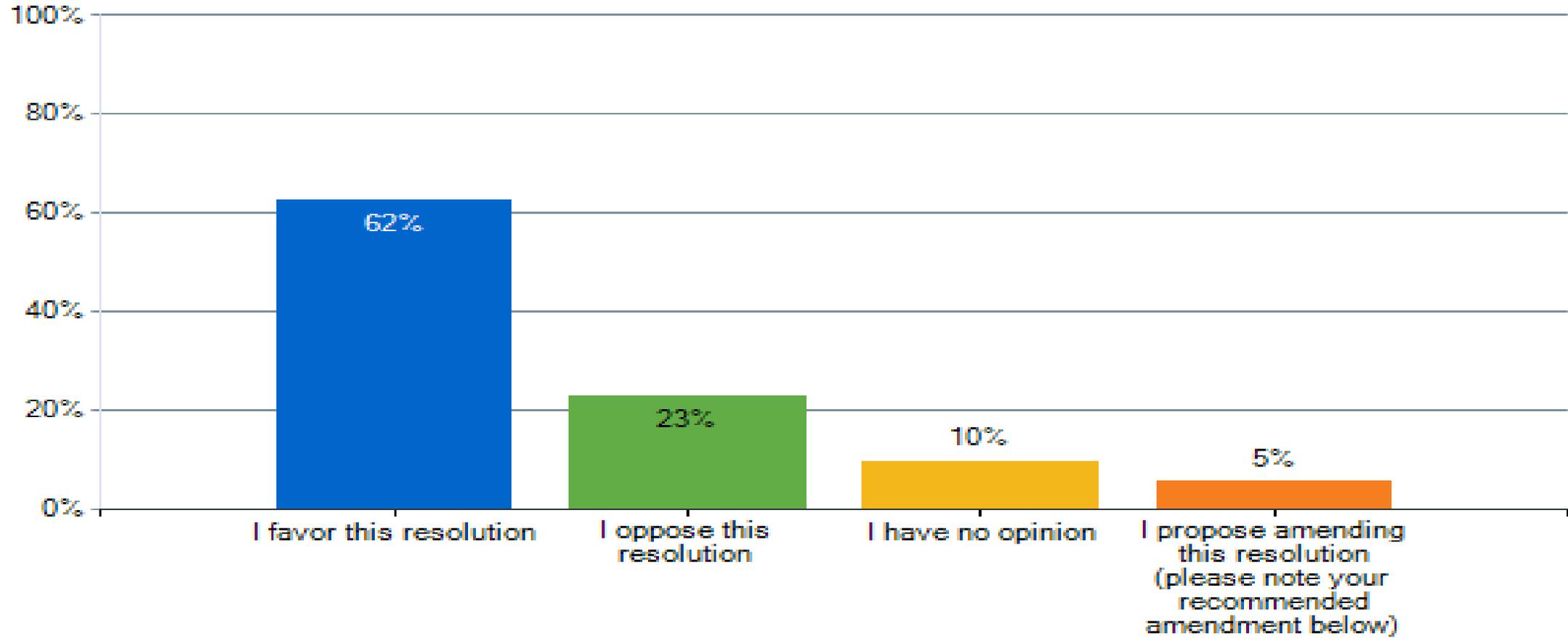
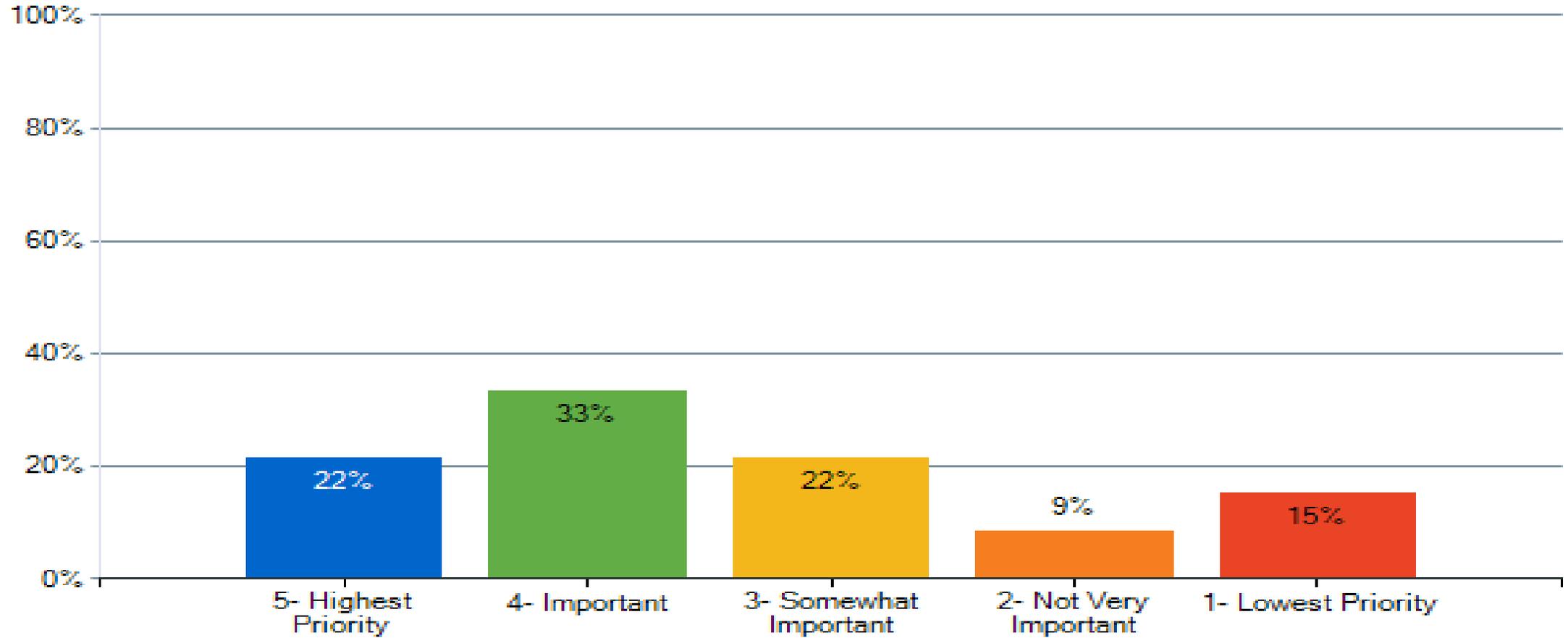


