HUMANIZING HEALTHCARE

Progressive dental, medical, and veterinary schools introduce new ways to diversify the health professions and cultivate compassion, expertise, and trust in practitioner-patient relationships

ALSO IN THIS ISSUE:
Who will clean up after the recent admissions scandal? Admissions, athletics, lawmakers, and consultants weigh in
Thanks to you, we are shaping the future of medicine in fresh and innovative ways. Our diversity of insight, based on our diversity of background, makes us infinitely more capable of solving the big problems and creating crucial solutions.
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It was 50 years ago this spring when Coretta Scott King, Rosa Parks, Andrew Young and Ralph Abernathy came to South Carolina to march in solidarity with 400 black health care workers, protesting the treatment and wages they received as employees of three hospitals in Charleston.

This year, during a week of commemorative events, the Medical University of South Carolina will honor the legacies of these brave workers and supporters who stood up in the face of prejudice and bigotry.

We thank those who sacrificed so much to do what was right and set us on the road to becoming an organization where diversity, equity and inclusion are drivers for MUSC’s current and future success.
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The views expressed in the content of the articles and advertisements published in INSIGHT Into Diversity are those of the authors and are not to be considered the views expressed by Potomac Publishing, Inc.
Doctors and longtime friends Maxime Madhere, MD, Joseph Semien, MD, and Pierre Johnson, MD, make their book debut with *Pulse of Perseverance: Three Black Doctors on Their Journey to Success*.

The trio delivers a triumphant story about their voyage from attending impoverished public schools to Xavier University in Louisiana, where they all earned Doctor of Medicine degrees. Through grit and determination, they stayed on a course of self-discovery and reached their goals of becoming successful physicians as well as motivational speakers in the medical field.

Based on the most recent data, African American men make up less than 37 percent of the students enrolled in medical schools.

In the book and in reality, Madhere’s, Semien’s, and Johnson’s mission to motivate and inspire the next generation of Black doctors is gripping. Each of their tales provides the blueprint for young readers on how to become a doctor despite disadvantages they may face, be it poor K-12 education, drug-addicted parents, or poverty-stricken environments.

The three authors are honest about the relentless barriers the African American community faces. However, they offer their own solutions and continuously invest themselves back into the environments that molded them.

— Mariah Stewart

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**ASSOCIATION PLANS TO EXPAND COST-FREE DENTAL CARE PROGRAM FOR WOMEN**

The American Association of Women Dentists (AAWD) is working toward having all of its active members partner with the Smiles for Success (SFS) Foundation, an organization founded in the mid-1990s. SFS assists women who cannot afford the cost of dental care and are seeking employment. Affiliated with numerous job readiness programs in over 30 states, the foundation provides an opportunity for the dental community to offer dental care to women on public assistance. Receiving the appropriate care helps these women confidently obtain employment and financial independence.

Participation by members of AAWD can include making monetary donations and donating dental services.

For more information on the foundation, visit smilesforsuccess.org.

— Kelsey Landis

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**RIT and SUNY Upstate Medical University Establish Medical School Pipeline**

Rochester Institute of Technology (RIT) and the State University of New York (SUNY) Upstate Medical University have established a bridge program to guarantee qualified RIT undergraduates are admitted to the SUNY Upstate Doctor of Allopathic Medicine program.

The Accelerated Scholars Program, designed to mentor a diverse group of qualified students for careers as medical doctors, will be available as early as the 2019-2020 academic year and will accept five students each year after they complete their bachelor’s degree. The program waives the Medical College Admission Test (MCAT).

“Offering the option of direct entry to medical school gives RIT students an edge,” said Dr. Daniel Ornt, vice president and dean of the College of Health Sciences and Technology.

— Kelsey Landis
Veterinary Colleges Participate in Holistic Admissions Pilot Program

Research shows holistic admissions can improve diversity and inclusion in higher education. Veterinary medicine continues to struggle in this regard, with only 10 percent of veterinarians who responded to a recent survey identifying as people of color and 13 percent from underrepresented groups, according to *Navigating Diversity and Inclusion in Veterinary Medicine*.

The Association of American Veterinary Medical Colleges (AAVMC) chose three universities to participate in its new holistic admissions pilot program aimed at increasing diversity among enrollees — the University of Florida College of Veterinary Medicine, the University of Missouri College of Veterinary Medicine, and the North Carolina State University College of Veterinary Medicine.

Admissions standards at these colleges will evaluate academic performance but will also consider qualitative factors including “intrinsic motivation, leadership, grit, resilience, communications skills, empathy, tenacity in the face of poor grades or adversity, demonstrated success in a working environment, and high ethical standards,” according to a news release from the AAVMC.

The association will work with the colleges throughout 2019 to support committee training, policy and implementation, research and data analysis, and program review.

— Kelsey Landis

New Law School Journal Starts Dialogue on Issues Affecting Hispanic Communities

The South Texas College of Law (STCL) in Houston recently launched a journal to address issues affecting the Hispanic community in Texas and nationwide. In addition to covering law, the journal will create a dialogue around topics including social work, public policy, and government.

The journal will inspire “thoughtful discourse on issues that are critical to Hispanic legal scholars,” says Don Guter, STCL president and dean. Hispanic attorney and STCL alumnus Benny Agosto established the journal. Agosto says Houston is an “extremely diverse” city and “we want to be the leader in the community and the country regarding legal issues impacting Hispanics.” Agosto’s goal for the publication is to include law students as authors, “enabling them to become advocates on key societal and legal issues.”

Guter says Agosto, in establishing the journal, “unquestionably provided an important voice for Houston’s Hispanic legal community and ushered in a new vehicle for professional development, education, and activism.”

For more information about the journal, visit stcl.edu.

— Kelsey Landis
ARKANSAS
Barbara J. Johnson, PhD, has been named vice president for academic affairs at Arkansas Tech University in Russellville. She previously served as vice president for accreditation relations for The Higher Learning Commission.

CALIFORNIA
Ellen J. Neufeldt, EdD, was appointed president of California State University San Marcos. She most recently served as vice president of student engagement and enrollment services for Old Dominion University in Norfolk, Va.

CONNECTICUT
Thomas C. Katsouleas, PhD, has been named president of the University of Connecticut in Storrs. He previously served as executive vice president and provost of the University of Virginia in Charlottesville.

FLORIDA
Michèle Alexandre, PhD, was appointed dean of the College of Law at Stetson University in DeLand. She is the first African American to hold that position. Most recently, she was a professor of law as well as associate dean for faculty development and intellectual life at the University of Mississippi School of Law in Oxford.

GEORGIA
Kathy Schwaig, PhD, has been named provost and senior vice president for academic affairs at Kennesaw State University (KSU). She previously served as dean of KSU’s Michael J. Coles College of Business.

INDIANA
Anne M. Houtman, D.Phil, has been appointed president of Earlham College and the Earlham School of Religion in Richmond. She most recently served as provost and vice president of academic affairs at the Rose-Hulman Institute of Technology in Terre Haute.

MARYLAND
Arlene Wesley Cash has been named vice president for enrollment management at Frostburg State University. She previously served as vice president for enrollment management at Guilford College in Greensboro, N.C.

Tayo Clyburn, PhD, was appointed vice president of diversity and inclusion and chief diversity officer at St. Mary’s College of Maryland in St. Mary’s City. He most recently served as executive director of mission and strategic partnerships within the Office of Diversity and Inclusion at The Ohio State University in Columbus.

Pennsylvania
Glynis Fitzgerald, PhD, has been named chief academic officer at Alvernia University in Reading. She previously served as associate vice president of academic affairs and dean of the School of Graduate Studies at Central Connecticut State University in New Britain.

MINNESOTA
Kumara Jayasuriya, PhD, has been appointed president of Southwest Minnesota State University in Marshall. He most recently served as the provost and vice president of academic affairs and a professor of mathematics at West Virginia State University in Institute.

MISSISSIPPI
Carmen J. Walters, PhD, has been named president of Tougaloo College in Jackson. She previously served as executive vice president of enrollment management, student success, and institutional relations at Mississippi Gulf Coast Community College in Perkinston.

NEW YORK
Cornell L. Craig was appointed the first chief diversity and inclusion officer at Hofstra University in Hempstead. Most recently, he served as assistant dean for diversity and inclusion at Pace University in New York City and Westchester County.

PENNSYLVANIA
Suresh Garimella, PhD was appointed president of University of Vermont in Burlington. He most recently served as executive vice president for research and partnerships and the Goodson Distinguished Professor of Mechanical Engineering at Purdue University in West Lafayette, Ind.

VIRGINIA
Javaune Adams-Gaston, PhD, has been named president of Norfolk State University. She previously served as senior vice president for student life at The Ohio State University in Columbus.

Has your campus recently hired a new administrator? INSIGHT Into Diversity would like to publish your news. Please email editor@insightintodiversity.com.
MSU Denver serves 5,469 Latino students – more than any other higher-education institution in Colorado. We’re proud to have earned federal designation as a Hispanic-Serving Institution. This unlocks access to new grant opportunities and is an example of our commitment to reflect and serve Colorado.

msudenver.edu/hsi

Angela Marquez, Ph.D.
Special Assistant to the President, Hispanic-Serving Institution
DEANS AT DENTAL, MEDICAL, AND VETERINARY SCHOOLS

In each issue, INSIGHT Into Diversity features diverse professionals in higher education. By Ginger O'Donnell

Kenneth B. Chance, Sr., DDS, is the first African American dean of the School of Dental Medicine at Case Western Reserve University in Cleveland, Ohio. He is also an alumnus of the school. He previously taught and served as the chief of endodontics at the University of Kentucky College of Dentistry. As a professor of dentistry, he has wielded a strong influence over healthcare policy. For example, he served as director of the health policy program at the Joint Center for Political and Economic Studies, a Washington, D.C.-based think tank with a focus on the impact of healthcare policies on African Americans. Chance is the recipient of more than 60 awards and citations, including fellowships in the American and International College of Dentists.

Karen P. West, DMD, is dean and professor of biomedical sciences at the School of Dental Medicine at the University of Nevada, Las Vegas (UNLV), the only four-year dental school in the state of Nevada. Prior to joining UNLV, she served as associate dean for academic affairs at the University of Kentucky College of Dentistry. West was in private practice in Kentucky before she entered academia. Her first academic role was as a professor of community dentistry at the Medical College of Georgia, where she also served as director of the Children and Youth Dental Clinic. Among other topics, her research focuses on oral cancer prevention and women's health. West is the former president of the Society for Executive Leadership in Academic Medicine.

Vikas P. Sukhatme, MD, ScD, is dean of the Emory University School of Medicine and chief academic officer of Emory Healthcare, the largest healthcare system in the state of Georgia. He previously served as chief academic officer and Harvard Faculty Dean for Academic Programs at Beth Israel Deaconess Medical Center in Boston. Sukhatme’s research helped discover the cause of preeclampsia, a dangerous blood vessel disorder that can cause death in pregnant women. He also holds a longstanding interest in cancer research. Sukhatme and his wife, Vidula, are the co-founders of a nonprofit organization called GlobalCures, which is dedicated to conducting clinical trials on promising therapies for cancer that are often ignored due to their lack of profitability.

Willie M. Reed, DVM, PhD, is dean of the Purdue University College of Veterinary Medicine. He earned his doctorate in veterinary pathology from the college in 1982 and spent the early years of his career teaching avian pathology, or the study of diseases in poultry. For many years he served as a professor and director of what is now called the Diagnostic Center for Population and Animal Health at Michigan State University in East Lansing. In 2011, the Association of American Veterinary Medical Colleges presented Reed with the Iverson Bell Recognition Award, honoring his contributions toward promoting opportunities for underrepresented students in veterinary medical education.

Susan Cheng, EdLD, MPP, is the senior associate dean for diversity and inclusion at Georgetown University School of Medicine. Prior to this role, she helped found an organization called Beyond Z, where she directed curriculum and programming for low-income, first-generation college students. Cheng also worked for the chancellor of the District of Columbia Public Schools, improving its human capital recruitment and talent development programs, organizational culture building, and more. As part of the international nonprofit organization Partners in Health, she volunteered in Rwanda to help build and sustain public health systems in an underserved community. In addition to her doctorate in Education Leadership, Cheng holds a master’s in public policy from the Harvard Kennedy School.

Maria L. Soto-Greene, MD, is a professor and executive vice dean at Rutgers New Jersey Medical School (NJMS). She has also served as director of the school’s Hispanic Center of Excellence for over 25 years, creating opportunities for thousands of Hispanic and other underrepresented individuals in medicine and science. Throughout her career, Greene has consulted other medical schools on how to achieve diversity at both the medical student and faculty levels. Additionally, she helped develop a national cultural competence curriculum called “Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education.” Greene is a past chair for the Association of American Medical Colleges Group on Diversity and Inclusion and a past president of the Hispanic-Serving Health Professions Schools.
From Here, It’s Possible.

