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Writing 117: Writing for the Social Sciences

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The Monster that Eats Medical School Applicants

Methods to the Madness:

A few months ago I was tasked with selecting an on campus ethnographic group that was both accessible, but challenging to study. I keyed in on pre-health organizations I saw at a club fair event ; I chose them as alien-enough subjects such that I wanted to observe them in wild. Once I was (reluctantly) welcomed by the local American Medical Student Association (AMSA) chapter, I began note taking and observing them at their weekly club meetings for about a month. I entered with just a fanciful curiosity, but I instead left my field sites deeply concerned for the academic and social well being of these innocent students. I quickly learned that a hulking, stalking beast was ready to pounce on them, the yearly medical school application cycle. The clarity of the high rate of failure grew as I both accumulated outside research for my literature review and acquired meme knowledge from /r/premed, which some of the AMSA members recommenced. Thus, the resultant questions burned into my mind: what drives them down this path, what stops them, and does the UC help them?

Outsider Observations:

My first day at AMSA was a cold night in February, as the vice president had emailed me the wrong room number in the Social Science Building. It was, thankfully, an empty and warm lecture hall where I foolishly waited and for an update from the VP. After 15 minutes where I was considering that perhaps I wasn't really welcome, I received an update that the room had to have been changed on Facebook and their website, but after I had asked to join. Just the email requests to visit, but not join were showcases of how insular premedical students are, as their clubs have serious barrier to entry (interviews and membership fees). I noted that "[T]he room is same open room that AIAA meets, a big room with red desks, a projector, and a front stage. I never have classes here, so to me this is a club meeting room. These meeting are late, from 6:30 to 8 PM. I keep mind of my time, since I have to leave early to make it to class" (Tejada *Tales* 1). Since it was clear I was never going to be treated like an insider by AMSA, I opted to do my field notes much like a naturalist does, via primarily observation with only minimal interaction.

The general structure of the meetings were that the first 30 minutes were lead by the President, a tall, large male student with a jovial expression and an apparent passion for medicine and keeping AMSA relevant. He presents slides on the current weeks agenda, and then gives the floor to either other executive board members to run exercises like mock interviews or elevator pitches, or he gives the floor to planned guest speakers. Surprisingly, the latter situation was

common, as several past and present AMSA members came to speak as guest speakers. Still, the primary actors on stage were quite literally the President, the Vice President, or an outside guest speakers. It was clear that executive members were the characters, and the general members were a voiceless audience.

The first field day did end on a more interesting note however, as four students went up and gave a presentation on their experience working with CHFI to provide patient care in Argentina. CHFI is a ‘doctors without border’ type of organization that allows premedical students to get hands on patient care experience. The four presenters were composed of two prim and proper males, both donning black dress shirts and ties, one business casual female in blue, and one business casual female in gray. They pitched their experience as both positive for the communities they helped and positive for their chances into medical school. One of the presenters pitched her experience, stating “[Her] day started at 7AM to catch the bus to her infectious diseases hospital. Much like a ward, quarantine was enforced on some people. A spinal tap was done on one of the patients” (Tejada *Tales* 7). Here, I had a moment where my stereotypes against premeds flared up. I asked my self, in my emotional response to this professional and wonderful presentation, are these premedical students really doing this to help poor Argentinians, or this really all about putting money into a study abroad program that can help their application get ahead? This first day left a concerning, lasting impression, because the presenters still framed all of their positive actions as how it helped themselves, first and foremost.

