. Dr. Pettigrew was eager to share his experience and thoughts with me about diversity at Pitt Med and challenges facing diversifying American medical schools.

One of Dr. Pettigrew's chief beliefs is that there is a pipeline problem for underrepresented students in medicine. That is, the problem of Pitt's lack of enrolling racial and ethnic minority applicants (only about 12 of the incoming class of 138 are African American, although more are African or Afro-Caribbean), is that these students get lost along the way. Dr. Pettigrew describes a situation in which a talented junior high student expresses an interest in

medicine, and in the transition to high school, his counselor either makes assumptions about his abilities or gives him bad advice and mis-tracks him in science and math which eliminates college options that would lead to medical school admissions. If, the student gets to college and is still interested in medicine, he may find the transition to college level work, living away from home, or being a first-generation college student to be overwhelming and not know how to receive the correct support. The student may drop pre-medicine in favor of an easier major. Even if the student completes his pre-med requirements, the process to applying to medical school is complex and expensive, and if there are not the family supports or the student cannot find the institutional support, he may drop there. Finally, the expectations of medical school admissions offices often include a lot of unpaid laboratory work, community service, and shadowing, which that student may not have had resources to complete. This is mostly a first-generation student issue and can be applied broadly across racial and ethnic groups, although Dr. Pettigrew finds it most acute in African-American and LatinX students.

The related challenge that Dr. Pettigrew mentions is that he believes that because getting into and through medical school is so rigorous, no one does it alone. What Dr. Pettigrew means by this is that students who succeed in the process have a strong and understanding support network. For students from affluent backgrounds, this means that their parents, spouses, siblings, and friends understand the time commitment of studying during the first two years and the clerkship responsibilities of the last two years even if they aren't a physician because they likely know someone who has done it, or who has been a first-year financial analyst or law associate. For students from working class backgrounds and lower, this can be jarring for family members who are used to jobs that have set beginning and end times and predictable schedules. It can be a lot of emotional weight for a student who needs to study for a pharmacology exam whose mother is bothering her about not coming home for Eastern dinner. Dr. Pettigrew finds that educating spouses and partners about this has become a part of his job, although it is more difficult to educate the parents of adult medical students.

Finally, Dr. Pettigrew implored me to please examine the relationship between the constant standardized testing of medical students and young physicians and career placement. To become a physician, you need to take Steps 1, 2, and 3 of the USMLE and then specialization specific boards. We know that minoritized students and students with learning differences perform worse on these exams which leads to their having less of a chance of matching into highly competitive, and highly compensated, specialties. Dr. Pettigrew feels that it is time for the medical establishment to rethink how it is asking young physicians to demonstrate their knowledge in order for this process to be equitable.

Beth Piraino—March 28th at S520 Scaife Hall

I had a very brief meeting with Dr. Piraino who is the director of admissions for the University of Pittsburgh School of Medicine. I wanted to learn about the specific process at Pitt Med as it relates to underrepresented minorities and their process for the interview as the Bohnet book has made me curious about interviews.

Dr. Piraino was very clear that one of the challenges that Pitt faces is the competing priorities of raising its national reputation in the *US News and World Report* rankings, which takes into account MCAT score, while also wanting to enroll students underrepresented in medicine who traditionally have lower MCAT scores. Dr. Piraino mentioned that the Dean would like to withdraw from the *US News* rankings but there is tremendous pressure to stay in.

When I asked about recruiting some of these targeted populations, Dr. Piraino mentioned the summer program that allows some students to get early decision admission if they fall into certain demographic categories and do well in the summer program, but this does not lead to a large jump in enrollment. Like Dr. Pettigrew, Dr. Piraino believes that the challenge is a much earlier pipeline issue, not one that can be rectified solely in the admissions offices at the medical school. When I asked what helps students in the application process, Dr. Piraino said “family support.”

Finally, Dr. Piraino describes the interview process at the medical school. Applicants who reach the interview round have a 30-minute interview with a faculty member, a 30-minute interview with a current student, an observed case study done as a group, and an observed 30-minute facilitated end-of-life scenario. Students are judged based on those four observation points. Dr. Piraino did not get more specific about how the students are judged in the group situations, and I am concerned that this might hurt women and minoritized applicants.

Paula Davis—March 28th at M216 E Scaife Hall

I had a really enlightening meeting with Paula Davis who is the Vice Chancellor for Health Sciences Diversity for all six schools of health at the University of Pittsburgh. Her job ranges from addressing issues of diversity, recruitment, retention, and success, and she serves as an in-house consultant to all of the schools.

Ms. Davis, who will be joining our EdD program in May, was excited to report on some of the things that are going on at Pitt including the School of Pharmacy’s developing a diversity recruitment position. She also explained how diversity means different things to different schools. For example, males are a needed constituency in the School of Nursing. She also works across schools by facilitating groups like PrideHealth. Finally, Ms. Davis can often help decode applications from students underrepresented in their field for admissions staff who are primarily made up of practitioners and not educators. This allows her to advocate for students to get a second look who might need one in order to have their application fully considered.

