Best Practices in Advising Underrepresented Minority (URM) or Underrepresented in Medicine

MAX HUNTER, PHD
CO-CHAIR COMMITTEE ON DIVERSITY AND INCLUSION
DIRECTOR, PRE-PROFESSIONAL HEALTH PROGRAM
DIRECTOR, BIOETHICS AND HUMANITIES PROGRAM
BIOLOGY DEPARTMENT
SEATTLE PACIFIC UNIVERSITY
HUNTEM@SPULEDU | 617-577-7584
MENTORING @ SPU

PREPROFESSIONAL HEALTH SCIENCES PROGRAM
BIOETHICS AND HUMANITIES PROGRAM
Best Practices

WAAHP

The WAAHP is committed to supporting the need for advancing diversity and inclusion initiatives in all of the health-professions for all populations that suffer disproportionately from health disparities, including ethnic minorities, socioeconomically disadvantaged, the lesbian, gay, bisexual, and transgender (LGBT) communities and individuals with disabilities.
RESEARCH

• Donald A. Barr and John Matsui, “The ‘Turning Point’ for Minority Pre-Meds: The effect of Early Undergraduate Experience in the Sciences on Aspirations to Enter Medical School of Minority School,” Center for Studies in Higher Educations (A SERU Project Research Paper).


PPHS @ SPU

• Seattle Pacific University’s Program
• Academic competence
• Preprofessionalism
• Vocational discernment
  • Community service
  • Shadowing
  • Mentoring
  • Reflection
• Broad training
  • Community engagement
  • Grand Rounds & Lecture attendance
  • Narrative medicine
  • Medical humanities
SUCCESS STORIES

REALITY:
PLUGGING THE LEAKY PIPELINE
REALITY: PLUGGING THE LEAKY PIPELINE

PLUGGING THE LEAK
BEYOND THE METAPHOR

“THOUSAND BITES”: CONTRIBUTING FACTORS

- Inadequate preparation
- Single-Parent Household
- Poverty
- Poor mentorship
- Competing Personal demands
- Social isolation (segregation)
- Lack of material support
- Imposter syndrome/Stereotype Threat
- Mistrust
- Culture and cultural anxiety
- Social networks issues
**BEST PRACTICES**

- **Welcoming environment**
  - Admissions event attendance
  - Connect with parents (describe and translate the journey, experience)
  - Partner with campus stakeholders (career center, multi-ethnic programs, science faculty, service organizations and others)
    - Early connections events at the beginning of the year
    - Chemistry curriculum and faculty (Barr and Matsui, 2008)
  - Identify students
  - Create a Safe Space
  - Personal counseling: address fears, mistrust, and gaps in preparation
  - Storytelling (share your story, i.e., failures and successes)
  - Personal story (help them to tell their story)
    - Highly vigilant to threat
    - Institutional experience
    - Narrative intervention

**IDENTITY AS A BRIDGE**

- **Create a close-knit community or Cohort Model**
  - Prehealth Club
  - BioCore Scholars
  - Premedical Organization for Minority Students (POMS)
  - Minority Association of Pre-Med Students (MAPS)
BEST PRACTICES: MENTORING

• **Mentoring**
  - Personal Connection (meet and keep the door open)
  - Partnership: Broader stakeholders within the university
  - Connect with role models on faculty

BEST PRACTICES: MENTORING

• **Holistic academic mentoring approach** (Bos and Schneider, 2012)
  - Structured, student-focused, and sustained
  - Medicine
  - Service
  - Research
  - Survival strategies
  - Resource location
BEST PRACTICES: COMMUNITY ENGAGEMENT

• Community engagement
  • Spend time in their environments
  • Acknowledge and encourage community leadership among students
  • Volunteer in underserved communities

• Community event attendance
  • Attend professional events with students
  • Invite them to professional networking and social events
END GOAL:
DIVERSE MEDICAL WORKFORCE