

MEDICAL SCHOOL ADMISSIONS AT MICHIGAN

When building each class, it's the patient of the future that's kept prominently in mind

How not to make too much of it?

In some ways, choosing who shall be admitted to a medical school is something like choosing a life partner. The decision is one of grave import, but the questions that one ought to be asking are often not clear until long after the opportunity to ask them has passed.

Upon people like Joyce Wahr, M.D. (Residency 1981), assistant dean for admissions and financial aid, and Katie Horne, admissions director, as well as the 70 U-M Medical School faculty and student members who are actively engaged in the admissions process for the School, rest the nearly unimaginable responsibilities involved in deciding who among the 5,000 or so applicants to the University of Michigan Medical School each year will be admitted for the highly coveted 170 spaces.

At its heart, building a class, medical or otherwise, is an act of somewhat mystical proportions. U-M President Lee Bollinger has often been gently chided for his references to *Richard II* in talking about affirmative action efforts at U-M. Ralph Williams, an esteemed English professor at Michigan, has cited Cicero and Petrarch in his own discussions of the tensions and paradoxes involved in deciding who shall and who shall not have the great privilege of being part of the student body of a great university.

Joyce Wahr, in her own mystical way, talks about the patient of the future — that somewhat indescribable individual rising out of the mists in need of healing in 2022 or 2037, that man or woman or child who will walk into a doctor's office and an

emergency room in need of caring, of compassion, of highly skilled diagnosis and treatment, and be greeted by a doctor whose entrance into the profession she made possible 10 or 20 or 30 years earlier.

Did she choose the right person?

It is this daunting question that she and all of those entrusted with building a class, applicant by applicant, ask themselves over and over again as they review applications, decide who merits an interview, and who, on the basis of the interview, shall merit an invitation to admission. And they do console themselves with the fact that about half of all students who apply for admission to a medical school in America will be admitted, that many of those who will not have the opportunity of a Michigan medical education will nevertheless be able to avail themselves of the opportunity at many other good medical schools across the nation.

But it is the patient of the future she tries most ardently to visualize. "We feel less responsibility to the individual applicant to reward them for their good deeds of the past than we do to that patient of the future," she says. "The main question, always, is how well-suited will the applicant be to help that patient? It's hard to see 10 years down the road, so part of what we're looking for is adaptability."

The building of a class comes down to a highly refined combination of hard numbers and soft-edged discussions — many, many discussions over many months, the returning to a student's file for review over and over again, maybe as many as 20 times — to create the most fortuitous group of people possible to spend four years together studying medicine. The idea is that while they will certainly learn from the faculty and from their individual experiences, they will also glean a significant portion of their medical education from one another — that the import of the composition of the class itself in the educational process cannot be underestimated.

President Bollinger, who himself was one of the featured speakers at a symposium on diversity in the health professions at the National Academy of Sciences in Washington, D.C., in March, says he is "very impressed by the longstanding commitment of

Photo: Bill Wood



Joyce Wahr

medical schools to a diversified student body," and by the "forceful and eloquent" way in which Jordan Cohen, M.D., president of the Association of American Medical Colleges, has spoken to the issue.

Ed Baker, a 30-something Detroit-born father of two who sold automotive products for Dupont before deciding that academic medicine was his calling, and who just completed his first year of medical school at Michigan, is the personification of that richness of diversity that ensures that interactions among students will be as life-expanding as possible. And interact he

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— Joyce Wahr

does. "My first year has been very much a group experience," he says. "If one person fails, it's like the whole class fails. We all need each other. If I can help you with histo, then maybe you can help me with microbiology. The biggest learning occurs when you're teaching, and we teach each other all the time."

learning will be really important for the rest of their career; they'll be teaching each other for the entirety of their medical lives." Suresh Rangarajan from San Francisco, who also recently completed his M1 year, agrees. "I'm continually inspired by my fellow students and the learning environment. I feel part of a connected community that offers endless support throughout the entire medical education process, and I cherish the fact that each day we are all moving closer — together — to becoming skilled and compassionate physicians."

