AΩA TASK FORCE ANALYSIS AND RECOMMENDATIONS

EXECUTIVE SUMMARY

AΩA AT DUKE PRIOR TO TASK FORCE
The AΩA honor society chapter at Duke University School of Medicine was founded in 1931. Inductees were selected from the top 25% of the class as determined by exam scores and clerkship grades. From this pool, the Duke AΩA Selection Committee then elected 16% of the class to the honor society. Analysis of recent Duke AΩA selection data reveals that students from groups underrepresented in medicine (URiM) have disproportionately low representation in AΩA. Expansion of the eligibility criteria in 2020 did not resolve this disparity; there continued to be disproportionately low numbers of Black, Asian, and LatinX students eligible and elected to AΩA relative to their percentages of each class raising questions of bias in selection. This pattern of inequity parallels national trends.

TASK FORCE CHARGE
The Dean of the School of Medicine and Vice Dean for Education convened the AΩA Task Force to investigate whether or not there was bias in selection process. The Associate Dean for Curricular Affairs chaired the Task Force, which consisted of 21 representatives from the student body, faculty, staff, UME and GME. The Task Force was charged with:

• Reviewing the current state of the Duke AΩA chapter and assessing its selection processes with regard to fairness and equity.
• Making a decision to retain, modify or suspend the local AΩA chapter in the interest of rectifying the inequity of representation among students.

INFORMATION CONSIDERED IN FORMULATING RECOMMENDATIONS
The Task Force considered various sources of pertinent information before formulating its recommendations. These included:

• Match outcomes remaining unaffected by AΩA suspension at peer institutions.
• Changing AΩA criteria not necessarily resulting in equitable representation at peer institutions.
• Duke AΩA faculty expressing concern about bias in grading and recognizing the need for change.
• Duke Program Directors indicating that AΩA membership was not an important factor in their selection of candidates from Duke.
• The majority of students indicating, in their responses to a survey, that they perceived AΩA negatively and that Duke should probably not maintain the local chapter.

The Task Force also weighed the pros and cons of suspending the Duke AΩA chapter versus adapting AΩA criteria and concluded that the advantages of continuing AΩA selections at Duke School of Medicine are outweighed by the disadvantages.
CONCLUSION AND RECOMMENDATION
The AΩA Task Force concluded that induction of medical students into AΩA at Duke University School of Medicine should be indefinitely suspended.

The AΩA Task Force recommends using a criterion-referenced approach to recognize the diversity of student excellence, which should align with the areas of excellence identified by the Task Force and Duke Program Directors. A criterion-referenced approach is one which all students who meet an identified threshold are recognized, without limitation. These areas of excellence should be reflected in a modified Medical School Performance Evaluation to highlight areas of student excellence and facilitate the ability of Program Directors to make appropriate selections.
3. REPORT

A. THE AΩA TASK FORCE

The Dean of Duke University School of Medicine (SOM) and Vice Dean for Education convened the AΩA Task Force to review the current state of the Duke AΩA chapter and assess its selection processes with regard to fairness and equity. The Task Force was charged with making a decision to retain, modify, or suspend the local AΩA chapter. The Associate Dean for Curricular Affairs chaired the Task Force which was made up of 21 members and comprised representatives from the following groups:

- Students (13)
  - A diversity group identified by the Davison Council from across all four years
  - Affinity group leaders
  - Both AΩA-elected and non-elected students selected through open nominations
- Clinical education (1)
- GME Designated Institutional Official/Associate Dean of Graduate Medical Education to represent the perspectives of program directors (1)
- AΩA elected faculty (2 with overlapping roles)
- Admissions (1)
- Student Affairs (1)
- Multicultural Resource Center (1)
- Diversity and Inclusion Council (1)
- Assessment (1)
- Learning Environment (1)

B. BACKGROUND

Description of AΩA

The national medical honor society Alpha Omega Alpha (AΩA) was founded in 1902, with a mission to improve care for all by “recognizing high educational achievement, honoring gifted teaching, encouraging the development of leaders in academia, supporting the ideals of humanism, and promoting service to others”¹. More than 4,000 students, residents/fellows, faculty, and alumni are elected each year. Since its founding, nearly 200,000 members have been elected to the society¹.

