



Student Recruitment— The Future of Podiatry Is in Your Hands

It will take the combined efforts
of every DPM
to ensure podiatry's survival.

BY JON A. HULTMAN, DPM, MBA

In April 2001—17 years ago—I wrote an article for *APMA News* entitled “The Recruitment Crisis.” In this article, I focused on the declining applicant pool at podiatric medical schools and the negative impact that this trend could have on our profession. Today, the colleges are still facing the challenge of selecting students from an ever-decreasing pool of applicants. They have less selectivity than we would hope for at this critical point in time—a time in which our profession is positioned to showcase the quality and quantity of our education and training as justification for attaining the parity we have earned and deserve. CPME currently puts a yearly cap of 690 on the number of students who can matriculate at the nine podiatric medical schools. Efforts aimed at increasing our applicant pool are

not focused on increasing this cap, but rather, on producing a larger pool of applicants from which to select the 690 most qualified students.

The recruitment crisis is the “*déjà vu*” all over again. In the 17 years

profession, let's focus on actions we can take to reverse it.

Fluctuation in Applicant Pool

The number of applicants to podiatric medical schools has fluctuated

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since I last reported on this crisis, the applicant pool, rather than growing, has actually shrunk. The fact that fewer qualified students are selecting our specialty could signal the beginning of the end for the profession. Now, rather than focusing on how this trend detrimentally affects the

over the years—hitting a high of 1,194 in 2015 and dropping to 868 in 2017. As of February 28, this year, the total number for the 2018 class was 540. Doing the math, we see that, based on 690 available “seats,” the “highest number of applicants per seat was 1.73

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in 2015, and the more recent number, in 2017, was 1.26. This number has dropped to what could end up being fewer than one applicant per seat for the 2018 class. To maintain quality, the schools have currently chosen to select fewer students than the number of seats they have available—a strategy that, obviously, will not be sustainable over the long-term. When we compare the number of applicants of allopathic medical schools versus those applying to podiatric medical schools, we see that the Association of American Medical Colleges reported 51,680 applicants for last year's 2017 application cycle. From these, 21,338 students were selected. This equates to 2.42 applicants per seat which, for them, was actually a decline. This was still 1.6 higher than our 1.26 in that same year. Their decline can be partially explained by the fact that the number of available medical school seats actually increased by 3,000 since 2012—making this comparison even bleaker.

Note that when comparing the number of medical school applicants-per-seat with that same number for podiatric medical schools, we are not exactly comparing apples-to-apples. We must take into consideration the fact that, at the time one applies to

front end of his/her medical education. Because committing to podiatry at this early stage requires a more defined decision, it is expected that the ratio of applicants-per-seat for podiatric medical schools would be some-

secret" in medicine. Unfortunately, the fact that in many cases it actually is a secret may be its biggest problem. Prospective students cannot select a career about which they, or the adults with whom they interact, have little

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what lower than that for allopathic and osteopathic ones.

Unique Challenges to Podiatric Recruitment

One need not get too deep into this topic before realizing that our difficulty in recruiting students encompasses issues not faced by many other specialties. Those who have studied this problem in depth all seem to agree that our specialty faces an issue unique to us, and this is "low career awareness." The vast majority of prospective students—typically juniors or seniors in college—have somehow gotten to this stage of their educational process with little to no knowledge of what a podiatric physician is, or what the profession encompasses. A typical example was

to no knowledge. These students need to be educated as to what a podiatric physician is, what s/he does, and how rewarding this career path can be, both for one's professional and for one's personal life. Again, I ask, who can provide this type of information better than practicing DPMs? We need to recognize that this crisis belongs to each one of us—not just to the schools or the American Association of Colleges of Podiatric Medicine (AACPM). Each one of us has a unique and important role to play in solving this issue. An African proverb is fitting, "It takes a village to raise a child." It will take the entire podiatric "village," working in a coordinated fashion, to tackle this awareness gap.

APMA's Emergency Resolution

At the 2018 APMA House of Delegates, several hundred podiatric leaders, serving as delegates for their APMA state component societies, proposed an emergency resolution to begin tackling this problem. Writers of this resolution proposed the creation of an action plan to address the "awareness issue," including the setting of benchmarks necessary for achieving its goal. The stakeholders named in this resolution included the "alphabet soup" of podiatric organizations who had attended the earlier, June, 2016 *Summit on Career Promotion*. These organizations include: AACPM, ABFAS, ABPM, ACFAS, APMA (and its Component Societies), ACFAOM, APMSA, and ASPS—all of which were asked to "help this endeavor through funding and other resources."

