



The New Diversity in Medical Education

An orchestra could not be defined as such without the inclusion of every instrument that contributes to its overall harmony. Each string, brass, woodwind, and percussion proclaims its own sound and complements that of the others. If, for example, you went to hear Beethoven's Symphony No. 9 and there were no violins, that would be a completely different – and lesser – experience than a performance by a complete orchestra.

Similarly, the Drexel University College of Medicine believes it is important to have a wide variety of voices and experiences represented in medical school. One type of "ideal" student cannot create the best possible class, because the community's differences make each individual stronger. Just as a symphony with only clarinets would be incredibly repetitive and monotonous, a medical school class with only one type of student would be comparably stifled. One needs a plurality of views, voices, and backgrounds to create a masterpiece.



Anthony Rodriguez, M.D.

This begs the question of what *diversity* means to medical schools, and specifically the College of Medicine. Traditionally, diversity has meant race and ethnicity (and gender, to a lesser extent). While these are important characteristics, they are not the sum total of an individual's character. Nor is one's MCAT score, as the College might also argue. The College of Medicine, long a recognized leader in this area, has broadened the lens of how medical schools conceptualize diversity. Anthony Rodriguez, M.D., associate dean for student affairs and diversity, and Bernard Nelson, a first-year medical student from California, share their experiences as members of this academic symphony.

According to Dr. Rodriguez, the College of Medicine – and its predecessor institutions – has a tradition of broadly viewing who may make a good physician, and, in turn, who may be admitted into medical school. He cites an Association of American Medical Colleges (AAMC) endeavor, the Holistic Review Organizational Performance Improvement (OPI) Pilot, to illustrate Drexel's nationally recognized approach.

From 2008 to 2010, Drexel University College of Medicine was one of only two schools in the country to participate in the OPI Pilot. Rodriguez explains that Drexel was selected largely because of its long-standing reputation for attracting and supporting a diverse student population. An AAMC summary of the initiative explains that in this approach, "diversity is reframed as integral to achieving excellence, rather than a parallel – or even competing – priority."

According to Rodriguez, looking exclusively at race or ethnicity hasn't factored in very much at

the College of Medicine because its predecessor institutions, particularly Hahnemann University and Woman's Medical College, "were started for non-traditional students. Hahnemann and Woman's were always schools where students from different backgrounds could get an education." While many rightly consider Woman's Medical College, the first medical school in the world just for women, to be at the vanguard, Hahnemann actively sought out working-class students. Many of these students were the first in their family to attend college, let alone medical school. "This school has always had a broader view of things," surmises Rodriguez.

When discussing the issue of student diversity in medical education, frequently the suggestion is made that by accepting a more heterogeneous population, the school is also accepting less academically qualified candidates.

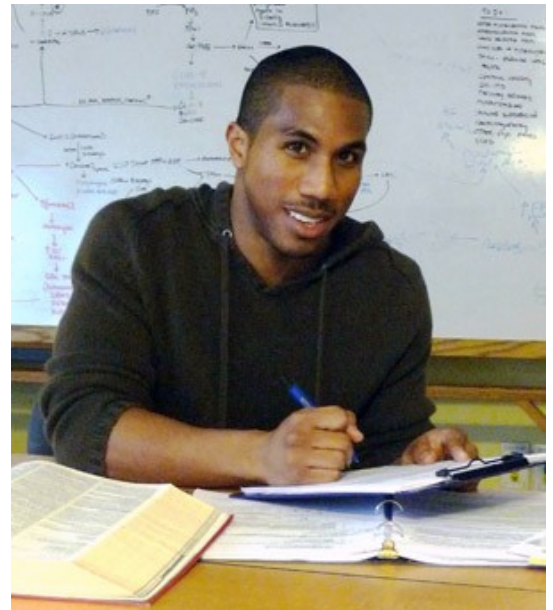
Rodriguez addresses this "quality" concern bluntly, stating, "People say we're taking in less qualified candidates. No, we're not. We're taking in *differently* qualified candidates. They're candidates who've demonstrated their ability to deal with adversity and different situations. The value added from these students is the other attributes they bring to the table. It's not just about the GPA. It has to be about these other attributes.

"The amount of material and the amount of information we're asking [students] to master is massive," he says. "Of course, you have to have a certain academic ability. We're not going to admit the student who can't do that level of work." He uses the analogy of bench-pressing to illustrate his point. To ask someone to bench-press more than is physically possible would be dangerous. The College will not admit someone who cannot do the work. We want the student who can do the work and is adding to the medical community.

