THE CHANGING FACE OF MEDICINE

By Suzanne Wilder
When South Side native William McDade, MD/PhD ’90, arrived as a first-year medical student at the Pritzker School of Medicine, he wasn’t surprised to learn he was the only African-American student in his class. “It wasn’t really an unusual thing” at the time, he said.

Consider the faces that stare out from class photos lining the hallways of the University of Chicago Medical Center. For dozens of years, the vast majority of those faces were white and male—just as they were at most medical schools. In many cases, a minority is nowhere to be seen.

But now, more than 25 years after McDade matriculated, 22.5 percent of incoming Pritzker students come from backgrounds categorized by the Association of American Medical Colleges as underrepresented in medicine: African American, Hispanic/Latino, American Indian, Native Hawaiian or Pacific Islander, or Native Alaskan.

McDade, like many of his peers at the university, has taken an active role in talking about diversity and recruiting underrepresented minority students: He is associate dean for multicultural affairs and an associate professor at his alma mater.
And the medical school—with increased diversity among the students, a groundbreaking course in health disparities and pipeline programs that introduce high school and undergraduate students to research—is making strides to show that diversity is a priority.

Pritzker is part of a national effort to improve diversity in medicine by training more students from racial and ethnic groups that are underrepresented in the medical profession relative to their numbers in the general population. Some minority groups are drastically underrepresented in medicine, and cultural differences between races and ethnicities can change how patients and doctors communicate with each other.

“If we’re going to take seriously the issues of educating doctors in the 21st century, we cannot do that in isolation from the ways the patient population is changing,” said Holly Humphrey, MD ’83, dean for medical education at Chicago.

Humphrey said that with an increasingly diverse U.S. population, medical school leaders, students and physicians must learn to be culturally sensitive, aware of disparities and able to communicate with people from different backgrounds. “The general health care imperative is overwhelmingly compelling for diversity in education,” she said.

For medical students, diversity is about more than patient populations with varied backgrounds. “One of the richest sources of learning is being exposed to different points of view,” Humphrey said. If the students in a given medical class come from a variety of backgrounds—racial, ethnic, cultural or socioeconomic—they are gaining additional perspective and enriched discourse. And as an alumna of Pritzker who is now guiding students through their medical education, she can see through personal experience how diversity at the school has improved. Her medical class, she said, “was not very diverse,” and she takes pride in the growing number of underrepresented minority students enrolled at Pritzker.

Diversity can be a delicate topic in higher education recruiting. In two notable cases against the University of Michigan, the U.S. Supreme Court in 2003 straddled a fine line on the role diversity, race and ethnicity play in college admissions. The case against the law school admissions policy, Grutter v. Bollinger, ruled in favor of Michigan using race and ethnicity as a consideration in admissions.

“In order to cultivate a set of leaders with legitimacy in the eyes of the citizenry, it is necessary that the path to leadership be visibly open to talented and qualified individuals of every race and ethnicity,” the majority opinion stated. “All members of our heterogeneous society must have confidence in the openness and integrity of the educational institutions that provide this training.”

But in Gratz v. Bollinger, involving undergraduate admissions to Michigan’s College of Literature, Science and the Arts, the court ruled against the university’s point-based system, which gave an

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automatic 20 percent score to minorities. The ruling stated that “preferring members of any one group for no reason other than race or ethnic origin is discrimination for its own sake.”

The Supreme Court decisions offered the opinions that diversity helps create a better learning environment and is itself an educational tool. And the sentiment is certainly echoed at Pritzker. “Diversity is an essential part of our education process,” said Herb Abelson, MD, associate dean for admissions and chairman emeritus of pediatrics.

Pritzker is competing with other medical schools for the best prospective candidates—both underrepresented minorities and majority students. Impressive clinical education, research opportunities and grant support, and prominent alumni have made the medical school competitive nationally, but its faculty and staff credit other factors, including a small class size, the diverse patient population and opportunities to work at free clinics in the area. According to Abelson, the faculty and its leadership also set apart Chicago from other top-tier institutions.

“You bring this group of talented, energetic people together and they play off each other,” he said. “It’s a critical mass of people who want to be change agents. And if we can get our story in front of people, then we can get the very best students to come here.”

The admissions staff work to bring that story across the country. They travel to different schools and association conferences to make sure the best students are familiar with the University of Chicago. “We try to get the word out that this is a place people should consider,” Abelson said. “We’re making a concerted effort to identify well-qualified students from every background.”

