As medical education changes to reflect a more diverse student body, it’s important that the mindsets of those involved reflect these changes, too. While conversations about race and inclusion can seem elusive, they don’t have to be. April is National Minority Health Month—take this time to learn five quick facts that can help you promote diversity among students and future physicians.

William McDade, MD, PhD, chair of the AMA Council on Medical Education and deputy provost for research and minority issues at the University of Chicago, has worked extensively to reduce cultural disparities in medicine and help patients who have limited access to health services. Through his work and research, he’s found that there are real ways for educators and physicians to support minority students in medicine. But enacting these solutions may require a shift in perspective.

Here are a few mental notes Dr. McDade recommends to help clarify misconceptions about diversity and promote cultural awareness in medical school and residency programs:

**Diversity in medical education isn’t all about affirmative action**

“When you try to increase diversity in medical education and residency programs, I think people get confused [because] they assume this is just another affirmative action thing,” Dr. McDade said. “But it’s much more than that. There’s actually a practical reason for increasing diversity of the student population: Evidence suggests that minority physicians disproportionately care for minority populations. So when we talk about diversity in medical schools, we’re actually talking about communities and lives that are at risk.”

In fact, a recent study in *JAMA* found that non-white physicians cared for 53.5 percent of minority and 70.4 percent of non-English-speaking patients. The study notes that “the preferences of physicians in choosing practice settings and of patients in choosing physicians combine to create an outsized role for minority physicians caring for the disadvantaged.”
“And that’s the beauty of trying to enhance diversity in medicine,” Dr. McDade said. “It’s not just about providing equal opportunity …. When minority students finish medical school and residency, they will go on to serve society in a way that hasn’t been done before.”

**Saying “I don’t see color” isn’t necessarily a good thing**

This one is tricky to navigate, especially in conversations about race and diversity, but it’s important.

When people talk to a minority student or resident, “there’s a tendency to say ‘I don’t see color’ as a way of expressing an idea that ‘I won’t be biased,’” Dr. McDade said. “But I think we have to move beyond this. I say it’s okay to see color.”

“Let’s see and evaluate color and respect the resiliency a person had to show to overcome societal barriers,” Dr. McDade said. He noted that if people shed the assumption that colorblindness equates to fairness, minority students can feel more comfortable discussing cultural differences with colleagues in medical school and clinical practice.

**More than increasing the number of minority students**

Studies show that there’s a direct link between resident satisfaction and the experiences students have in medical school, Dr. McDade said.

“If a student is doing great and feels welcomed in medical school, then they’re going to perform well. But if they’re a victim of bias or discrimination, then it’s going to be an absolutely horrible experience for that student. And that’s something we have to be cognizant of as educators.”

“So many students who have to fight discrimination lose the passion for medicine,” Dr. McDade said. “But if they feel welcomed, they’re more likely to continue their medical careers and advance as physicians.”

**Mentors don’t have to look like their mentees**

Mentorship is one way medical educators and residency program directors can help minority students feel “welcomed in spaces where they have not historically been present,” Dr. McDade said. “We also have to let minority students know that mentors don’t have to always look like them.”

At the same time, Dr. McDade said, “if more students had mentors who looked like them, they’d feel more welcomed.”


Copyright 1995 - 2021 American Medical Association. All rights reserved.
To mitigate this issue, he recommends physicians and educators actively mentor minority students in medical school, residency and fellowship programs with the intent of training “our future replacements.”

Dr. McDade also offered a word to the wise: Avoid seeing minority mentorship as some “great act of social service or cultural engineering” but rather as a chance to train a new young physician who can “work with patients and impact medicine in a way that [you] couldn’t.”

“For instance, when I bring a medical student into my lab, I’m thinking that I’m training the next great anesthesiologist to take my place when I’m gone, and I want this person to be able to give care to my community just as much as I do. I want them to be greater than me in my career. Think of their potential as being your success,” he added.

**Med schools are exploring real solutions**

Medical schools have been incorporating new approaches to educating minority and non-minority students about diversity, inclusion and health disparities that will impact underserved patients. For instance, the University of Chicago Pritzker School of Medicine’s Bowman Society (named in honor of James E. Bowman, MD, the first tenured African-American professor in the university’s Biological Sciences Division) hosts bimonthly meetings and quarterly lectures to discuss health disparities and issues that impact minority patient care. The meetings are open to external and internal faculty, and they often feature presentations from minority physicians who have created new practices for minority patient care.

Dr. McDade said that med school also previously has offered courses on health disparities in which students work directly with patients in underserved communities.

He encourages more medical educators to incorporate health inequities within pedagogy: “These kinds of courses give students a much more tangible sense of what it’s like to be a patient within a certain culture. Because of so many barriers in our society, one walk of life really doesn’t see how the other lives, and as a physician, you have to know that.”

**Learn more:** See how medical schools are tackling challenges in health disparities and diversity.

The AMA Minority Affairs Section is addressing similar issues. The section’s Doctors Back to School program connects minority physicians and medical students with local schools to introduce kids to professional role models and strengthen the pipeline of future doctors. The AMA also is a founding member of the Commission to End Health Care Disparities, which is seeking to better understand and address these disparities in ambulatory clinical practices.

**Tell us:** What are other ways students, educators and physicians can work together to promote diversity and better support minority physicians? Share your thoughts by commenting below at AMA

**URL:** https://www.ama-assn.org/education/medical-school-diversity/debunking-5-myths-about-diversity-medical-education

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Wire® or on the AMA's Facebook page.