Three ambitious "blue sky" ideas with eyes set on improving diversity, equity and inclusion in medical education have been selected to receive $20,000 AMA planning grants.

The ideas were selected from an initial pool of 135 applicants from which twenty-five were selected to take part in a “Shark Tank”-style presentation at the ChangeMedEd® 2021 conference.

ChangeMedEd attendees ultimately selected three ideas to be eligible for financial help to support further refinement, development of a full proposal, and efforts to seek additional funding.

The three ideas selected, each eligible for a one-year, $20,000 planning grant, focus on:

- The importance of pathways from community college to medical school.
- Scaling mentorship for potential medical professionals through a virtual platform.
- Creating more equity in clerkship grading.

**Community college pathways to medicine**

In presenting his idea—"Early Assurance: Community college to medical school"—Jerrod Writt, MD, highlighted the importance of community college for historically marginalized racial and ethnic groups.

“Half of Black, Latinx and Native American students who attend college attend community college,” said Dr. Writt, a family physician with Kaiser Permanente in Sacramento who is an AMA member. “Medical students who attend community college are more likely to go into primary care and practice in underserved communities.”

For that reason, he pitched Avenue M—the M stands for medicine—which is an acceptance pathway
for community college students to four-year college and eventually medical school. The program aims to reduce time to medical school, education debt, and hasten the diversification of the physician workforce.

Read more from the AMA about what’s needed to improve the diversity of the physician pipeline.

**Mentoring potential physicians**

In pitching her idea, Vy Tran Plata, a University of Michigan medical student and AMA member, cited her own experiences growing up in a community without physician role models. The project—"DiverseCity, an innovative way to scale access to world-class mentorship"—seeks to ensure that doesn’t happen to the next generation of potential physicians.

Tran Plata created a pilot version of her digital platform through which accomplished physicians shared the story of their journey in medicine. She hopes to scale the efforts with the additional funding.

“There’s a hunger for this resource and a hunger for collaboration,” she said. “From high school students to med students, there’s a place in DiverseCity for everyone.”

Gain insight on why an early start is needed to build the Native American physician workforce.

**Adding equity to evaluation and assessment**

The fundamental medical education evaluation methods put medical students from historically marginalized racial and ethnic groups at a disadvantage. Learning from bright spots in equitable grading practices, an idea pitched by Charlene K. Green, director of University of California, Davis, School of Medicine Center for a Diverse Healthcare Workforce, is designed to change that.

“Our diverse students have entered a system not really built for them,” Green said. “We didn’t do them a favor by letting them in. We need them. At least that’s what I read in academic article after article.”

Grading inequities exist in medical education due to factors such as rater bias and bias in standardized exams. Because of that, nonwhite students receive fewer academic plaudits.

Green posited that medical education as a community can make an impact on grading equity. To do that, she proposed a collaborative effort of medical schools that begins with institutional research and
spreads to a larger group. At least part of the result would include creating resources that can be broadly applied to clerkship evaluation and assessment.

**Efforts underway at the AMA**

The AMA is looking to address physician diversity on several fronts. The AMA Accelerating Change in Medical Education Consortium has worked with the Morehouse School of Medicine and other member medical schools to share strategies for enhancing recruitment, fostering viable pathways into medicine, promoting holistic admissions processes and creating inclusive learning environments.

The group has shared a process of institutional diversity and inclusion self-study (PDF) and issued a statement to protect diverse learners during educational disruptions related to COVID-19.

Launched last year, the AMA Center for Health Equity has a mandate to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.