Among the many people who have helped the institution’s diversity-building initiatives, Joe G.N. “Skip” Garcia, MD, chairman of medicine, has been hailed as a leader in recruiting underrepresented minority students, faculty and staff—and in enhancing dialogue about diversity.

“Almost everyone at a place like the U of C believes in the need for diversity,” Garcia said. “But it’s such an uphill struggle.” Recruiting underrepresented minorities—as students, residents, house staff and faculty—requires a critical mass effort, he said, adding, “I think we’re achieving that now.”

Garcia, who came to Chicago in 2005, created the Diversity Committee for the Department of Medicine to have a formal place for dialogue and action. Co-chaired by assistant professors Robert Hoover, MD, and Monica Vela, MD ’93, the committee tackles recruitment and support issues, as well as scholarship, leadership and mentorship.

But Garcia knows more is at stake than just calling attention to the topic. Debt, many say, is widely seen as one deterrent for medical students in general—and particularly at private institutions like the University of Chicago.

“The more money we can get to support the educational tradition, the better we can deal with the debt load,” Abelson said. The Department of Medicine, with Garcia’s guidance, set aside money for two scholarships, worth $10,000 for each year of medical school here, to be used to increase class diversity.

“A key piece of this is the amount of dollars we can put toward scholarships,” Garcia said, and to make sure students don’t leave medical school with a lot of debt. Departmental scholarships put a small dent in that.

The Department of Pediatrics also offers a $10,000-per-year scholarship with the same goal in mind. And the dean of the Biological Sciences Division, James Madara, MD, has upped the ante: delegating more money for need-based scholarships in the division as a whole.
A Chicago native who grew up in the predominantly Hispanic Pilsen neighborhood, Monica Vela enrolled at Pritzker and stayed on to complete her internal medicine residency. “I was definitely committed to working with the underserved,” Vela said. “The patient population here was the patient population I wanted to work with.”

After a few years working in the community, she returned to Pritzker because she missed teaching. As an assistant professor, she developed the idea of a health disparities course for medical students. The course covers such topics as defining race and culture, exploration of bias, and health literacy. In its first session during fall 2006, 66 students signed up for the then-elective class, which was held during orientation week. By the next year, the class was required for all incoming med students. Starting this fall, first-year students will take the course in a series of weekly sessions during their first eight weeks of medical school.

The class has become a recruiting tool because it sets Pritzker apart from other medical schools. Prospective students hear about the course when they come in for interview days. The success with the class—students have responded positively for the past two years—has led to calls from other schools about how they might start similar courses, Vela said.

This past fall, many of the students surveyed on their first day of the health disparities class remembered hearing about the course during visits to Pritzker. Of the underrepresented minority students, 72 percent remembered the course was mentioned, and of those, 78 percent said it had influenced their decision about attending the University of Chicago.

Improving diversity at Pritzker and for medical careers in general is an issue that faculty and staff focus on long before students apply to medical school. Pipeline programs that are based here—and some that are scattered at Chicago schools—introduce high school students and undergraduates to medical and research concepts years before they apply for graduate work.

For example, the Chicago Academic Medicine Program brings graduating high school seniors who have been accepted into college and freshman and sophomore undergraduates to the University of Chicago for a mini-medical school, while the Pritzker School of Medicine Experience in Research brings college juniors and seniors to campus to gain research experience. Both the Young Scientist Training Program and Training Early Achievers for Careers in Health Research expose high school students to health-related research in a summer program. And the Saturday Science Club teaches scientific method at a Chicago high school and helps prepare students for the citywide science fair.

The BSD also hosts several other programs, such as the Summer Research Training Program, a nine-week program for undergraduates, and runs the Post-Baccalaureate Research Education Program, an opportunity for underrepresented minorities with recent bachelor’s degrees to work as lab technicians for one to two years. Students in the post-baccalaureate program must intend to pursue a PhD after finishing the program.

Brandy Blackwell, a first-year medical student who grew up on the West Side of Chicago, came to Pritzker through a pipeline program here a few years ago.

“I never, ever had a black physician,” Blackwell said. “The first exposure I got to even knowing that there were more minority physicians was being in that Summer Medical Education Program.”

When Blackwell was finishing her undergraduate degree in biology at Illinois Wesleyan University, she turned to Pritzker as a possibility for medical school.

“In general, in the medical field right now, there’s a need to be aware of the diversity of the population we’re facing,” she said. “It was important to me to seek a medical school that valued diversity.”