Encouraging Medical Schools to Sponsor Pipeline Programs to Medicine for Underrepresented Groups



189 responses

Please indicate your view of this resolution as an ISMS priority.



186 responses

Comments

I recommend and favor both resolutions.

Needed to improve healthcare for minorities of all types

I disagree with this resolution for many reasons. 1. A lot is already being done for URM by Federal and State Governments 2. Situation for URM is already improving. 3. Basic problems are bad schools in those neighborhoods, high crime, gangs, guns, drugs and lack of role models. None of those issues are new, but way outside the scope of ISMS. 4. Focusing on this issue will distract from more pressing issues affecting healthcare in Illinois (preauthorization, closed panels, access to care- patients unable to access specialty eye care, such as retina, glaucoma, pediatric ophthalmology within 50, and sometimes 100 miles from their residence)

The need is great and I support immediate action in this regard. There are several small programs trying to fill the gap. The "old" Chicago Area Health and Medical Careers Program worked extremely well until funding was cut by Illinois Department of Education. John Bradley and the late Dr Thomas out of IIT had a great vision and execution.

The Physician Pipeline Preparatory Program (P4) has been running for 10 years in Springfield, Illinois and just graduated the first medical students who completed P4 10 years ago. Dr. Wendi El-Amin has been doing an excellent job along with all the other wonderful individuals involved. These projects are no small undertaking and require support from the community, High Schools, and Medical Schools.

