scores in the middle third (495–504) increased diversity and that they progressed through their academic program at rates similar to those in the upper third. Because the difference in academic progress varies by 3%–5% between students with MCAT scores in the middle and the upper third (defined by 4- and 5-year graduation rates on the old MCAT and on-time progress year 1 to 2 on the new MCAT), “prestige” is forcing many of our top-ranked medical schools into the bottom quartile for diversity.3

If COVID-19 redefines our social contract, it should also prompt us to reconsider our relationship with standardized testing. Although holistic admissions can help bridge this moment, a wholesale reconsideration of how we use the MCAT is also necessary. We should evaluate the feasibility of making the MCAT a pass/fail exam, like the United States Medical Licensing Examination Step 1. This is not an effort to eliminate the MCAT but rather to “right size” its importance. By dichotomizing the MCAT into pass/fail scoring groups, we would leave open the door to more multidimensional discussions of what our applicants offer the profession and future patients without sacrificing quality.

Until medical training becomes less reliant on multiple-choice assessments, the MCAT will remain a normative marker in medical school admissions. The question becomes: How do we use the MCAT to create the workforce we seek and not just the workforce with the “highest score?”

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Robert L. Cloutier, MD, MCR
Assistant dean for undergraduate medical education admissions, and associate professor of emergency medicine, Oregon Health & Science University School of Medicine, Portland, Oregon; cloutier@ohsu.edu.

Tracy Bursted, MD, MPH
Associate dean for undergraduate medical education, and professor of pediatrics, Oregon Health & Science University School of Medicine, Portland, Oregon.

George Mejicano, MD, MS
Senior associate dean for education, and professor of medicine, Oregon Health & Science University School of Medicine, Portland, Oregon.

Medical School Inaugural Class Faces Additional Challenges Due to COVID–19 Distancing Restrictions

To the Editor: In the fall of 2020, I started my first year in medical school as part of the inaugural class of 30 students at the University of Houston School of Medicine. A new medical school faces many challenges, including developing a culture, establishing student support systems, and building relationships between students and faculty. However, when the COVID-19 pandemic hit, social distancing requirements severely hampered efforts to build relationships with classmates and create a supportive culture.

In Houston, Texas, the COVID-19 threat level was high at the start of the school year, and the county recommended only leaving the house for essential activities. All classes, apart from the anatomy lab, were moved online. As a result, my interaction with classmates was rare and primarily focused on the anatomy lab. Gatherings and group study sessions were discouraged to help prevent the spread of the virus.

The few classmates I had contact with shared my feeling of forced isolation that resulted due to the distancing requirements. We could sense there was limited trust in one another, so we created a group chat that included all 30 students to help build personal connections. Through this chat, we organized a beginner’s Spanish class and a summer book club that we renewed for the winter break. Additionally, video conferencing enabled us to meet virtually and still read body language and facial expressions; we even became comfortable joking with each other. Through these interactions, we bonded as a class, which has helped to form a more supportive and cooperative school culture.

My relationships with professors have also been slow to develop due to online-only classes. I could not stay after class or drop into a professor’s office just to talk. Professors were available by appointment, but most students, myself included, were hesitant to schedule an appointment simply to chat. However, to help form these relationships, each student was paired with a faculty mentor to help guide them through common pitfalls of their first year. My mentor has not only offered academic guidance but has also provided support and direction, including encouragement to write this letter.

Regardless of the circumstances, the first semester for a new medical school is always challenging. The pandemic has made it even harder, but small-group video conferencing, along with active relationship-building efforts, and faculty mentorship, have proven to be effective tools in bridging connections between students, as well as between students and faculty. This support system, though atypical, has been crucial to develop the perseverance and creative solutions required for success. At the start of the semester, I was concerned how to make meaningful connections in this environment. But after completing the first semester, despite my initial apprehension, I had formed close relationships with classmates and faculty.

Acknowledgments: The author thanks Dr. Olivera Nesic-Taylor for her encouragement to share his experience, as well as her guidance and support while writing this piece.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

David Jacobson
First-year medical student, inaugural class, University of Houston College of Medicine, Houston, Texas; dbjacobs@cougarnet.uh.edu.