Baker's words are music to Wahr's ears. "We tell the students again and again," she says, "that collaborative

Joyce Wahr has headed the Admissions Committee for three years, but she served on it for nine years before that, working closely with former head Paul Gikas, M.D., professor emeritus of pathology who earned his M.D. at Michigan in 1954. Wahr, an anesthesiologist who met her husband, internist Dennis Wahr, M.D. (Residency 1981), when she came to U-M as a surgery intern in 1978, now spends about a third of her professional life on administrative duties. She is unabashedly enthusiastic about those responsibilities. "There are certain things you just love to do in life," she says. "They help you stay in touch with why you went to medical school, the idealism, the ability to

listen." In conversation Wahr conveys a spirit of adventure that may owe something to her unusual childhood experiences in the Belgian Congo (now Democratic Republic of the Congo) where her father, also a physician, pursued an interest in tropical medicine.

The idealism that fuels Wahr's work is something she seeks in applicants. "We're always looking for people who see medicine as a calling," she says. "The thing I fear most is bringing people in who, in five or eight years, will be angry with their patients and the demands that medicine has put on them. I want to be sure they really get it, that they know medicine is more like *ER* than *Marcus Welby*, that there will be the 2 a.m. calls, that your kids will be waiting for you on the edge of the soccer field as it grows dark because you were supposed to pick them up 45 minutes earlier and got detained by a patient. We want to feel reassured that we're choosing applicants who will enjoy medicine all their lives. How do you put that down on paper?"

Wahr's approach is active and hands-on. She interviews more applicants than anyone else on the 70-member Admissions Committee (50 faculty, 20 students) and she feels she knows each of the 600 interview candidates pretty well by the time the process is completed each year, a process which includes many intense discussions with Associate Dean of Student Programs Rachel Glick (M.D. 1984) as well.

The complex role of medicine in modern society does not make the responsibility of choosing who will and will not be selected to become the next generation of physicians and medical scientists an easy one. The training of physicians suggests difficult philosophical and economic questions: What will society require from its health care practitioners 10, 20 or 30 years from now? What kinds of populations will they serve? Which health services will be in demand? How many physicians will be needed to deliver them? Who will pay the bills? How can financial compensation ever be fairly measured for health, for quality of life, for life itself?

Predictions of need by demographers also guide choices. Right now population trends suggest strong future needs in geriatrics, primary care and clinician-scientists. ➤

Photo: Gregory Fox



Ed Baker with wife Gloria and their two sons, Miles and Ed Baker III

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For Katie Horne and her staff, all thoughts of the philosophical underpinnings of medical school admissions must be interwoven with the monumental task of physically working their way through the 5,000 applications that arrive in the mail each year and paring them down eventually to the 600 applicants who will be interviewed for the ultimate 170 spots. It is a whittling job of major

proportions that begins with trying to figure out who seems to have already demonstrated an affinity for science and medicine. "Science grades and MCAT scores are important," she says, "as is some exposure to the health field. We like knowing that students have some sense of what they're getting into, that they have good reasons for choosing medicine."

Horne herself is acutely aware of what she describes as the "many little agonies" in the process. "We know how stressful it is," she says. "I do a lot of counseling." Horne, who worked in academic programs in the School of Nursing for 15 years before coming to the Medical School nine years ago, tries for the personal touches that will keep anxiety levels to manageable proportions. This year she initiated a Web site allowing each applicant to track his or her application through the various stages of the process. "We answer the phones personally and I'm available to everyone by e-mail," she notes.

Beyond processing applications, Horne spends a good deal of time on the larger picture, gathering information to assess the latest trends in medical education and health care, always looking to refine the

selection process to build the best class possible. Always cognizant of developments in medical science and the evolution of the traditional bedside physician into a new 21st-century model, Horne and her staff remind themselves, though, that medicine without the human touch is not medicine at all. Interviewers rely on a highly tuned sixth sense to sniff out applicants with character or personality issues that might not lend themselves to a field where compassion and a sense of one's own humanity are critical. "It's not a perfect process," Horne says with a sigh.

Being part of the culture of the Midwest is also a plus to Michigan's students, she's convinced. She's always pleased by the fact that residency directors across the nation consistently rank Michigan students right up near

the top. "Students leave Michigan with a strong work ethic," she says. "They want to get the job done; there's no whining. Part of it has to do with Michigan's midwesternness, its friendliness, the collegiality we work to foster. When these students arrive for their residencies, they're ready to work on the wards."