The initiation and retention of URM's in medicine should be a priority, especially due to the mass disparities of health equity amongst this particular group(s). In order to mitigate this, more representation in the medical field is non-negotiable.

Already happening

I'm all for it

This appears to be an evidence-based initiative, based on recent research in the area of effect of racial concordance on improving survival in black newborns (<https://pubmed.ncbi.nlm.nih.gov/32817561/>) as well as having positive impact on preventive care uptake (<https://pubmed.ncbi.nlm.nih.gov/31236800/>), amongst other things. The pipeline of students and trainees will help build a pipeline to administrative medicine and impact on making the rules that affect patient care. This will help bring more diverse practitioners "to the table."

I agree

Agree

It's overdue

This is a resolution that I wholeheartedly support. In order to address the dearth of physicians who are representative of the US population, it is essential to promote programs that do the work of investing in and uplifting URM students who are already interested in medicine. These programs also need to be supported because they are an effective tool for garnering new interest in medicine from URMs. Keeping the programs free of charge is also an essential component for ensuring program accessibility

Emphasis should be on socioeconomically under representation, not race.

We should be encouraging schools to improve the quality of medical education, not increase the number of employees involved in duties not directly helping improve students learning .

a good idea

It is a wonderful resolution but implementation is not going to be easy. New need to support students and encourage students to do their best and to be self motivated. Great idea but students gave to take ownership of themselves

Good Resolution

Great ask, hopefully funding could make it a reality.

I appreciate the efforts behind this resolution but am not sure how realistic the "free-of-charge" part is in reality.

The academic success of applicants must be included. Diversity alone is not a qualification for medical school acceptance.

There is great diversity now. Thresholds for acceptance are already lower for underrepresented groups. Before spending money here, are there studies that have shown that these pipelines do provide qualified applicants who can get through med school & be successful in medicine?

oppose second resolve.....may cause schools to waste time interviewing students who do not meet admission standards and create false hope/expectations in those students

agree

How about if we try to find the best and brightest, regardless of the 'group' that they belong to. We need people who are devoted to caring for patients, not someone who needs to be encouraged and carried across the finish line. If someone doesn't have enough basics by high school, odds are that you are not going to be able to compensate for that. We need to concentrate our efforts on better lower grade education so we don't have to help them when it is too late to correct for the losses. Our country is becoming truly disgusting. I would like to know that my doctor is capable and competent; wouldn't you? funding for academic support in college and first two years of medical school

In medicine, as another field, the best person to be promoted. Somehow, is social equity programs seem to move forward people that are less than qualified. Does I am not in favor of this program.

Why not focus on just graduating excellent physicians. What's next Quotas?

Very mixed feelings on this. If lowering admission standards is involved this potentially hurts others

There is strong evidence that growing URMs within medicine leads to better care and improves outcomes.

While this proposal on it's surface is obviously a good thing, I am concerned about the downstream effects. The push for equality is more of a push for equal results and not equal opportunity. My son will be a 4th generation physician (chiropractic, osteopathic, and now allopathic physicians). Unfortunately, he had to apply to a Caribbean med school because he did not get in with our local med schools in Illinois, Missouri, and Texas. Yes, you can probably guess that he is a Caucasian male at the bottom of the inclusion list. He scored higher than many of the local med school applicants on the MCATS with equivalent collegiate grades. I do volunteer teaching for the local medical school here in town and I am often encouraged with the diversity of students I teach, but I did not expect that my son would be hurt by this process of equal opportunity versus equal results.

An exemplary pipeline program is the I Am Abel Foundation <https://www.iamabel.org/> that turbocharges the afterschool tutoring / mentoring framework, developed by Dr. Conway. It would be great for ISMS to partner with her and for med schools to partner with her.

It is definitely important to improve representation for URM groups in medicine. I do support giving them an automatic interview invite granted they have met the requirements of the program. If they're high school aged, I don't think it's appropriate to guarantee admission as they have not yet demonstrated that they can handle a challenging college course load. Given how hyper competitive a seat to medical school is these days, there should be minimum requirements for those who participate in these programs (certain MCAT score, minimum GPA, etc) as well as support provided thru medical school.

