

**Perelman**  
SCHOOL OF MEDICINE  
UNIVERSITY *of* PENNSYLVANIA

**Alpha Omega Alpha (AΩA) Taskforce  
Final Recommendation**

Spring 2022

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PLEASE CONTACT

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# Alpha Omega Alpha (ΑΩΑ) Taskforce Final Recommendation

Spring 2022

After an extensive review process including interviews with key stakeholders, review of available literature, data describing student’s ΑΩΑ eligibility and selection of graduating medical students disaggregated by under-represented in medicine (URiM) status and gender, and surveys of medical students and faculty at the Perelman School of Medicine (PSOM), detailed below, the ΑΩΑ Taskforce’s final recommendation is as follows:

- The majority view of the taskforce is to **maintain the PSOM ΑΩΑ chapter for all members, but to change the announcement and induction ceremony from preceding the Match to following the Match**. It is important to note that those with the majority view unanimously agreed that if the option to announce after the Match were removed, they would have voted to no longer maintain ties with ΑΩΑ.
- The minority view of the taskforce is to no longer maintain ties with the national ΑΩΑ honor society.

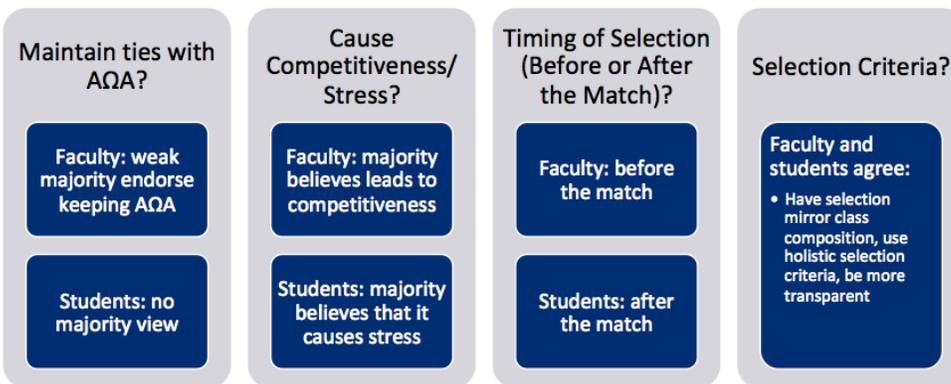
The following sections describe the rationale for these recommendations including the *background*, *process*, *major identified themes*, and *key recommendations*.

## Background

The Taskforce was convened at the behest of Suzi Rose, MD, MEd, Senior Vice Dean for Medical Education at PSOM. In early 2020 the Medical Student Government appealed to Dr. Rose to consider discontinuing PSOM’s ΑΩΑ Chapter in the interest of fostering a school culture of racial equity and less competition among students. The Undergraduate Medical Education Office of Evaluation and Assessment conducted several surveys with PSOM faculty and students to gain a quantitative understanding of then current feelings toward ΑΩΑ (Appendix A). Faculty presented a weak majority to keep ΑΩΑ, while there was no true majority opinion

from students. While there was no agreement about when to announce induction, there was agreement that ΑΩΑ is a cause of student competitiveness and stress. Faculty agreed that ΑΩΑ can be helpful to students entering competitive specialties, and there was agreement that if ΑΩΑ is kept then selection must mirror class composition, holistic review of students is necessary, and the process should be more transparent.

## PSOM ΑΩΑ Survey Results



Source: ΑΩΑ Surveys Spring 2021, Judy A. Shea, PhD, presented to UMEC July 12, 2021

## The ΑΩΑ Taskforce: Process

The Taskforce first met in late September 2021 and was comprised of members intentionally selected to represent diversity of experience and opinion at PSOM, and with ΑΩΑ. The initial meeting was spent identifying the members’ potential biases, acknowledging a commitment to mitigating these biases, and using a data driven approach to inform the final recommendations.