Texas Tech University Health Sciences Center uses holistic admissions practices within all of the schools. Our values-based culture places emphasis on uniting and including faculty, students and staff from diverse perspectives to achieve our mission together as ONE TEAM. Texas Tech University Health Sciences Center provides an environment for students, faculty and staff to grow as an individual and as a member of one diverse family working toward a common goal where all perspectives bring value.
Many young readers across the United States know the book *Where the Wild Things Are*, and adults may have read the clever cartoons in *The New Yorker* magazine. What readers might not realize is what many famous illustrators have in common — they are Jewish Americans who have contributed to the fabric of U.S. history.

Illustrators are the theme for this year’s Jewish American History Month (JAHM), celebrated every May. The theme “provides an opportunity to recognize the many American Jews who have helped create the nation’s beloved children’s books, iconic graphic novels and their superheroes, and syndicated comics and illustrations,” according to JAHM’s website.

Here’s a look at three famous Jewish American illustrators who enriched the country’s “imaginative landscape.”

**RUBE GOLDBERG**
The cartoonist Rube Goldberg (1883-1970) was born in San Francisco and went on to graduate with a degree in engineering from the University of California, Berkeley. He worked at the *San Francisco Chronicle* before moving to New York City, where he began a job for Hearst Publications and earned his fame as a cartoonist who drew wacky, imaginative contraptions. Goldberg is the only person to have his name listed as an adjective in the *Merriam Webster Dictionary*, according to JAHM, “accomplishing by complex means what seemingly could be done simply.”

**MAIRA KALMAN**
Israeli-born illustrator Maira Kalman was just 4 years old when she moved to New York City from Tel Aviv with her family. She gained fame through her more than 28 books and magazine illustrations, including many in *The New Yorker*. She earned the American Institute of Graphic Arts Medal in 2017 for “brilliantly merging the worlds of storytelling, illustration, and design while pushing the limits of all three with her spirited creative practice.”

**MAURICE SENDAK**
Born to Polish-Jewish immigrants in 1928, Maurice Sendak went on to become one of the most renowned illustrators, artists, and writers of children’s literature in the 20th century. Before his famous *Where the Wild Things Are* was published in 1963, Sendak illustrated for other authors and drew posters for store windows, including FAO Schwarz. More than 10,000 of his pieces are housed at The Rosenbach Museum and Library’s Maurice Sendak Collection in Philadelphia. Sendak died in 2012 at the age of 83.
DIVERSE IN THOUGHT. TOGETHER IN PURPOSE.

UT Southwestern Medical Center’s core mission components of excellence in education, research, and patient care are highly interdependent — each is integral to and enhances the others. Our commitment to diversity and a culture of inclusion works on that same collective principle, ensuring we benefit from the best minds and talents from all backgrounds. We’re proud to be recognized again this year with a HEED Award, which celebrates that commitment.

It’s a vital part of what makes UT Southwestern Medical Center the future of medicine, today.

To learn more, visit utsouthwestern.edu/about-us/diversity
Asian Pacific American Heritage Month

By Mariah Bohanon

In 1977, Rep. Frank Horton of New York and Sen. Daniel Inouye of Hawaii proposed that Congress designate one week annually to celebrate the achievements and contributions of Asian Americans and Pacific Islanders in the United States. Each proposal was subsequently voted down by American lawmakers. More than a decade later, the U.S. established a full month in recognition of this diverse people and their integral role in the nation’s history.

Today, Asian Americans and Pacific Islanders (AAPI) are the fastest growing minority population. Still, as filmmaker Matthew Hashiguchi notes, “in many ways the Asian American experience isn’t part of the mainstream dialogue in the United States.” Films, documentaries, and other video resources are just one way to bring awareness to AAPI issues and celebrate Heritage Month. Below are descriptions of free online documentaries, lectures, and short films that bring these experiences center stage.

Take on America with OZY Season 1, Episode 4: “Asian American Millennials”

Take on America with OZY features a series of town hall style meetings intended to explore “the diversity of opinions among groups often pigeonholed,” according to the show’s website. In this episode, 100 young Asian Americans come together to discuss and debate affirmative action in college admissions, the “bamboo ceiling” in the tech industry, western ideals of beauty, and more. Originally aired in November 2018, the event features a panel of diverse Asian American thought leaders, including a Republican party official and fashion designer Kimora Lee Simmons. The episode is available at youtube.com/ozy.

America ReFramed Season 5, Episode 5: “Good Luck Soup”

American filmmaker Matthew Hashiguchi, whose family is Japanese and Italian, explores his own complicated sense of sociocultural identity in this hour-long documentary. Much of Hashiguchi’s film focuses on the confusion and shame he felt about his Japanese heritage as a child and takes a close look at how the rest of his multiracial family makes sense of their unique ethnic and cultural roots. His Japanese American grandmother, who spent nearly three years in an internment camp during World War II, is a focal point of the film and guides Hashiguchi on a personal journey towards understanding and embracing his Asian heritage. The episode is available at worldchannel.org/AmericaReframed.

A Place in the Middle

A Place in the Middle explores the gender identity and cultural heritage issues of Pacific Islanders. The film follows a young native Hawaiian girl whose goal is to lead a traditional, all-male dance troupe. The importance of community, dance, and fluid gender expression in native Hawaiian history makes this documentary a thought-provoking exploration of postcolonial multiculturalism. The movie is available at aplaceinthemiddle.org, which includes additional resources and lesson plans.

“The Making of Asian America: A History”

Erika Lee, director of the Immigration History Research Center and distinguished historian at the University of Minnesota, delivered a lecture at the National Archives in October 2015, one month after the release of her groundbreaking book of the same name. The hour-long lecture “tells the little-known history of Asian Americans and their role in American life” by one of the nation’s preeminent Chinese American scholars. The critically acclaimed book The Making of Asian America: A History was awarded the 2015-2016 Asian Pacific American Award for Literature in Adult Non-Fiction from the American Library Association. The lecture is available at youtube.com/USNationalArchives.

TED Talks: “Why Do I make Art? To Build Time Capsules for My Heritage”

TED fellow Kayla Briët demonstrates how her creative works — including film, music, and multimedia art — preserve and reclaim the stories of her Dutch-Indonesian, Chinese, and Native American heritage. Briët’s unique blending of seemingly incompatible artistic mediums include fusing traditional Native American dance set to music played on the guzheng zither, an ancient Chinese instrument. A testament to the “historically forced assimilation” of marginalized cultures, this brief exploration of art and ethnicity shows the ways in which descendants of both natives and immigrants can celebrate their identity. The talk is available at ted.com.

●
At the Joe R. and Teresa Lozano Long School of Medicine, we view diversity as a core value which embodies inclusiveness, mutual respect and multiple perspectives. For us, diversity serves as a catalyst for change resulting in health equity. As the rapidly changing demographics are reshaping the delivery of health care today, we’re how a biomedical workforce and student body that reflect this change are being created.

We’re how. You’re why.

Chiquita A. Collins, Ph.D., pictured center, is Vice Dean for Inclusion and Diversity and Chief Diversity Officer at UT Health San Antonio, designated as a Hispanic-Serving Institution by the U.S. Department of Education.
According to the Pew Research Center, Hispanic and Latinx individuals are “the principal driver of U.S. demographic growth, accounting for half of the national population growth since 2000.” Emerging Hispanic-Serving Institutions (HSIs) aim to serve that growing group.

Two institutions of higher education — one in a northwestern suburb of Chicago and the other in a small city in northwest Texas — have taken a multi-faceted approach to helping Hispanic and Latinx students thrive in their pursuit of higher education.

Texas Tech University (TTU)
Located in Lubbock, Texas, TTU is home to more than 30,000 undergraduate and graduate students. Over the past decade, the university’s Hispanic and Latinx population grew from 13 percent of the student body in 2009 to 27 percent in 2018. The university has been honored as a INSIGHT Into Diversity Diversity Champion for the last three years.

Even before TTU became an HSI, the university instituted programs to ensure that this group could thrive. Efforts include an initiative founded in 2005, called Unidos Por Un Mismo Idioma, to get students, faculty, and community members speaking Spanish together. In 2010, the university started a mariachi group named Mariachi Los Matadores.

The university more recently has focused on ensuring its student body represents the Texas community, says Jamie Hansard, PhD, executive director of undergraduate admissions. “Texas is quickly becoming a minority-majority state,” she says. “As a state institution, our ultimate goal is that our demographics match as closely as possible to the demographics of the state.”

A recruitment team of 35 employees, only seven of whom reside in Lubbock, are focused on this goal. Others work in more densely populated areas such as El Paso, San Antonio, Los Angeles, and Denver, and each office is required to employ at least one bilingual speaker. These staffers spend much of their time doing community outreach, such as visiting the local Boys & Girls Club as well as community and technical colleges.

Additionally, TTU has a “transfer team” dedicated solely to visiting high schools and advising students on what classes they should take at community colleges in order to transfer into degree programs at TTU.

The university also works closely with the South Texas Academic Rising Scholars (STARS) Scholarship Fund, a nonprofit organization that serves low-income Hispanic and Latinx individuals living in southern and western Texas. STARS has provided financial support to more than 15,400 Hispanic and Latinx students. The
program provides funding not only to new applicants but also to currently enrolled students, Hansard adds. Over the past 12 years, 210 TTU students received STARS scholarships and 23 are currently enrolled.

“As a public institution, it has always been our mission to recruit a diverse student class that is reflective of the evolving demographics in Texas,” Hansard says. “I joined the undergraduate admissions team in 2008. Since that time, we have increased our outreach to better support all prospective students and families.”

TTU also offers services through its Dream Resource Center to undocumented students, young immigrants protected under Deferred Action for Childhood Arrivals Act, and allies to the undocumented community. The center is one of roughly 50 Undocumented Student Resource Centers (USRC) in the U.S., most of which are located in California.

**Harper College**

Harper College is an emerging HSI in Palatine, Ill., where 28.3 percent of the total student body identifies as Hispanic and Latinx. Despite the group’s prominence on campus, college leaders noticed a decline in their recruitment and retention rates in 2017. To address the issue, the community college formed a task force that same year to determine how to better meet their needs.

The 15 members of the Hispanic Strategic Enrollment Management Task Force (HSEMTF) include employees from access and disability services, academic advising and counseling, admissions, and more. During a year of regular meetings, stakeholders explored the experiences of Hispanic and Latinx students, seeking to understand how the legacy of colonialism informs the economic and social dynamics that they experience today.

The group went on a retreat and practiced strategy building exercises, and in May 2018, they issued 18 recommendations.

**THE TTU DREAM CENTER**

The presence of a USRC can be transformational in the lives of undocumented individuals on a college campus. TTU’s Dream Center offers the following support services:

**MENTAL HEALTH SERVICES**

Employees and volunteers receive training from the university’s counseling center on the specific mental health needs — largely involving anxiety and stress — of undocumented and DACA students.

**LEGAL RESOURCES**

Legal interns from the university’s School of Law work under the supervision of an immigration law professor to help students apply for citizenship, reapply for DACA status, and answer their general legal questions. This partnership provides an educational opportunity for law students to get some hands-on learning experience.

**ACADEMIC SUPPORT**

The center offers tutoring sessions, typically in advanced math and science courses, partners with the university’s writing center, and provides skill-building workshops in areas like time management and setting Specific, Measurable, Assignable, Relevant, Time-based (SMART) goals. Faculty also visit to discuss majoring in different disciplines.

**SOCIAL PROGRAMMING**

Opportunities for students to connect include going to the movies, bowling, and hosting their own prom.

**COMMUNITY INVOLVEMENT**

Students participate in service learning through a local urban farm that offers employment to homeless individuals and people with mental health needs. They also serve meals to families at the local Ronald McDonald house.

**PEER COACHES**

More than 20 peer coaches at the sophomore level or above work with students at the center. The coaches are trained to embrace the idea of “cultural wealth, that students from marginalized and minoritized backgrounds actually have this capital wealth,” Tovar says.

**MONTHLY SPEAKER SERIES**

The center brings in professionals who are first-generation college graduates to discuss their own experiences, how they navigated challenges, and what it’s like to be in the professional working world.
Stakeholders identified problems with retention in developmental English classes, according to Claudia Mercado, EdD, assistant provost and dean of enrollment services. Harper’s English faculty created pilot programs to address the issue. They will go into effect this fall.

The first solution is to place qualifying students in college level classes rather than remedial language courses. These students receive targeted support through a three-hour co-requisite class. “By providing them with three extra hours of instructional support per week, we’re hoping that will be enough to help them get through,” Mercado says.

The second program creates a cohort of students between two classes who will have a shared experience. “It should help them have a higher success rate of getting through the courses because they’re having more relationships,” Mercado says.

Another initiative, called Project Achieve — Surpassing Obstacles (PASO), recognizes that Hispanic and Latinx students are more successful if institutions involve their families in the educational process. Community colleges tend to lag behind when it comes to including families in what students experience, Mercado adds.

