



What must I do to succeed?: Narratives from the US premedical experience



Katherine Y. Lin ^{a, *}, Renee R. Anspach ^a, Brett Crawford ^b, Sonali Parnami ^c,
Andrea Fuhrel-Forbis ^c, Raymond G. De Vries ^{a, c, d, e, f}

^a University of Michigan, Department of Sociology, Literature Sciences and the Arts Bldg., Rm #3001, 500 S. State Street, Ann Arbor, MI 48109-1382, USA

^b University of Pittsburgh, Katz Graduate School of Business, 312 Mervis Hall, Pittsburgh, PA 15620, USA

^c Center for Bioethics and Social Sciences in Medicine, University of Michigan, North Campus Research Complex, 2800 Plymouth Road, Bldg. 16, Rm. 430W, Ann Arbor, MI 48109-2800, USA

^d University of Michigan Medical School, Department of Learning Health Sciences, 209 Victor Vaughan Building, SPC 2054, 1111 E. Catherine St., Ann Arbor, MI 48109-2054, USA

^e University of Michigan Medical School, Department of Obstetrics & Gynecology, North Campus Research Complex, 2800 Plymouth Road, Bldg. 16, Rm. 430W, Ann Arbor, MI 48109-2800, USA

^f Maastricht University/CAPHRI School for Public Health and Primary Care, Postbus 1256, 6201 BG Maastricht, The Netherlands

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ABSTRACT

How does a lay person become a doctor? How is a physician made? These questions have been central to work of medical sociologists for well over a half-century. Despite this abiding focus on socialization, nearly all of the literature on this process in the US is informed by studies of the medical school and residency years, with almost no empirical attention paid to the premedical years. Our study addresses this gap in knowledge. To better understand the premedical years we conducted 49 in-depth interviews with premedical students at a selective, public Midwestern university. We found that students understand and explain decisions made during the premedical years with narratives that emphasize the qualities of achievement-orientation, perseverance, and individualism. We also find that these qualities are also emphasized in narratives employed to account for the choice to collaborate with, or compete against, premedical peers. Examination of premedical narratives, and the qualities they emphasize, enriches our understanding of how premedical education shapes a physician's moral development, and underscores the need to include the premedical years in our accounts of "becoming a doctor."

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1. Introduction

Medical sociologists have long been interested in the process of medical socialization – the process through which laypersons are transformed into physicians – uncovering the ways in which one learns not just the facts of medical science, but how to *be* a physician (Becker et al., 1961; Bosk, 2003; Hafferty, 2000; Merton et al., 1957; Mizrahi, 1984; Stern & Papadakis, 2006). Using observations of medical students and residents, researchers have documented how medical schools and residency programs impart not only technical knowledge, but also enable individuals to “learn the norms, values, language, skills, beliefs, and other patterns of

thought and action” essential to being a doctor, preparing individuals to don the white coat and take responsibility for the lives of their patients (Robertson, 1981, pp. 105).

Oddly, few empirical sociological studies of medical socialization consider the premedical years. This is despite the fact that for more than 100 years medical educators have understood the importance of premedical education. When Abraham Flexner (1910) defined the proper curriculum for medical education and the preparation needed to enter medical school, he began the debate about how to best select and prepare future medical students. Thus among medical educators, it is widely agreed that the process of becoming a physician begins “long before medical school, since a student's success at learning medicine depended heavily on the aptitude, characteristics, and educational background that person brought to medical school in the first place” (Ludmerer, 1999, p. 59). The conversation about how to prepare would-be medical students remains lively (Coombs and Paulson,

* Corresponding author.

E-mail address: linkathy@umich.edu (K.Y. Lin).

1990; Fishbein, 1999; Gunderman and Kanter, 2008): What is the appropriate mix of (mainly science and math) courses (Brieger, 1999; Coombs and Paulson, 1990; Dienstag, 2008; Emanuel, 2006; Gunderman and Kanter, 2008)? What should be included on the Medical College Admission Test (MCAT), and what is its value in selecting strong candidates for medical school (Anderson, 1984; Dienstag, 2011; Kaplan et al., 2012; McGaghie, 2002; Powers, 1984)? However, this debate consists almost exclusively of editorials and commentaries focusing on the formal premedical curriculum (Gross et al., 2008; Thomas, 1978) and has not generated systematic empirical study of other facets of the premedical years. Thus there is a thin understanding as to how the premedical years contribute to the socialization processes that shape the character of the physician workforce (Conrad, 1986; Larson et al., 2012; Lin et al., 2013).

