

# Musings About Medical School: Could I Get in Today?

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As I greeted the 224 members of the class of 2009, I amused on my own experience in the forty years since I began medical school as a member of the University of British Columbia (UBC) class of 1969.

A great many words appear in the literature about the attributes of the good doctor. You will recognize them: honest, respectful, team player, competent, smart, kind, empathetic, collaborative, professional, a communicator, a leader with integrity, and (take a quick breath) a teacher and researcher. This caring, nurturing, ethical person uses resources efficiently and is culturally sensitive, accountable, trustworthy, and socially responsible.

As a long-time clinical obstetrician and gynaecologist recently charged with selecting students for the UBC medical undergraduate program, I have tried, with some difficulty, to assume a more academic approach. Can't do it. I will revert to my more normal self and consider a clinical, commonsense approach.

I look around me and consider who and what was important to me as I learned and grew into what I think was a pretty good doctor. Who were my mentors, my role models? What did I learn during those didactic sessions? What by experience? Coming from an arts background, I know that I learned a great deal from lectures and notes and books. Today's students generally come in having the basic science knowledge and use it in problem-based cases to link to the clinical. They learn from one another. So did we. I recall terrific cooperation between my peers, as medical students and later as residents, when we prepared for the MD or the fellowship exams. I can name my mentors and role models. I hope incoming students will be able to do the same.

Female medical students in the sixties had few role models. The Federation of Medical Women provincial branch welcomed us, fed us, and showed us how it could be done. We never would have considered starting a family; indeed, most of us were not married. There was the occasional accident before the lecture on contraception, and those women were well supported by the class. Behaviour we now recognize as unprofessional was accepted as flirtation and the norm. What would now be considered sexual harassment was not talked about as there was no recourse.

Today the majority of applicants, accepted students, and graduates are women. There are women (although sometimes not many) in every specialty and a slowly increasing number of women in academic, research, and administrative leadership roles. Few women are deans or department heads. The practice of medicine is becoming "feminized," which has its advantages and disadvantages in the delivery of health care for a growing aging population.

While searching for the ideal medical students, we try to evaluate the qualities we anticipate will make them good doctors. At UBC, we give equal weight to their academic qualities (must make sure they are smart enough) and non-academic qualities (must make sure they are real people and not just nerds). I think this is good. We all know of colleagues who were far from the brightest in the class but who became the best doctors. How do we determine the genuine person? Cynicism and reality have made me aware that some applicants have experts write their essays and that some do volunteer work only to pad their applications in an attempt to get into our still prestigious profession. They are on their best behaviour and presentation at the interviews, not unlike our children when they were at other people's homes.

My musings lead to no answers. For every class admitted to every medical school in Canada, there are likely two equally qualified classes of disappointed, and perhaps less lucky,

students. We can only do our best as there is no perfect method for choosing them.

Could I get in? Probably not. My academic achievements were negligible. Non-academic achievements were not measured objectively in those days, but I must have been seen as a real person in the eyes of the Associate Dean in 1965.

As I muse further, as other guest editors have done,<sup>1</sup> or consider sentiments beautifully expressed by Janet Bradley in

her essay “Middle-aged Musings on Retirement,”<sup>2</sup> I say “thank you” for letting me in. I am ever grateful for being a member of this privileged profession.

## **REFERENCES**

1. Taylor P. Is there life after gynaecology? *J Obstet Gynaecol Can* 2005;27:757.
2. Bradley J. Middle-aged musings on retirement. In: Shields C, Anderson M, eds. *Dropped Threads, What We Aren't Told*. Toronto: Vintage Canada;2001.