While respecting privacy laws, PASO will host events to strengthen communication between students and their families. This summer, incoming freshmen and their families will be invited to celebrate students’ future academic careers together. “We want to empower families to understand the [college] experience,” Mercado says, “but we also want to make sure that they feel a responsibility to support their student and do what’s needed for their education and their classes.” This process will not detail specific policies, but rather focus more on answering questions about where to go for help, pointing out staff and faculty who offer bilingual support, and familiarizing families with Harper.

Another recommendation of the HSEMTF is to educate faculty and staff about how to best support the college’s Hispanic and Latinx population. At the first Diversity Symposium in October, the Harper community discussed local and national sociopolitical issues that strongly affect its Hispanic and Latinx students. The event featured the insights of activist and scholar Michael Benitez, PhD. He presented research on the evolving impact of Hispanic and Latinx students in higher education and discussed his own personal narrative as an immigrant from Puerto Rico educated in the U.S., says Pearl Ratuñil, PhD, special assistant to the president for diversity and inclusion.

Additionally, a 2019 faculty retreat in March provided a space for more than 140 attendees to improve their awareness of the day-to-day challenges and advantages that come with being Hispanic and Latinx.

The retreat opened with a talk by Latinx student Jordan Delgado, who is wrapping up his last semester at Harper before transferring to the University of Illinois. Delgado shared stories from his childhood growing up in Chicago. He said he did not have high expectations for himself but overcame those challenges by earning grants that allowed him to go to Harper.

Mercado is eager to see more of Harper’s Hispanic and Latinx students have transformational experiences like Delgado did. “Especially as an emerging HSI,” she says, “we’ve got to get ahead of some of these issues and make sure we’re continuing to support our growing population.”

Ginger O’Donnell is a senior staff writer for INSIGHT Into Diversity. Texas Tech University is a 2012-2018 HEED Award recipient and a 2016-2018 Diversity Champion. Harper College is 2017-2018 HEED Award recipient.
“At Florida State University College of Medicine, our students learn in an environment that values diversity, mutual respect, teamwork, and open communication. We immerse our students in a culture that embodies the characteristics we expect to see in our graduates. We produce physicians, physician assistants, and scientists who are caring practitioners of both the art and science of medicine. That process starts with choosing the right students - people who will work well with their patients and the entire health-care team.”

John Fogarty, M.D.
Dean, Florida State University College of Medicine

Florida State University is one of the most selective medical schools in the nation and the Fourth most competitive medical school in the country for admissions, U.S. News and World Report, 2018.

U.S. News & World Report’s "Best Colleges 2019" Ranks Florida State University No. 26 Among National Public Universities.
Lorena de Idiaquez, a professor in the University of Alabama Birmingham (UAB) School of Medicine and an attending physician at the Birmingham Veteran Affairs Medical Center, had been transitioning to her authentic gender for more than a year when she notified her employer she was officially coming out. When she returned from vacation on Nov. 2, 2017, she would do so as her true self.

At the time, UAB did not have a plan established to help employees transition, says Monica Baskin, PhD, professor and vice chair for culture and diversity in the Department of Medicine. “We realized we did not have anything in place in terms of guidelines about how to make this happen,” Baskin says. “We had a lot of homework and research to do to try to develop a process that would help this person transition in a way that was respectful.”

Because the university is located in one of the most conservative states in the country, those involved in the process of developing guidelines worried they would see pushback. De Idiaquez was also concerned about how her co-workers and patients would perceive her. But leaders from the university’s divisions came together to develop a process that can be implemented anywhere in the institution, not just in the School of Medicine.

“We were all able to put on the table fears and concerns and quickly squash all of that,” Baskin says. “Looking at our existing policy as it relates to discrimination, it clearly stated we would not do anything that discriminates against any single gender or gender identity.”

De Idiaquez says nearly everyone supported her coming out, including her longtime patients. “They were like, ‘Well, if it makes you happy and it doesn’t change my premium of care, no problem,’” de Idiaquez says. “We underestimate how capable people are of understanding the desire somebody has to be happy. We need to stop fearing the reaction of people.”

To accommodate a tight timeframe, UAB leaders built the guidelines in a relatively short time period by higher education standards. The university had roughly three months to develop a plan from scratch. Though the institution’s discrimination policy provided legal protection, there was no actual process detailing how to support employees during their transition.

The guidelines UAB developed are intended for use by managers, human resources representatives, and anyone else in a supervisory role. To provide support, employees should be encouraged to inform key personnel, including one or more of the following as the first contact: immediate supervisor, section chief, clinical supervisor, medical director or division director, administrator, vice chair for culture and diversity, or an HR representative. It is important that at some point the employee’s immediate supervisor(s) or administrator becomes a part of the employee’s support team.
TRANSITIONING AT UAB

Below is a summary of UAB’s gender transition guidelines. The elements described do not constitute the university’s full guidelines and should only be used by other institutions as a resource for ideas. Key principles for managers and HR representatives include the following:

• If you are unfamiliar or uncomfortable with the transition process, allow the transitioning individual to educate you if they are willing. If they are not, seek education and support through LGBTQ centers or experts on and off campus.

• Listen carefully to what the individual is telling you about how they’d like to be treated. For example, do they want to keep their transition as quiet as possible or wish to celebrate publicly?

• Be open-minded and discuss the transitioning person’s needs and concerns.

• If you oversee, supervise, or lead an employee who is transitioning, demonstrate understanding and use a sensitive approach to addressing their needs and concerns.

• Explain any questions and concerns you might have and ask their opinions.

• Provide support: Employees who have decided to transition are normally exposed to various levels of stress. It is important that you provide information on and other resources for one-on-one counseling.

resource professionals, LGBTQ employee group leaders, and others involved in the transition. They also cover best practices for employees and managers as well as how to address customers and patients.

As an ally and advocate for Department of Medicine employees, maintaining a level of separation between her and parts of the process. Discussions and SAFE Zone training sessions with supervisors, colleagues, and administrators occurred without de Idiaquez present. Leaders made this decision to ensure employees could ask honest questions without fear of causing offense, though discussion leaders made clear what is and is not acceptable.

“As an institution with a clear policy about discrimination, diversity, and inclusion, [we made clear] the things that will be tolerated and the things that will not be tolerated,” Baskin says.

De Idiaquez says she agrees with that approach because it allowed her colleagues to say what they needed to without worrying about offending her, though she hopes the university will find a way to include transitioning employees in the conversation more in
the future.

More than a year later, de Idiaquez is living and working authentically. The transition at work was smooth. The personal transition continues.

“The change is about discovering who you are, and the process does not start the day before [you come out] and does not end the day after,” de Idiaquez says. “It’s about becoming a more complete, more open person. Being able to live your life the way you feel you should live it, it’s fantastic. … I was able to smile again.”

Baskin says the role she played as an advocate has been rewarding and fulfilling. “Medicine is fairly conservative and we’re in a very conservative larger environment [in Alabama]. The fact we were able to do this so successfully does bode well for any other kind of organization or institution,” Baskin says. Baskin earned a President’s Diversity Champion Award this year for her work.

Having a champion like Baskin is essential for making the transition process easier and for taking the responsibility off the person transitioning, de Idiaquez says. “People say it’s up to us to convince them we truly are who we say we are, but that’s not fair. It’s really up to everybody to learn.”

“Monica has been wonderful,” de Idiaquez says. “It’s important to have people like her at institutions, people who take it upon themselves to learn.”

Kelsey Landis is the editor-in-chief of INSIGHT Into Diversity.

GUIDANCE FOR THE TRANSITIONING EMPLOYEE: DEVELOPING A PLAN

Create an engagement plan to help smooth the transition process, reduce uncertainties, and provide a common road map for everyone. The outline below will vary depending on your individual needs and situation. For example, some of this language applies to what are very binary-oriented transitions — from male-to-female or female-to-male — and may be less relevant to non-binary, gender-expansive employees.

1. Create a support team. Try to involve your manager, an HR representative, or other supportive co-workers to work together to develop an appropriate plan for you and your employer.

2. Develop a stakeholders list. Identify all the people in the work group you may need to engage at some point during the transition.

3. Create a timeline by blocking out dates for milestones such as legal name change, transition, and other events. Review the stakeholder list and develop the program to allow time for education. Anticipate time off required for medical treatment, if known. Share the timeline with appropriate stakeholders.

4. Questions to consider include the following:
   a. How would you like your team to find out about your transition? (e.g., letter, face-to-face meeting, individual discussions, your manager or HR representative)?
   b. Will you need to make workspace changes?
   c. How long do certain HR functions take? (e.g. legal name changes, company directories, and so on)
   d. How do you think your clients and colleagues should be informed?
   e. When will you need to process any necessary changes to professional licenses?

5. List all the things that a new employee must do during the first week of employment to become familiar with gender discrimination policies. How long do these normally take?

6. Do a search for your current name on the institution’s intranet for team rosters and other references. How many of these pages will need to be altered?

Additional resources for university leaders developing a plan include the following:

- The Human Rights Campaign: hrc.org/transgender
- The National Center for Transgender Equality: transequality.org
- Parents, Families, and Friends of Lesbians and Gays: PFLAG.org
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DIVERSITY CHAMPION
2018

CHANGE MAKERS.
The largest college admission scam in recent history has resulted in more than 50 indictments connected to a multimillion-dollar racketeering ring. The scandal raises the question — how do admissions offices move forward with validity?

The scheme was revealed in March by an FBI investigation with the codename Operation Varsity Blues (OVB) that outed wealthy adults on charges of bribery to gain their children admittance to upper-tier universities. Former college admissions counselor William Rick Singer is accused of spearheading the fraudulent acts through his nonprofit foundation, which served as a clearinghouse for bribes via his college consulting organization.

The cheating scam changes everything. Until safeguards are in place, the legitimacy of the admissions recruitment at universities will be questioned. INSIGHT reached out to schools, state departments, and admissions experts to discover how the reform process is taking shape in the weeks after the indictment.

Nearly all campuses described the scheme as consisting of isolated incidents that were committed only among a few college personnel, mostly members of athletics departments. However, some states and universities have already begun internal investigations, and many admissions offices have started to look for a process that will help schools avoid future scandals.

Admissions Offices and Policies

Mike Reilly, executive director of the American Association of Collegiate Registrars and Admissions Officers (AACRAO), says admissions leaders are approaching this scandal as an opportunity to consider “what role we have in ensuring these things don’t happen moving forward and what processes we need to evaluate.”

Many who work in the area of college admissions refer to OVB as a “bribery scandal,” as the term “admissions scandal” implies that the field itself is corrupt, Reilly says. “There were no admissions personnel named in any of these [allegations],” he says, “but our processes were usurped by criminal and unethical activities.” He adds that the vast majority of applicants are honest and that some of the extreme tactics employed by Singer’s company are both rare and difficult to detect.

It is already common practice for admissions departments to have regulations for monitoring fraud, such as comparing grade point averages to test scores or evaluating claims made in applications and essays. Comparing those measures with participation in an extracurricular activity and cross-checking high school records can reveal cheating, Reilly says.

Athletic recruitment and admissions could see specific changes after the scandal. “Not everybody has a rigorous process for tracking students who were [admitted as athletes] but then subsequently weren’t participating in athletics,” says Reilly. “There’s certainly a lot of work that needs to be done in athletics and compliance, and I think you’ll see stronger relationships between those offices now.”

AACRAO’s annual meeting took place in early April, giving thousands of admissions personnel from across the United States the opportunity to deliberate on OVB. During a panel discussion, members addressed how “some of the things we’re doing contribute to an environment where students and families feel they need to take these extraordinary and illegal measures to get into selective colleges,” Reilly says.

Higher education needs to do a better job of informing the public of how admissions decisions are made by looking beyond GPA or advanced placement test scores and at a broader set of achievements, admissions employees agreed.

AACRAO is concerned that public misunderstanding of postsecondary admissions may lead legislators and policymakers to push for “quick fix” regulations that might exacerbate the issue of privilege. Some legislators have argued that the only way to make college admissions equitable is to base all decisions solely on academic performance.

Those standards could disproportionately affect underprivileged applicants, including many students of color who come from low-income school districts with limited access to services like ACT and SAT preparation. Rather than rush to a solution, legislators and university leaders alike need to “take some time” to fix the problem, Reilly says.

Admissions experts and those with experience in higher education strive to have a voice in any legislative reforms. The National Association for College Admissions Counseling (NACAC) participated in a hearing on OVB hosted by Rep. Donna Shalala of Florida on March 28.

Following the hearing, Shalala, who had previously served as president of the University of Miami and Hunter College as well as chancellor of the University of Wisconsin-Madison, proposed a bill
known as the College Equity Act.

Rather than mandating specific reforms to admissions practices, it “establishes grants for equity audits, providing colleges and universities with the resources to examine and address gaps in student outcomes based on race and ethnicity, gender, income, and other lines of identity,” she said in a statement. These audits would include financial aid, faculty diversity, access to campus services, and other factors, in addition to admissions processes.