There are many stakeholders involved in student recruitment. This

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a medical school, s/he is not required to make a decision as to specialty. These applicants often have little idea of what specialty they want to pursue and are not required to make a more specific decision until after they have experienced clinical rotations in a number of different specialties throughout their junior and senior years. In comparison, a student applying to a podiatric medical school is making a specialty decision at the

described to me by a current podiatric medical student, Tzu Lu (Lilly) Lin, who stated, "When working at Inland Health Professions Coalition, only one or two students would raise a hand when asked if they knew anything about podiatric medicine and surgery." This lack of awareness needs to be addressed—and, who better to do this than our practitioners?

Many practicing DPMs take pride in saying that podiatry is the "best kept

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list includes APMA delegates, college deans, leaders of podiatric organizations, podiatric medical students, and even a high school student who was doing research on a future career (see the list of contributors at the end of this article). While it is essential that efforts to address this awareness gap receive funding from associations such as AACPM and APMA and necessary that APMA step up its efforts to coordinate the overall strategy, the long-term solution will ultimately require the efforts of our current practitioners. Recognizing the detrimental impact that the declining size of the applicant pool will have on everyone, not just the colleges, individual practitioners need to realize the urgency of working at the grass roots level. As Ross Taubman, DPM, said at the time he was president of the APMA, "If each practitioner were to recruit just one student, we would not

have a recruitment problem." Given that there are approximately 15,000 practitioners, doubling—or even tripling—the applicant pool would require that a mere 10% of practitioners each inspire one person a year to seek a career in podiatric medicine and surgery. This should certainly be doable.

Moriath North, the Executive Director of AACPM, pointed out that when a dean speaks with a potential student, s/he should be talking about the special features of his/her particular campus and not having to educate that student with the most basic information—explaining to him/her what a podiatric physician is and does.

Larry Harkless, DPM, and former Dean of the Podiatric Medical School at Western University, was one of the first to realize, stress, and emphasize the significance of career awareness. He said that making students aware

of the profession should start early because, even as early as middle school, many have already decided that they want to go into medicine. Seldom do they know what specialty they want to pursue. Dr. Harkless feels that a



Dr. Harkless

campaign for increased awareness of our career is the responsibility of everyone in the profession and that APMA should lead it. In fact, this is a responsibility that APMA is more than willing to take on in a bigger way.

Dr. Harkless said that AACPM and the Deans feel an urgent need to lead student recruitment because their immediate worry is always about their next class. Just what are they doing about this now? AACPM currently plays a role in making potential students aware of the profession through management of its Mentor Network. The purpose of this network is to enable prospec-

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tive students to visit podiatric medical practices and provide opportunities for them to shadow physicians. AACPM also supplies packets of information to DPMs for display in their practices—information explaining the training, education, and career opportunities in podiatric medicine and surgery. Imagine the potential impact that these packets of information might have on awareness given the number of students, parents, and grandparents who pass through the average podiatric practice annually. These “conversation starters” offer a simple strategy that any practitioner can utilize to spread awareness of the profession.

Available Resources

Before discussing the more in-depth ways that practitioners themselves can help with ongoing efforts to increase career awareness, we should first use available resources and be aware of the efforts that are already underway. We can utilize these resources and help build upon them. Seven hundred undergraduate students and nearly 350 mentors and speakers are currently participating in the *DPM Mentors Network* managed by AACPM. This Network is an essential part of the process as prospective students visit mentors’ offices and are able to see firsthand what DPMs do. On these visits, they learn more about the training, education, and career opportunities of podiatric physicians and surgeons. This program offers an opportunity for you, as a practitioner, to be of great help by volunteering to be a member of the network. AACPM’s goal is to have 500 mentors in place by the end of 2018. APMA too has efforts in place to increase awareness of our profession. It spends \$250,000 annually on programs targeting prospective students through advertising and social media. APMA is also seeking to expand its role and is asking for additional financing from the aforementioned podiatric “alphabet soup” who attended the June, 2016, *Summit on Career Promotion*.

Another way in which practicing DPMs could make a big impact on the issue of awareness is to educate pre-med advisors. William Hurt, a podiatric

medical student and immediate past president of APMSA, observed that many of his fellow students come from the same undergraduate schools. John Chisholm, DPM, President-Elect of the California Medical Association, is an example of this. In college, Dr. Chisholm had an interest in sports and running and mentioned that interest when he met with his pre-med advisor to discuss healthcare careers. Fortunately, the advisor at his school was well versed in podiatric medical education and careers and was responsible for the fact that Dr. Chisholm, as well as two of his classmates, decided to enroll in podiatric medical school. This one advisor, from one school, was able to educate and

approach definitely has the potential of reaching many motivated students who may otherwise never have heard about a career in podiatric medicine and surgery.