Way too woke. Generally, encouraging all people including minorities to look at the opportunities in health care is great. Ultimately, entrance into programs should be based upon merit

Am in very much favor of this resolution. The authors may also want to "resolve that Illinois high schools develop programs and clubs (such as the Aesculapian club) to encourage their students to consider medicine as a career."

Students should be admitted based on their merit and likelihood of success. Mentoring and educational help is appropriate. Students should not be admitted to just fill a quota.

Not sure that it is the job of medical schools. The schools need to provide opportunities for these groups to do well in any field of their choice than trying to point them in only one direction.

IT IS TIME FOR THE MDS TO TAKE CONTROL OF THIS MESS.MDS ON SLARY??

Agree. M r Jayasanke

I attended University of Illinois in the 70's when they had a MOP program (minority opportunity program). The problem was that these individuals needed extra help/ tutoring to keep up with the rest of the class. Most, upon graduating, did not serve their underrepresented communities. Not sure how medical schools will address this issue now.

agree

Too uncertain as to how this is going to be structured. If well done okay. If not well done it could be a step backwards for competent physicians

I fully agree with and support this resolution.

PIPELINE PROGRAMS TO MEDICINE FOR UNDERREPRESENTED GROUPS This sounds like a great resolution. However, several caveats should be considered to prevent this from being another "Quota System". We are at a strange period in this Country, when misconceptions and overt misrepresentations proliferate. USA for me is not a "systemically racist country". On the contrary, it is a Country of opportunity, where people of different races or ethnic groups can succeed individually, provided they are motivated and hard working. Compare immigrants from Africa to African-Americans in the US or look at black or brown citizens in UK vs US. I am against creating "equity" or making special grading systems in colleges for minorities. This creates dropouts, incompetence, lack of appreciation, dissatisfaction, and financial losses. I have seen this before. I am for helping minority students to succeed, for giving them incentives, free or subsidized college costs but for monitoring their success. In return, they should make commitments to their ethnic/racial groups. For many years I have been supporting Native American Schools, such as St Labre, Red Cloud or StJoseph I believe this is the group that most deserves help and support to succeed, and I am very happy when "my" graduates decide to continue education. Unfortunately, there is only a minimal financial support for this group. W Paul Dmowski, MD, PhD ridiculous. how about encouraging all students, regardless of color? you're bing racist! encourage the best students to apply! would YOU like to be rx'd by someone who got into medical school bc of his color rather than his crdentials?

I believe that all students should be encouraged to seek careers in health care--this should not be based on skin color. Admission to medical schools should be based solely on academic record.

As a medical student, I have taken note that the diversity I see in my class almost solely comes from the fact that the medical school has a medprep program that helps prepare students from underrepresented populations for medical school. Without this program, there would be very limited diversity in my class and that would lead to limited perspectives in the classroom and when we discuss cases. This resolution can only strengthen medical schools and the future of medicine.

In the first resolved the word underrepresented is not defined and leaves this open to widely divergent interpretation. In the second resolved, completion of the program is the only criteria for interview and does not include such items as a personal statement, GPA or MCAT scores which are used now. This could be viewed as discrimination in favor of this group which I am sure is not the intent.

Other (Please specify) : I would remove the last resolve.

Other (Please specify) : Study whether this is successful

Other (Please specify) : see above

Other (Please specify) : our ISMS encourage programs to establish criteria by which completion of such programs will secure an interview for or admission to the sponsoring medical school, granted that they meet certain minimum criteria

Other (Please specify) : Get rid of the structural equity nonsense at the beginning of the resolution. A good idea should not start with a false (or at least very controversial) premise

Other (Please specify) : Be Amendment to #2: encourage programs to establish criteria by which completion of such programs is evaluated and considered as part of the applicant's total application. Encourage programs to include early mentorship and application guidance, personal statement review as part of the program.