38,160 U.S. medical graduates in 2016 and 2017. Of 28,778 respondents, 48.6% were female, 5.2% identified as LGB. Most identified as White, 20.7% Asian, 5.1% as Black/African American, 8.5% Hispanic/Latinx, and 0.3% American Indian/Alaskan Native/Native Hawaiian or Pacific Islander (AIAN-NHOPI).

Over a third (36.8%) of Black/African American students reported a lack of faculty respect for diversity compared with 14.4% of White students—a 3-fold higher odds of perceived lack of respect (OR, 3.24; 95% CI, 2.86–3.66) after adjusting for other demographics and covariates. AIAN-NHOPI (OR, 1.73; 95% CI, 1.03–2.92), Asian (OR, 1.62; 95% CI, 1.49–1.75), and Hispanic/Latinx (OR, 1.43; 95% CI, 1.26–1.75) students also had higher odds compared with White students, as did female compared with male students (OR, 1.17; 95% CI, 1.10–1.25), LGB (OR, 1.96; 95% CI, 1.74–2.22), and “unknown” sexual orientation (OR, 1.79; 95% CI, 1.29–2.47) compared with heterosexual students.

Discussion: Over 1 in 6 medical students in our sample reported that faculty lacked respect for diversity. Medical students who identified as racial/ethnic minorities, females, LGB, and older students had higher odds of reporting that faculty lacked respect for diversity when compared with their majority counterparts. This perceived lack of respect for diversity may manifest itself during faculty–patient interactions. Gaps in patient–provider communication perpetuate health disparities and lead to higher levels of bias toward females, LGB, and racial/ethnic minority patients.2–5 Our study also raises concern that for certain subgroups, a greater prevalence of the perceived lack of faculty respect for diversity may contribute to a more negative institutional psychological climate. Our findings support prior literature that negative faculty behavior contributes to the hidden curriculum.1

Significance: This study’s findings highlight the need for medical schools, accrediting bodies, and leaders in academia to reaffirm their approach to creating an inclusive environment for all students. Students from marginalized groups disproportionately reported a lack of respect for diversity among faculty, which has important implications for patient care, the learning environment, and the wellbeing of trainees.

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References


The Impact of Socioeconomic Factors on Medical School Acceptance Rates

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Purpose: Seventy-five percent of medical students in the United States hail from families in the top 2 income quintiles as defined by the U.S. Census Bureau, while 5% of medical students represent the bottom quintile.1 Analyses to identify potential barriers contributing to this staggering socioeconomic disparity among our future medical workforce are sparse. Characterization of the exacerbating factors and potential bottlenecks along the premedical pipeline can help inform crucial steps toward initiatives to increase representation of medical school matriculants from all socioeconomic backgrounds. This study examined U.S. medical school acceptance rates across familial income and parental education levels and identified applicant factors predictive of medical school acceptance.

Approach/Methods: The American Medical College Application Service (AMCAS) collects the highest level of parental education and childhood family income for every applicant. De-identified AMCAS data were obtained for all medical school applicants from 2014 to 2019 and included the following applicant characteristics: science and nonscience GPA, Medical College Admission Test (MCAT) 2015 score, age, parental education, family income, race/ethnicity, and the number of medical school
Results/Outcomes: AMCAS data from 312,898 applicants were analyzed. Of the total, 34.3% (107,396/312,898) were low-income and 19.3% (60,328/312,898) were first-generation applicants. The overall acceptance rate over the study period was 42.3%. Low-income applicants and first-generation applicants’ acceptance rates were 36.0% (38,674/107,396) and 32.7% (19,701/60,328), respectively. On univariate analysis, acceptance was negatively associated with both family income (OR: 0.602; P < .001; CI: 0.592, 0.612) and parental education (OR: 0.581; P < .001; CI: 0.570, 0.592). On multivariate analysis, among those with MCAT2015 scores (n = 142,961), medical school acceptance was most affected by average science GPA (OR: 6.63; P < .001; CI: 6.345, 6.918), underrepresented in medicine (UIM) identity (OR: 5.119; P < .001; CI: 4.923, 5.323), and MCAT score (OR: 1.186; P < .001; CI: 1.184, 1.189). Low-income status (OR: 0.968; P < .05; CI: 0.938, 0.999) was negatively associated with acceptance; however, first-generation status (OR: 0.994; P = .758) was not significantly associated with acceptance.

Discussion: These results reveal that first-generation and low-income medical school applicants have a markedly lower rate of acceptance than the general applicant population. Furthermore, both first-generation and low-income status are significantly negatively associated with medical school acceptance. This effect is mediated by UIM identity and GPA and MCAT metrics. Notably, UIM identity status had a significant effect size in predicting medical school acceptance, which is potentially reflective of beneficial race-conscious admissions practices. Furthermore, the miniscule effect size of first-generation college status and low-income status serves as evidence that disadvantaged backgrounds are not widely considered among admission practices as recommended by the Liaison Committee on Medical Education (LCME) Standard on Diversity. Additionally, one study’s analysis of group differences in scores on the latest version of the MCAT revealed disparities in scores and use of preparatory materials depending on an applicant attending a school with more or fewer resources. Therefore, first-generation college and low-income applicants’ relatively poorer acceptance rates may be mitigated by early academic support and access to cost-prohibitive MCAT preparatory materials.

Significance: First-generation college and low-income applicants experience lower medical school acceptance rates, but high grades and test scores mediate the effect, in combination with UIM status. These applicant populations require increased support and mentorship to achieve proportional representation among medical students.

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