

Episode: Author Interview: “Three Things Schools Should Do to Make Advancement Assessment Just”

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Tonya Fancher, a Professor of Medicine at the University of California Davis School of Medicine, where she is also the Director of the Center for a Diverse Health Care Workforce and Associate Dean for Workforce Innovation and Community Engagement. She’s with me to discuss her article coauthored with Dr Marjorie Westervelt, Dr Darius Billingsley, and Maya London, [Three Things Schools Should Do to Make Advancement Assessment Just](#), in the December 2021 issue of the Journal, *Health Justice and Diversity in Medical School Admissions*. Dr Fancher, thank you so much for being on the podcast.

DR TONYA FANCHER: Thanks so much for having me. Super happy to be here.

HOFF: What is the main ethics point of your article?

FANCHER: So, Tim, I would say medical schools across the country have increased their efforts to diversify their classes. There’s less around outreach and DEI training and systemic changes, more inclusive policies, practices. And it’s all in this noble effort, right, and needed effort, to build a diverse physician workforce that’s really representative of our populations. And while there’s still a lot of work to do in recruitment, my coauthors and I wanted to suggest that we also need to turn our attention to the experience in medical school. So, more and more studies show that students from underrepresented and historically excluded backgrounds are not treated equitably when they’re in medical school. And one way this can manifest is as inequitable performance outcomes.

So, for example, in the clerkship year—which is the year that students spend working with patients in hospitals and clinics, in the ERs and operating rooms—we see students from underrepresented and historically excluded backgrounds receiving fewer of the highest grade of honors. And we know that many factors can affect what grade a student receives, factors related to the student, like how interested they are in that specialty or things like stereotype threat. There’s factors related to the evaluator, which is usually a resident or an attending, and it’s really dependent on the opportunities that they’ve had to observe the student and any implicit biases that they may bring. And of course, there’s factors related to the clinical learning environment, and then policies and procedures related to the clerkship. So, what types of assessments are used to determine that grade? Is it just observations? Is it performance on the wards, written exams, or other types of exams?

And so, this is in addition to all of the other structural barriers that are built into our systems, right, our exams, our assessments, and that we have to remember that these were set in place by historically dominant groups and that there’s inequity in educational

opportunities that occur long before a student ever starts medical school. So, to us, it's not just one grade, but the grades lead to the awarding of honors. The awarding of honors can affect the receipt of other honors, such as AOA, which is the Medical School Honor Society, which in turn impacts your competitiveness for residency, right? So, that really means that all of this impacts a student's career opportunities, and it's dependent on this system. And I think it's safe to assume that this is a problem at most medical schools.

So, for us, the question is, how can we change the landscape of medicine without also changing the experience of medical school? And what we need to do is build systems and pathways that are more inclusive, equitable, and really, that value what students bring to the table, not whether they did better than their peers on a rotation or an exam.

HOFF: For the health professions students and trainees reading this article who are obviously most sort of affected by the things that you're talking about, what are the most important things for them to take from this article?

FANCHER: So, I think it's for our institutions to recognize that students and trainees are part of this work. They're really like, they're really central to it.

HOFF: Mmhmm.

FANCHER: And in fact, at our institutions, students prompted us to examine our outcomes and our practices. And that students come to medical school to learn to be doctors. They don't come to outperform their classmates, right? They're just here to learn. And that we need to really relook at our systems that incentivize this competition. And for the students, develop pathways that support retention, right? So, recruitment we talk a lot about. Now we need to talk about retention in medical school, residency, and of course, in practice. And that students should be part of these investigations at their schools, and they should be part of developing the solutions. I suspect that schools will need to develop policies that ensure sustainability, right, and that we have a process for continuous, ongoing self-examination. And Tim, in my mind, it's like what we do when we find disparate health outcomes, right? We figure out what's wrong, we fix it, and we keep looking at it until we get it right. And I feel like we need to do that same process for disparate education outcomes.

HOFF: And finally, what is one additional point that you'd like to make that you didn't get a chance to in the article?

FANCHER: Oh, yeah, I think it's saying, Tim, what we have isn't working, isn't fair to our learners, and ultimately, it's not fair to our patients who are waiting for them to come out in practice. And just because we have a system that was not built with equity and inclusion in mind in all cases, it doesn't mean it has to stay that way. So, I think that what we need to do is start to think bigger and together because this is really a problem that many of us are going to face. And one of my colleagues likes to quote the late Congressman John Lewis. And he says, "It's good trouble. It's necessary trouble, but it's good trouble." [theme music returns]

HOFF: Dr Fancher, thank you so much for the work that you're doing on this important subject and for your contributions to the Journal and the podcast. Thanks for being on.

FANCHER: Thanks so much, Tim, for having me here.

HOFF: To read the [full article](#) and the rest of the December 2021 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.