

TEN TIPS TO COUNSEL UNSUCCESSFUL MEDICAL SCHOOL APPLICANTS

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1. **Expect more than one meeting** with these students—help them understand that remedying an unsuccessful application is a process rather than a patch or quick trick of magic.
2. If needed, **help them mourn before you switch to strategizing mode**--be prepared to listen and watch for both verbal and non-verbal cues of where students are in their coming to terms with the fact that their application efforts were not successful. Give them time to heal their wounds so that they can *hear* your advice, but be sure to schedule a follow up visit if they are not ready to start taking action when they first come to see you.
3. **Clarify students' expectations** for scheduling an appointment with you—are they contemplating a career change, or are they determined to reapply to medical school (perhaps even abroad), or did they come to see you because they have not made a decision yet?
4. For the purpose of this presentation, we will **focus on students who decide to reapply** to medical school. However, if the students are thinking about a career change and pursuing another field, minimally recommend self-assessment (including career interest and inventory tools), career exploration, and networking in order to both expand and narrow down their options. Depending on your role and office structure, don't be afraid to refer them to other colleagues on campus as necessary.
5. If you don't already know all the details, **get the whole picture of the students' application portfolio**—academic profile, extracurricular activities, timing of application, schools targeted, interview received, state of residency, etc.
6. **Gauge students' own assessment of the weaknesses in their application.** Help students understand that it is imperative to identify and address the areas for improvement in their application before reapplying. Gently challenge unrealistic self-evaluations. Debunk the myth of, "If I reapply right away, it will show how committed I am."
7. If students are determined to reapply to medical school, first and foremost, **recommend a consultation with the medical schools** where they had applied. Not all medical schools will be receptive, but many will.
8. **Watch out for students who come in with some sort of preconceived notion of what they are going to do in the interim year while they reapply.** Students (and humans in general) tend to do more of what they are good at and avoid the areas in which they need to grow. Introduce the notion that, for some students, waiting a year before reapplying would be more beneficial than reapplying immediately. Be prepared for resistance to this suggestion; however, be aware of possible undisclosed hurdles (i.e., financial constraints, family circumstances, etc.) that can be in a student's way, no matter how much you would like for them to follow your recommended course of action.
9. **Be on the look out for the self-saboteur.** Every year a number of students will consciously or unconsciously procrastinate their application to the point of sabotaging their own efforts. Probe for potential parental pressures or difficulties with accepting the fact that they changed their mind about pursuing a career in medicine. Remember that the old adage of, "You should do what makes you happy" may not be within a particular student's value system!
10. Depending on the circumstances, **discuss DO options** for a new application cycle, assuming that the students had not applied to osteopathic medical schools the first time. Challenge the students to learn more about the osteopathic medical profession through readings, shadowing, etc. before they come back to see you. Be prepared to debunk some myths and preconceived notions. Again, depending on the individual circumstances, **discuss the feasibility of attending a foreign medical school.** Encourage students to *learn* more about various programs and be *informed consumers*.

COMMON REASONS FOR REJECTION

The most common reasons why some individuals fail to gain admission to medical school are:

1. Too many applications from other competitive applicants
2. Poor academic record (GPA--especially science GPA, MCAT or both)
3. Insufficient clinical exposure and inadequate demonstration of a sustained interest in medicine
4. Unconvincing or problematic performance at the interview
5. Incomplete, late or sloppy application (non-compelling personal statement, generic or even unsupportive letters of reference, scarce extracurricular activities, late submission, etc.)

STRATEGIES

1. Too many applications from other competitive applicants. On any given year, some applicants fail to gain admission to medical school not necessarily because of something that was intrinsically wrong with their candidacy, but rather because they were practically indistinguishable from other qualified applicants, or because they submitted their application a little late in the process. These are individuals who obtained several interview offers but ended up being waitlisted at a number of schools. These are individuals who would only need a little help to tip the scale in their favor the next time they apply. They are applicants who, depending on their specific circumstances, could greatly benefit from a more timely application in the next round, along with an application year spent engaging in research, providing community service, perhaps taking some additional science-related courses on a non-degree seeking basis, and/or obtaining more clinical exposure. The combination of these additional life experiences along with a timely application are likely to effect better results the next time they apply.

2. Poor academic record. Then there are those whose GPA (especially the science GPA) and/or the MCAT scores are not as competitive as they could or should be. Borderline or below-average academic credentials are one of the most common reasons why applicants fail to gain admission to medical school. Usually, these are individuals who may have received secondary applications, but did not get many (if any at all) invitations for interviews. The total lack of interview offers often stems from a medical school's assessment or fear that the applicant may not be academically ready for medical school.

