INTRODUCTION:

Increasingly admission to medical school is being understood as an inequitable process. Data suggests that students who come from high income families, or families with medical backgrounds, are more likely to matriculate to medical schools. Nearly 60% of medical graduates come from the top quintile income bracket [1] [2] and a fifth of medical students have a physician in the family [3] [2]. Wealthier applicants are more likely to have prestigious experiences [2] and applicants who have physicians in their family tend to have less educational debt. Additionally, these applicants are accepted despite having higher rates of non-science undergraduate degrees [3], while lower income students are more likely to be working while in school to help support their families [1]. However, medical schools are increasingly recognizing the importance of a diverse student body and professional population, often citing that students from disadvantaged backgrounds are more likely to work in underserved areas in need of physicians [1] [4].

Nonetheless, medical schools require that students demonstrate a history of academic excellence in the form of high grade point averages and scores on entry exams, such as the Medical College Admissions Test. This can be difficult to achieve for students who are studying and working to support their families while taking classes or for students who do not have the thousands of dollars needed for MCAT preparation courses and private tutors. Furthermore, medical schools require many other supplemental activities to demonstrate a student's leadership skills, community involvement and participation in research. Finally, medical schools require that applicants demonstrate adequate exposure to clinical medicine and are able to present letters of recommendation from members of the medical community that endorse the applicant's preparedness and enthusiasm for the profession.

However, these experiences are not uniformly available to undergraduate pre-med students. While community service experiences can be widely accessed by most individuals through their neighborhood, church or campus, and research opportunities are often present at an applicant's undergraduate institution, acquiring clinical experience can be much more difficult. Though disadvantaged students have expressed a keen desire for meaningful exposure to health careers and mentorship [5], as clinical shadowing can afford, options are often limited. Low level medical jobs, like Nurse Assisting and Medical Assisting, require additional costly vocational training and entry level wages are significantly less than one could make in other service industries while meaningful medically related volunteer opportunities can be overly burdened by lengthy application processes and long waiting lists.

Shadowing opportunities also present many barriers, including cumbersome regulations around patient confidentiality that make gaining access to hospital physicians difficult [6]. A Google search will reveal that both Kaplan and the Association of American Medical Colleges recommend that students start by asking their family and friends for connections to community physicians or asking their own family doctor for shadowing opportunities [7] [8]. Of course, these suggestions are not feasible for those who lack physicians in their communities or a primary family doctor, which is the case for many disadvantaged students.

While disadvantaged pre-med students have difficulty finding adequate clinical experiences, many under-resourced older people are struggling to navigate their