Lawmakers and institutions should approach any admissions reforms with the mindset that it is their duty to increase, rather than restrict, educational access. This idea especially applies to reforms that may hurt those who are already disadvantaged, such as making it more difficult for students with disabilities to receive accommodations on standardized tests, Reilly says.

“You shouldn't build your processes around the assumption that everyone's a fraud or put impediments in place that make it harder, particularly for low-income students, but at the same time you have to have due diligence in making sure that admissions are fair and people aren't corrupted in the process,” Reilly says.

Solutions for Athletics Admissions

One of the most brazen aspects of OVB is the fabrication of athletic records. At least nine college and university coaches have been charged with accepting bribes. Donna Heinel, former senior athletic administrator at University of Southern California (USC), was accused of accepting more than $1.3 million. One of Singer’s employees allegedly created false athletic records, including doctored photographs.

These allegations reveal just how much power and autonomy athletic coaches have in the admissions process. Kirsten Hextrum, PhD, an assistant professor in educational leadership and policy studies at the University of Oklahoma, studies college sports and has long advocated for reforming athletic recruitment. In an email to INSIGHT, she suggests several measures that schools can take to make the process more transparent:

- Institutions and athletic departments should jointly develop a uniform application for athletic admission and an application portal where student athletes can apply for admission. Both of these should be publicly advertised and readily available.
- Institutions should have oversight personnel whose job is simply to ensure that admissions materials submitted are accurate.
May 2019

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The NCAA should limit contact between high school and college coaches to a standardized letter of recommendation. Some of the institutions involved in the scandal have already adopted athletics reforms. Georgetown University, which fired tennis coach Gordon Ernst in 2017 after realizing he had recruited nonathletes, began auditing team rosters. Yale University announced on March 26 that in the future its athletics department will confirm the credentials of all recruits before sending their endorsement to the admissions office.

The NCAA released a statement saying it is looking into the allegations “to determine the extent to which NCAA rules may have been violated.” The association declined INSIGHT’s request for further information, stating in an email that they cannot comment on current investigations.

Potential Impact on Independent College Consulting

There has been substantial criticism of the independent, fee-for-services college consulting industry in the wake of OVB. Some have suggested that such outside assistance be banned from admissions or that applicants should at least have to disclose to colleges whether they...
have used these services.

Mark Sklarow, chief executive officer of the Independent Educational Consultants Association (IECA), rebuffs these proposed solutions. The onus should be on schools to make the admissions process less opaque so that the public understands how and why acceptance decisions are made, he says. This transparency could help parents and students understand that a singular focus on elite institutions is not only unrealistic, but unhealthy.

“I think there's going to be growing awareness that the pressure kids feel to get into a name brand school is a negative,” Sklarow says, noting that this pressure can lead to student burnout or cheating. “Hopefully people will see that it hurts students in pretty significant ways to let them think that if they don't get into a top school, their lives are over.”

Rather than blaming the industry for this type of corruption, Sklarow says people should realize that ethical consultants help students find the colleges that are best suited to their individual talents and needs rather than groom their credentials for elite institutions. OVB may shed light on the fact that many students don't have access to this kind of tailored assistance because public school counselors simply don't have time or resources to provide them with individual attention, he says.

“Singer was a criminal masquerading as an educational consultant, but there are people who say the solution may be to not allow any consultants at all,” Sklarow says. Requiring students to disclose whether they have received outside help on their college applications would affect middle-income students in public schools who pay for consultants or low-income students who receive these services pro bono. “A kid in a private school where there are 12 students per counselor isn't going to have to disclose that their school has been giving them privileged help for years.”

In addition to better admissions transparency and improving the counselor-to-student ratio at public schools, Sklarow says a solution to the corruption evident in OVB is that families adopt higher standards when hiring college consultants. IECA accepts around one in four professionals who apply to the association because it has a strict code of qualifications and ethics, including a review of how members advertise their services, he says.●

Mariah Bohanon is the associate editor of and Mariah Stewart is a staff writer for INSIGHT Into Diversity.
As Manufacturing Evolves, Community Colleges Adapt Quickly to ‘Meet Students Where They Are’

By Kelsey Landis

The United States government’s top leaders have painted a rosy picture of the manufacturing industry, with President Donald Trump crediting an uptick in domestic factory work to companies bringing their operations back to American soil.

The industry indeed enjoyed an increase of 284,000 jobs in 2018, according to federal labor statistics. The numbers are still nowhere near pre-recession levels, but the increase last year was the largest since 2009, according to an analysis by the Washington Post. So far, the U.S. has gained back 1.4 million of the 5.8 million jobs lost from 2000 to 2010. Up to 40 percent of added jobs in 2018 can be attributed to operations returning from abroad, the Washington Post reported, citing The Reshoring Group, which focuses on bringing manufacturing jobs back to the U.S.

Trump’s business-friendly tax policies can be credited with the increase, though the job gains began in President Barack Obama’s administration. But as with most large-scale economic trends, no single president can take full credit for improvements. Even more, it’s difficult to tell if these returned jobs are here to stay or if they’re just a blip.

Manufacturing workers continue to face competition from robots and still-strong globalization trends that lure companies to countries where labor is cheaper. Federal training and apprenticeship programs are still lacking, too, as the Trump administration attempts to defund an Obama-era public-private partnership program.
What’s certain is the manufacturing jobs that have returned are different from those in an industrial past. While the “dirty jobs” are still there, the necessary skills have shifted away from the baby boomers’ talents toward operating and maintaining automated robotics-centered equipment.

Tech and community colleges are filling the resulting skills gap in the workforce by offering training in advanced technology studies, such as computerized circuitry for automotive production. When those jobs change again, as they certainly will, the colleges will be there to retrain workers.

Few communities have witnessed the evolution in manufacturing more than Greenville, S.C., home to Greenville Technical College (Greenville Tech). The city enjoyed a thriving textile trade until the 1960s, when the factories began to move abroad. Those jobs never returned, but local and state governments made aggressive moves to bring new industries to the area, says Jermaine Whirl, vice president of Learning and Workforce Development at Greenville Tech.

One of those efforts was establishing the college in 1962. Ten years later, French tire manufacturer Michelin opened a factory in Greenville. In 1992, German automobile company BMW opened a plant there. The same workers who had previously produced textiles were now making tires and luxury vehicles using the same skills they had used before.

Roughly 45 people move to Greenville County every day to join the ranks in the advanced manufacturing sector, which now includes companies such as GE and 3M in addition to Michelin, BMW, and roughly 700 other manufacturers employing 500,000 people.

“I can’t produce enough graduates to keep up with what they’re asking me to produce,” Whirl says. “The environment for advanced manufacturing is robust.”

Manufacturers in the region ship their products internationally, so there is some uncertainty about how the Trump administration’s tariffs and global trade will affect the cost of doing business, Whirl says. South Carolina’s port at Charleston is one of the busiest in the country for sending goods overseas.

Regardless, companies still seek to expand their operations in Greenville County and will adjust their business models according to changes in tariffs, Whirl says. There’s no shortage of interest in our manufacturing education programs, he adds.

“There’s nothing wrong with a four-year degree, but there is a lot of power when it comes to community colleges offering localized workforce training built with industry in the room,” Whirl says. “These are sustainable wages and go up from there, … which is tremendous given they’re coming out with little debt.”

Changing Outdated Perceptions

Colleges and manufacturers alike still struggle to change the perception of the manufacturing industry. Schools are trying to educate students and parents that the days when factories were hot and loud are over, says Doran Moreland, executive director of diversity and inclusion at Ivy Tech Community College of Indiana.
“It is an eternal struggle to try to get people to stay up to date on what the actual manufacturing space looks like today,” Moreland says. “Even our lawmakers still likely think of a place that’s noisy and dirty and dusty where people are banging with hammers all day. … But it’s actually more likely a super mechanized environment with clean rooms and people in white uniforms working around robots.”

Dmitry Kopytin was one of those people who had that old mindset. “I never saw myself in manufacturing,” says Kopytin, 35, a supervisor for an apprenticeship program at BMW. He was working in construction to support his wife and two young boys when the housing crisis hit.

Kopytin decided to go to Greenville Tech for a certificate in mechatronics, an interdisciplinary manufacturing branch that combines electronics and mechanical engineering. When people ask him what he does, he tells them, “I’m a robot doctor. When equipment breaks, they call us and we fix it.” He earned two more certificates and then a two-year degree, ultimately landing a mechatronics job at BMW.

“I laid a foundation of my education, the pillars. Now, I have to work on the roof. Once you get your base set, now you’re tweaking and finagling what your skills are,” Kopytin says. “You’re constantly trying to polish your skills because technology is constantly changing.”

Greenville Tech built a 100,000 square-foot manufacturing innovation center in part to train students but also to further change the perception of the industry. The Center for Manufacturing Innovation is a place where student technicians can work alongside engineering students from nearby Clemson University to collaborate on ideas and problem solving.

K-12 students go on field trips there to learn about advanced manufacturing. They can interact with robots, 3D printers, and other technology to discover what manufacturing is, Whirl says. Reaching out to youth is doubly important, he adds, because the industry’s workforce is aging.

“We need to start working with the first grader now to expose them to the industry,” Whirl says. “We have our fair share of an aging population [whose retirement] in the next decade will be a critical concern for us. So we’re trying to gear up now.”

South Carolina tapped a valuable workforce community by passing a law that allows individuals with a criminal record to expunge misdemeanor offenses to become employable.

Responding to a Rapidly Shifting Industry
Colleges respond to the growth in advanced manufacturing by providing short-term degrees or certificates specifically tailored to meet employers’ needs and to accommodate students’ personal lives. That approach gets an unemployed worker back on the job quickly. From there, they can work their way up, says Michael Hoffman, executive director of continuing education at Des Moines Area Community College (DMACC).

“Flexibility is key in being able to build and adjust based on what businesses need,” says Kay Maher, a workforce employment training specialist at DMACC. “It’s an opportunity to provide another option to higher education. That two-year or four-year path just does not fit for everybody.”

DMACC, Ivy Tech, and Greenville Tech all offer flexible and constantly evolving programs to meet companies’ needs.

To guide its curricula, Ivy Tech focuses on key economic sectors in Indiana, including advanced manufacturing, logistics and supply, information technology, healthcare,
agriculture, and construction. Using federal labor statistics, the college “triangulates with employers” to determine what training needs to be offered, Moreland says.

Short, eight-week courses provide condensed, accessible learning and allow job seekers to quickly adapt to companies when their needs change. A student might complete a certification that provides a basic knowledge of electronics and then continue to build on those skills with the support of their employer.

“We would love to have students here full-time, but the reality is we have to meet students where they are,” Moreland says.

Ivy Tech also focuses on developing the “middle-skill space,” says Chris Lowery, senior vice president for workforce development at Ivy Tech. “[Employers] don’t have problems attracting people with bachelor’s and master’s degrees,” Lowery says. “It’s that middle-skill space that’s really squeezing us.”

Middle-skilled workers might have a high school diploma but less than a four-year degree, Lowery says. “What we’re talking about is a gateway to the middle class. These are really well-paying jobs most of which have great benefits.”

Short-term programs can quickly provide the skills workers need to begin their careers. These shorter programs provide a diploma or certificate that proves their value, Lowery says.

In Greenville County, a local economic development employee for the Greenville Area Development Corporation works full-time solely as an industry manager. The manager’s job is to touch base with every company annually to see what issues they need solved, be they policy- or workforce-related. “She does a thorough analysis of what they need and how the county can assist them,” Whirl says, helping keep Greenville Tech up to date on the skills its students need.

Who Pays for Worker Retraining?
Kimberly Garcia benefitted from a short-term welding program at DMACC. She completed her certificate within four months and went from earning $11 an hour at a job with no promise of advancement to earning $15 an hour with growth opportunities at a welding shop in Des Moines.

“I don’t want this to be just another job. This is my career, and this is my life,” Garcia says. “You’re never too old to start living your life.”

Regardless of how motivated Garcia was, it would have been difficult for her to afford tuition while simultaneously paying child support for her three
Our Strength is Our People

At The Ohio State University College of Medicine we see diversity as the uniqueness each person brings to achieving our goal to create the future of medicine to improve people’s lives. It is an honor for us to receive the 2018 Health Professions Higher Education Excellence in Diversity (HEED) award alongside two other colleges from The Ohio State University. We believe it is a reflection of our university’s commitment to diversity and inclusion.

Up to 53 percent of all U.S. jobs in 2015 were considered middle-skill jobs, according to the National Skills Coalition, but only 43 percent of workers were qualified to fill those positions.

“We want to make sure students don’t drop out because they don’t have gas to get to class,” Maher says. “[The Pathway navigators] become that point of contact for the students.”

At Greenville Tech, students benefit from company-sponsored apprenticeship programs to pay for tuition. South Carolina also has a lottery system that covers half of tuition costs for students in high-demand career paths.

