

'A FANTASTIC MESSAGE'

AAMC DATA: FSU COLLEGE OF MEDICINE IS MOST DIVERSE

BY DOUG CARLSON

Before the Florida State University College of Medicine enrolled its first class of 30 students in 2000, Helen Livingston was growing concerned. She had already experienced the challenge of producing a diverse group of 30 students each year as admissions director for the Program in Medical Sciences.

"I'm thinking, 'Yeah, we can eke out 30 students from this applicant pool, but 120?'" she said. "We're not going to meet the mission."

The mission, as written into the statutes creating the nation's first new medical school in two decades, involved creating more primary-care physicians. And it called for the FSU College of Medicine to produce more physicians to work with the underserved in rural and urban areas alike. Livingston knew those things could not be done without diversifying the applicant pool.

Her worries, and those of others like her, were not in vain. They were a catalyst for careful planning about how the new medical school might overcome the challenges.

Now, 15 years after its first class arrived, the FSU College of Medicine has become the most diverse medical school in the country, according to current Association of American Medical Colleges enrollment data.

Out of 144 AAMC-member institutions, it's the only one among the top six for enrollment of both black and Hispanic students. In fact, its enrollment percentage for black students is double the national average.

"There's an old Chinese proverb: 'The best time to plant a tree is 20 years ago. The next best time is today,'" College of Medicine Dean John P. Fogarty said. "Our outreach efforts are a great example of that.

"We're recruiting kids from rural, underserved and underrepresented communities, retaining them in school and watching them leave here to train in specialties where they're likely to one day serve in those areas. That's how we know we're meeting our mission."

Back up 20 years and the path to this point was hardly clear.

"One of the problems that we had as I was reviewing applications for PIMS was there were just very few African-American and Hispanic students applying," Livingston said. "And most of the Hispanic students were Cuban. Very few Mexican-American and Puerto Rican students applied, and if they did, their credentials were just weak. They

didn't have the numbers, even just the minimum.

"That was a concern of mine."

The solution involved outreach programs intended to broaden the applicant pool, including one that introduced students as early as seventh grade to the idea of one day becoming a physician. SSTRIDE (Science Students Together Reaching Instructional Diversity and Excellence) was developed by the PIMS program in 1994. A Rural SSTRIDE component came along later to develop more applicants from rural communities.

USSTRIDE was added as an undergraduate-level incarnation. That's how Jimmy Moss decided to become a doctor. He went from a childhood marked by extended periods of homelessness to College of Medicine graduate (2010). Today, Moss is completing a critical-care anesthesia fellowship at Harvard.

Myra Hurt, PIMS director from 1992 to 2001 and currently senior associate dean for research and graduate programs, brought an idea to Livingston for arguably the most successful of the college's outreach programs. It involved giving students from underrepresented backgrounds (primarily rural, black or Hispanic) a year's worth of preparation designed to get them ready for medical school.

Starting with that meeting in February of 2001, Livingston outlined a plan for what became known as the college's Bridge Program. Within a few months, she identified five students to be part of the first Bridge class, which started school in May of that year.

More than 70 percent of College of Medicine alumni who entered medical school by way of the Bridge Program are either in a primary-care residency program or practicing as a primary-care physician.

In addition to U SSTRIDE, Director of Outreach and Advising Thesla Berne-Anderson introduced the Minority Association of Premedical Students (MAPS) pre-health chapter, which is affiliated with the Student National Medical Association. SNMA is a program developed by the National Medical Association, an organization of physicians of African descent.

The undergraduate programs were developed to prepare more students from underserved backgrounds for medical school or a career in health care.

Moss remains an enthusiastic advocate for all College of Medicine outreach programs. He shared his story with FSU MAPS participants just before his graduation, telling them:

"I had heard a few of my classmates toss around during group study sessions the idea of becoming a physician. I was quite nervous even



thinking about such an idea, let alone requesting information about it from Ms. Anderson.

Before I could even mention the idea, though, she looked over my transcript and asked, ‘Have you ever considered going to medical school?’

“That moment has changed the fabric of my existence. The benefit of having an emotional and structural support system during my transition from nontraditional undergraduate to nontraditional medical student is indescribable.”

Read more about Jimmy Moss in ‘First Person,’ page 35.

“Clearly there’s something good that’s happening at Florida State in contributing toward a diverse physician workforce,” said Marc Nivet, former chief diversity officer for the AAMC. “It’s a fantastic message that should be shared with all medical schools, because we all could learn from that.”

The lesson learned at Florida State is that diversity doesn’t happen by itself, no matter how rapidly the population is changing.

