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Increasing the Number of Rural Students in American Medical Schools

Problem of Practice

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Introduction

Rural students face greater obstacles in earning admission to American medical schools than their urban and suburban peers. As an independent admissions counselor, I have an unusually high rural student population. Most of these students are from working class or middle-income families and will be first-generation college students. Those who are not first-generation are the first person in their family to pursue admission to selective institutions. Over 50% of these advisees report that they want to pursue medical school upon graduation from college, however, because I retain contact with and track many of my clients through and after college, often working with them on their graduate and job applications, and because in my personal life, I am surrounded by young physicians who were recently successful in the medical school admissions process, I know that medical school matriculation will be much harder for my rural and first-generation students than for their often more connected urban and suburban peers.

Early in my husband's medical school education, I was struck by the affluence and social capital of his medical school classmates. They had attended prep schools with national reputations like Exeter, Collegiate, Harvard Westlake, and National Cathedral or public schools in brand-name suburban zip codes like Wellesley, Scarsdale, Fox Chapel, and Palo Alto. They graduated from highly selective colleges. At his White Coat Ceremony, the dean mentioned that 40% of his class had at least one parent who was a physician. By my estimation, another 40% of the class had parents in highly paid, white-collar professions. The pattern continued in his residency and fellowship classes, and although a racially and ethnically diverse group, the young doctors whom I have encountered were almost exclusively raised in urban or suburban affluent families.

As my former college advisees graduate from their baccalaureate programs, my requests for graduate school services have increased dramatically both from former clients and their friends and colleagues, and I have begun to experience the ways in which admissions to health professions graduate programs disproportionately favors urban and suburban students, especially wealthy ones.

The disadvantages that rural students face in the process of becoming physicians are diverse and complex. Some of the challenges occur far before the student submits his or her application to medical school such as comparatively poor secondary math and science preparation, the high cost of medical education, and fewer pre-professional advising resources at less selective colleges that attract rural and first-generation college students. Inside the medical school admissions office, by rewarding activities that are difficult for lower-income and less-connected students to complete such as laboratory work and shadowing, rural students are again disadvantaged. This is further compounded by a high cultural capital advantage in the admissions interview.

Significance

The problem that the lack of socioeconomic and geographic diversity in American medical education presents is two-fold and represents challenges to both education and public health. From an education perspective, this means that just enrolling in a four-year college is likely not enough for a lower or middle-income student to earn admission to medical school. Something about the medical school admissions process is favoring a disproportionately small group of students, despite attempts among higher education professionals to facilitate broader access to a variety of careers. Further, a career as a physician is a near-guarantee of financial

stability, and true meritocratic access to high-prestige and high-earning careers is essential to our democracy.

Second, it is widely accepted within the medical education community that students from underserved communities, both urban and rural, are more likely to return to work in those communities (Talley, 1990, p.S22). Further, there is a historical dearth of physicians practicing in primary care and specialty fields in rural areas (Council on Graduate Medical Education, 1998, p. xiv). So, while it is unlikely that a wealthy urban student who attended a New England boarding school will eventually serve as an obstetrician in rural Ohio, a newly-licensed physician from the area is likely to return home. Finally, there is extensive mistrust among lower socioeconomic status Americans of the health care establishment, but social distance perspective research shows that having physicians from the geographic, cultural, and socio-economic groups similar to their patient populations could increase trust in the provider and lead to better national health outcomes (Schnittker, 2004). My student advisees are smart, compassionate, and like Talley's writing indicates, plan on returning to their hometowns after finishing their educations. That is, they would be ideal candidates to help rectify the problem of lower physician populations in rural areas.

Problem of Practice and Scope of Inquiry

Rural students are at a disadvantage in the medical school admissions process. In an interview in his office, Chenits Pettigrew PhD, who is the Director of Diversity at the University of Pittsburgh School of Medicine, said that nobody becomes a doctor without a strong and knowledgeable support network. Based on my experience of physicians coming from affluent and highly educated and engaged families, I believe that this is true. Further, Dr. Pettigrew believes that although the School of Medicine is committed to diversifying the incoming medical

school class with more students with backgrounds underrepresented in medicine including racial and ethnic minorities, first generation college students, and rural students, and supporting these students once enrolled, talented students can become discouraged or disqualified for medical school admission at junctions in their education if they do not have the appropriate family support. Specifically, Dr. Pettigrew believes that the transitions from middle to high school, from high school to college, from college to medical school, and from medical school into residency and practice, present particular challenges for would-be physicians without family support.

In my practice, Fit Education Consulting, I work with students and their families on the college admissions process. When working with rural, low-income, and first-generation college students, I spend a lot of time educating parents on the college admissions process. In addressing my problem of practice, I hope to expand my parent education options to include information for parents and spouses on how to support their aspiring physician child from high school through the medical school admissions process.

Questions

The following are questions that will help guide my review of scholarly research:

- What have other medical schools done to increase their population of rural students?
- What strategies have been used at other medical schools to increase the enrollment of talented candidates from minoritized backgrounds?
- What academic and social hurdles do rural high school students face as they transition to college?
- What are sustainable models for family support for young people in professional schools?
- How does premedical advising differ between less selective colleges where rural students are more likely to enroll and premedical advising at more selective colleges?

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