Chethan Gangireddy, from Gaithersburg, Maryland, another student who recently completed his M1 year, reinforces the importance that comes from his outstanding classmates at Michigan. "There is a real sense here that community matters. It is abundantly clear in the constant feedback we share with the faculty, in the openness of our interactions with each other, and in our relationship with the community around us. U-M has amazing opportunities for students to experience medicine clinically, through research, and even in conjunction with other graduate disciplines, but the distinguishing factor here is, without question, the people."

Paul Gikas, who graduated from the Medical School nearly a half-century ago, remembers that admissions to medical school were just as competitive in his day, with U.S. military veterans trying to get into medical school under the G.I. Bill. But the makeup of the classes has, of course, changed dramatically. There were, he recalls, seven women and two African Americans in his class of 166. Feminism and underrepresented minorities were concepts that had not yet entered the society's vocabulary, much less its consciousness, in the 1950s.

Today women applicants have achieved parity in most U.S. medical schools, and it is a rare patient who thinks all women in white walking down hospital corridors are nurses. U-M's current first-year class is 58 percent male and 42 percent female, closely reflecting the national profile at other medical schools. Minorities are still a work in progress, with Michigan now having an underrepresented minority population of about 14 percent, a number they have worked hard to achieve.

Katie Horne



Photo: Bill Wood

"The top minority students are heavily recruited by many schools," notes Rachel Glick. "Through programs like our Summer Science Academy and HOPE, we're trying to interest more young people in science and medicine." The Summer Science Academy brings minority high school students to the Medical School for two weeks of study; the Health Occupations Partners in Education (HOPE), funded by grants from the AAMC, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation, is a partnership program between the University of Michigan and the Ypsilanti Public Schools to promote interest and success in health science careers among middle school and high school students.

As for the benefits of diversity, in a medical school class and in the field of medicine itself, David Corteville from Rochester, Michigan, who will begin his second year at U-M in the fall, says, "I am still in awe of the passion and abilities of my classmates and what different walks of life they all come from. The amazing and diverse student body here provides me with essential insights when discussing the cultural and ethical aspects of medicine."

For Joyce Wahr and her colleagues, the agonies and plain hard work of building a class each year are more than compensated for by the quality of the students they keep getting. "It's astonishing how good the applicants are," she says. "The thing I keep telling people my age is that they're all going to be well taken care of when they're old!"

No matter how hard they try, Wahr and her colleagues know that the process is an inexact one, and that while many, even most, of the students they choose will be hugely successful in their endeavors in medicine, others will not. But as each new class dons their white coats for the first time every August, all those involved with the admissions process are cheered by their knowledge that all 170 were carefully chosen, that the measures to which they were held were sound and true, and that always, the loftiest goals of medicine were brought to bear upon their selection. [m](#)



Rachel Glick

The Admissions Process at Michigan: Building the Class of Tomorrow's M.D.s

Nationally, over 38,500 men and women vied for the 16,856 spots in medical schools across the U.S. and Canada last year. (Because of multiple submissions, applications totaled 454,380.)* The numbers below summarize the dedication of the faculty and students engaged in the admissions process and the geographic and academic breadth of the class.

Applications received and reviewed	4,928
Applicants interviewed	606 (12%)
Admissions Committee members	70 (50 faculty; 20 students)
Total Interview Hours	900
Class size	171
Mean GPA	3.6 (out of 4)
Mean MCAT score	11.1 (out of 15)
Students from the state of Michigan	93 (54%)
Other states with largest numbers of accepted students	California, 17; Illinois, 9; Ohio, 7; New York and Maryland, 6 each
Total states represented in class	24
Students with undergraduate degrees from U-M	68 (40%)
Students from other colleges with largest numbers of accepted students	Michigan State, 7; Harvard, 6; Stanford, 5; U-C Berkeley and University of Washington, 4 each; Northwestern, Notre Dame, UCLA, Swarthmore, Cornell, and Johns Hopkins, 3 each

Total undergraduate colleges represented in class	61
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Undergraduate Fields of Study

Biology and related fields	55%
Humanities	14%
Chemistry and Biochemistry	13%
Other science and math fields	11%
Engineering fields	4%
Business and economics	2%
Dentistry	1%

Advanced Degrees

Five students have M.S. degrees in a public health field

Five students have M.S. degrees in another field

Two have D.D.S. degrees

One has a J.D.