“I think that diversity has moved from what I’d say was an important issue to an urgent issue,” Nivet said. “A lot of medical schools have responded by utilizing holistic review in admissions. They’ve become less reliant on strict MCAT scores as a proxy for students who could be successful at their medical school.

“And they’re really beginning to say, ‘What are those other attributes we’re looking for in terms of the entire person? And what insight could we get into this person’s ability to be empathic, humanistic and deliver the kind of care that we hope they will deliver in the future to patients?’”

Yet getting to diversity is a slow process. Fewer black males were enrolled in AAMC-member medical schools in 2014 (515) than in 1978 (542). This, despite the emergence of approximately 32 new medical schools in the U.S. over that time period.

Livingston said academics alone rarely are responsible for why many people with the

potential to become a quality physician never make it to medical school.

“What I learned along the way was the things that often flummoxed students had nothing to do with the educational setting, but often it’s life,” she said. “Life happens. How do you help students cope with that? You have to help them find the way to be proactive in their lives and to assess what goes wrong and help them find a solution to whatever problem might arise. And that’s not an easy task.

“In the admissions arena, during PIMS time, we practiced holistic admissions. We were looking for a certain kind of person. They had to have a heart for service. They had to have a real strong motivation for medicine that was genuine.”

Nationally, 18 percent of students enrolled in medical school in 2015 were Hispanic or black/African-American. At Florida State, 24 percent of the 1,029 graduates to date are Hispanic or black.

Since 2008, nearly 8 percent of FSU’s graduates attended a high school designated as being in a rural area. It’s one way to measure how many students with rural backgrounds are being recruited to the College of Medicine, and a predictor of how well the medical school will do in placing new physicians where they are needed in rural communities. Dating to 2008, more than 70 College of Medicine alumni physicians have entered practice somewhere in the Florida Panhandle.

“Our tree has grown and blossomed,” Fogarty said. “These results are not by chance;

THE CASE FOR DIVERSITY

In Florida, 40 percent of the population – but only 21 percent of the physician workforce – is black or Hispanic, according to the U.S. Census Bureau and the Florida Department of Health. Numerous studies have shown that diversity in the physician workforce leads to better health outcomes.

In a review of 55 published studies on the topic, the U.S. Health Resources Services Administration reported on the rationale for diversity in health professions by concluding:

- Underrepresented minority health professionals, particularly physicians, disproportionately serve minority and other medically underserved populations.
- Minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, particularly in primary-care and mental-health settings.
- Non-English-speaking patients, particularly in mental-health care, experience better interpersonal care, greater medical comprehension and a greater likelihood of keeping follow-up appointments when they see a practitioner who understands their language.

they're by continual effort to make the face of our physician workforce look more like the face of our population.”

Ninety-nine percent of fourth-year medical students at Florida State over the last five years report agreeing or strongly agreeing that they are adequately prepared to care for patients from different backgrounds. That's from the annual AAMC Graduation Questionnaire, which also reports that 80 percent of FSU students in that time frame say their knowledge or opinion was influenced or changed during medical school by becoming more aware of the perspectives of individuals from different backgrounds.

Livingston is proud of how those early struggles to diversify the applicant pool have led to outcomes that once might have seemed

unrealistic. In some ways, the college's journey has been like the one she described to students from underserved backgrounds who wanted to know how to get into medical school.

“Getting into medical school begins now,” Livingston told them. “You have to watch the numbers. You have to be focused and study hard. But first of all you have to understand why you're motivated to go into medicine.

“You have to really be able to articulate that to yourself and to others, and it needs to be something that is intrinsic, something that you really want to do. Because it's hard work, and it's a long road. And you want to be successful, so think seriously about this.”

Julie Jordan contributed to this report



Jacob Hentges

‘SUCH A GREAT OPPORTUNITY’

During middle school, Jacob Hentges was one of five children living on a farm in rural Madison, Florida. Neither of his parents went to college, and they couldn't afford to pay his tuition. But he was a good student and was interested in medicine. He was invited to join the College of Medicine's Rural SSTRIDE program as a seventh-grader.

“I've known I wanted to do something in medicine ever since I was a kid, though I didn't really know what I wanted to do. I spent a lot of time in the hospital as a kid with asthma – the ambulance people knew my address. I knew I always liked medicine. I liked the ambulance.

“In Madison, the school system is struggling. And then there's one little tiny program where 14 kids actually get an opportunity to take real classes. I was taking anatomy and physiology when I was in middle school.

“At Madison, I got to do this stuff, and it was such a great opportunity. I wouldn't be in med school right now without SSTRIDE.”

Hentges is a member of the College of Medicine's Class of 2020.

— *Julie Jordan*



COLIN HACKLEY