BMW’s apprenticeship program, called BMW Scholars, supported 200 participants in 2018. Students attend class full-time and work part-time at the BMW plant. The company pays $1,500 toward tuition and books at four area technical and community colleges, provides healthcare benefits, and pays students for their work at the plant. Another business in the area, eye health products company Bausch and Lomb, covers full tuition, books, and fees if students agree to work for them after graduating.

“We really pride ourselves on being a community that wants to do advanced manufacturing,” Whirl says. “It really does take the private, public, and education [sectors] coming together.”

Kelsey Landis is the editor-in-chief of INSIGHT Into Diversity.
Texas Christian University and University of North Texas Health Science Center School of Medicine uses Microsoft’s HoloLens technology to teach anatomy and other science content.
CUNY School of Medicine’s approach makes it one of the most diverse in the nation

By Jen Roberts
The City University of New York (CUNY) School of Medicine is on average the fourth most diverse medical school in the nation, and the most diverse at a predominantly white institution. CUNY achieves this success through its dedication to an inclusive mission along with several key tactics.

According to the *Journal of the American Medical Association*, 57 out of 219 enrollees in CUNY’s program — or 26 percent — identify as Black or African American. Nationwide, Black students made up only 7 percent of overall medical school enrollment in the 2018-2019 academic year. Nearly 8 percent of enrollees at CUNY’s medical school identify as Hispanic or of Spanish origin while representing 6 percent of total medical school enrollment nationally. Roughly 53 percent of students at the School of Medicine are from underrepresented groups, including more than 80 percent who are immigrants or children of immigrants.

CUNY only recently started granting medical degrees (MD), though the institution has existed for 45 years with two undergraduate degree programs. From the time the medical school was founded in 1973, “the mission of the school has always been to provide opportunities for students from backgrounds that have been historically underrepresented in medicine,” says Annabel Santana, assistant dean for diversity and educational affairs.

Data on graduation rates is not yet available, though the program has received positive anecdotal feedback from students. First-year medical student Abena Baah-Fordjour says she selected the school “because I felt at home from the first minute I stepped on campus. No other school has such a clearly defined mission that it kept reiterating and working towards.”

Students in the program obtain their bachelor’s degree and MD in seven years. Because enrollees are admitted out of high school, they do not have to take the Medical College Admission Test (MCAT). The admissions team uses a holistic review process that considers experience in past leadership roles and community volunteer work instead of relying solely on traditional test scores and grade point averages.

“It’s clear that there has been a leaky pipeline when you look at the number of students underrepresented in medicine who used to be pre-med or believe they are on the path to medical school,” says Erica Friedman, interim dean.

Friedman considers the MCAT a hurdle that “is known to distinguish high-scoring students and low-scoring students, not on innate intelligence but more on previous experiences with standardized tests or [having] an incredibly strong education through middle school and high school that puts them at an advantage for being good test takers.”

“Our model recognizes that in order to recruit those who are underrepresented in medicine into the field and into primary care you need to capture them early so that they
don't get caught in this leaky pipeline," Friedman adds.

The school’s recruitment process also plays an integral role in enrolling students who are underrepresented in medicine.

Admissions staff work hard to develop relationships with high school students, sometimes as early as their first year. Staff attend college fairs, visit high school classrooms, and participate in academic enrichment programs.

“We bring our students along with us to our recruitment events,” says Jerrold Erves, associate director of admissions.

“What that instantly does is help younger students thinking about medicine and applying to our program realize that they can because they see students who may not be much older than they are.”

As early as their first year in the CUNY program, students go out into the community to learn about the structural, social, and environmental challenges to health. This practice lays a foundation to help them “understand that to be a good physician, it’s really important to know where people live, learn, work, pray,” says Joan Dorn, chair of community health and social medicine.

These experiences expose students to the social problems and diseases that are more prominent in underserved communities, “such as high incidents of asthma and diabetes, substance abuse, and childhood obesity,” says Ernest Patti, course director and senior emergency medicine physician at St. Barnabas Hospital.

Students also learn firsthand about the need for primary care physicians in these communities. “[For] folks who live in an area that’s depressed economically, it’s harder for them to get good medical care on a regular basis. If you want to go see a doctor in the zip code around the medical school, there aren’t as many primary care offices open after hours,” Patti says.

Gladys Obaji, a first-year medical student, says she knew her first day on campus that she chose the right school.

“There was a certain kind of peace that overwhelmed me that day. I felt like I belonged. I would attribute this sense of belonging to the diverse group of students who offered to welcome the newly accepted students.”

“We have a very passionate group of support staff and faculty. They just really love our students,” Santana says. “We have our challenges, too. It’s not the perfect environment. … We’re really trying to have a climate and a culture that can support our students and we are examining our own processes to see where we can make changes. We’re trying to be proactive.”

Jen Roberts is a contributing writer for INSIGHT Into Diversity.
THE TEXAS A&M CVM IS HONORED TO RECEIVE A 2018 HEALTH PROFESSIONS HEED AWARD

Wellness initiatives in place for students, faculty, and staff.

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Graduate Students are included in a White Coat and Oath Ceremony.

Graduate students actively contribute to ongoing OneHealth research.

Undergraduate BIMS students in the computer lab

Undergraduate BIMS students Studying Abroad in Germany

Undergraduate BIMS students in the anatomy lab
The Evolving Field of Narrative Medicine Reaches the ‘Core of the Human Condition’

By Mariah Bohanon

Naomi Rosenberg, MD, had just graduated from the Lewis Katz School of Medicine at Temple University (LKSOM) when she decided to treat herself to a weeklong writers’ retreat. A former English major, Rosenberg says she wanted the opportunity to reflect on her recent experiences as a resident in a busy urban hospital. When given a writing prompt for an instructive essay, she jotted down the most difficult lesson of her medical training.

The resulting piece, “How to Tell a Mother Her Child Is Dead,” was later published in The New York Times and garnered responses from hundreds of physicians who could never forget their own experiences. “One guy wrote me about something he had said to a [deceased] patient’s family 60 years ago,” Rosenberg says. “Those experiences live on inside of us.”

Rosenberg now teaches narrative medicine at LKSOM, helping students and colleagues process their own experiences through storytelling. A relatively recent concept, narrative medicine applies the principles of reflective writing and literary analysis to humanize the often impersonal nature of modern healthcare. The goal is to provide better patient care with the added benefit of improving physician job satisfaction and reducing burnout.

Like many in this field, Rosenberg participates in ongoing trainings through Columbia University’s Division of Narrative Medicine, the first program of its kind. Intensive

NARRATIVE MEDICINE AS A PLEA FOR PUBLIC HEALTH

On Feb. 14, 2019, The New York Times published an innovative essay by Eric Curran, a third-year medical student at Temple University. “I Remember the First Time I Saw a Teenager Die” combines prose and photography to tell the story of a failed attempt to save a gunshot victim. Curran includes a plea to readers to advocate for better gun control, thus demonstrating narrative medicine’s potential to engage broader audiences in its social justice mission and the quest to improve public health.
The Hackensack Meridian School of Medicine at Seton Hall University is designed to produce competitive physicians who understand the social determinants of health and disease and the importance of diversity in health care.

shu.edu/som-diversity-aims

**Physician burnout** affects nearly 78 percent of doctors. In 2019, the Massachusetts Medical Society and other leading institutions jointly declared this growing trend a public health crisis. Physician burnout is considered a crisis for the following reasons:

- Causes an increase in detachment, emotional exhaustion, and cynicism for one’s work because of workload, chaotic work environments, declining pay, technological barriers to patients, and loss of autonomy due to bureaucratic health systems and insurance companies.
- Causes disproportionately high rates of depression, substance abuse, and suicide among physicians.
- Results in declining quality of care for patients due to impaired attention, empathy, and communication.
- Aggravates the doctor shortage when more physicians choose to leave the profession.

Sources: Harvard Health Publishing and Harvard T.H. Chan School of Public Health

weekend workshops attract clinicians, writers, and educators from across the world. The division also offers an online certificate and a Master of Science program that enrolls people from multiple academic backgrounds and career fields. Medical students can take electives or even combine the degree with their clinical training.

Rita Charon, MD, PhD, the division’s executive director, first coined the term “narrative medicine” in 2000 after earning her English doctorate. As an internist and professor for Columbia’s Vagelos College of Physicians and Surgeons, she had spent 10 years researching ways to apply critical reading skills in a clinical setting. “It was just stunning,” Charon says of her English degree. “I found that there was a one-to-one correspondence between what I was learning in class and what I was able to do with patients.”

Too often, medical training ingrains a singular focus on the body, dismissing other patient concerns as small talk, Charon says. English majors, however, are trained to understand the perspective of others and deduce meaning from tone, sentence structure, and other narrative elements.

“Physicians are trained to zero in as quickly as possible on the physical problem,” she says, but they can provide better care if they consider the patient’s experiences and connect with them.

Charon encourages students to practice what she calls “radical listening” by letting patients explain the “story” of their ailment, including details like the time, place, and emotions or events related to symptoms. She also urges physicians to write narratives of their interactions with patients. Known as parallel charts, these accounts may

Students and residents who use parallel charts “understand their own emotions and [those of] their patients more fully, conduct better medical interviews, perform procedures more efficiently, and feel greater confidence in their caregiving,” according to the Veterans Health Administration.
Before he began teaching doctors how to read Walt Whitman, Syl Jones was a successful journalist and playwright. His career writing about healthcare issues began when he was young. As a child, he often visited patients with his mother, a nurse, “learning early on the importance of talking to [a patient] and knowing their story,” Jones says. Then, in 2013, he heard about narrative medicine on the radio.

“I almost drove off the road because I was just thinking, ‘What is that?’” says Jones, who now serves as director of narrative health and medicine for Hennepin Healthcare in Minneapolis. “When I researched it, I thought to myself, ‘This is what I really need to be doing.’”

Jones received a Bush Foundation grant to study at Columbia University, learning “the framework for using narrative medicine on the ground in a clinical setting,” he says. He started working in 2015 at Hennepin, which encompasses a 473-bed academic medical center and multiple clinics.

Jones now leads professional development programs for hundreds of employees every year, helping them dissect texts by authors such as Whitman and Virginia Woolf that reveal “the pain people are in when they come into a hospital and feel that their bodies are not under their control,” he says. “They feel controlled by illness or by people, physicians, nurses that they don’t know who are doing things to them physically.”

“This is a new insight for a lot of physicians who think about what they do as simply being helpful,” Jones says.

Narrative Medicine in Action

A March 2018 narrative palliative care workshop at Columbia University unites faculty, practitioners, and students in improving patient care.

supplement official medical records or be shared with patients and colleagues. The practice can require as little as two to three minutes of jotting down an unofficial, subjective summary.

These simple methods can be highly effective in improving patient-doctor relationships. Research shows that people are more likely to follow instructions from a physician who seems truly invested in their lives and empathetic to their concerns. Narrative medicine can also reduce bias and improve care for marginalized populations. “Radical listening is the effort to be present, to bear witness, and to listen without your biases and assumptions. It’s about curiosity, not judgment,” Charon says.

Columbia engages in a number of research projects to explore narrative medicine’s potential for reducing health disparities. The program’s faculty — who come from both scientific and humanities backgrounds — make social justice a top priority. “This isn’t just about being a nice doctor or having a nice bedside manner,” Charon says. “It’s hearing and taking responsibility for improving access and equity, because it’s in our power to do this.”

Practicing narrative medicine techniques allows doctors to reconnect to their passion for helping others and process the emotional stress of working with the sick and dying — both of which are increasingly difficult given the structure of modern healthcare, Charon says. A recent workshop at Columbia addressed what Harvard Medical School’s Health Blog describes as the “severe and worsening epidemic of physician burnout.”

Students and physicians may believe they are too busy to learn or practice these techniques, but narrative medicine makes what little time doctors have with patients all the more valuable, says John Vaughn, MD, professor and director of student health services at Duke University School of Medicine. He explains this concept with a famous quote by William Osler, the father of modern medicine: “Listen to your patient. He is telling you the diagnosis.”

In addition to teaching a clinical elective on the subject, Vaughn co-hosts monthly classes known as Narrative Medicine Mondays. Sessions last less than two hours and involve discussion of a short story, poem, or film clip. “Whether it’s fiction or nonfiction, you’re taking on the point of view of another person,” Vaughn says, “which is one of the foundational purposes of narrative medicine and a foundational skill of being a physician.”

Participants may be asked to rewrite
a medical narrative from the point of view of a patient or pen something more personal, such as describing a time they felt their own story was lost on a listener. “The key is to have them write for five minutes and then share exactly what they wrote with no editorializing or explanations,” Vaughn says. “That’s hard to do because it makes you feel very vulnerable.” From there, they draw connections and gain new perspectives from each other’s narratives. The experience also helps them empathize with vulnerable patients who have to communicate with sometimes dismissive doctors in order to receive proper care, he says.

