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# Intentionality in Medical School Admissions in the COVID-19 Era

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In only months, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has irrevocably changed our world. Previous social norms are no longer normal. Personally, we isolate ourselves from our fellow humans as much as possible, and when we absolutely need to have contact with others, we keep a 6-foot distance while wearing masks that hide all but our yearning eyes. As health care workers, when we must cross the 6-foot social chasm, we supplement our masks with goggles and gloves for routine interactions, more elaborate protective costumes when risking exposure to body fluids. As medical educators, we teach what we can virtually and mitigate risk by arranging for students to don appropriate personal protective equipment when learning requires them to lay on hands.



In this issue of *Mayo Clinic Proceedings*, Bhatt and Bhatt highlight practical difficulties medical school applicants confront in the COVID-19 era.<sup>1</sup> We sympathize with the disruptions they face—altered MCAT schedules, restricted volunteering opportunities, closed campuses, shuttered laboratories—as the familiar route to medical school veers into uncharted territory. And yet we wish to gently challenge a tendency towards solipsism—a propensity for self-absorption—as aspiring medical students face what Bhatt and Bhatt describe as “an increased sense of stress as carefully charted paths to medical school become so utterly disrupted.”<sup>1</sup> That is, we want to remind applicants this season that they are not alone in having to deal with disruptions. As

admissions deans, we share in their struggles. We know that the future of medicine depends on our adapting assessment processes to ensure that qualified applicants continue to receive fair and just evaluations.

A recent *New York Times* Op-Ed by Frank Bruni focuses on the ideas of Jeffrey Selingo, author of the recently published *Who Gets In and Why: A Year Inside College Admissions*. Selingo calls out “application bloat,” which he defines as “the flamboyant multiplicity of clubs, causes, hobbies, and other material that applicants assemble and showcase.”<sup>2,3</sup> This bloat has also infected medical school applications. Bhatt and Bhatt note how it may be harder for candidates to demonstrate their fitness in the usual, hyperinflated ways. This may not be a bad thing. “The pandemic,” Bruni writes, “put many of those activities on hold, creating a pause in which [Selingo] believes some schools and some students will recognize the lunacy of this overkill.”<sup>2</sup> Admissions committees have the opportunity to recalibrate their criteria to emphasize quality over quantity in selecting what truly matters in building the best future doctors.

Atop the pandemic, the United States has been riven by social unrest that exploded in the aftermath of George Floyd’s death. As a nation we have been forced to face up to deep social and economic inequities that continue to restrict access to the American Dream for people of color. We know that these inequities also limit opportunities in our profession for members of many groups underrepresented in medicine, including students of color, students with disabilities, LGBTQ students, students from lower socioeconomic backgrounds, and other. These are applicants for whom “flamboyant multiplicity” may not be possible, let alone expected.

We—applicants and admissions personnel alike—are called to be flexible and

improvisatory, even while wracked with unfamiliarity and uncertainty. Nowhere is this more apparent than in the virtual environment in which we now meet one another for the first, and maybe only, time. We—applicants and admissions personnel alike—fear that remote interviews compromise getting to know applicants’ personalities and interests adequately. We—applicants and admissions personnel alike—fear that the dearth of in-person interactions with current students, faculty, and even the brick and mortar itself interferes with applicants discerning what a given school really has to offer them.

If getting into medical school is a dance, it is as if we have been perfecting our plies and jetes for the ballet recital for years, only to be told just before the performance that we will be expected to show off our jazz and hip-hop moves instead. There goes our “carefully charted” choreography out the window. Yet it’s all dance. We must all flex and improvise.

In recent years, “change management” has become key in shaping how business communities adapt to new and shifting realities. Change has always been inevitable, but both the pandemic and social unrest prompt us to manage it even more assiduously than usual. We begin with the obvious; things are different, but that doesn’t have to mean worse. We don’t want merely to figure out how to “do interviews” with technology. We want to discover ways to harness technology to help us get to know one another virtually as effectively as we used to do in person. The goal of achieving meaningful human connection must drive innovation. We must not settle for substituting something new but inferior for the old.

Online dating has been around for years, with many finding life partners in ways that were unthinkable not that long ago. As virtual meetings and telehealth visits have become commonplace and surprisingly effective, we have no reason to assume that remote interview experiences cannot be tailored to provide authentic engagement between applicants, faculty, and students. Innovative use of chat rooms and guided

video tours can supplement formal interviews. Embracing technology can facilitate staying in touch throughout the season as applicants and committees proceed with narrowing their picks.

Engagement is communication’s bedrock. It is no longer enough to say, “We’ve always been adaptable and we’ll get through this,” or, “Yes, Black lives have always mattered to us and still do.” Applicants appreciate our transparency as we honestly acknowledge the institutional racism existing within organized medicine. They want to know how our school is responding to the critical issues of our time. We must be prepared not only to profess our values but also to respond to questions about how we live them out in our teaching and patient care.

We have come to realize that our admissions committee has long prepared for this moment in a seemingly incongruous way: book club. Each admissions season for the past half-dozen years, we have collectively read a book chosen to open our minds and guide our thoughts as we sift through thousands of applications, extend invitations to hundreds of interviewees, and select applicants to receive offers of admission to the 96 MD seats in our national medical school.

We have read *Excellent Sheep*,<sup>4</sup> and tackled the reality that some premedical students have based their lives on becoming a perfect, and too often perfectly nondescript, applicant at the expense of themselves. We have come to realize we favor real people who retain their individualities and don’t just “check off boxes.” As Bhatt and Bhatt state, students this season have had “novel opportunity” to help out in “unprecedented” situations, even while potentially finding it harder to achieve excellent sheep-ness.<sup>1</sup>

We have read *Black Man in a White Coat*<sup>5</sup> in tandem with implicit bias training to help us uncover and acknowledge the biases we hold. We have read *Quiet*,<sup>6</sup> a text that encourages us to look beyond the shiny, carefully curated personas many candidates present for the thoughtful and observant introverts we believe medicine needs more of. Keeping a holistic approach always in

mind, we have sought to identify societal inequities and do what we can to address them by attracting students from groups historically blocked from medical education. *Educated*,<sup>7</sup> *Hillbilly Elegy*,<sup>8</sup> and *There Will Be No Miracles Here*<sup>9</sup> have facilitated our committee recognizing and recruiting applicants from all sorts of socioeconomic and cultural backgrounds in hopes of crafting truly diverse classes.

This season, we are reading *Caste*<sup>10</sup> as we seek to understand, identify, and remediate the ways in which hundreds of years of baked-in assumptions about who is up and who is down continue to privilege some at the expense of others. As universities like Yale and Harvard engage in ongoing legal battles over their admissions policies, we realize we must tread gingerly: the courts will not tolerate over-compensating for past wrongs by applying new power imbalances. We must consider each applicant thoughtfully as we carefully thread the needle between conflicting approaches on how best to go about assembling classes that fairly represent America's diversity.

Maybe, just maybe, the intentionality with which we have been forced to approach our admissions work in this time of COVID, social distancing, and societal unrest will foster greater justice in how we identify future physicians. Aspiring to that outcome amid a virally induced revolution is a worthy goal.

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