One has a Ph.D. in Genetics

*Source: American Medical Colleges Data Warehouse

A Look Back

on a Sometimes Quirky Process

by Jane Myers and Danielle Turner

Retired New England pediatrician Ruth Appleton Bell (M.D. 1946) still remembers clearly the Friday in June 1946 when she received a telephone call from Dean Albert Furstenberg's rather stern secretary, Vera Cummings. "She told me the dean wanted to meet with me the following Monday," Bell relates. "I knew I was going to graduate, but being told by Vera Cummings that you had to meet with the dean was still a scary prospect. My friends and I spent the weekend trying to figure out what it meant."

As it turned out, the dean had a personal question to pose to the new M.D., who was one of only four women in her class. He wanted to know if his daughter Nancy's desire to become a physician should be encouraged or not. "I told him I'd had a wonderful time in medical school as a woman, and that there was no reason Nancy shouldn't become a doctor," Bell recalls. "I did suggest that she go elsewhere so as not to have her father as the dean." (Nancy Furstenberg did become a doctor, and she did go to another school, the University of Wisconsin, to earn her medical degree.)

Furstenberg, now living in Ann Arbor, herself remembers her father feeling uneasy about educating women to be physicians, but having a dedication to diversity unusual for the era. "My father was much in favor of admitting minorities," she says, "and he actively championed the admission of Jewish students."

Such was not the case when Max Karl Newman applied to Michigan. Newman (M.D. 1934), of Bloomfield Hills, who with his family recently established the Newman Family Professorship in Radiation Oncology, has vivid memories of his own admissions interview in the late 1920s when then Dean Hugh Cabot told him that, despite his shining academic record, he would not be admitted to Michigan because "we don't need any more of your kind." Newman patiently waited for the appointment of Frederick Novy to the deanship in 1930, reapplied and was accepted.

In the absence of standards and written admissions policies, human quiriness did play a significant role in who was chosen for admission and who was rejected. "Vera Cummings and my mother both helped with admissions," Nancy Furstenberg recalls. "My mother's compensation for her services was a mink coat my dad bought for her."

In the mid-1950s the School established its first admissions committee, which attempted to judge applicants in a more objective way. Robert Lovell (M.D. 1944, Residency 1950), then assistant dean of admissions, was one of four members on that first committee. "I think our prejudices neutralized each other's," he remembers. "In the required personal interview, we looked to see if the applicant was friendly and sincere." Except for a student's previous academic record, though, there was little standardized information to use in making decisions. "The Medical College Admissions Test was still new enough that it could not yet serve as a predictor of success in medical school," Lovell says. "A poor MCAT score did not cause us to disqualify a student for admission on those grounds."

At Michigan, as at other medical schools across the country, social and cultural changes, always evolving, have, over the years, strongly influenced both those seeking medical careers and the admissions criteria used to judge their likely success and satisfaction as medical professionals. The widely publicized legal challenges now facing the larger University offer dramatic proof of the intense emotions and complex judicial considerations that even today are helping to define admissions practices across America. [m](#)

Undergraduate Opportunities in Research Help Prepare Students Interested in Medicine

Now in its 12th year, the popular and highly successful Undergraduate Research Opportunity Program (UROP) was begun to give first- and second-year undergraduates a chance to work one-on-one with faculty in research partnerships. Today more than 600 faculty researchers work with approximately 900 students on individualized projects, and a special effort is being made to welcome underrepresented minority students and women students into the sciences. All the U-M's schools and colleges participate in UROP, so students can choose from a wide range of research topics. The success of the program has led to its expansion to include students in their junior and senior years as well. UROP also manages several summer research fellowship programs designed to provide undergraduate students with an in-depth, independent research opportunity.

For students interested in medicine, UROP has provided a valuable means of allowing students to see and be a part of medical research "up close," and to gain a much more acute sense of their own affinity for the field and the talents they have, or don't have, that may lead them to future success and satisfaction in the field.

More information about Michigan's Undergraduate Research Opportunity Program can be found at:

<http://www.umich.edu/~urop/students/uropoverview.html> [m](#)