

# Clara Callahan, MD

A Keen Eye for Aspiring Physicians



**If you enrolled at SKMC during the past 17 years, Clara Callahan had something to do with it.** The Lillian H. Brent Dean of Students and Admissions, Callahan took over the medical college's admissions office in 1999. Since then, she has culled through countless applications, reading about thousands of prospective students' triumphs, failures, dreams, fears, passions and tragedies before participating in their interviews and honing final lists of incoming class members.

Callahan's tenure at Jefferson didn't begin with admissions. Upon completing her pediatrics fellowship in 1982, she worked in the outpatient pediatric clinic for many years, balancing patient visits with new responsibilities after accepting a position in the Office of Student Affairs

in 1987. Then, when Benjamin Bacharach, MD '56, stepped down from his role as admissions dean, Callahan took his place.

"Having spent 12 years in student affairs — which I call the 'emergency room of the medical school' — taught me a lot about who can handle the demands and quick pace of medical education, which helped with my transition into admissions," she says.

Today, Callahan works with admissions director Elizabeth Brooks, DPM, to spearhead the daunting task of whittling nearly 11,000 applications down to approximately 450 acceptance letters to fill 266 slots at SKMC each year. She recently sat down to discuss the process.

### **IN A NUTSHELL, HOW DOES THE ADMISSIONS PROCESS UNFOLD?**

In late June, AMCAS [the American Medical College Application Service] sends us our first batch of applications — usually about 5,000. There's an automated process that generates a "Jefferson score" using GPA and MCAT scores. We also have a secondary application that asks about personal connections to SKMC, such as an alumnus or faculty member parent, as well as interest in special programs like, for example, the Physician Shortage Area Program or the DIMER [Delaware Institute of Medical Education and Research] Program.

Dr. Brooks and I screen applications for more than numbers, looking for activities applicants have done outside of class — particularly things related to medicine and altruism. Most applicants say they want to go to medical school because they're interested in helping people; we want to see if they've started doing that already. Of course, we also read the personal statements and the letters of recommendations. It's not unusual for me to read four applications before finding one candidate to bring in.

From September to April, we interview about 30 people a week, for a total of around 800 interviews a year. Our admissions are rolling, so we admit students throughout the year. We try to let candidates know if they're accepted within a month of their interview.

### **WHAT HAPPENS ON INTERVIEW DAY?**

Candidates are welcomed by student coordinators before meeting with Dr. Brooks and me. There are several presentations, including one from a physician keynote speaker, before current students do interviews, followed by lunch and a campus tour. Then there is a one-on-one interview with a faculty member from the Committee on Admissions.

We have about 45 faculty members on our admissions committee, which I consider the hardest-working committee at Jefferson. When a colleague tells me they want to join, I have to make sure they understand how much they're taking on. We meet every week to discuss the applicants.

### **HOW HAS ADMISSIONS CHANGED THROUGHOUT YOUR CAREER?**

The thing that has changed the most is when students apply to medical school. More than half of our current students did not come to Jefferson directly from college. Today's students are likely to take a year or two to do something else, from Peace Corps and Teach for America to completing a postbaccalaureate program because they pursued a non-science undergraduate degree. There are all sorts of reasons people don't come right away. When I was applying to medical school, if you didn't go right after college, you weren't dedicated enough! Luckily, we have seen the light.

### **WHAT ADVICE DO YOU GIVE ASPIRING STUDENTS AND THEIR PARENTS MOST OFTEN?**

One thing parents ask a lot is, 'If my child wants to go to medical school, where should they go to college?' I say they should go wherever they want to go — because if they're happy, they'll work harder and do well.

My advice for students is: Don't take the MCAT until you're ready. It's not like college entrance exams, where you can choose to submit your highest score. If someone takes the MCAT more than once, we see all of their scores and take the average. Nobody should take the MCAT just as practice.

### **ARE ASPIRING LEGACY STUDENTS TREATED DIFFERENTLY THAN OTHERS?**

We look carefully at every application from the child of an alumnus, but a downside to having the largest alumni association in the country is that we can't possibly interview them all. Alumni can be disappointed that we maintain the same criteria for their children as for everyone else, but we need to be fair, and I don't think an alumnus is going to be any happier than any other parent if their child enrolls and doesn't do well. To admit someone whose qualifications indicate a good chance they won't be successful — it doesn't make sense.

If we are unable to interview the son or daughter of an alumnus, I write letters to both the applicant and their parent and offer to discuss ways they could make their application stronger.

### **WHAT IS THE BEST PART OF YOUR JOB?**

I enjoy reading students' stories on their applications and then meeting them and seeing what they're like in person. And it's wonderful to watch students grow once they're here — I get to see the people who will be taking care of me and other patients in the future. I also read graduating students' names onstage at commencement, which is very fulfilling. I helped to bring them in, and I help to send them out. It all seems to come full circle. — KAREN L. BROOKS