The few existing empirical premedical studies focus on the premedical *academic* experience. These studies examine issues such as: whether premedical academic performance is a good predictor of medical school performance (Caplan et al., 1996; Mitchell, 1990); how premedical students select courses; whether these decisions affect their chances of admission to medical school (Creditor and Creditor, 1982; Dornbush et al., 1987; Maguire, 1999); and how negative academic experiences, particularly performance in difficult “weeder” courses, can lead underrepresented minority and women students to leave the premedical track (Barr et al., 2008, 2010; Lin et al., 2013). A few foundational studies look beyond the academic experience of the premedical years to document and explain the utility of a “cutthroat” premedical stereotype (Conrad, 1986; Hackman et al., 1979; Sade et al., 1984). Unfortunately, this work was done in the late 70s and early 80s. The changes in healthcare delivery *and* in medical education that have occurred during the past two decades suggest a need for more recent studies of the premedical experience (Ludmerer, 1999).

In order to better understand how one becomes a physician, investigation of how students experience, understand, and interpret the requirements of the premedical years is needed. Very little is known about how premedical students think about their studies, plan their premedical experiences, and develop strategies to deal with medical school admissions requirements. While the role of the medical school and residency years in teaching not only the technical skills required for the practice of medicine, but also instilling a sense of moral responsibility and a code of conduct necessary for practicing medicine is known (Anspach, 1988; Bosk, 2003; Fox, 1959; Parsons, 1951; Zussman, 1992), far less is understood about how ways of thinking and strategies enacted during the premedical years shape the character of students who walk through the doors of medical schools and emerge as physicians.

The premedical years represent an important stage in the process of becoming a physician. It is the first time that a student with an interest in medicine must actively fulfill a list of requirements for admission into medical school. Premedical students must score well on the MCAT, do well in large “weeder” courses (most notably, organic chemistry), carefully plan extracurricular activities, balance academic, social, and personal lives, and repeatedly re-examine their ambitions for a medical career. Moreover, while a student's decision to become a physician could have been made at any point in their lives prior to admission into medical school, declaring premedical status during the undergraduate years serves as a crucial *social* acknowledgment of one's career interests. It is one of the first moments in which would-be physicians encounter others who share similar aspirations, and the competitive admissions game for medical school becomes a tangible, visible reality.

Furthermore, while there is a general understanding of the requirements for medical school admission, the everyday decisions a premedical student must make in order to fulfill such requirements

are threaded with ambiguity. No one is guaranteed a position in medical school, even if every formal requirement is fulfilled. Indeed, advice on how to gain admission into medical school found on websites and in books suggest a wide range of strategies (Gross et al., 2008; Kansagra et al., 2006). Sources of information claim that there are “no particular set of guidelines that gets a person into medical school” and no “one particular path that guarantees acceptance.” (Kansagra et al., 2006, p. 5, p. 1) Thus, while the decision to declare “premed” status is relatively easy, underlying every decision about one's academic and personal life is a pervasive question, “How will this affect my chances of getting into medical school?” Consequently, the premedical years are ripe with important decisions and turning points, all tinged with risk and uncertainty. Examining how students think about their experience of the premedical years can provide an important window into the development of the character of those who are intent on becoming our healthcare providers.

To this end, we conducted a qualitative interview study of premedical students at a large, Midwestern university. Our data allow us to document narratives crafted by premedical students when describing the decisions they must make throughout the premedical years, including particularly difficult decisions about whether to work with, or to withhold help from, other premedical students. Moreover, we show that these narratives highlight specific personal qualities that are perceived to be associated with success as a premedical student. Examining premedical narratives provides a window into understanding how this stage of the medical training process may influence the development of character over the course of the medical socialization process. Thus, our study contributes to the medical socialization literature by bringing focus to a key stage of the medical training process: the premedical years.

2. Data and methods

We conducted a total of 49 in-depth, semi-structured interviews with premedical students across all four years of undergraduate education (36), students in their first year of medical school (6), and undergraduate students who were formerly on the premedical track (7). Our goal was to obtain a more complete picture of the premedical experience by interviewing those who have successfully completed the requirements, those who are still in the midst of completing their requirements, and those who have opted out of the entire experience. By obtaining accounts of the premedical experience across these different samples, we can draw conclusions about the premedical experience that are not unique to one stage of the process or unique to students who were successful in their efforts to matriculate into medical school. While respondents at different stages in the process offer slightly different views on the premedical experience, there were high levels of corroboration in the narratives we collected. Triangulating our observations across several moments in the premedical career improves our ability to generalize about the premedical experience.

Our data collection took place at the University of Michigan, a selective public university with an incoming undergraduate class of approximately 6000 students. Pre-professional programs are highly visible on campus: based on an internal advising report for the liberal arts college, between 800 and 1000 students indicate premedical interest every year in an incoming freshman survey, with about 700–800 students applying to allopathic (MD) medical schools and 200–300 students applying to osteopathic (DO) medical schools every year. Over 50 percent of the MD applicants are accepted, with a similar acceptance rate for osteopathic schools. By comparison, national acceptance rates hover around 45 percent for MD schools and 34 percent for DO schools (Medical School Application Statistics, 2013).

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