

**Initiatives to Promote Racial Equity at the Perelman  
School of Medicine**

**Asian Pacific American Medical Student Association**  
**Perelman School of Medicine at the University of Pennsylvania**  
**Chapter**

**April 27, 2021**

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April 27th meeting attendees

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**ACTIONABLE ITEMS:** 1, 3, 9, 10, 11, 13

Further delineating demographics is under ACT purview. Suzi needs to get followup on whether they decided to go for that. Apparently MCAT data disaggregates Asian demos.

UMELT does not have money. We need to look at where funding lies and find out where we're allowed to move it to. Suzi needs more data on the medical mandarin course and how it was used and implemented to see if we could be able to add it in to the curriculum.

## A. Education

### I. Hold a Town Hall to Educate Students and UMELT on Asian Experiences and to Debunk the Model Minority Myth

- A. The purpose of this Town Hall would be to empower Asian-American students as well as educate the greater student body of our experiences and what we endure on a regular basis, especially since the start of the pandemic. We envision this Town Hall as one being held jointly by administration (UMELT), students of Asian heritage, and allies to highlight racism, microaggressions, and macroaggressions experienced by students in preclinicals, clerkships, and general society, particularly in response to recent events.
  - a. A recent [Anti-Asian Racism Survey](#)<sup>1</sup> uncovered astonishing rates of anti-Asian sentiments and violence since the start of the COVID-19 pandemic, with 34% experiencing verbal harassment, 14% being barred from an establishment, 13% vandalism, and 12% physical assault.
  - b. Unfortunately, per a report by [Pew Research in March 2021](#)<sup>2</sup>, Asians are often perceived to NOT be discriminated against among ethnic groups.
- B. As an example of the need for this Town Hall, shortly after the Georgia shooting, there were meetings held by StORM that were open to the entire student body to hear and learn from the Asian experience. However, only 12 students were present the first night, 22 on the second night, both paltry and disappointing numbers.
- C. Furthermore, the Department of Medicine held a noon conference on 4/20/21 to discuss the ongoing issues that Asian Americans face and to debunk the model minority myth. We believe that UMELT should follow suit and bring about this educational experience to all students in PSOM.
- D. As such, we view the Town Hall as a productive way for students to better understand each other, particularly during times of deep distress.

### II. Revise Pre-Clerkship Curriculum Materials to disaggregate statistics of Asian ethnicity

- A. We believe that a tangible goal for UMELT will be to have all lectures disaggregate “Asian” ethnicity within research studies. Asians comprise over 50% of the world’s population, at 4.5 billion out of 7.9 billion, and aggregating Asians under a single monolithic heading masks differences and inequities with crucial implications in medicine.
  - a. We recognize that a similar initiative has been previously introduced by SNMA, StORM, and LMSA in the Initiatives to Achieve Racial Equity at the Perelman School of Medicine, section XV, and we would like to add our support to these initiatives.
  - b. Current students of the PSOM community recently published an article in the [NEJM](#)<sup>3</sup> addressing the need to replace ambiguous “race” terms with more granular ethnicity or ancestry when discussing genetic predispositions. In this article, they highlight how using imprecise language such as “African American” to approximate ancestry fails to capture

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<sup>1</sup> <https://abcnews.go.com/US/video/asian-americans-victims-verbal-abuse-amid-pandemic-76263636>

<sup>2</sup> <https://www.pewresearch.org/fact-tank/2021/03/18/majorities-of-americans-see-at-least-some-discrimination-against-black-hispanic-and-asian-people-in-the-u-s/?amp=1>

<sup>3</sup> Amutah C, Greenidge K, Mante A, Munyikwa M, Surya SL, Higginbotham E, Jones DS, Lavizzo-Mourey R, Roberts D, Tsai J, Aysola J. Misrepresenting Race - The Role of Medical Schools in Propagating Physician Bias. *N Engl J Med.* 2021; 384:872-878. DOI: 10.1056/NEJMms2025768

the large heterogeneity of its intended population. Similarly, “Asian” incompletely represents the diverse origins and ancestries seen within the massive continent of Asia, which are only beginning to be unveiled by the GenomeAsia 100K Project. Nonetheless, their [pilot study published in Nature](#)<sup>4</sup> noted large genetic variations within the Asian continent that necessitate more granular geographic and ethnic analyses, suggesting the failure of the category “Asian” to accurately characterize its intended constituents.