Ms. Davis reflected on Dr. Pettigrew’s belief about the challenge that first-generation, often racial/ethnic minority students face in the process because of competing family commitments. She mentioned a young man currently enrolled in the medical school from rural Pennsylvania with one parent and two siblings who are incarcerated and pressuring him to visit, which he cannot do and maintain his grades, and send money, which he doesn’t have. Ms. Davis was able to help him navigate through this. She also expressed similar concerns about the pipeline.

Finally, Ms. Davis mentioned how challenging some of the unforeseen finances are for students from underrepresented backgrounds. While students know that they need to pay for cost of living, tuition, and books, they are often surprised to see that they need transportation to clinic placements outside of Oakland, and it is really necessary to have a car and car insurance. They also have to pay for costly licensing exams. For medical students, residencies require students to fly out, stay overnight in a hotel, and go out to a fancy dinner to interview. Her office can help students navigate credit card debt and other loans, but that this is overwhelming to students.

Katie Berlacher—March 30 at Coffee Tree Roasters on Walnut Street

Katie Berlacher, MD is the head of the cardiology fellowship program at UPMC-Presbyterian. In full disclosure, she is also my husband’s boss and someone with whom I have spent time in a semi-professional context. I reached out to Dr. Berlacher to discuss my project

because of her Master's degree in medical education and her fierce advocacy of women in male-dominated medical specialties.

Dr. Berlacher is the head of the cardiology fellowship program at UPMC. While medicine has become increasingly inclusive of women as a whole, some fields, including cardiology, have remained "boys clubs," and more specifically are still "old boys clubs." Plastic surgery and orthopedics join cardiology in this dubious distinction. However, Dr. Berlacher is one of the only female cardiology program heads in the country, and as such UPMC has a disproportionately high number of female applicants for its 8 cardiology spots annually, many of whom rank the program highly and ultimately match here. While she has yet to do a formal audit since she took over as program director three years ago, anecdotally, female applicants have gone up at an unprecedented rate as have applications from otherwise minoritized groups of physicians including African-American and LGBTQIA+ applicants. Dr. Berlacher believes that this is because young female physicians and other minoritized groups are looking for mentoring from another female physician or from someone who understands what it is like to be an outsider in medicine.

A problem that Dr. Berlacher is looking to address is the chronic under confidence of her female trainees. She finds that they lack confidence in their judgement, even when they are highly competent, are less likely to take on leadership roles, and often second guess their clinical decision making. Dr. Berlacher believes that this problem starts far before they become cardiology fellows and sees young women facing confidence challenges in medical school in the classes that she teaches and facilitates. At the conclusion of our conversation, Dr. Berlacher asked for my help organizing a conference for high school girls who are interested in cardiology so we can begin to establish mentorship and laboratory opportunity pathways from a young age with the hope of increasing the pipeline of female cardiologist and addressing some of the confidence lags from an earlier time.

Reflection

In my conversations with administrators and physicians interested in diversity issues in medicine, two themes kept recurring. First, the need for pathways programs that start very early in a student's education and the need for visible mentors that match the affinity groups of targeted physician populations. These conversations have helped me to both narrow and broaden the problem of practice that I seek to address this semester.

Health professions schools, notably allopathic medical school and dental school, are hard to get into. Only about 1/3 of applicants to allopathic medical school are ever admitted to any school, and many apply in several application cycles. There are complex pieces to the admissions process and one misstep, starting as young as 8th grade, can make ultimate admission much more unlikely. Students need to be connected with mentors, facilitators, counselors, and educators early in their education who understand the complexities of becoming a doctor in order to help guide them on this path. In addition, while there are an increasing number of programs that help parents of would-be first-generation college students to understand the college admissions process, these resources don't exist for education beyond college, which puts students whose parents understand professional school admission and who can support them on this journey at a distinct advantage. As I am trying to focus my problem of practice, I realize that there is a need

to develop pathway programs and parent education materials for the medical school admissions process.

Second, Dr. Berlacher and Dr. Pettigrew's comments about students from minoritized backgrounds benefiting from similar affinity mentors shows the need for such programs. The problem, however, is that many of the potential mentors were successful in the process in spite of themselves and need to be trained on how to interact with potential medical students at various points in the pathway from middle school through medical school. In order to begin to rectify this, Dr. Berlacher and I will be developing a one-day workshop for teen girls in Western Pennsylvania interested in cardiology. The goal of the workshop will be to talk to the girls about issues that women face in medicine, to help them find free and paid summer programs in medicine, and to connect with young female attendings who can serve as mentors. I will be facilitating conversations and panel discussions with the physicians, and the girls and developing programming materials for the day. The goal will be to develop a curriculum for workshops that can be transferred to other minoritized groups in medicine.

My conversations with institutional leaders confirmed that the challenges facing minoritized students are adaptive ones and the type of big, wicked problems that Cindy and Jill discussed this summer. I am also incredibly heartened by the commitment that different organizations on campus have towards addressing these problems, and I hope to be able to be the missing link of brining programming down the pipeline.