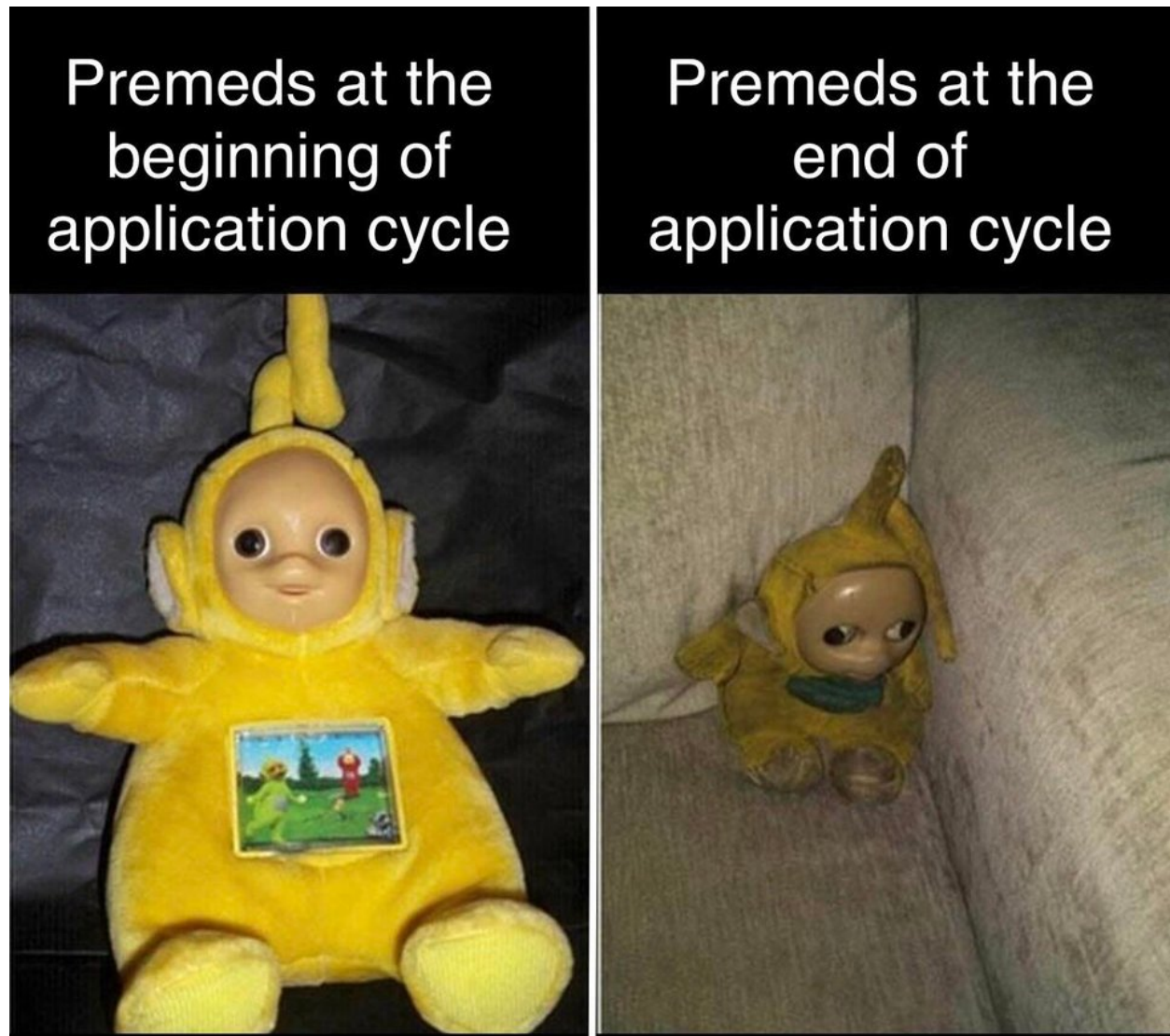
With the question of altruism at the core premed students looming over my head, the next biggest event I observed was their late February, early March series of guest speakers. The first speaker was a graduating senior who discussed her trials and tribulation on her successful path to med school. She inspired me to learn more about this feral application process, but her presentation alarmed me on two fronts. First, it made me aware of the high cost and high rate of failure for each application cycle. Secondly, the guest speaker introduced me to Olsen's research on the current trends in the application pool, that in 2014 "[T]here were 47,815 applications to medical schools, and only 20,343 student matriculated. The average GPA for a matriculated student was 3.69" (Olsen 74). The guest speaker made great use of Olsen's statistical data in her selection of potential schools, but this also motivated our speaker to improve her odds by spending over \$8000 to applying to over 10 schools (even this action only increased her odds of getting into a single school to about a fair coin flip). I actually did break character and asked how a poor, on financial aid student could afford so many application. The speakers worried, but honest response was working part time in the summer to save for application, or loans.

Following that horrifying, but educational, presentation, I continued shadowing the AMSA meetings to get a better feel for the group dynamics. There were mostly two cliques, those on the executive board, and general members. This was a common dynamic I had seen in other clubs, but this hierarchy was far more pronounced here than anywhere else I had seen. There was also notable gossip among the executive board regarding a certain upper division

biology class having recycled an exact older midterm. This was an interesting debate to see between the President, who is a tall, large, but jolly man, and his predominately female executive board. The concerning thing was, that this debated stayed within the executive board: IE it didn't feel like the younger, lower division general members were permitted to talk about how this upper division biology professor should have handled the situation. This and several other experiences cataloged in *Tales from the Depths of Premedicine!* showcased my struggle to break through and reconcile the regular claims of desiring to serve the community, and the actions of AMSA members expressing otherwise. To encapsulate this attitude, when I asked the club President why they should pursue a PALS tutoring position, it was to "[S]how you are higher than the students beneath you" (Tejada *Tales* 18).

Normalizing the Suffering:

“App Cycle not fun at all” (u/twinkle1996 1).



The looming application cycles may very well be obfuscating my ability to find the psychological driving force behind the premeds who make it. Seeing the symptoms of the beast's shadow depends greatly on how close to its jaws are to a particular premed student. A young,

first or second year student is just preparing for the Medical College Admissions Test, or MCAT, and has likely not had their unknown driving spirit broken in by the exam or hard upper division course. Thankfully, the opportunity to compare and contrast the opposite ends of the premed pool arose via my two interviews of AMSA members. I meet both FirstSubject and SecondSubject at the same library study rooms, but about one month apart.

