

## Capstone for Impact Submission | GY2020

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**Project Title:** Improving the First Generation and Low Income Medical Student Experience at UMMS

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**Advisor Names(s):** Dr. Okanlami

**Branch:** Diagnostics & Therapeutics

**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:*

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### **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.

Our objective was to provide support and programming for first generation and low income medical students aimed at student-identified opportunities for improvement and inclusion.

**Methodology:** We sought to address the shortcomings in support for first generation and low income medical students at our institution. To accomplish this mission, we partnered with the Offices of Admissions, Medical Student Education, Alumni Engagement, Development, 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:** A needs assessment was conducted. 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.

We have been working with offices of Development and Alumni Engagement to find affordable housing for students doing away rotations, expand the residency HOST program, and navigate ways to defray the costs of purchasing a professional wardrobe and board prep study materials. We have also been working with OHEI to identify first generation/low income faculty and residents and to present information about these demographics at one of the established DEI Community Dinners. We have also recruited students to be a part of peer mentorship initiatives. Working with the Admissions Office, we have also created a letter with which to reach out to prospective students, and we have begun to send representatives to pre-interview dinners and interview day lunches.

**Conclusion:** First generation and low income students continue to have unique needs even at the graduate level of education. Though these demographics have started to gain recognition and support at undergraduate institutions, more needs to be done at the graduate level to ensure these students have an optimal environment to thrive. Student express concerns chiefly about affordability and hidden expenses as well as professional development and mentorship. 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:**

*You may use the following questions to guide your reflection:*

1. How did the process of conducting this research confront any limitations of your prior thinking?
2. Who could potentially benefit from this CFI project over different timescales and how?
3. What actions will you take afterwards to continue the momentum of this project, and maximise the likelihood of the identified benefits being achieved?
4. What advice would you give to another student completing their CFI?

As a first generation college student myself and coming from a low-income background, I know firsthand the extra challenges these identities can bring to life as a medical student. When thinking about my capstone project, I knew that I wanted to do something I was passionate about and do something that would leave the school better for students coming up after me. This initiative seemed like the perfect marriage of these wishes. The programming we've begun to put in place will benefit all first generation and low income students currently at the school who choose to engage with it, as well as prospective and future students as they interact with our student body through the admissions process. My hope is that our efforts through Admissions will inspire more students from these demographics to come to Michigan. I think this would in turn benefit the entire student body, as we learn so much from our classmates, and many medical students have a lot they could learn about privilege and those from backgrounds much different than their own.

I was also touched and so happy to see the impact our project has had on the morale of the first generation and low income students at the school. In response to our surveys and after the focus group, we received a lot of emails and comments from students about how nice it was to feel seen in these invisible identities and to finally know of other students from similar backgrounds that they could go to for support. Without this support available and in the open, it really is an isolating experience that people rarely speak about. Before starting the project, Jourdin and I, who have been friends since M1 year, each had no idea the other was first gen and low income. Even our small efforts thus far have created a sense of community and inclusion among students who may have been suffering in silence previously.

As the project evolved, I was surprised and relieved to find that so many faculty and staff from so many different offices within the school were willing and excited to be involved with the project. I had gone in thinking that we would have to fight to be heard or cared about. It was a bit surreal to have meetings set with so many officials above my pay grade and important figures within the medical school. I also realized how difficult it is at such a large university with many, many offices and layers of bureaucracy to create sustainable change and create something that has institutional memory. In order to continue the momentum of the project and maximize the likelihood of benefits being achieved, we have attempted to house small parts of the project in various offices. For example, Admissions now has a template letter to send out to prospective students every year and a list of students who are willing to be contacted by applicants about first generation and low income issues. In addition to these efforts, we have also identified passionate underclassmen who will take over the project upon our graduation.

My best advice to other students completing their CFI is to use this as an opportunity to do something big and crazy and change something that you really care about. I think it can be easy to feel overwhelmed by the concept of the CFI and choose to double dip and just submit a project you've already done for something else, but I think it has been so much more rewarding and exciting to really delve deep into something I care very strongly about that I may not have otherwise had an opportunity to be involved with in any formal capacity. My other piece of advice is to start early. ERAS and interview season gets so hectic, and here I am already in January talking about passing down my project that I so wish I had so much more time to work on. Although I am ecstatic that the project will be continued in good hands after Jourdin and I graduate, I feel sad and wish I had more time to personally advocate for some of the changes I want to see.