The Duke SOM AΩA Chapter and Selection Criteria Prior to the Task Force Formation

The Duke AΩA chapter was founded in 1931². Selection of students to AΩA at Duke SOM has always been a two-stage process consistent with the AΩA constitutional guidelines³. In the first stage, exam scores and clerkship grades were used to determine the top 25% of the class who were then considered AΩA eligible. In the second stage, the Duke AΩA Selection Committee, composed of current faculty, resident and student AΩA members, selected a total of 16% of the entire class to the honor society.
This two-stage election process took place twice each year. Junior AΩA occurred during the spring semester of the 3rd year of medical school, when 8% of the class was elected to AΩA. During the fall semester of 4th year, another 8% of the class were elected to AΩA during senior AΩA.

The national AΩA constitutional guidelines were amended in early 2020 to allow for the top 40% (instead of top quartile) of students to be AΩA eligible. This was done in an effort to increase diversity in AΩA membership. Consequently, the top 40% of students at Duke in Spring 2020 were AΩA eligible, and 8% of the class was elected.

**Concerns about Bias in AΩA Selection**
Recent data in the literature suggest that students from groups, who are underrepresented in medicine (URiMs), are disproportionately denied selection into AΩA4,5,6. In light of this inequity, some medical schools have reformed their AΩA selection process in the past few years7,8, while others have decided to discontinue student inductions to AΩA9.

**C. Task Force Analysis**

**Is There Evidence of Bias in AΩA Selection or Eligibility Nationally and at Duke?**
A review of the literature provided evidence suggesting bias in AΩA selection at some medical schools across the country. Analysis of Duke AΩA selection data from the most recent 5-year period showed that students who are URiM were disproportionately underrepresented in elections to AΩA despite comprising approximately 30% of the student body. The disparity was present at the first stage of the process, when students are determined to be AΩA eligible. Analysis of the Spring 2020 election, when the national eligibility criteria were expanded to 40%, showed that expansion did not resolve the issue of AΩA election disparity at Duke. There continued to be disproportionately low numbers of Black, Asian, and LatinX students compared to their representation in the eligible class. Specific demographic data are available through the Duke AΩA Chapter.

**Additional Sources of Information Reviewed to Inform Recommendations**
The Task Force considered additional data sources which are listed below with pertinent findings.

- Match outcomes from peer institutions following AΩA suspension: No published data was found, but anecdotal and publicly available information showed no significant changes in matching.
- Experiences from peer medical schools who chose to keep AΩA but with changed criteria: Some schools achieved more diversity in their AΩA chapter, while others did not. 6,10.
- Student survey: A student-developed survey, utilizing a combination of forced response and open narratives to assess Duke medical students’ attitudes and perceptions regarding AΩA, was sent to all MS2s, MS3s and MS4s in June 2020. The survey yielded a 60% response rate and provided a rich source of information.
• AΩA Faculty Survey: Faculty members elected to AΩA sent a survey to active AΩA faculty requiring open narrative responses regarding their attitude and perceptions with respect to AΩA. All of the limited number of responses underscored the need for change, as well as concern for bias in grading.

• Graduate Medical Education (GME) input: The Associate Dean for GME held a meeting with core (Internal Medicine, Pediatrics, Surgery, Neurology, Ob-Gyn, Family Medicine, Psychiatry) GME Program Directors (PDs) to discuss the impact of suspending AΩA on Duke students’ ability to match into competitive residency programs. The Program Directors identified grit/resilience, professionalism, emotional intelligence, and compassion as the most important factors they consider in selection of residency candidates. PDs indicated that AΩA membership was not an important factor in their selection of candidates from Duke. Instead, they value the quality of training Duke medical students receive and positive experiences with Duke medical students who have matched to their programs. PDs expressed the importance of identifying alternative metrics by which to distinguish students from one another and which highlight how individual students excel. PDs also expressed concern that there would remain a risk of inequity without thoughtful metrics, potentially due to cronyism and programs over-emphasizing letters of recommendations.

**SHOULD THE TASK FORCE RECOMMEND REFORMATION OF CURRENT AΩA PROCEDURES VS. SUSPENDING THE CHAPTER?**

The Task Force reviewed the most current changes to AΩA eligibility and selection criteria as part of the effort to address the concerns for equity. Changes included allowing all students to be eligible for AΩA nomination and selecting up to 20% of the class (an increase from the previous 18%).