- B. Socially, the use of the monolithic term “Asian” contributes to the harms of the “Model Minority” and erases the diverse experiences lived by this population.
- a. For example, a recent [study](#)<sup>5</sup> that disaggregated Asian ethnicity revealed that there were wide ranges of COVID-19 disparities among Asian Americans in NYC Hospital Systems, with South Asians and Chinese Americans having significantly increased COVID burden. This health disparity would have been masked had the study not disaggregated “Asians” into multiple, regional categories.
  - b. Another recent [study](#)<sup>6</sup> sought to examine the effect of discrimination on the self-rated health of various Asian ethnic groups, finding differential effects on specific ethnic groups. Interestingly, the specific ethnic groups who reported that major discrimination led to poorer self-rated health were Vietnamese, Filipinos, Cambodians, and Hmong, all of which fall under the category of Southeast Asians, who have been historically neglected under the Asian monolith.
  - c. In fact, following the recent excitement that the movie *Crazy Rich Asians* brought to the Asian community, the NY Times published an [article](#)<sup>7</sup> reporting that Asians are now the most economically divided racial or ethnic group in the country. That mainstream representations of “Asian” focus predominantly on East Asian success and stories, which is also inherent in the term “Asian,” erases the troubled experiences of several other Asian ethnic groups, such as Southeast Asians, who immigrated here largely as refugees.

### III. Fully Fund Medical Mandarin Classes

- A. Medical Mandarin was an initiative started in Fall 2018 by four former MS1s (David Dai, David Mui, Carol Wang, and Chris Wen). Its mission was to empower students to learn medical terminology in the Mandarin language to promote better communication and care for patients who only (or prefer to) speak in Mandarin Chinese. Seed funding for one class (targeted at students who were already competent in conversational Mandarin) was provided through an MSG Big Ideas Grant. The annual course began in Fall 2019 and was taught by Dr. Yu Kang. This course was open to students from the medical and dental schools, and was substantially enhanced by standardized patients (SPs) from within the Chinese community who graciously volunteered their time.

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<sup>4</sup> GenomeAsia100K Consortium. The GenomeAsia100K Project enables genetic discoveries across Asia. *Nature*. 2019; 576: 106-111. <https://doi.org/10.1038/s41586-019-1793-z>

<sup>5</sup> Disaggregating Asian Race Reveals COVID-19 Disparities among Asian Americans at New York City’s Public Hospital System. Roopa Kalyanaraman Marcello, Johanna Dolle, Areeba Tariq, Sharanjit Kaur, Linda Wong, Joan Curcio, Rosy Thachil, Stella S. Yi, Nadia Islam. medRxiv 2020.11.23.20233155; doi: <https://doi.org/10.1101/2020.11.23.20233155>

<sup>6</sup> Nicholson Jr HL and Zobayer Ahmmad. Associations between everyday and major discrimination and health status among a diverse national sample of ten Asian ethnic subgroups. *Annals of Epidemiology*. 2021; 59: 5-9. <https://doi.org/10.1016/j.annepidem.2021.03.011>.

<sup>7</sup> <https://www.nytimes.com/interactive/2018/08/17/us/asian-income-inequality.html>

