

Capstone for Impact Submission | GY2020

Project Title: Improving the first-generation and low-income medical student experience at UMMS

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Branch: Procedure Based Care

Path of Excellence: Ethics

If this project can be continued by another UMMS student, please include your contact information or any other details you would like to share here: batchelj@med.umich.edu; goal: provide support and programming for first generation and low income medical students aimed at student-identified opportunities for improvement and inclusion.

Summary:

It is a well known phenomenon that a diverse healthcare workforce improves patient care. However, approximately 75% of medical students come from families with income in the top two quintiles in the nation, and this is highly correlated with higher levels of parental educational attainment. This statistic has remained stagnant for years despite pushes to increase diversity in medical schools. First generation and low income medical students face challenges not just in entrance to medical school, but continue to weather challenges different from their peers throughout their education as they face the hidden curriculum, costs of schooling and residency applications, and the emotional toll of forging a new path.

At the University of Michigan Medical School, 13.7% of students who matriculated from application year 2018 identified as first generation college students, defined as the first to earn a bachelor's degree. This is an increase from 5.7% of students from application year 2015. However, there are few resources or services available that are specifically tailored to the needs of first generation and low income students. In response to this problem, we decided to create programming in support of these students.

Methodology:

Students from the University of Michigan Medical School sought to address the shortcomings in support for first generation and low income medical students at their institution. To accomplish this mission, we partnered with the Offices of Admissions, Medical Student Education, Alumni Engagement, and Health Equity and Inclusion. We conducted a student needs assessment, created mechanisms for outreach to prospective students, developed a system to garner alumni and faculty support, constructed a peer-to-peer mentorship opportunity, consolidated and centralized existing resources, and have begun to plan educational seminars for current students.

Results:

An email survey was sent to all current medical students. Respondents (23) were asked to provide feedback and suggestions for supporting current and future first generation and/or low income students. A subset of survey respondents (15) attended an in-person focus group to discuss shortcomings and successes related to navigating medical school as a part of this demographic. This data was used for preliminary program planning.

Several themes arose regarding potential areas for improvement. Several survey respondents and in-person attendees noted that individual mentorship for this demographic both from peers and faculty was lacking at all levels of education. Many noted a lack of networking and other career development education available. Managing finances and hidden expenses related to thriving in medical school was emphasized. Many students posited that resources may exist, however, the information was difficult to find and/or understand. With regard to the medical school curriculum, students reported that they received little formal education on socioeconomic status as a social determinant of health. Students emphasized feeling isolated from their peers, invisible as a demographic, and expressed appreciation for the opportunity to connect with other students from similar backgrounds.

Conclusion:

First generation and low income medical students at the University of Michigan identified key areas for improvement of their experience. With further development of the aforementioned programs and interventions, future physicians who identify as low income and/or first generation will have greater opportunities for support and success.

Reflection/Impact Statement:

Pursuing this project opened my eyes to the many barriers involved in consolidating/creating resources for a vulnerable group. As funding for materials and experiences was a large concern of the students we have spoken with, a challenge has been attaining funding for some of our initiatives in a way that is feasible for the University's processes. Additionally, as graduating students this year, a concern was making our initiatives sustainable and giving the programming institutional memory. As such, we have identified underclassmen to continue the project in the years to come. We also continue to look for ways to embed our initiatives into existing offices at the medical school.

In the short term, current and incoming students at UMMS who are from this demographic should benefit from this project. Hopefully future students, students from outside the first gen/low income community, the broader Michigan Medicine organization, and future patients should benefit.

Now that the first phase of the project is complete, we have worked to solicit more experiences of current students from this demographic. Peer-to-peer mentorship continues to be a persistent theme among our first gen/low income medical students. We matched preclinical with clinical students and hope that these pairings will help to fill this important gap.

I would advise students to work in teams when completing a CFI project. It enables a large project to become more realistic and accessible. I would also strongly suggest utilizing the various resources that UMMS has to offer, including available grant money and the several offices that exist. Myself and my partner found meeting with the departments that interface with first gen/low income students to be extremely informative and helpful.