Anonymous FirstSubject was for sure the more wound up of the two interviewees. They had to be enticed with coffee from their busy schedule. FirstSubject was a graduating senior who made it into a certain medical school. We hit it off pretty well as I asked the pertinent questions related to their motivation, to which they responded in kind. They described working as a scribe at a certain hospital, where rejoiced in the experience, that "This is so cheesy, but I really want to help people... but rather than just saying that I actually do it. The physicians I work with also helped me and motivated me alot[sic]" (FirstSubject 7). FirstSubject was vivid and ecstatic to share their love for helping patients, and then was also glad to share combat stories they had against the MCAT and upper div classes. They mentioned a single month where they averaged 4 hours of sleep a day to maintain the fight on both fronts. This jovial atmosphere was broken when I asked questions regarding any noticed academic dishonesty in their classes. As I had not revealed the questions, this shift forced my hand to retroactively anonymize this interview, as I noted a total tone shift, with me as a threat. I had to cut this interview short, and asked for FirstSubject to give positive advice to freshman, they ended with "Actually go out and

EXPERIENCE (*cascading hand motion*) the field of medicine... At the beginning, you don't know if that's what you want to do or not want to do" (FirstSubject 20).

Interviewing Anonymous SecondSubject was a far more straight forward event, likely due to lessons learned from the first debacle. I still gave the same promise to SecondSubject to a cup of coffee over the interview questions in a certain library study room. SecondSubject is a first year going on sophomore biology student, and is on the chopping block for the MCAT's jaws. This time I ensured from the beginning that our interview was anonymous, and got the point of asking what motivated them. They responded rather candidly, that "My dad. He wasn't a physician, but he did a lot of different things... since I was little, I looked up to him as a great man. He lead me to decide to pursue something meaningful, that impacts people directly" (SecondSubject 5). I was honestly surprised by how chill this interviewee was with declaring that their family was a big motivating factor for pursuing medicine, as family motivators carry some stigma among premeds. I then more carefully asked questions about the state of academic honesty, to which they were adamant such behavior was rare. They defended their peers, exclaiming "From what I've seen here, besides the example of old exams, most people here are pretty honest" (SecondSubject 10). We ended our coffee on the positive note to incoming freshman to take advantage of UC Merced's growing and accessible research opportunities.

Examination:

If the entire medical school application were a shark, the MCAT and all of its 7.5 hours of multiple sections would be a serrated rows of teeth, ready to rip dreams apart. Its importance in causing so much misery is without question. A new question that arises is if the UC, or colleges in general, are helping these ailing premedical students against the MCAT? The consensus among researchers and students is a resounding no.

Cooper, a chemistry department head at MSU, argues from the perspective of a STEM educator against the MCAT, as “Unfortunately, the proposed chemistry learning objectives [in the 2015 MCAT] do not seem to provide a coherent framework with which to work. Rather, these objectives are fragments, disconnected ideas” (Cooper 820). Cooper rallies against teaching intro or organic chemistry to the needs of the MCAT, but instead makes it clear that modern chemistry is taught in a reduction manner, while the MCAT demands a strong holistic foundation. This cannot be reconciled, as he argues “This means that many students, by necessity, must memorize a vast amount of material, rather than understand and predict processes... the very structure of the curriculum makes it quite difficult for students to do this” (Cooper 821). My interviews also support the view that course learning and MCAT learning are mutually exclusive. For example, FirstSubject recalled their war story against the MCAT, that “When you're studying for the MCAT, none of it's really in your curriculum... I had one month, one month, where I had 12 or 13 all-nighters, studying for the MCAT” (FirstSubject 9). Thus, the MCAT remains cannot be

conquered by taking only bio-chem classes, even when taken by highly motivated students.

Instead, it should clearly be the UC or other universities to take initiative and offer MCAT prep courses on campus, and at better rates than for-profit tutoring centers.

Reflection:

After going through my own arduous path to understand the plight of premed students, I can safely say that I mostly feel pity and fear for premeds. Most of them are destined to fail, and yet as my interviews showed, the ones who can make it are the ones with a greater goal. For some, it is the stereotype of making family proud, and for others it is the excitement, the humanistic element, of patient care. Still for those I could only see from a distance, the prestige of the title may itself be an obsession, as SecondSubject emphasized "No matter what, I'll continue medicine. Even if I don't make it on a particular application, I will keep going. Whatever it takes" (SecondSubject 12). For what's its worth, the ruthless system of selectivity and demanding clinical experience on top of MCAT preparation effectively weeds out those without a strong compassionate drive. It culls any who can't handle medical school, let alone those who aren't cut out for practicing medicine. I still argue that the human cost to this brutality is too high. These students need stronger, on campus academic and social support circles, outside of niche subreddits.

“A big shout-out to reapplicants who've been improving their applications after getting rejected”(u/UdnomyaR 1).

 <p>Mediocre GPA and MCAT No research experience</p>	First time applying to med school
 <p>Significant volunteer experience Good postbac performance</p>	1st Reapplication
 <p>518+ MCAT retake, published in clinical research</p>	2nd Reapplication