- B. In its initial offering, the course was funded by \$2500 from MSG and \$500 from APAMSA, which covered Dr. Kang's \$2600 stipend (equivalent to one instructor's stipend in Medical Spanish) and \$200 for food (split between a Spring 2019 pilot class, Fall 2019 information session, and Fall 2019 final class). We did **NOT** receive any institutional funds to compensate our SPs, who were critical in helping us further our cultural and linguistic understanding of our Philadelphia Chinese community. Such was the dearth of funds that SPs were required to pay for their own parking and transportation, despite our lobbying to UMELT for the contrary.
- C. Ultimately, despite the resounding success of the course (~30 students completed 9+ classes) and positive feedback from students of all medical school class years, Medical Mandarin did **NOT** receive financial support from UMELT to continue the momentum of this course into the following year. Students were instead told to seek funding from other sources. Yet even in 2020, after another year of resounding success (over 40 students), particularly during COVID, Medical Mandarin still was not institutionally funded. For 2021, our only funding thus far has been \$300 from MSG. We would like to note that at our peer institutions (Harvard, Yale, Stanford, etc.), Medical Mandarin has long been a fully-funded course.
- D. In stark contrast, Medical Spanish offers 3 separate courses for students of varying competencies with the Spanish language (beginner, intermediate, advanced). From our understanding, each class has ~10 students per year, and each instructor receives a \$2600 stipend. Since 2001, these costs have been covered on an institutional level by PSOM.
- E. As such, we respectfully ask that PSOM and UMELT fully fund Medical Mandarin as an elective to be offered every year to the PSOM community. Furthermore, we ask that UMELT be willing to **invest** in Medical Mandarin to be offered not only as a course for students already competent in conversational Mandarin, but also as a course for students at the beginner level to further strengthen our students' abilities to communicate with a broader array of patients.

#### IV. Expand Asian and Minority Representation in the Standardized Patient Program

- A. In June 2020, Steven Tsai (MS3) and David Mui (MD-MBA, MS3) met with Denise Lamarra (Director of Standardized Patient Program) to discuss initiatives and strategies to increase the number of Asian SP's. Data at the time reflected that of 195 SP's, 66% identified as Caucasian, 23% as African American, fewer than 3% Latino/Hispanic, fewer than 3% Asian. These demographics fail to reflect the diverse communities seen in Philadelphia. For the Asian community in particular, we and fellow classmates have noticed that there has been a lack of Asian SP's and situations that speak to Asian culture and other medical concerns.
- B. Furthermore, according to the [2016 Community Health Needs Assessment by the University of Pennsylvania Health System](https://www.pennmedicine.org/~media/documents%20and%20audio/annual%20reports/community/community_health_needs_assessment_uphs_chna_2016_1.aspx)<sup>8</sup>, cultural and language barriers among the Asian patient population were identified as "significant unmet needs" by our health system. Asian languages were found to be the most commonly spoken language at home (other than English) in the UPHS system.
- C. As such, we ask that PSOM and UMELT mandate that diversity within standardized patients be a priority in the recruitment and hiring of SP's. We also ask that data on the gender and diversity of SP's be reviewed on an annual basis, to determine deficiencies and strengths in representation.

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<sup>8</sup>[https://www.pennmedicine.org/~media/documents%20and%20audio/annual%20reports/community/community\\_health\\_needs\\_assessment\\_uphs\\_chna\\_2016\\_1.aspx](https://www.pennmedicine.org/~media/documents%20and%20audio/annual%20reports/community/community_health_needs_assessment_uphs_chna_2016_1.aspx)

## V. Establish and Strengthen Communication Guidelines for Small Group and Doctoring Preceptors

- A. The purpose of the communication guidelines for preceptors is to minimize in-class microaggressions and provide recommendations on how to communicate effectively with the students, from the students' perspective. We believe that the guidelines will not only supplement the traditional educational guides but also provide nuanced insights and dimensions with which the preceptors can work to enhance their interactions with students.
- B. Traditional [guidelines](#)<sup>9</sup> for small group tutors and preceptors often fail to address the importance of more subtle forms of communication such as microaggressions or body language that can significantly affect group learning.
- C. The communication guide will shed light on some of the in-class microaggressions such as mispronunciation of student names, mixing up of names of students within the same ethnicity, and asking students to speak on behalf of their perceived background. We believe that acts of microaggressions do not have any intent-to-harm and bringing awareness to the matter will greatly reduce them.
- D. The guidelines will aim to promote inclusivity and establish a respectful learning environment by providing specific recommendations on more subtle communication practices, such as making eye-contact with all members of the small group, not just the most outspoken ones, and avoiding "calling-out" students to force them to speak during doctoring sessions.
- E. Inputs and voices from diverse groups and interests will be integrated and represented in the document.