Narrative medicine has struck a chord with the medical community. Vaughn says a growing number of pre-med students have expressed interest in the discipline and more schools are introducing classes and programs in this area. Perhaps the greatest indicator of the field’s popularity, however, is Charon being named the 2018 Jefferson Lecturer in the Humanities. Awarded by the National Endowment for the Humanities (NEH), the recognition is the federal government’s highest honor for distinguished intellectual achievement in this field. NEH Chairman Jon Parrish Peede stated in a press release that Charon’s work “gets to the very core of the human condition.”

To learn more about narrative medicine and educational opportunities through Columbia University, visit narrativemedicine.org. Mariah Bohanon is the associate editor of INSIGHT Into Diversity.
Recent Study Shows Pipeline Program Increases Racial Diversity in Dentistry

By Mariah Stewart

A Boston University (BU) pipeline program has increased the diversity of underrepresented students seeking dental degrees, a 2019 study shows.

In 2005, BU Goldman School of Dental Medicine (GSDM) and the Boston University School of Medicine (BUSM) introduced the Oral Health Sciences (OHS) pipeline program. The master’s degree-granting program serves as a successful credential-enhancing resource for underrepresented students who risk not being admitted into dental school because of academic performance, according to the study.

The study looked at underrepresented minorities (URMs), including Black or African American, Hispanic or Latinx, American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander populations. These groups make up less than 15 percent of dental school enrollees despite accounting for more than 30 percent of the United States population, according to the research.

The disparities gap in the health and dental industries was so prominent that it sparked a national pipeline initiative, to which OHS is linked. Academic enrichment programs for medical and dental school applicants exist in many formats, but OHS’s curriculum differs because it is one of the only master’s programs that offers its participants dental classes alongside first-year Doctor of Dental Medicine (DMD) students.
“By providing a strong curriculum and advising system [for] both peers and faculty to support students, the OHS program allows students to gain both confidence and academic and professional skills essential for future success in dental school and as practitioners,” says the study’s lead author, Theresa Davies, PhD, director of the OHS program and assistant professor of Medical Sciences and Education at BUSM. “The fact that they experience what dental school is really like, that’s what really helps these students,” Davies adds.

The study, published in the *Journal of Dental Education* in January, measured the success of OHS by analyzing the acceptance rate of underrepresented students into dental school and their performance in their first and second years. A decade’s worth of data was collected from admissions records, the registrar, and the Office of Institutional Research on students’ race and ethnicity, GPA at undergraduate programs and at OHS, and dental admission test scores.

From 2005 to 2015, the pipeline program saw the following results:

- Of the 182 students enrolled, 30 percent were from underrepresented backgrounds.
- Five students withdrew, two of whom were underrepresented.
- Of the original enrollees, 177 students, or 97 percent, completed the program.
- Only nine failed to gain dental school admission, four of whom were underrepresented.
- Nearly 90 percent of underrepresented students in the program were admitted to dental schools.

A majority of these students went on to attend GSDM. The average GPA was higher for underrepresented students who completed the pipeline curriculum and were accepted to dental school than for those who were not.

Briana Chang, 24, a first-year

OHS SUCCESS STRATEGIES

The structure of the OHS program helps enrollees succeed through the following elements:

- A curriculum consisting of 32 credit hours with 18 credit hours of first year dental school classes taken with BU dental students
- Academic preparedness courses teach studying, test-taking, and networking skills
- Advising, career mentoring, and dental school application assistance provided
- A focus on building a tight-knit community with OHS peers and faculty
- Academic and professional enrichment events
The American Dental Education Association (ADEA) collaborates with our membership, strategic partners and the health care community to advance access, diversity, inclusion, equity and the well-being of all constituencies as priorities in dental education and improving oral health for our nation and global citizens.

Important Upcoming Dates for Access, Diversity and Inclusion:

**2019**
- May 14: ADEA Associated American Dental Schools Application Service cycle opens
- May 22-23: ADEA GoDental Virtual Fairs (online)
- Oct. 23: ADEA Diversity Workshop (Portland, OR)
- Nov. 1: ADEA Scholarships, Awards and Fellowships deadline
- Dec. 1: Summer Health Professions Education Program (SHPEP) application opens

**2020**
- March 14–17: ADEA Annual Session & Exhibition (National Harbor, MD)
- March 13–14: ADEA Student Diversity Leadership Program (National Harbor, MD)
- March 14: ADEA GoDental Recruitment Event (National Harbor, MD)

For more information, visit adea.org/adi.
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Healthcare Suffers When Medical School Graduates Don’t Match

By Ginger O’Donnell

According to the National Resident Matching Program, 96.2 percent of medical school graduates were matched with a residency program in 2018, the most successful year on record. But even that high match rate left 1,171 individuals seeking an alternate way to advance their careers.

Exact numbers on how many of these individuals come from underrepresented backgrounds are not known, according to leaders at both the National Medical Association (NMA) and the Student National Medical Association (SNMA).

But the problems created by not matching affect both the students and the healthcare field. Those who do not secure a residency are saddled with significant student debt to repay without a guaranteed income, even as the shortage of physicians nationwide continues to increase.

Reasons for Not Matching

There are both systemic and individual reasons for why a new Doctor of Medicine (MD) may not land a residency. Some don't score high enough on the tests required for admission, while others apply for specialties that are highly competitive, such as dermatology, according to Gabriel Felix, MD, president of the Student National Medical SNMA.

Others may not effectively develop relationships with hospitals or clinics, causing them to fall through the cracks, according to Doris Browne, MD, president of the NMA.

In addition, some underrepresented individuals may seek work in large cities where the demographics are more closely aligned with their racial and ethnic background, Browne says. These urban communities tend to be more competitive, meaning there are fewer slots.

Both medical education and the healthcare system play a role in the problem. MD programs continue to expand, but residency programs are not growing at the same rate. In addition, programs are becoming more selective in the candidates who receive offers.

The residency application and interview process costs medical students hundreds to thousands of dollars, depending on the location and number of programs they apply to.

Following the 2018 match process, there were 1,268 positions left unfilled.

Marshala Lee, MD, MPH, who is addressing this issue as part of her work with the Health Resources and Services Administration (HRSA), says residency programs don't want to take a chance on candidates who don't have the strongest records. “They would prefer spots go unfilled than to select someone who might have more challenges in finishing a residency,” she says. Additionally, some students don't receive the mentorship they need to help them secure competitive spots.

The Professional Toll

Not matching takes a heavy professional toll on new MDs and also presents problems for the healthcare field. When residency spots go unfilled, it delays opportunities for graduates to practice and hinders the medical field’s ability to combat the projected physician shortage. The Association of American Medical Colleges (AAMC) reports that the United States is likely to need an additional 42,600 to 121,300 doctors by 2030.

Rural areas — not a first choice for many medical school graduates — will be particularly affected by this issue. The AAMC projects an even more significant shortage of primary care physicians. Data indicates a shortfall of 14,800 to 49,300 of these doctors by 2030.

Much of the shortage can already be seen in rural areas and communities where underrepresented groups live, making a successful match all the more important. Doctors from those communities tend to return to them to practice primary care after graduating, Lee says.

“Underrepresented physicians, despite the low financial incentives of going into primary care, are still very impassioned [about this practice],” Lee says. “We can see in the data that they are still going into primary care in higher numbers, despite having a higher debt burden than others.”
The Personal Toll
Students who do not land a residency often carry their medical school and undergraduate debt for a year or more as they wait to re-enter the match. According to Browne, it can range from $200,000 to $500,000.

Those students do have options, including working as physician assistants, nurse practitioners, or midwives; serving as assistants in a physician’s office; or getting involved with government research. However, it becomes increasingly difficult to land a residency in their preferred specialty if they don’t match the first time around.

“I’ve known [unmatched] medical students who go to nursing schools,” Lee says. “I have a friend who is a paramedic right now. She hasn’t matched for three years. The further out you go, the less likely her chances of ever matching become. She started working as a paramedic to make ends meet.”

Does Bias Play A Role?
Some individuals from underrepresented groups feel they face bias in the interviewing process for a residency.

Chantelle Washington, OD, is a graduate of Michigan State University (MSU) College of Osteopathic Medicine who recently matched in emergency medicine at Henry Ford Hospital in Detroit. A Detroit native and a woman of color, she is passionate about giving back to her community. When she was interviewing at residency programs across the Midwest, she explicitly asked what doctors are doing to address issues of diversity in their programs.

To this question the interviewer responded, “I laugh at questions like that. I don’t see color. I’m not going to rank someone higher than another person if they have lower scores and they just don’t meet the mark,” Washington recalls.

She argues there is an element of cognitive dissonance in the fact that most medical schools work hard to recruit diverse applicants, but at least some residency programs don’t seem to prioritize this.

Washington also expresses frustration with how some of her fellow MDs speak about her hometown of Detroit. Many of them say they are attracted to the Detroit area because “it’s good pathology,” she says, which refers to the types of medical problems they will be exposed to in emergency rooms and outpatient clinics. “They’re excited to learn about the cases but seem to forget that these are people we are treating,” she explains.
Another group negatively affected by the residency process are some young immigrants protected under the Deferred Action for Childhood Arrivals program, Browne says. They sometimes choose to not apply to residencies because doing so could result in their being deported back to their country of origin.

**What Institutions Are Doing to Help**

Medical organizations are keenly aware of the problems with the residency process and are working to address the issue on both individual and systemic levels. These efforts include the following:

- **HRSA’s Teaching Health Center Graduate Medical Education Program** provides residency slots to new MDs in community health centers versus large hospitals. This arrangement allows doctors-in-training to gain experience with community-based healthcare, where patients tend to be uninsured, low-income, or both. The experience can motivate these individuals to practice in underserved areas once they complete their residency.

- **Three U.S. senators** introduced a bipartisan bill on Feb. 6 to expand the number of federally supported residency positions. It proposes adding an additional 3,000 Medicare-supported positions each year for five years.

- **NMA** offers mentoring programs to medical students preparing for residency. Additionally, several members of NMA hold offices in diversity and inclusion committees at U.S. universities, using their expertise to help underrepresented students navigate the medical school application process.

- **SNMA** hosts an annual conference in which they conduct information sessions for individuals who did not match to help them move forward.

Ginger O’Donnell is a senior staff writer for INSIGHT Into Diversity.
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Philadelphia College of Osteopathic Medicine to Address Lack of Rural Healthcare in Southern Georgia

By Elizabeth Donald

A new medical school under construction in Georgia may help address an ongoing shortage of medical practitioners in rural areas, a problem under scrutiny by the healthcare profession, medical schools, and the federal government.

There are 271.6 active physicians in the United States per 100,000 residents, according to a report compiled by the Association of American Medical Colleges in 2017. The average ranges from a high of 443.5 in Massachusetts to a national low of 186.1 in Mississippi.

Georgia ranked 39th out of the 50 states, with 225.2 doctors per 100,000. But the study did not examine the difference between rural and urban areas, which can be significant. There are half as many doctors per capita in rural counties in Georgia than in the cities, according to the Georgia Board for Physician Workforce.

Enter the Philadelphia College of Osteopathic Medicine (PCOM), which is building a new medical campus in Moultrie, Ga. They operate a satellite location in Suwanee, Ga., and both locations will offer an osteopathic medical degree as well as other graduate studies.

Why would a Philadelphia medical school build its satellite campuses in rural Georgia?

“Where you spent most of your time on rotations during medical school or residency, you tend to stay,” says Dr. Michael Sampson, DO, the new chief academic officer for PCOM South Georgia. Sampson is focused on building a program that not only educates students in a rural county but sets up residency programs at five area consortium hospitals. The hope is that by educating and training them in rural areas, they will choose to remain there.

PCOM’s philosophy is “we grow our own,” he says, both through the college and the residency program. “We want to keep them in the area and train in the area, but also put the rural spin on it,” Sampson says. “Medical care is different in the rural areas than suburban or urban areas.”

Rural healthcare tends to be more primary care-driven, with emphasis on pediatrics and education in healthy living and disease prevention, Sampson says. Rural physicians are challenged to educate patients on what they should eat and helping them get access to healthy fruits and vegetables as well as medication.

In addition, there are some Georgia counties that don’t have any physicians at all. “Transportation is great if you have a car,” Sampson says, but socioeconomic conditions may vary. If a patient does not have a car or a caregiver to take them to a doctor, it is a hindrance to healthcare.

Lack of access to healthcare is not a new problem, according to Paul Moore, senior health policy advisor with the federal Health Resources and Services Administration, a division of the U.S. Department of Health and Human Services. “There’s not really any one [factor] you can point at” to explain the difficulty recruiting doctors to rural areas, Moore says. It’s a number of problems: the financial challenges of treating lower-income patients, the complications of the care itself, and
the sense of professional isolation for a doctor distanced from urban centers where they may have had access to a lot of specialists.

“Some physicians are not comfortable with the range of skills they need [for rural practice],” Moore says. One possible solution for that has been “tele-health,” where a specialist dials in to an emergency room remotely to offer a consultation when one is not physically available.