Podiatric medical student Rami Basatneh has a different slant on the pre-health advisor issue. He feels many are actually aware of our specialty but do not typically recommend it. Rami recommends that we brand our specialty around the following points: 1) students specialize from day one, 2) it is the only medical career path which guarantees that graduates will be in a surgical specialty, 3) the specialty encompasses a variety of medical facets such as vascular medi-

Whether speaking with students or seasoned practitioners, it was consistently found that most agreed that, even in college, they had little to no knowledge of either podiatric medicine and surgery as a career or of the training and education required to become a DPM.

influence three undergraduate college students in a single class to consider a career in podiatric medicine and surgery. You can just imagine how much leverage for increasing our applicant numbers would be generated if pre-med and other advisors at all colleges and universities were as well educated about the profession!

In agreement is podiatric medical student Andrew Hu. He advised that both podiatric medical students and practitioners meet with pre-med counselors and speak at pre-med club meetings at their alma maters or at colleges in the proximity of their practices. AACPM and APMA have “canned” lectures available to anyone who would like assistance with such an endeavor, and these lectures can be personalized for each individual speaker. AACPM and APMA also can provide printed information about podiatric education to distribute to counselors at the end of these meetings. Even though doctors are busy with their practices, they will find meeting with college counselors or speaking to college students to be a highly rewarding experience. This

cine, orthopedics, neurology, surgery, dermatology, and sports medicine, and 4) the cost of education is lower than that for MD and DO schools.

Listening to Current Students

It is particularly important to hear from current students because they have recently been through the process of making their healthcare career decisions. These students are also Millennials who are likely to have greater insight into the goals of this particular generation and the best ways to reach out to them. Two questions contributors were asked when preparing this article were 1) How did you become aware of the career in podiatric medicine and surgery? and 2) How do you feel current practitioners could help to increase public awareness of this career path?

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ing and education required to become a DPM. Everyone who provided input for this article seemed to have had a unique experience through which s/he was introduced to the profession. Jim Christina, DPM, Executive Director, APMA, became aware of podiatric medicine when his mother learned that a co-worker's son was a DPM in California and was "doing well." CSPM student Andrew Hu was made aware by a friend whose father was a DPM and later was able to learn more about the career while shadowing a practitioner. CSPM student Asad Sayeeduddin learned of the profession when he sprained his ankle in a basketball game and the team brought in a DPM to treat him. CSPM student Neil Trivedi learned of the profession from a classmate's brother who happened to be a first-year podiatric resident. He spoke with the resident and later asked his own father, who was an anesthesiologist, whether he knew anything about the career. Fortunately, his father had had a positive working experience with DPMs and told him that he saw it as a rewarding career.

Eric Stamps, DPM, Dean, CSPM discussed careers with a friend who happened to work in admissions at a podiatric medical school. This led to a tour of that school where he was impressed with the "medical-school-like" curriculum. This, in turn, led to his spending time with two podiatric practitioners. He heard, too, about the work/life balance from these DPMs—a balance he found particularly appealing. Most everyone had experiences which paralleled my own—first learning about the profession in graduate school. These testimonials demonstrate that, even though the profession has advanced greatly over the past 50 years, much still needs to be done in the area of career awareness.

Awareness Efforts to College and Graduate Students

We currently focus most of our awareness efforts on college and graduate students. One way we have been doing this is represented in the

story that Rebecca Moellmer, DPM, a professor at Western University, relates. Dr. Moellmer comes from a family of dentists and was considering that career when she received a letter from a podiatric medical school which, it turned out, had purchased the list of students who had taken the dental admissions test. These students were sent information regarding the opportunities to be found in a podiatric medical career. After learning more about the profession, Dr. Moellmer applied to the New York College of Podiatric Medicine. Similar contact lists have been generated from MCAT lists.



Dr. Christina

Student William Hurt related that he was unaware of the podiatric profession when he applied to medical schools. After taking the MCAT, he received emails about the podiatric medical career. These piqued his interest enough to inquire about the

choice at an even earlier stage of their education? We need to expand the parameters of our awareness campaign to an even larger "audience"—to go beyond the college-level student.

Career Awareness Timing

How early should the effort at initiating career awareness begin? Western University student Tyler Rodericks agrees with Larry Harkless, DPM. He feels that it is not too early to begin this awareness campaign in the middle and high school years. Tyler believes that most students this age lack exposure to the profession. Becoming involved in this effort requires working with local health organizations and other groups that reach out to middle and high school students. A practitioner could also approach his/her "old" middle and/or high school about speaking at their "career days".