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<sup>9</sup> Sarah Edmunds & George Brown (2010) Effective small group learning: AMEE Guide No. 48, Medical Teacher, 32:9, 715-726, DOI: [10.3109/0142159X.2010.505454](https://doi.org/10.3109/0142159X.2010.505454)

## B. Representation

### VI. Establish Liaison Positions within MSG for APAMSA

- A. MSG, in its recently revised constitution, enshrined that “MSG shall partner with other student leadership organizations to ensure collaboration in student advocacy efforts.” In particular, MSG has established liaisons from Student National Medical Association (SNMA), Latino Medical Student Association (LMSA), Penn First Generation Low Income (FGLI), and Penn Med Pride (PMP). However, MSG does not have liaisons from APAMSA.
  - a. As Barbara Whyte, Intel’s Chief and Diversity Officer, said “If you do not intentionally include, you will unintentionally exclude”.
- B. We recognize that per the [AAMC in its Diversity and Medicine: Facts and Figures 2019](#)<sup>10</sup>, Asians are “overrepresented” in medicine with respect to the general American population. However, this assertion belies two important points
  - a. First, as discussed by [Dr. Yu in her ASA article](#)<sup>11</sup>, “in the same way that categorizing people as ‘North Americans’ would neglect to recognize differences among Mexico, Canada, and Latin American countries, categorizing ‘Asians’ similarly fails”. The aggregation of Asians under one monolithic heading disguises that there are underrepresented minorities within the greater Asian community.
  - b. Furthermore, Asians are underrepresented in leadership positions, particularly with respect to the “bamboo” ceiling. According to an [Harvard Business Review article](#)<sup>12</sup>, “Asian American white-collar professionals are the least likely group to be promoted from individual contributor roles into management — less likely than any other race, including blacks and Hispanics.
- C. We recognize that there are historical reasons within our school for establishing these liaison positions as specifically for UiM (under-represented in medicine). However, the recent incidents in America, of violence on our elderly and our young, on PSOM students themselves, demonstrate that while we may not be a “minority” group in medicine by percentage of physicians, greater America certainly views us as a minority group. From the present-day “Kung-flu virus” and “go back to China” to the past Japanese internment camps and racist portrayals of Asians in Hollywood (e.g. Breakfast at Tiffany’s), Asians in America have suffered and continue to suffer as a minority group.
- D. Perhaps even more saliently, the day after APAMSA met with the MSG executive board regarding the liaison position, MSG held its General Body Meeting on April 7, 2021. In its Agenda, under Updates, class representatives updated MSG on ongoing efforts. Liaisons (SNMA, LMSA, FGLI, PMP) also updated MSG on their advocacy efforts. Noticeably absent from the Agenda was APAMSA. Had we ourselves not taken the initiative to appear in the meeting and inform MSG of our current advocacy efforts, MSG and the other cultural affinity groups would not have been aware of said efforts. As such, there is currently no mechanism to ensure that all groups are aware and in alignment with each other’s efforts.

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<sup>10</sup><https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>

<sup>11</sup> Corinna J. Yu; Asian Americans: The Overrepresented Minority?: Dispelling the ‘Model Minority’ Myth. *ASA Monitor* 2020; 84:32–33 doi: <https://doi.org/10.1097/01.M99.0000688732.01865.74>

<sup>12</sup><https://hbr.org/2018/05/asian-americans-are-the-least-likely-group-in-the-u-s-to-be-promoted-to-management>

## VII. Establish a Student Liaison within Diversity & Inclusion Student Advisory Committee (DISAC)

- A. DISAC's stated mission is "a student advisory group composed of representatives from each class and our core cultural affinity groups. DISAC ensures that the voices of students are represented and serves as a means of communication between Perelman administration, cultural affinity groups, and the medical student body."
- B. Recent events highlight the need for APAMSA to be in communication with the administration and other cultural affinity groups as we work to dismantle systemic racism as well as address attacks that, while may be directed at one specific minority group, affect us all as citizens and human beings.
- C. We recognize that DISAC, as of April 2021, is currently undergoing restructuring efforts.