In the health disparities curriculum for first-year students, Blackwell discovered that the attention to underserved and diverse patients aligned with her professional goals. “In general, it’s extremely important for me to be doing work that’s benefiting the people that need it the most,” she said. “Part of the reason I have stayed in Illinois is there’s so much need in Chicago.”

The support and mentorship she saw in her summer experience here, as well as through Pritzker’s multicultural affairs office, was another factor in her decision. Blackwell sought a place where faculty mentors would be “truly interested in the betterment of your career.”

Current medical students also play a role in recruiting: hosting applicants and making phone calls and e-mail contacts with prospects, Humphrey said. One medical alumnus who is now a resident here, Walter Conwell, MD ’07, formed the Multicultural Community for Advancement in Academic Medicine, which provides academic support, fellowship and scholarship. The group, open to all students, focuses on issues that may be of interest to minority students. “It has created a sense of community among minority students,” said Vela, who, along with McDade, helped Conwell create the organization.

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Rashad Belin, PhD, a first-year medical student, said he chose Pritzker over several other regional schools because he wanted a school committed to recruiting and retaining underrepresented minority students. Belin, who had participated in summer research programs at another school when he was an undergrad, saw pipeline programs as a good sign of those diversity efforts. And there was another factor, too: “As a young African-American male going into medicine, it was important for me to see other African Americans in medicine,” he said.

Belin, who grew up and now lives on the South Side of Chicago, knew he could find such mentors here because he had already met one. As a PhD candidate at the University of Illinois-Chicago, Belin met McDade at an event for the Sickle Cell Association of America. The two shared not only an interest in sickle cell disease (McDade’s research area as an anesthesiologist and critical care physician), but also a desire to help other underrepresented minorities enter medicine. Belin was working with the pipeline programs at UIC as McDade coordinated programs at Pritzker. It was McDade who helped guide Belin to Pritzker and coached him on his path to becoming an academic physician.

Though still a medical student, Belin already is thinking about ways to help more minority students enter the field. He had a black physician growing up and was to some extent unaware of the underrepresentation of minorities in medicine. “Now that I’m in the field, I really do see the need,” Belin said.

Mentorship also is important after medical students graduate. Underrepresented minorities often reach a professional plateau, particularly at academic centers. African Americans become full professors at a much lower rate than their white counterparts, according to a study published in the *Journal of the American Medical Association*, and many stay at the junior level for much of their careers.

Three years ago, McDade started the Bowman Society, named after James E. Bowman, MD, the BSD’s first tenured African-American professor and professor emeritus in the pathology and medicine departments to mentor students and faculty who traditionally are underrepresented in medicine. “The idea of a mentoring society came to my mind,” McDade said, adding that the group here emulates Harvard University’s Hinton Society, which has a similar purpose.

The Bowman Society brings faculty members from different facilities and sections—“in their own little hamlets,” McDade said—to talk about their work and create a network of peers and mentors. Its lecture series attracts faculty, staff and students to hear about research typically related to minority health or health disparities topics.

The BSD’s Graduate Minority Committee works toward a similar goal—fellowship among minority students and faculty mentors—though in a less formal way. The committee provides a forum for minority students scattered among BSD departments to gather and find mentors or advice.

When Carole Ober, PhD, became the chairwoman a few years ago, the committee asked students what problems they had. “A lot of them felt isolated,” Ober said. Faculty in the group support student-run events to encourage students from different years and departments to socialize and discuss academic or personal issues.

McDade, Belin’s mentor, knows there is more than conventional wisdom behind the power of seeing a peer at work in medical school. When McDade was a first-year medical student, he remembers explaining his work on an electron microscope to a group of high schoolers. Among the crowd was Eric Whitaker, a South Side teenager who found inspiration in seeing another young black man working in medicine.

Whitaker earned a master’s degree in health policy and management at Harvard University before graduating from Pritzker in 1993. In recent years, he’s distinguished himself as the director of the Illinois Department of Public Health and founder of Project Brotherhood: A Black Men’s Clinic. He, too, returned to his South Side roots. In fall 2007, Whitaker became executive vice president for strategic affiliations and associate dean for community-based research at the University of Chicago Medical Center. (See story on page 10.)

Yet it goes back to that one day 25 years ago, when a high school student watched another young black man working in a laboratory.

“When he saw me doing that,” McDade said, “he saw himself. Sometimes, that’s all you really need.”

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