Although these new criteria increase the number of students who are eligible for AΩA, total number of those selected are still restricted to the top 20%. There was significant concern from the Task Force that current evaluation methods lack the precision to consistently distinguish the top 20% from the top 21%, 22%, etc., which has a significant impact on those who are not selected. The Task Force recognizes that while core Program Directors at Duke may not emphasize AΩA membership, there remains concern that Program Directors at other institutions may still emphasize the importance of AΩA membership in matching applicants. The Task Force also felt that this approach does not fit with the educational philosophy of Duke SOM, which aims to set clear expectations for achievement while allowing all those who meet those expectations to be recognized.

The table below contains a summary of the pros and cons of suspending the Duke AΩA chapter versus adapting AΩA criteria at Duke.

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<th>Suspend AΩA chapter at Duke</th>
<th>Adapted AΩA criteria</th>
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<td><strong>Pros</strong></td>
<td>• Removal of structure that has been racist and exclusionary</td>
<td>• Opportunity to redefine excellence with the potential to lead change in AOA nationally</td>
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<tr>
<td>Pros</td>
<td>Cons</td>
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<td>• May reduce competitiveness among students&lt;br&gt;• Opportunity to redefine excellence (outside traditional structures in medicine), since many students feel that the criteria AΩA uses to define excellence is arbitrary and most accessible to privileged students&lt;br&gt;• Opportunity to recognize excellence on Duke’s terms and in alignment with our values versus those defined by AΩA&lt;br&gt;• Promotes equity since lack of equity in AΩA membership likely gives majority students an advantage when applying into competitive specialties and with other career opportunities&lt;br&gt;• Students’ ability to match does not seem to be affected by the lack of an AΩA chapter (Harvard and Stanford, among several other schools).&lt;br&gt;• Avoids the challenge of using typical criteria (ie clerkship grades, USMLE scores which have been raised as concerns regarding bias) to determine AΩA eligibility in the absence of grades (H, HP, P)</td>
<td>• Opportunity to rectify the historical exclusion of URiM students at Duke from AΩA&lt;br&gt;• Preserve honorific that is well known by residency programs and can be maintained throughout one’s career&lt;br&gt;• Most recent national AOA change in eligibility criteria such that all students could be considered for selection rather than the top 40% may expand opportunities for selection&lt;br&gt;• Some schools have successfully explored reforming AΩA criteria</td>
<td>• Decreased ability to distinguish students in some residencies may negatively&lt;br&gt;• Challenge of limiting new areas of identified excellence to only the top X% of students.</td>
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HOW SHOULD DUKE SOM DEFINE AND RECOGNIZE EXCELLENCE?

Task Force members identified common themes for what constitutes excellence at Duke. Main themes included leadership, advocacy, compassion, humanism, professionalism, grit/resilience, research/scholarship, and academic performance. The main concern is that even if eligibility criteria for AΩA are expanded, and local values for what constitutes excellence are defined, identifying and limiting membership to the top 20% of students will still prove challenging. These concerns were also identified by UCSF in their review\(^6\).

Task Force members discussed whether the role of AΩA or an equivalent honor is to recognize excellence or to motivate excellence. The consensus was that a majority of students already have sufficient intrinsic motivation for excellence, and that remaining extrinsic motivators (e.g., getting into residency of choice) are sufficiently motivating. AΩA or an equivalent honor, therefore, is not required to motivate excellence.

Task Force members agreed that a criterion-referenced system (recognition of all who meet an identified threshold) would allow for more meaningful and accurate depiction of excellence than choosing an arbitrary percentage of top performers. Members recognized that bias and negative consequences might still be present in criterion-referenced systems. For example, there will continue to be perceived and actual negative consequences for students who do not meet the thresholds for recognition. Criterion-referenced systems, therefore, should be built and regularly reviewed to mitigate bias and negative sequelae.

WHAT IS THE IMPACT OF EXTERNAL RECOGNITIONS ON THE STUDENT EXPERIENCE?