## VIII. Establish a Dean of Health Equity and Inclusivity of Asian Descent

- A. While Asians are not encompassed under the definition of "underrepresented in medicine," we are grossly underrepresented in leadership positions within and throughout medicine, including UMELT.
  - a. In a [study](#)<sup>13</sup> on Asian American leadership in surgery: Asian American representation on governing boards of professional organizations is only 2.3%, and none on the Boards of Regents of the American College of Surgeons, the various American Board of Medical Specialties surgical boards and councils, the residency review committees for surgery, and governing councils of 7 of 10 professional organizations. Of 302 US surgeons on the editorial boards of 5 leading surgical journals, 6 were Asian Americans (2.0%)
  - b. Another [study](#)<sup>14</sup> conducted a 12-year retrospective analysis of the Association of American Medical Colleges' data on faculty at U.S. medical schools from 1997 to 2008 and found that all minorities, including Asian Americans, and women remain grossly underrepresented in academic medicine. They reported that while whites accounted for 84.76% of professors, 88.26% of chairpersons, and 91.28% of deans, Asians represented only 6.66% of professors, 3.52% of chairpersons, and 0% of deans.
  - c. Additionally, in the wake of the recent Anti-Asian hate crimes, there was a realization that there currently exists no APAMSA appearing faculty member in the capacity of PDI, UMELT, or advisory deans to discuss the repercussions of racist incidents experienced by APAMSA students.
- B. Furthermore, while we may not inherently fit the definition of "underrepresented in medicine" put forth by the AAMC, there are ethnic groups within the broad monolith of Asian that have had poor representation in medicine and suffer from lower socioeconomic statuses.
  - a. As discussed above, the term Asian has historically been associated with East Asian populations and thereby erases the plight of several Southeast Asian ethnic groups who lag well behind other Asian ethnic groups in terms of [education and income](#).<sup>15</sup>

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<sup>13</sup> Nakayama DK. Asian Americans in leadership positions in academic surgery. *Ann Surg.* 2012 Mar;255(3):583-8. doi: 10.1097/SLA.0b013e3182471a7b. PMID: 22317962.

<sup>14</sup> Yu PT, Parsa PV, Hassanein O, Rogers SO, Chang DC. Minorities struggle to advance in academic medicine: A 12-y review of diversity at the highest levels of America's teaching institutions. <https://doi.org/10.1016/j.jss.2012.06.049>

<sup>15</sup> <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>



- b. A Pew [study](#)<sup>16</sup> looking at the immigrant communities of Philadelphia notes the unusually large Southeast Asian population located in Philly, largely within South Philadelphia. The population is large enough that PSOM supports the Unity Health Clinic located in South Philadelphia that primarily serves a vulnerable Indonesian-Chinese immigrant population. Despite this unique presence of Southeast Asian immigrants in Philadelphia, however, the PSOM community lacks many Southeast Asian students and has not highlighted their unique experiences as Asian-Americans as they are lumped under the “Asian” category.
- C. We ask that UMELT collaborate with APAMSA to work towards equitable and greater representation within UMELT, Advisory Deans, and other positions within the School of Medicine.

## IX. Establish Regular Meetings between APAMSA and UMELT

- A. To continue the momentum of our recent conversations in early 2021, and to ensure communication lines remain open, we ask that UMELT schedule meetings with APAMSA on an annual basis, if not more frequently (quarterly, monthly).

## X. Disaggregate PSOM’s Admission Data on Ethnicity

- A. In continuation and consistency with disaggregating statistics of Asian ethnicity, we ask PSOM and UMELT to disaggregate PSOM’s [current class demographics data](#)<sup>17</sup> on its website which categorizes all Asian students under the monolithic heading of “Asian.” We believe that this is a tangible first step in recognizing and highlighting the diversity of the AAPI community.
- B. In fact, PSOM has already begun disaggregating incoming student demographics internally, splitting Hispanic students into Mexican, Puerto Rican, and Other Hispanic, as evidenced by a report generated in response to Plan 6 of the [Tracking Equity Initiatives document](#).<sup>18</sup> We support these efforts and recommend that they similarly be applied to the Asian category to better highlight the diverse experiences of its constituents without erasing the specific ethnic group inequalities inherent in this grouping.
- C. While many of our peer-level medical schools currently do not categorize admissions data on Asians by specific ethnicities, we see this as an opportunity for PSOM to lead and play an exemplary role in the medical school admissions process, as well as send an implicit message to prospective applicants that PSOM cares about diversity at a deeper level.

Include Chinese, Korean, Indian, Vietnamese, etc. Specific sets of concerns are in each community.