Dennis Frisch, DPM, the current APMA president, was recently fea-

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podiatric profession at the hospital where he worked as an orderly. William was directed to podiatric surgeons at the hospital, who told him that they felt the specialty was providing them a good work/personal life balance. As he pursues his education in podiatric medical school, William says, "If I had known everything back then—everything I now know about this field, I would have chosen this as my initial path."

The podiatric profession is exactly what many more would choose to pursue if they had a greater awareness of it at an earlier stage of their education. If more students seeking a career in healthcare had sufficient knowledge of the profession when making their career decisions, many would opt for it as one of their top choices at the beginning of the decision-making process. The challenge becomes: How do we do this—make more students aware of this career

tured in the March/April 2018 article in *APMA News* entitled "Student Recruitment Begins at Home." Dennis has pre-health students in his office almost every week and urges fellow members to invite students to shadow them—including students from undergraduate schools, high schools, and even middle and elementary schools—especially schools that their own children happen to attend. It is never too early to educate these young people; most become aware of other healthcare professions at a very young age. When my son was in kindergarten, his class had a field trip to my office. Aside from their seeing the office, my partners and I made a negative cast of each student's foot, and the following day, the teacher presented a class *decoupage* project at which students decorated their casts. We still have my son's cast sitting on our bookshelf, and I would bet that

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many of the other parents do too. If nothing else, those students all know the term “podiatrist,” and they found out at an early age some of what a podiatric physician’s career entails.

who attended this Jamboree now knows what a DPM is. Devon Glazer, DPM, President of the California Podiatric Medical Association, suggested a national social media campaign surrounding the idea of #saveyourfeet. Dr. Glazer agrees with

appealing and, as a result, apply to podiatric medical schools.

Appealing to Millennials

When promoting the profession, we may be unaware of what specifically appeals to Millennials. We may not be reaching them because we are not targeting the “goals” of their generation—or because we are using communication methods with which we “older” practitioners are most familiar. For example, a high school student who was doing research for a class project contacted our state association, asking about the benefits of working as a podiatrist. I assumed he wanted to know about the rewards of helping patients, but as it turned out, the information he actually was seeking was: 1) What are your work hours? 2) How much stress is involved in your work? 3) Do you receive benefits that include sick days, vacation days, or bonus pay? He also wanted to know: 1) Is the occupation stable? 2) Are DPMs content with their work? 3) Do they feel they are

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Suffering from Our Own Success

Others have additional suggestions for attacking this problem. Jim Christina, DPM, feels we have “suffered from our own success” with the advent of three-year residency programs and the marketing of our comparability to allopathic and osteopathic medical schools. As it turns out, one result is that some applicants believe they can enroll in medical school and later choose to do a three-year podiatric residency. APMA plans to do new market research to see what attracts students to a career in podiatric medicine and surgery and develop a marketing campaign based on the findings. One of Dr. Christina’s suggestions is for each school to give a “free ride” to one qualified student. This should attract major publicity.

Many more of the ideas regarding this issue do not fit neatly into a particular category. Some of those that were submitted include the following: Moriath North, Executive Director of AACPM said that if she could wave a magic wand, it would be to engender the public’s perception that they need to have feet, eyes, and teeth checked on a regular basis. To support this “wish,” she noted that when dentists shifted from taking care of decay and moved towards prevention, applications to dental schools “went through the roof.” An even more “out of the box” idea, comes from a practitioner in Ohio, Bruce Blank, DPM. Dr. Blank was a medical staff volunteer at the *Boy Scouts of America National Jamboree* in 2017. When he was there, he submitted a process whereby a scout could obtain a Podiatry Merit Badge.

Because of Dr. Blank, every scout

the need to emphasize to Millennials that DPMs do limb reconstruction, treat ankle fractures, and are active in sports medicine. Holly Spahn-Gross, DPM, whose father was a DO, noted that applications to osteopathic schools have grown significantly. She attributes some of this to the fact that DOs “grow” their doctors through a “family approach.” This includes mentoring candidates from early on, offering assistance in finding them high school jobs, writing letters of recommendation, and bringing them

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in as partners when they have completed their training. She suggests that this “family approach” would work equally well for our profession. Mike Cornelison, DPM, Past President and member of the *Physicians and Surgeons Joint Task Force* in California, takes this a step farther by noting that DO schools with their growing application rate reject as many as 4,000 highly qualified applicants because they do not have enough seats for them. If we reach out to and educate these students about the career opportunities that exist in podiatric medicine and surgery—just as we have done with dental and medical school applicants—many are likely to find our profession

making a difference in the world? “Making a difference in the world” is a concern often raised by Millennials, but keep in mind that for them, this concern needs to be viewed in the context of their also desiring a good work-life balance and access to the type of benefits that a corporation typically offers. Podiatric medical student Andrew Hu emphasized that we need to understand the goals of these Millennials and the way that Millennial pre-med students think. Most of the other podiatric medical students agreed with Andrew. All agreed that any promotion of the profession needs to refer to our students as *podiatric medical students* and the

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schools as *podiatric medical schools*. They feel that when attracting initial attention, it is effective to emphasize surgery and sports medicine in

graduates and available three-year, comprehensive residency programs.