“You can’t get a neurologist to a town of 3,000 people,” Moore says. So, the neurologist appears on a screen and views tests and the patient, using technology to assist with diagnosis. “It’s not the total solution, but part of the solution,” Moore says.

Another issue may be a lack of employment options for spouses and reduced educational options for children. “The system is already stacked against getting them there,” Moore says. “[The PCOM project is] a good thing because you’re moving the educational process closer to where the need is.”

Part of recruitment means that welcoming the new doctor is vitally important. “[The PCOM project is] a good thing because you’re moving the educational process closer to where the need is.”

Helping new physicians connect to the community and feel welcome will go a long way toward keeping them in practice in rural areas, Moore says.

As far as Moultrie leaders are concerned, PCOM is a welcome addition. “It’s going to be a real boon, not only to Moultrie, but the whole south Georgia region,” says Moultrie Mayor William McLeod McIntosh. While there is a hospital nearby, residents often have to go out of town to see a specialist, and the entire area is “badly in need of physicians.”

“We’re very fortunate and very excited about it going online and looking forward to what it’s going to do for us and for the entire south Georgia area,” McIntosh says. Community leaders will be working to welcome the students and emphasize options for housing, recreation, the local arts center, and more, he adds.

“We all realize it’s not an island unto itself,” McIntosh says. “We want those folks to realize what’s here for them and their families, with a concerted effort to reach out and provide things of interest to the students. … We’re looking forward to new folks coming to our community and the ideas they’ll bring.”

Sampson is from a rural area himself and remembers having to travel a long way from the family farm to see a doctor. That’s one reason he wanted to join the Moultrie project. “I love that small-town atmosphere. They’re so friendly,” Sampson says. “We don’t even have to advertise that we’re there. If you say, ‘PCOM,’ they say, ‘We’re so glad you’re here.’”

It is also important to create pipelines for incoming students. The Suwanee campus has had success with middle and high school programs called “Opportunities Academy” to stimulate interest in healthcare. The programs are not just about visiting on career day and making a speech, however.

“You can’t just talk to them,” Sampson says. “You bring them on campus and have them do a mini medical school for a week.” The students work in a simulation center and can actively work with a “patient.” This type of experiential learning is especially rewarding when it involves individuals who didn’t know what they wanted to do for a living until they tried it, Sampson adds.

“They say, ‘I saw the light at the end of the tunnel. This is what I want to do with my life,’” Sampson says. He is already in the process of setting up similar pipeline programs in the high schools around Moultrie.

PCOM received initial approval from its accrediting agency to launch its inaugural class in December. The four-year program will open with a class of 55 students in a new, 75,000-square-foot building, initially offering the doctor of osteopathy degree. Recruitment of faculty and staff has begun, and construction is well underway for a projected August opening.

They won’t lack for students. Sampson says the initial class attracted 3,500 applicants for only 55 slots, so the waiting list has already started.

Elizabeth Donald is a contributing writer for INSIGHT Into Diversity.
Two Texas Institutions Partner to Create the Next Generation of Compassionate Physicians

BY GINGER O’DONNELL

Evonne Kaplan-Liss, MD, was diagnosed at age 15 with ulcerative colitis, a chronic disease that causes inflammation in the digestive tract. “[Having] had 21 operations and multiple other admissions into the hospital, I learned at a very young age that the way doctors communicated with me and my family determined huge decisions that we made in terms of what direction to take in my care.”

A new medical school in Fort Worth, Texas, will offer a curriculum to teach the empathy doctors need to provide top-quality care. Kaplan-Liss is the assistant dean for narrative reflection and a patient communication professor at the new Texas Christian University and University of North Texas Health Science Center School of Medicine (TCU and UNTHSC). She partnered with the school’s new artistic director, Val Lantz-Gefroh, to establish the trademarked Compassionate Practice and Empathetic Scholar curriculum.

The impetus for a strong focus on compassion and empathy stems from what the medical school’s senior leadership perceive as major challenges in medicine and medical education. “[Most students] enter medical school highly, highly idealistic. They want to help their fellow human. What happens when you put them in hospitals and they don’t get to know their patients? They lose that empathy,” says Stuart Flynn, MD, dean of the medical school.

The curriculum’s model can be found in medical schools in 32 countries across the world, including Canada and Australia. When students focus on forming long-term relationships with patients, they maintain high levels of empathy and compassion, Flynn says.

Teaching future doctors to be...
compassionate is even more important as they navigate an increasingly complex, tech-based healthcare system.

A Curriculum Centered on Patients and Learners
The Compassionate Practice curriculum at TCU and UNTHSC will improve students' communication skills via theatre and improvisation techniques as well as journalistic inquiry. For example, during the first year when they are learning anatomy, biochemistry, and other science subjects, they will begin each week with a “content framing session” where panels of actual patients will share their experiences about how a health condition has affected their lives.

One way students will increase their awareness of body language is through “silent mirroring” exercises — working in pairs to mirror each other’s movements, says Lantz-Gefroh. This will be especially pertinent as students learn how to break bad news to a patient, she explains. “We’re teaching students to recognize what bad news is,” she adds. “It’s not just delivery of a message of end of life. Bad news can be something as simple as you have to go on a diet.”

The curriculum contains several longitudinal courses, allowing participants to direct their own learning and delve deeply into their areas of interest across all four years of their education.

This model involves several curriculum components:

- **Flipped classroom model:** For every class, students will spend 12 hours per week on independent study, using advanced technology on their laptops such as HoloLens virtual reality simulators, which allow them to listen to a malfunctioning heart valve with a
click of their mouse. This type of independent learning is gradually emerging in medical schools. Unlike other schools, however, TCU and UNTHSC will not have any lectures.

- **Longitudinal Integrated Clerkship (LIC):** The LIC, as opposed to a block style clerkship, allows students to focus on specialties in depth over time and develop meaningful one-on-one relationships with the doctors they are shadowing. Moreover, they will complete much of their studies in health clinics and doctor’s offices, the primary sites of preventative care.

- **Patient panels:** Students will track individual patients over time. “Take a young woman who becomes pregnant,” says Danika Franks, MD, assistant dean for student affairs. “Our students will see the patient at her very first prenatal appointment, go to all of her appointments, and then have the benefit of going in with their preceptor to actually deliver that baby.”

- **Scholarly Pursuit and Thesis:** Students will learn the basic principles of research ethics, how to conduct a literature search, and more. Then they will develop their own research question and work one-on-one with a mentor over four years to see their project come to fruition. The class culminates in everyone presenting their project to their peers.

- **Preparation for Practice:** This course will provide an in-depth education about 10 themes relevant to practicing medicine in the coming decades — for example, “team-based care.” While studying team-based care, students will have the opportunity to learn first responder skills alongside their colleagues in the TCU School of Nursing, says Jo Anna Leuck, MD, assistant dean for curriculum. “Preparation for practice is everything doctors wished they had learned about in medical school but are not really taught in a traditional way,” she adds.

**Recruiting Diverse, Caring Students**

TCU and UNTHSC seeks to admit those who are highly empathetic to begin with. Applicants must complete a questionnaire called the Jefferson Scale of Empathy, a tool used for medical students as well as physicians, says Tara Cunningham, EdD, associate
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Setting Students Up for Success

The school’s senior leadership launched multiple initiatives to ensure that students receive substantial support as they pursue the rigorous path toward becoming physicians. All of the 60 enrollees in the inaugural class will have their first year’s tuition entirely paid for by Fort Worth-based pharmaceutical executive Paul Dorman.

Another effort is the “physician development coach” initiative. Each student will be paired with a practicing or retired physician who has participated in a nine-month fellowship rooted in the core competencies of the International Coach Federation, an organization which certifies executive coaches. The development coaches play a different role from that of a traditional adviser or mentor. They will engage aspiring physicians in individualized conversations and questioning. In addition to meeting with their coaches four times each academic year, students are encouraged to reach out if they need help in any way, even to strategize about how to perform better on a test, says Danika Frank, MD, assistant dean of student affairs.

Frank will lead a second initiative, a comprehensive wellness curriculum that will be integrated into the coursework. “We want to make sure that wellness is rich and deep,” Frank says, adding that this practice provides a space for learners to meet wellness objectives in addition to academic goals.

Other efforts include a summer immersion course that will teach incoming classes to navigate the demands of medical school in addition to a boot camp that will help prepare for their Step 1 test. “We are one eye on revolutionary curriculum and one eye on the United States medical licensing exam,” McBride says.

Medical school graduates who sustain a focus on empathy have the potential to enhance the lives of countless patients, Leuck says. “The average physician will see 10,000 patients in their career. Start doing that math and it’s exponential the number of people who can be affected.”

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The new medical school aims to train physicians who will be prepared to begin practicing in 2025 and 2030, Flynn says. “If you have one of our graduates as your physician, if nothing else, you better tell me that young person knows how to communicate with you,” Flynn adds.

Ginger O’Donnell is a senior staff writer for INSIGHT Into Diversity.
TOGETHER

With over a dozen health professions degree programs, UNE is a nationally recognized leader in interprofessional education. Our students learn with, from, and about other health professions.

The idea that we have a lot to learn from people who are different from us runs deep at UNE because we believe that celebrating difference is the best way to create a healthier world for all of us.

www.une.edu
Physician Development Coach: A New Model in Medical Education for 2025 and Beyond

By Lisa McBride, PhD, and Jennifer Allie, PhD

Early in the development of the Texas Christian University and University of North Texas Health Science Center (TCU and UNTHSC) School of Medicine curriculum, which is grounded in learner-centered pedagogy, the importance of having coaching faculty for medical students emerged.

Jacqueline Chadwick, MD, inaugural vice dean for Educational Affairs, constructed the role of the Physician Development Coach along with Jennifer Allie, PhD, the senior associate dean for Faculty Affairs and Development. “One of the benefits of starting a new medical school from scratch,” Chadwick says, “is to put in place all the elements we can think of to ensure student success, both professionally and personally. With burnout, depression, and suicide at alarming rates among students, residents, and physicians, we decided to formalize a coaching environment for every student, not just those struggling.”

Coaching faculty function outside of formal educational and assessment activities and serve as a guide for the four-year academic journey. The coaches play an integral role guiding students’ academic progression as well as the formation of their professional identity. “While mentoring and advising have historically been utilized to support student progression through medical school,” Allie says, “these practices focus on the expertise of the faculty rather than the student.”

The International Coach Federation (ICF) defines coaching as “partnering with clients … to maximize personal and professional potential.” Medical education has recently begun to embrace coaching as a practice for reducing stress and improving student and practitioner performance.

Using individual-centered discussions, coaches work with students to promote positive behavior change and inspire them to move towards action, an approach that aligns with ICF competencies. This type of coaching is a learner-centered practice that encourages students to take ownership of their actions and identify a way forward.

Liselotte Dyrbye, MD, from the Department of Medicine at Mayo Clinic, says medical educators can encourage a growth mindset focused on continuous improvement by providing opportunities for student-driven change and development. This practice is essential to success as a medical practitioner.

Additionally, Dyrbye says coaching provides a framework for establishing trust and a positive relationship to minimize stigmas associated with seeking help. By giving students a guide, coaching can increase self-awareness as well as help them create goals that lead to tangible results. Fostering humanism is integral to the purpose of coaching. Students who participate in coaching have the opportunity to debrief and reflect on their experiences.

The first cohort of seven physician development coaches was recruited in summer 2017. Allie and Chadwick hosted a retreat with them later that year. During the retreat, through an Appreciative Inquiry process, the role of the Physician Development Coach at the School of Medicine was further constructed. The coaching faculty were asked to respond to the following prompts:

1. Describe a high-point experience
Faculty members also need training and skill development in coaching methodologies. To this end, the School of Medicine Office of Faculty Affairs and Development partnered with the Office of Organizational Performance at UNTHSC to deliver development training.

Working with Jessie Johnson, PhD, director of Organizational Learning and Performance and assistant professor, Allie developed a nine-month coach training curriculum grounded in coaching competencies as described by the ICF, integrating the competencies outlined in the School of Medicine Compassionate Practice communication framework.

Johnson is a certified coach accredited through ICF, and she was instrumental in implementing and managing the UNTHSC coaching program for staff and leadership. She

The coaching program consists of the following components:

- 160 curricular hours with 60 hours of coach-specific training over nine months
- Observed coaching hours with accredited coaching faculty
- Supervised coaching sessions that include formative feedback from mentor coach faculty
- Peer-coaching sessions with fellow participants
- Self-assessment of coaching performance using the ICF Competency Rubric
- A minimum of five observed coaching sessions
- An observed structured coaching experience with a medical student

From this retreat, and with the coaching role further defined, Allie set to work on creating a comprehensive development program for the coaching faculty at the School of Medicine.

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collaborated with professional and master level coaching staff Thomas Moorman, EdD, Dan Wilson, and Sarah Smith.