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<sup>16</sup> <https://www.pewtrusts.org/en/research-and-analysis/reports/2018/06/07/philadelphias-immigrants>

<sup>17</sup> <https://www.med.upenn.edu/admissions/entering-class-profile.html>

<sup>18</sup> <https://www.med.upenn.edu/student/assets/user-content/secure/psom-entering-class-demographics-2016-2020.pdf>

## C. Clerkships

### XI. Establish a space for medical students to discuss/debrief from micro- and macro-aggressions

- A. Currently, for Asian-American students who endure micro- and macro-aggressions, available resources include CAPS (Counseling & Psychological Services), DPS (UPenn's Division of Public Safety), and PAACH (Pan-Asian American Community House). However, we believe a designated safe space for students to process their experiences would improve accessibility and facilitate supportive conversations between peers. This is of particular importance given the high stigma around mental health in AAPI communities - according to the American Psychiatric Association, Asian Americans are among the least likely of all ethnic groups to seek help from mental health services.
- B. We were recently made aware of Spaces of Color held by PDI, which from our understanding serves this purpose as a debriefing space for SNMA and LMSA members under the supervision of a professional trained in cultural psychiatry. SNMA invited APAMSA to attend a session following the Atlanta shootings, and it is unclear to us whether future Space of Color sessions would also be open to APAMSA members. If this option is deemed unsuitable, we ask that our groups be engaged in and communicated with about potentially creating similar initiatives addressing mental wellness.

### XII. Establish a clear and consistent method for ALL students to report ethnicity-based bias/assault/crimes

- A. Currently, there exist multiple reporting resources for students to choose from: SafetyNet, contacting clerkship/Sub-I/elective directors, or directly contacting UMELT faculty (e.g. Dr. Albright). However, it is often up to the student to decide which of these resources they choose to use. Furthermore, there is currently unclear delineation in the case of race-based incidents that occur outside the hospital, who or what students should contact. As such, navigating these resources can prove confusing, albeit the final (and perhaps first) line in all situations seems to be to contact UMELT directly.
- B. As such, we recommend that the school establish a Standard Operating Procedure (SOP) when an event of physical or mental trauma or assault happens to ANY medical student. Such an SOP would, at minimum, encompass and detail the following items:
  - a. Which UMELT faculty is quarterbacking communication with the student
  - b. To inform the student that they may choose to report the incident to UPenn's Division of Public Safety
  - c. The extent to which the student may take excused days from preclinicals, rotations, Sub-I's, etc.
  - d. Whether an email is sent out to the student body to debrief on what has occurred and reinforce a sense of safety.
  - e. In particularly egregious cases, from a public relations perspective, a general statement is issued to the greater media.

## D. Evaluation

### XIII. Analyze Penn medical students' clinical performances to identify differences in grading, narrative, and MSPE determinations for students within minority groups

- A. Evaluations of clinical students are essential for identifying areas of weakness and promoting clinical excellence. They are also an important component of students' applications to residency programs. However, the nature of these evaluations is largely subjective and dependent upon myriad circumstances, including attitudes of attendings, degree of support from residents/interns, etc. There is also a sparse but growing literature on how demographic factors, such as students' race/ethnicity/ancestry, may be modulating clinical evaluations. Because of the subjective nature of these evaluations, their justness and effectiveness at organizing students into meritocratic groups have been called into question.
- a. We reviewed the published academic literature on students' race/ethnicity/ancestry impacting clinical grades. We summarize the sparse literature below:
    - i. In a 2019 [study](#)<sup>19</sup> at one non-Penn medical school, minority students received lower clinical evaluations, as assessed by Medical Student Performance Evaluation (MSPE) summary words, compared to White classmates. A multivariate model revealed that this relationship continues to exist for "Non-URM Minority" students after accounting for gender, age, maternal education (paternal was collinear), clerkship year, and USMLE Step 1 score.
    - ii. In a 2020 [study](#)<sup>20</sup> at two non-Penn medical schools, Asian American, African American, Native, and Latinx students experienced and were impacted by stereotype threat while engaging in clinical care of patients. These students scored higher on the Stereotype Vulnerability Scale score compared to Caucasian classmates.
    - iii. In 2007, a [study](#)<sup>21</sup> of 2,395 anonymous medical students from 105 medical schools revealed that minority students receive lower clerkship grades after accounting for other demographic and behavioral (assertive vs reserved) characteristics as well as self-perceived quality of clinical experience.
    - iv. Other studies unfortunately grouped Asian-American and White classmates together during their analyses, representing potential confounders for the studies' implications for Asian-American students as non-URMs. These studies are summarized below.