- Compilation from Tyler Rodericks, Garrett Wireman, Travis Rich, and Tzu Lu (Lilly) Lin: There is little exposure to podiatrists while in mid-

the perception of the profession as a whole.

We all seem to agree that having a larger applicant pool would benefit the entire profession. Each one of us should consider doing what we can to help bring this about. There are simple as well as more complex strategies that each of us can utilize. All doctors want to leave their profession better off than they found it, and helping to increase the number of applicants is a good way to do just that. This is something that you help to accomplish as an individual, with a co-practitioner, as part of a mentor network, or through working with your state and national associations. What this requires is a change in mind-set—a willingness to make a decision and dedicate yourself to getting started now. **PM**

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our promotions—using them as the “hooks.”

The following are additional excerpts from comments and recommendations relayed by podiatric medical students:

- Andrew Hu: We need more podiatric medical students, residents, and physicians on social media platforms (You Tube, Facebook, and Instagram). We should show surgery and sports medicine on the home pages of our websites. We should also establish a National DPM week (PAs, PTs, Nurses, and DOs, have national, designated weeks).

- Asad Sayeeduddin: Many do not know that DPMs take the same courses as MDs and DOs and that DPMs perform surgery in addition to primary care. We can effectively correct such misperceptions through social media.

- Neil Trivedi: Word of mouth is best. We need to educate high school students and work on legislation which will make the profession more attractive. There are misleading articles on-line, and much of the information on many student/doctor message boards is outdated or incorrect. A simple search for salary information can be misleading.

- Rami Basatneh: Every year, thousands of U.S. pre-medical students matriculate into Caribbean Schools—a high-cost career path which “guarantees” its graduates only a 51% chance of matching into a U.S. medical residency. We should promote to those students that our profession currently has a one-to-one balance between the number of

dle, high, and undergraduate schools. Many do not know that the training and education of DPMs includes non-podiatric rotations. They do not know what the profession entails, and are unaware of the salary level. There is a lack of podiatric representation in mainstream media, and when there is, it is often represented in a negative light. Recognition as being equivalent with MDs/DOs would help.

- Kristina Corley: It wasn’t until I started my podiatric education that I learned of the vast opportunities that come with becoming a DPM, as well as the importance of belonging to our state and national associations. We need to educate the population as to what we actually do by going to pre-med conferences and engaging more sports-related students (athletic trainers, kinesiology majors, and prior athletes). Also, our schools should give our students a week’s time off to dedicate to recruitment. We could use this time to visit undergraduate schools and promote greater awareness.

- William Hurt: Some of our problems are similar to those of other medical professions (cost, risk, and debt versus income, stress of school, and the millennial mentality for fewer years of formal education). Applicants need the opportunity to learn from similar age groups and life situations. Current practitioners need to be more involved with local universities. Students should be concerned about the size of the applicant pool because the quality of that pool will eventually affect the quality of the practicing podiatrist and, potentially,

Author’s Note: *Input for this article was provided by the following individuals: Andrew Hu, CPMA Representative, CSPM, Class of 2021; Asad Sayeeduddin, CSPM, Class of 2021; Neil Trivedi, CSPM, Class of 2019; Kristina Corley, CSPM, Class of 2020; Tyler Rodericks, Western U, Class of 2020; Garrett Wireman, Western U, Class of 2021; Travis L. Rich, Western U, Class of 2021; Tzu Lu (Lilly) Lin, Western U, Class of 2020; Rami Basatneh, Temple University, Class of 2019; Rebecca Moellmer, DPM, Professor, Western University; Larry Harkless, DPM, Founding Dean, Western University; Eric Stamps, DPM, Dean and Assistant Professor, CSPM; Moriath North, Executive Director, AACPM; William Hurt, Immediate Past President, APMSA; Mike Cornelison, DPM, Past President, CPMA; John Chisholm, DPM, President-Elect, CPMA; Devon Glazer, DPM, President, CPMA; Jim Christina, DPM, Executive Director, APMA; and Dennis Frisch, DPM, President, APMA.*



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