Task Force members agreed with student concerns identified through the student survey. The main concern relates to the career consequences of receiving AΩA versus not receiving AΩA and the pressure
it places (particularly with regard to academic performance) on students in the clinical environment. For students applying to competitive specialties, the pressure to be elected to AΩA is especially high. Duke has many applicants to these residencies and the perceived need for distinction is significant. It is widely perceived that residency programs look very favorably on AΩA selection, and that AΩA membership opens doors to certain very desirable career opportunities in medicine. ERAS applications can be filtered by AΩA status which may enhance the ability to match based on AΩA membership.

Task Force members acknowledged and discussed the long-standing concern for lack of equity in AΩA membership. The background of this long-standing history of exclusion in AΩA is believed to have negatively impacted the value of AΩA membership, and calls into question whether its values of honor were truly reflected in practice.

WHAT IS THE IMPACT OF EXTERNAL RECOGNITIONS ON GME STAKEHOLDERS?
Task Force members are of the opinion that it is Duke’s responsibility to support our students’ residency applications. Like the Duke core Program Directors focus group, the Task Force has significant concerns about Program Directors potentially using metrics that continue to perpetuate bias, if Duke does not develop a method to identify student excellence. These biasing metrics may include Step 2 scores, LORs (concerns for cronyism), and perceived prestige of school. The Taskforce also acknowledged Program Directors’ concerns regarding the challenge of selecting the best candidates for their residency programs from written narratives in the current form of the MSPE.

D. CONCLUSIONS AND RECOMMENDATIONS

The AΩA Task Force recommends indefinitely suspending medical student induction into AΩA at Duke University School of Medicine. After careful consideration, the Task Force believes that the advantages of continuing AΩA selections at the School of Medicine are outweighed by the disadvantages.

Specific recommendations to facilitate this change while addressing the concerns identified include the following:

- The Task Force recommends that Duke SOM identify alternative methods by which to recognize the diversity of student excellence.
- The diversity of student excellence should align with the areas of excellence identified by the:
  - Task Force: leadership, advocacy, compassion, humanism, professionalism, grit/resilience, research/scholarship, and academics
  - Duke Program Directors: grit/resilience, professionalism, emotional intelligence, and compassion
- The Task Force strongly recommends more meaningful utilization of criterion-referenced approaches to recognize excellence.
• The Task force recommends consideration of student partnership, to identify and provide evidence of excellence, similar to faculty documenting how they meet promotion criteria when seeking academic promotion and tenure.

• The Task Force recommends clear guidelines regarding what constitutes excellence in the various areas so that students have a common and consistent understanding of what they need to achieve. Systems should be created such that students are not expected to achieve excellence in all areas, but rather are created to encourage deeper development in areas that best fit individual students’ talents and aspirations.

• The MSPE should be modified to reflect the diversity of excellence in a way that enables Program Directors to utilize the information effectively to make appropriate selection decisions. This may include use of clear graphics to display areas in which the student achieved excellence, as well as improvements in the quality of written narratives.

• The Task Force recommends deeper exploration of methods to recognize student excellence, both before and after the fourth-year residency application process, to allow for recognition mechanisms that do not have a strong bearing on students’ residency prospects.

Furthermore, the Task Force recognizes that there are additional complex dynamics relating to the existence of the broader AΩA chapter at Duke. In particular, we recommend that the Resident Council make a determination on house staff induction into AΩA, and we recommend that the School of Medicine Representatives to the Academic Council make a determination on faculty induction into AΩA. The decision for maintenance of the Duke AΩA Chapter for house staff and faculty is to be made by the Duke AΩA Chapter.

Finally, the Task Force recommends that the suspension of induction to AΩA only be reversed if a decision is made by the School of Medicine’s Curriculum Committee to do so. The Curriculum Committee (which includes student representatives) will discuss the need to revisit the AΩA suspension decision on an annual basis. This decision will be based on the need to determine if our students are being negatively impacted by the suspension of AΩA. If the Curriculum Committee decides that the decision has to be revisited, a task force will be assigned to undertake this work. Any action to renew the chapter must also emphasize processes that promote equity.

Thank you for the opportunity to review and discuss the relevant materials regarding the AΩA chapter at Duke University School of Medicine and to provide our recommendations.

Respectfully,

The AΩA Task Force

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Citations

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