Taskforce members included:

Mira Mamtani, MD, MSED <i>Chair</i>	Associate Professor, Emergency Medicine Associate Director, FOCUS on Health and Leadership for Women Associate Program Director, Emergency Medicine Residency Program UMEC Faculty Representative
Rosalyn Schorr, MSED <i>Administrator</i>	Associate Director for Educational Academic Affairs, Academic Programs Office
Sean Harbison, MD, MSED	Professor of Surgery, Chief of Division of General Surgery Associate Program Director, General Surgery Residency Program AΩA Member, voting member of AΩA Selection Committee
Alison Loren, MD, MSCE	Professor of Medicine, Division of Hematology Vice Chair of Faculty Development, Department of Medicine
Jen Myers, MD	Professor of Clinical Medicine, Division of General Internal Medicine Director of Faculty Development, Section of Hospital Medicine AΩA Member
Ilene Rosen, MD, MSCE	Associate Professor of Medicine, Division of Sleep Medicine Assistant Dean for Graduate Medical Education Vice Chair for Education, Department of Medicine
Ethan Samet-Marram, MD '22	Fourth year medical student (MS4) while serving on the Taskforce UMEC Student Representative
Lisa Walke, MD, MSHA	Associate Professor of Medicine Chief of Division of Geriatric Medicine
Karen Xu	Combined degree, year out (CDYO) student MD candidate '26 PhD Candidate in Bioengineering '26

Data Sources

The Taskforce was charged with reviewing all survey data and breadth of literature to inform them about the local and national conversations surrounding AΩA. The process was iterative with multiple opportunities to request additional data or pieces of information. The following list (see appendix) includes the sources of information available to the taskforce:

1. Surveys of PSOM undergraduate medical students (Appendix B)
2. Surveys of PSOM faculty (AΩA and non- AΩA) (Appendix C and D)
3. Demographics (race/ethnicity and gender) of students eligible and inducted into AOA 2017-2021 (Appendix E)
4. Historical overview of AΩA (Appendix F)
5. AΩA Brochure – Benefits of Membership (Appendix G)
6. AΩA Revised Constitution (2020) (Appendix H)
7. AΩA – How Members Are Chosen (Appendix I)
8. “Suspending Student Selections to Alpha Omega Alpha Honor Medical Society: How One School Is Navigating the Intersection of Equity and Wellness” by Giselle Lynch, Terrell Holloway, MD, David Muller, MD, and Ann-Gel Palermo, DrPH, published in *Academic Medicine* 2020;95:700-703. doi: 0.1097/ACM.0000000000003087 (Appendix J)
9. “Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society” by Dowin Boatright, MD, MBA, David Ross, MD, PhD, Patrick O’Connor, MD, MPH, Edward Moore, PhD, and Marcella Nunez-Smith, MD, MHS, published in *JAMA Internal Medicine* 2017 May;177(5):659-665. doi: 10.1001/jamainternmed.2016.9623 (Appendix K)

## Interviews

From October 2021 to May 2022, the Taskforce met with key stakeholders and experts, listed below, to ask a specific set of questions meant to encourage a larger conversation that would illuminate representative views about AΩA. This process was iterative with multiple opportunities for the Taskforce to request additional individuals or groups to interview.

The interview format was as follows:

- Introductions of all Taskforce members and a description of the AΩA Taskforce mission.
- Questions for the interviewees that included:
  - Please tell us about any ties you may have to AΩA honor society.
  - What do you think are the advantages and disadvantages of maintaining AΩA at PSOM?
  - If we maintain AΩA, do you think induction should be announced preceding or following the Match?
- A reflection period for the AΩA Taskforce members to share their reactions followed the interviews, with an opportunity to ask for additional data sources or interviews to help clarify any questions.

Interviews conducted via teleconference included:

1. Suzi Rose, MD, MEd, in her role as Senior Vice Dean for Medical Education
2. Keith Hamilton, MD, in his role as Chair of the Undergraduate Medical Education Committee
3. Sharon Lewis, MD, in her role as AΩA Councilor
4. Jon B. Morris, MD, in his role as past- AΩA Councilor and past-Associate Dean for Student Affairs
5. Dowin Boatright, MD, MBA, MHS, Assistant Professor of Emergency Medicine, Officer for Diversity and Inclusion in Emergency Medicine, Yale School of Medicine. Author of “Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society”
6. Eve J. Higginbotham, MD, in her role as past-President of AΩA
7. Christina Murphy, CDYO, in her role as President of the Medical Student Government (MSG); David Mui, CDYO, in his role as VP for MSG External Affairs; and Tessa Muss, MS3, in her role as Co-Chair of the group Students for Inclusion, Diversity, and Equity (SIDE)
8. J. Larry Jameson, MD, PhD, in his role as Dean of the Perelman School of Medicine
9. Representatives from LMSA met with a student Taskforce member who reported back, and several Taskforce members met with representatives from the Student National Medical Association (SNMA): Naomi Fields, MS4, Upper-year SNMA Chair; Alexandria Adigun, MS1, SNMA Co-Chair; Marine-Ayan Ibrahim, MS1, SNMA Co-Chair; and Anchi Numfor, MS4, Upper-class Chair
10. Horace DeLisser, MD, in his role as Associate Dean for Inclusion, Diversity, and Equity and co-leader of IDEAL MEd