Johnson invited them to meet with the School of Medicine to explore the opportunity to build a health profession coaching faculty development program. From these early conversations, the curriculum took shape. Johnson identified a total of seven certified coaching professionals who would serve as core coaching faculty.

The program was designed to teach techniques that support student growth throughout their medical continuum. It employs the development of longitudinal communities of practice to allow optimal faculty engagement in coaching as a pedagogical instrument.

“Each of the coaches has a purpose aligned with helping students navigate the sometimes difficult terrain that future physicians encounter along their path to a medical degree,” Johnson says. “I have been struck by their vulnerability as they share their own challenges from medical school as well as their excitement for collaborating to find ways to ensure our students have resources to overcome similar setbacks.”

This curriculum ensures that coaches are prepared with the resources they need to support medical students through their academic career and guide them in their professional identity formation using an empathetic coaching methodology.

Through a partnership with accredited coaching professionals, we hope the development of a longitudinal formal coach training program coupled with an empathetic communication framework — Compassionate Practice — is paramount to the physician development coaches’ ability to evoke the optimal performance, well-being, and humanism of our medical students.

The first cohort is slated to complete their training in June. Atul Gawande, MD, a surgeon, writer, and public health researcher says, “Coaching done well may be the most effective intervention designed for human performance.”

Lisa McBride is the assistant dean of Diversity and Inclusion and professor of Medical Education at the TCU and UNTHSC School of Medicine in Fort Worth, Texas. She is also a member of the INSIGHT Into Diversity Editorial Board. Jennifer Allie is senior associate dean for Faculty Affairs and Development at the TCU and UNTHSC School of Medicine.
Clemson University has been ranked by *U.S. News & World Report* among the top-25 public universities in the nation for 11 straight years. The University has been classified as a Carnegie R1 research university that creates economic opportunities. Faculty, staff and students contribute to Clemson’s national reputation as a great place to study, live and work, and the University invites others to learn more about career opportunities at clemson.edu/careers. To promote inclusive excellence, the University’s Men of Color National Summit works to increase the number of African-American and Hispanic males who finish high school and attend college.

**CLEMSON LEADING THE WAY**

- **Call Me MISTER®** increases the pool of available teachers from a broader, more diverse background.
- **The Charles H. Houston Center for the Study of the Black Experience in Education** examines issues that impact the educational experiences of African-Americans.
- **Clemson Career Workshop** supports college readiness of high-achieving students from diverse populations.
- **Emerging Scholars** helps establish a college-going culture among students from the state's economically disadvantaged areas.
- **The Erwin Center Summer Scholars Program** gives students from HBCUs and other universities an opportunity to engage with marketing, advertising and communication professionals.
- **The Harvey and Lucinda Gantt Multicultural Center** supports and advocates for all Clemson students’ needs while providing diverse and experiential learning opportunities.
- **PEER/WISE** provides collaborative experiences for underrepresented students and women in science and engineering.
- **Tiger Alliance** mentors and prepares African-American and Hispanic high school males for college entrance and success.
Veterinary medicine scholars are uniquely affected by the student debt crisis, largely due to a higher debt-to-income ratio for veterinarians compared with that of other healthcare professions.

The average debt for veterinary students who took out loans to pay for their education was $166,714 in 2017, according to the American Veterinary Medical Association (AMVA), while the average income for a veterinarian was $90,420. Medical students by comparison accumulated an average $190,000 in debt, but they earned upwards of $206,000 annually.

The massive debt veterinarians face can be blamed in part on student loan regulations that favor medical doctors. Extending the same federal programs that provide debt relief for physicians to veterinarians could open up pathways for students to pursue veterinary medicine.

Revising these rules could make a difference in the lives of veterinarians such as Ty Marshall-Blanche, a recent graduate and intern at an equine practice in Reno, N.V. She says debt is a major factor preventing people of color and underrepresented students from pursuing veterinary degrees.

“The total cost of veterinary education is astronomical, and the number continues to rise every year,” Marshall-Blanche says. “There are many people that fully deserve a veterinary education and have the potential to make an impact in the field but are not able to manage the expense of veterinary school.”

The AMVA and other professional organizations have taken action to help alleviate this burden. The association's Fix the Debt initiative is one effort to reduce debt and increase income. The team focuses mainly on lobbying for or against policies making their way through Congress related to higher education and debt.

One potentially threatened law is Public Service Loan Forgiveness (PSLF), which forgives the remaining balance on eligible federal student loans in return for 10 years of employment in a public service job.

The program is essential to veterinarians who choose careers in the nonprofit or public sector but has become unpopular among conservative politicians. President Donald Trump’s proposed budget would cut U.S. Department of Education funding by 10 percent and eliminate the program altogether. The AMVA is also working to address the confusion and lack of transparency surrounding the fact that a majority of veterinarians applying to the PSLF have been denied debt forgiveness.

But even if the PSLF remains in place, many veterinary students cannot benefit from it, says Travis Hornsby, founder of the debt consultant firm Student Loan Planner. Veterinary work in the nonprofit and government sector is scarce compared with private sector work, Hornsby says. That means most veterinarians do not qualify for the forgiveness program.

The only other federal forgiveness option for private sector veterinarians doesn’t come until after either 20 or 25 years of income-based repayment plan payments, depending on when a student took out their loan. At that point, the remaining balance of the student loan is taxable as income. The tax rate varies by individual, but a 25 percent federal tax rate could leave a veterinarian who has a $100,000 remaining balance with a $25,000 tax bill, not including state or local taxes.

This problem could be solved by eliminating the tax on remaining student loan debt, a solution that...
would relieve all student loan borrowers from a sudden, massive tax bill. But the relief would particularly benefit veterinarians, whose overall debt-to-income ratio was 2.26:1 in 2018, up from 1.85:1 in 2017, according to the AVMA.

Proposed Reforms to the Higher Education Act
AMVA has been pushing Congress to reauthorize the Higher Education Act, which the Trump administration released proposed updates for in March. The act, originally passed in 1965, was last reformed in 2008.

The association advocates for changes to the act that would benefit recent veterinary graduates, including the following measures:

• Pass the Veterinary Medicine Loan Repayment Program Enhancement Act, which would eliminate a 39 percent tax on debt relief awards for veterinarians and result in more awards.

• Eliminate origination fees, or the fees lenders charge for processing loans, which can range from 1.1 percent to 4.2 percent of the loan amount.

• Maintain borrowing limits to prevent veterinary students from seeking high-cost private loans. This measure is contrary to the Trump administration’s proposed reform that would cap federal loans for graduate students.

The president said at a press conference in March that revised loan rules would make it easier for students to understand and pay back what they owe. AMVA will focus on ensuring any efforts to simplify financial aid programs will benefit graduate and professional students.

As students wait for Congress to act, they need to focus on planning for how they will balance their income and debt as veterinarians. “There’s not a whole lot you can do to keep your debt under control other than stay in school and graduate,” Hornsby says, “then focus on having a lower-consumption lifestyle.” They should also anticipate what kind of repayment plan they will seek after graduating. If a borrower owes less than 1 1/2 times their income, it might make sense to focus on paying back the entire loan and consider refinancing.

If a borrower owes a lot more than that, Hornsby says, it might be beneficial to pursue an avenue contrary to the traditional belief about debt — that it all needs to be paid off. Veterinarians with hundreds of thousands of dollars in debt might want to focus on an income-based repayment plan that will be forgiven after 20 to 25 years rather than dedicating a large portion of their income toward student loans.

“The veterinary profession can be a great profession, and it can still be great if you have a lot of debt,” Hornsby says. “That person can still live a very successful life if you think about debt in a different paradigm than you normally would.”

Amie Pflaum was awarded the scholarship and used it toward her studies at North Carolina State University. She says it helped her “continue serving both my country and community as a military service member and future veterinarian.”

Additionally, the Army Active Duty Health Professions Loan Repayment Program repays up to $120,000 over three years toward veterinary school loans. Qualifying active duty students can also receive full tuition through the F. Edward Hébert Armed Forces Health Professions Scholarship Program at any accredited veterinary, medical, dental, psychology or optometry program, plus a monthly stipend of more than $2,000.

The federal government will also repay up to $40,000 in student loans for eligible health professions faculty from disadvantaged backgrounds, including veterinary medical college faculty, through the Federal Faculty Loan Repayment Program.
The University of Virginia School of Medicine’s admissions process uses a holistic review in order to select a talented and diverse student body. As physicians and other health care providers, our commitment to goes beyond the walls of clinics and hospitals. We are hoping to narrow the gap between UVA and minority communities locally. Our goal is to enhance cultural competency among UVA students and faculty.

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med.virginia.edu/diversity/

The School of Medicine is adopting a strategy of leveraging diversity and inclusion to drive the School’s mission of excellence in the delivery of quality patient care, the conduct of biomedical research, and the training of health professionals. The School of Medicine aspires to be a national leader in the creation and sharing of health knowledge within a culture that promotes equity, diversity, and inclusion.
Acute Care Surgeon

The University of Utah is interested in hiring an Acute Care Surgeon at the Associate or Full Professor level with a commitment and established track record in research and program leadership in Global Surgery. This individual should have expertise in developing global surgery funding methods for surgical programs and trainee development abroad and be seen as a national leader in Global Surgery. Their clinical interest should include emergency general surgery, trauma and surgical critical care with fellowship certification in surgical critical care. Training in research methodology is desired and a strong commitment to surgical education is necessary. The track may be either clinical or tenure based upon the individual’s academic record.

Interested applicants must apply at: http://utah.peopleadmin.com/postings/86440

For additional information, contact:
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Department of Surgery
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The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission.

The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. To inquire about the University’s nondiscrimination or affirmative action policies or to request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 S. Presidents Circle, Rm 135, (801) 581-8365.

The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.
Scholars, students, artists, and activists alike joined together at William Peace University (WPU) in Raleigh, N.C., in April to explore conversations surrounding hip hop and its relationship with social justice.

The inaugural Hip Hop and Higher Education Symposium at WPU featured panels led by scholars, students, and community members discussing hip hop in terms of art, politics, gender, sexual identity, race, economics, violence, criminal justice, policing, social responsibility, and activism.

Though it is often associated with protest and discord, hip hop is also considered a “vehicle for growth and change,” one panel argued in their presentation, opening up possibilities for positive advancements through conflict. Another panel led by Saint Augustine University assistant professor Erin L. Berry-McCrea, PhD, explored the sociolinguistic narratives of gender, resistance, and empowerment in hip hop lyrics.

The symposium also featured a dance party, performances, and a screening of the 2015 film Straight Outta Compton. The keynote speaker was Marc Lamont Hill, professor of Media Studies and Urban Education at Temple University in Philadelphia.

The symposium is part of the university’s “Believe in Peace” strategic plan.

For more information, visit hiphopedwpu.com.
ONE MAN. ONE STEP. ONE UNIVERSITY.

SEVENTY YEARS AGO, LYMAN T. JOHNSON INTEGRATED THE UNIVERSITY OF KENTUCKY – ONE MAN, TAKING ONE COURAGEOUS STEP TO CHANGE AN INSTITUTION AND A STATE.

OVER SEVEN DECADES, GUIDED BY THE PERSISTENCE AND GRACE OF ONE MAN, WE'VE BEEN ON A JOURNEY AT THE UNIVERSITY OF KENTUCKY.

THIS YEAR, WE ARE COMMEMORATING THAT JOURNEY – FROM BEING THE FIRST SCHOOL IN THE SOUTHEASTERN CONFERENCE TO INTEGRATE ITS FOOTBALL TEAM 50 YEARS AGO TO UK'S 10TH RHODES SCHOLAR, WHO RECENTLY CREATED A SCHOLARSHIP TO HELP STUDENTS FROM MUSLIM COMMUNITIES COME TO OUR UNIVERSITY AS PART OF AN EFFORT TO BUILD STRONGER BRIDGES OF UNDERSTANDING.

TOGETHER

OUR PATH HAS NOT BEEN PERFECT, NOR HAS IT BEEN A STRAIGHT LINE OF PROGRESS. NOTHING WORTH DOING IS.

BUT, TOGETHER, WE ARE MAKING PROGRESS TOWARD BECOMING WHAT WE CALL A COMMUNITY OF BELONGING. IT'S A PLACE WHERE EVERYONE – REGARDLESS OF WHO THEY ARE, WHAT THEY LOOK LIKE, WHERE THEY ARE FROM, OR WHAT THEY BELIEVE – CAN FEEL AS THOUGH THEY BELONG, THAT THIS PLACE IS THEIR HOME.

THAT IS WHO WE ARE. IT IS, COLLECTIVELY AND AS A COMMUNITY, WHAT WE ASPIRE TO BE.
The Lake Erie College of Osteopathic Medicine (LECOM) School of Pharmacy is a leader in innovative, student-centered education offering affordable three-year, four-year and distance education pathways to the PharmD degree. LECOM School of Pharmacy is committed to student success as evidenced by on-time graduation rates, successful licensing exam pass rates and employment following graduation.

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