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<sup>19</sup> Daniel Low, Samantha W. Pollack, Zachary C. Liao, Ramoncita Maestas, Larry E. Kirven, Anne M. Eacker & Leo S. Morales (2019) Racial/Ethnic Disparities in Clinical Grading in Medical School, *Teaching and Learning in Medicine*, 31:5, 487-496, DOI: [10.1080/10401334.2019.1597724](https://doi.org/10.1080/10401334.2019.1597724)

<sup>20</sup> Bullock, Justin L. MD, MPH; Lockspeiser, Tai MD, MHPE; del Pino-Jones, Amira MD; Richards, Regina PhD, MSW; Teherani, Arianne PhD; Hauer, Karen E. MD, PhD They Don't See a Lot of People My Color: A Mixed Methods Study of Racial/Ethnic Stereotype Threat Among Medical Students on Core Clerkships, *Academic Medicine*: November 2020 - Volume 95 - Issue 11S - p S58-S66. DOI: [10.1097/ACM.0000000000003628](https://doi.org/10.1097/ACM.0000000000003628)

<sup>21</sup> Lee KB, Vaishnavi SN, Lau SK, Andriole DA, Jeffe DB. "Making the grade:" noncognitive predictors of medical students' clinical clerkship grades. *J Natl Med Assoc.* 2007 Oct;99(10):1138-50. PMID: 17987918; PMCID: PMC2574397.

1. In a 2019 [study](#)<sup>22</sup> at two non-Penn medical schools, the narrative languages used to describe URM performance during clinical clerkships were found to be different from those of non-URMs.
  2. In a 2018 [study](#)<sup>23</sup> at one non-Penn medical school, minor differences in URM clinical evaluations (clerkship assessment scale) were exaggerated at levels of clinical grading (honors grades) and AOA selection.
    - a. The study commented on stereotype threat, structural differences in clinical evaluations, and other potential reasons for these observed disparities. As the aforementioned studies revealed, Asian Americans are also affected by these structural components, highlighting the potential detriment of grouping heterogeneous groups together during analyses, such as Whites and Asian Americans under the heading of non-URMs.
- B. The literature on clinical grades as a function of race/ethnicity/ancestry is sparse. Of published studies, none are from the University of Pennsylvania, and several studies group Asian-American students with Whites as non-URM status. In doing so, it becomes even more difficult to understand how ethnicity affects each minority group's clinical evaluations. Nonetheless, the literature suggests that minority students experience stereotype threat while engaging in clinical work and receive lower clinical grades, even after accounting for potential confounding variables.
- C. In order to better understand the effect of race/ethnicity/ancestry on clinical grading patterns, we ask for PSOM to analyze Penn medical students' clinical performances to identify potential differences in grading, narrative, and MSPE determinations for students within minority groups. In particular, we ask for these analyses to be conducted at a granular ethnicity/ancestry level to prevent the elimination of nuance that occurs when heterogeneous groups are assessed together.

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<sup>22</sup> Rojek AE, Khanna R, Yim JW, Gardner R, Lisker S, Hauer KE, Lucey C, Sarkar U. Differences in Narrative Language in Evaluations of Medical Students by Gender and Under-represented Minority Status. *J Gen Intern Med.* 2019 May;34(5):684-691. doi: 10.1007/s11606-019-04889-9. PMID: 30993609; PMCID: PMC6502922.

<sup>23</sup> Teherani A, Hauer KE, Fernandez A, King TE Jr, Lucey C. How Small Differences in Assessed Clinical Performance Amplify to Large Differences in Grades and Awards: A Cascade With Serious Consequences for Students Underrepresented in Medicine. *Acad Med.* 2018 Sep;93(9):1286-1292. doi: 10.1097/ACM.0000000000002323. PMID: 29923892.