In addition, the Taskforce garnered written opinions from the following groups:

1. PSOM Residency Program Directors from the Departments of Dermatology, Radiation-Oncology, and Orthopaedics
2. Administrators of the national AΩA office: Dee Martinez, Chief of Staff and Managing Editor of The Pharos; Lori Kerr, Director of Member and Chapter Services and Communications Manager; Libby Appel, AΩA Programs Manager

## Major Identified Themes

The transcribed virtual interviews and written interviews as well as the data sources were reviewed in detail, with four major themes identified:

1. Equity
2. Competitiveness/Stress
3. Transparency
4. Benefits of AΩA

The following sections will describe the relevant interviews and data sources for each of the four themes that support the AΩA taskforce final recommendation.

*Equity* – National and local data have revealed racial/ethnic inequity in those students eligible and later inducted into the national AΩA honor society. In 2020, both the national AΩA honor society and PSOM’s AΩA selection committee refined the criteria for student eligibility and selection into AΩA. The following table reveals the five-year trend in those students eligible and later selected into AΩA at PSOM disaggregated by gender and URiM status:

	2021	2020	2019	2018	2017
<b>Total Students</b>					
Total Students in the Class	156	160	149	158	178
Total Students Eligible for AΩA (% of total students in class)	78/50%	45/28%	38/25%	40/25%	45/25%
Total Students Selected to AΩA (% of total students in class)	31/20%	27/17%	25/17%	29/18%	32/18%
<b>Women</b>					
Total Women in Class (% of total students in class)	75/48%	88/55%	83/55%	81/53%	79/44%
Total Women Eligible for AΩA (% of total students eligible)	45/58%	24/53%	17/45%	Undiscernible	Undiscernible
Total Women Selected to AΩA (% of total students selected)	17/55%	19/70%	12/48%	17/59%	18/56%
<b>URiM</b>					
Total URiM in Class (% of total students in class)	36/23%	36/23%	35/23.5%	43/28%	45/25%
Total URiM Eligible for AΩA (% of total students eligible)	15/19%	5/11%	6/16%	33/21%	4/9%
Total URiM Selected to AΩA (% of total students selected)	8/26%	5/18.5%	3/12%	3/10%	3/9%

Interviews with key stakeholders have highlighted that inequity, unconscious and conscious bias, and institutional/structural racism exists throughout academic medicine. The interviews have furthermore revealed the shared perception that cutting ties with AΩA would not address these known inequities and that it is more important to remove all disadvantages for marginalized student groups. Additional interviews have revealed that the Undergraduate Medical Education Office of Evaluation and Assessment is prioritizing mitigating biases in assessment. A recommendation shared by student groups included highlighting and integrating questions asked of students surrounding inclusion, diversity, and equity work. Furthermore, the five-year trend shared in the above table revealed an improvement in URiM student representation among those eligible and later selected into the AΩA honor society.

Benefits – The major benefits of AΩA at PSOM were considered at the PSOM *community, residency selection, and individual level*.

- At the PSOM *community level*, interviews have revealed that PSOM does not currently take full advantage of the benefits afforded to active AΩA chapters (see graphic below). Most illuminating for the Taskforce was the summary of the written conversation with administrators of the national AΩA office. PSOM regularly pursues only ~15% of the more than 12 distinct opportunities provided by AΩA for chapter funding of students, housestaff, and faculty. The administrators explained how chapters that induct both a 3<sup>rd</sup> and 4<sup>th</sup> year cohort have access to even more AΩA funding and engagement opportunities. Interviews revealed that the AΩA selection committee eradicated the 3<sup>rd</sup> year cohort decades ago in an effort to reduce stress and competition; and furthermore, that electing a 3<sup>rd</sup> year cohort would not be feasible given changes in pre-clinical grading to a pass/fail system.
- At the *residency selection level*, interviews revealed that program directors at PSOM consider AΩA designation in residency selection. However, interviews with administrative leaders at PSOM suggested that students do not necessarily need AΩA to match into their preferred residency spot.
- At the *individual level*, interviews indicated a sentiment favoring the identification and honoring of excellence among PSOM students. The PSOM graduation awards include many opportunities to recognize PSOM students, and AΩA is one additional opportunity to honor our exceptional students. One student Taskforce member who was not inducted into AΩA commented that it was wonderful honoring their colleagues who were inducted into AΩA.