Rodriguez cites two reasons why diversity in medical education should be an actively sought-after goal. One, the educational experience is better, and two, there is a diversity in outcome.

Asserting that the educational experience is better, Rodriguez says, "Students learn better in a more diverse environment, and students are better at problem solving in a more diverse environment." Bernard Nelson, a first-year medical student, affirms this assessment, observing that the varied student population at Drexel encourages one "to be more sensitive." In addition, different types of people from different backgrounds have to learn how to work together.

Rodriguez explains that "diversity in outcome" refers to the fact that, "statistically, students from a more diverse background are more likely to go back and serve their diverse communities." This is particularly important in underserved areas, whether they're rural or urban. He elaborates, "It's not just a matter of having a Latino student go back and serve the Latino community. It's about having a Latino nephrologist or plastic surgeon who can understand what's going on in that community when dealing with the patient. [Diversity of outcome] is going to improve healthcare along the whole medical and social arena." In addition to being better plugged in to the community, these physicians serve as important role models, inspiring others to attend college. They show the community that college is a viable path. "There's a way to make a different standard of living. There's a way to give back to the community."



Bernard Nelson

Bernard Nelson is one of the students making up this diverse community at the College of Medicine. From Vallejo, California, in the San Francisco Bay Area, Nelson is Filipino and African

American. When he graduated from the University of California, Berkeley, in 2007, he entered the workforce without a clear idea of what he wanted to do with his life. In college, Nelson thought he wanted to be a lawyer, then a pharmacist. Eventually, after speaking with a pharmacist, he concluded that that career might not be for him. "I want to feel like I'm helping people, not just giving them a pill," he explains. "I want to see people get better. I want to do something fulfilling." He entered the College of Medicine this year through the Drexel Pathway to Medical School (DPMS) Program.

Nelson says that the DPMS Program definitely prepared him for medical school. "You learn how to study," he explains. Since the type of studying differs so greatly from undergraduate work, "deciding how to study" has been a critical skill set to master. "This is the hardest I've ever worked," he says. Having just finished his first round of exams, Nelson is "proud to still be sane."

While many when meeting Nelson would consider him "diverse" because of his Filipino and African-American ethnicity, the College of Medicine would also identify his California roots, educational background, and years in the workforce as part of the whole picture. Interestingly, Nelson shares a story about diversity and medicine that transcends any of these traits.

Nelson's father was in the Air Force, so for their medical care the family would travel to the nearest Air Force base (AFB) hospital rather than use whatever hospital was closest to their home. "I didn't know why he wanted to go all the way there," Nelson says, since other hospitals were usually so much more convenient.

When he was about 16, Nelson had to make an emergency trip to a local hospital. While there, he felt as if the medical staff regarded him as "another black youth on the failure path." He felt unsettled, as if he were in trouble. He found this treatment shocking, because all he had ever known were his experiences at AFB hospitals. On base, he says, "I always felt safe and comfortable; I knew my Dad was comfortable there. In that area there are not that many black people. It's usually just us; but my Dad felt so comfortable because they had that military connection. That sense of camaraderie transcended race, gender, social status, everything."

At AFB hospitals, the medical staff was always respectful to his father and genuinely cared about his family. Nelson suggests that the military connection made the care better. "We were going to get covered at any hospital. We didn't have to go to the Air Force base every time," he says, "but my Dad felt like the care was better there. It resonated with me. If you have so many doctors who are from different backgrounds, you're more likely to find someone that will have that piece or connection that will make a patient more willing to be honest, more willing to follow the treatment."

It is important to have diversity among individuals in medical school – including races and ethnicities typically underrepresented – because their contributions and unique voices make the overall academic experience better. They are also uniquely equipped to practice medicine in their communities. At the same time, true compassion and the gift of healing transcend all human-created categories. "Diversity is not just race and ethnicity, although that's certainly part of it," reasons Rodriguez. "People know that Drexel is a place that values these other traits," he elaborates. "MCP and Hahnemann were both that way. We've got a reputation again of being that place where somebody another school might not fully evaluate comes here and does really well. Not just becomes a doctor, but *does really well.*"

Returning to the image of the orchestra, with all its different but complementary instruments, it seems as if the College of Medicine is its own kind of philharmonic. Rodriguez attests, "There are plenty of qualified students. We want something more than that. We want the kids who are really going to add something to the profession and to the College." They want a symphony.