Competitiveness/Stress – A majority of surveyed students and faculty at PSOM felt that the national AΩA honor society causes stress and competitiveness (see graphic below). Interviews with key stakeholders revealed several sub-themes: 1) The medical profession is honorific at every step from high school to the faculty level with examples including Phi Beta Kappa and the Academy of Master Clinicians. The AΩA honor society is one additional honorific in the medical profession, and there is perceived value in recognizing exceptional individuals; and 2) If PSOM chose to cut ties with AΩA, additional sources of stress would emerge. In fact, since AΩA has been announced post-match this past year, Gold Humanism Honor Society, which is announced pre-match, has been a source of recent stress for students.

**The presence of AΩA makes the learning environment at PSOM more competitive:**

	Faculty: Spring 2021	Faculty: Fall 2020	Students
Strongly disagree/disagree	14	18	15
Neutral	27	31	12
Strongly agree/agree	59	51	73

### Transparency and Communication

The Taskforce unanimously believes that there is a lack of transparency about the AΩA selection process. Internal PSOM surveys revealed that 74% of respondents felt that if the AΩA selection process were more transparent, it would improve the perception of AΩA among students and faculty. Students commented that they found it helpful when they have received e-mails detailing how the information requested from students was being used for AΩA selection.

The following section includes the key recommendations of the AΩA taskforce addressing the four major themes of improving equity, maximizing benefits, improving transparency, and reducing competitiveness/stress.

### Key Recommendations

- To improve equity, continue holistic review with continuous, self-reflective, quality improvement.
- To improve equity, continue to prioritize that we have equitable representation of URiM status and gender in those eligible for and later inducted into AΩA.
- To improve equity and transparency, in addition to tracking and sharing URiM status and gender, recommend tracking and sharing other demographics, including but not limited to race/ethnicity, first generation, low-income status (FGLI), sexual orientation, gender identity, and religion among students eligible for, and later inducted into, AΩA. It is worth noting that the list of demographics is not exhaustive and does not consider the multifactorial effects of intersecting identities. In addition, many of these demographics are self-reported and students may not wish to share them. As such, the Taskforce would recommend continuous input from students and other key stakeholders on relevant demographics to track and share.
- To improve equity and transparency, in the survey sent to graduating students that collects information for purposes of AΩA selection and to develop the Bottom Line in the Medical Student Performance Evaluation, consider highlighting and integrating questions that focus on students' engagement and work with inclusion, diversity, and equity.
- To maximize benefits afforded by AΩA, consider inviting visiting professors (which has already been planned for 2022), applying for student and resident awards/stipends, and more.
- To improve transparency, consider annual updates with all classes- include a description of all the honorifics, the selection process, and percentages of students selected disaggregated by gender, race/ethnicity, and other recommended demographics. Would also serve as a reminder to keep student portfolios updated.
- To decrease competitiveness/stress and improve transparency, share with students that AΩA does not play an integral role in the selection criteria beyond residency (i.e. fellowships, jobs, etc).
- To improve equity and decrease competitiveness/stress, announce AΩA post-match. Announcing AΩA post-match was a majority opinion among the AΩA Taskforce. As most PSOM awards are announced after the match, to reduce stress and relieve the competitive environment around AΩA, the Taskforce would recommend announcing after the match as well. This would also contribute to the sense that AΩA is an honor and not a competition. The Taskforce also recommends that all PSOM awards and honorifics, include GHHS, are evaluated in relation to the match. In addition, while the AΩA selection committee has made significant strides towards improving representation of URiM status among those eligible and later inducted into AΩA, other inequities in areas such as FGLI status, race/ethnicity, sexual orientation, gender identity, and religion may exist that we are not yet tracking. As such, announcing AΩA post-match would avoid propagating potential inequities from UME to GME and beyond. It is worth noting that to maximize benefits afforded by AΩA, AΩA selection could be announced pre-match, however, this was a minority opinion among the AΩA Taskforce, and a majority felt that the equity and competitiveness/stress issues outweighed the potential benefits.