If applicants have a sound GPA (both cumulative and science) but lower MCAT scores, then what they need the most is a good preparation to retake the MCAT. A postbaccalaureate program or a master's level degree may not be as beneficial in this scenario as when both undergraduate grades and MCAT scores are deficient. A well-thought out plan and strategy to study for the MCAT along with any other activity of choice to demonstrate a sustained interest in medicine (research, community service, clinical exposure, etc.) would be an appropriate course of action for these individuals prior to reapplying.

As a general rule of thumb, individuals with really low science GPA could greatly benefit from enrichment programs like those offered at the postbaccalaureate level. Some of these courses may also have an MCAT preparation component. Individuals with more borderline science GPA may enroll in science-based master's level programs as a way to boost their AMCAS GPA and demonstrate to the medical schools that they are finally ready to handle the rigors of the medical school curriculum. However, not all master's level programs are equally suited to serve the needs of these individuals. If a poor science GPA is the issue, a master's level program that does not entail core courses in the hard sciences may not fit the bill. For some students a major issue with master's level programs is their duration and cost. As hard as it may be to accept, some reapplicants could greatly benefit from waiting a year to reapply, so that their new application could reflect their performance during their first year in the two-year master's level program. *Individuals with a poor academic profile need to understand that more research and clinical exposure alone are not likely to help their case.* So, if these individuals truly want to reapply and be successful, they need to address their academic deficiencies first.

3. Insufficient clinical exposure. Every year a number of applicants are not successful in gaining admission to medical school mainly because of their limited or lack of health-related experience. Often these individuals will have difficulties in getting interviews or if and when they get one, they struggle to address their commitment to medicine because of their lack of relevant experiences to support their opinions, beliefs, and professional plans. Medical schools expect applicants to make a sincere effort to learn more about themselves and the health professions through readings, shadowing of professionals, volunteering in the community, working in clinical settings, and conducting research if at all possible. Of course, individual circumstances vary greatly. For example, in some cases, the limited health-related experience may be the result of lack of time due to financial pressures to work or other family responsibilities. Or they could be the result of a recent, not thoroughly explored decision to attend medical school. Or they may even be the consequence of individuals' total immersion in their academic pursuits at the expense of other life- and character-shaping experiences. Even in those cases where the academic record is stellar, the lack of health-related experience and exposure can jeopardize the final outcome of an entire application to medical school. Individuals in this situation are advised to pursue employment in and exposure to the health field prior to reapplying. Common choices under these circumstances are service and/or employment within the healthcare arena, participation in clinical research projects, involvement with a domestic or international health-related organization, etc.

4. Unconvincing performance at the interview. A small number of individuals may get several interview offers but end up being waitlisted or worst, rejected, at those schools. This could be the case when individuals "look good on paper" but then do not manage to market themselves adequately in person. Common reasons for these scenarios range from candidates coming across as particularly introverted during the interview, or too arrogant, or too naïve, or somewhat unpleasant. Other times, reasons for rejection range from the medical school questioning a candidate's level of maturity and commitment to the medical field, to simply not having enough compelling reasons to favor this candidate over some others. Additional academic pursuits are usually of little help to these individuals. More hands-on and life experiences may assist these individuals better in their maturation process, both from a personal and a professional standpoint. These experiences may help candidates in presenting themselves more successfully the next time they apply and market themselves, especially during their interviews. Specific help via self assessment, introspection exercises, videotaped practice interviews, and participation in select leadership opportunities to enhance interpersonal skills and stretch their boundaries and perspectives may prove beneficial, along with a sustained involvement in volunteer or work experiences in health-related settings.

5. Incomplete, late or sloppy applications. Usually incomplete, late or sloppy applications will prevent a candidate's file from going very far. If a file is incomplete, it may never come up for review (missing MCAT, letters of reference, application fee, etc.). If applications are filed late, they will have to be that much stronger to compel an admission officer to bring them to the top of the pile when the entering class is already half or almost totally subscribed. Sloppy applications with carelessly-written personal essays, or letters of reference that do not exemplify any effort to establish a meaningful relationship with the writer--just to name a few common culprits--may have trouble in rising to the top of the applications' pile. Sloppy and incomplete applications can also signal arrogance (applicants not taking the process seriously); lack of commitment (not being invested in the process); or disorganization (not having done one's homework). In an arena as competitive as the medical school application process, even little things count and medical school admissions officers are very likely to favor an application that does not present similar flaws as they have so many applications to choose from. Depending on individual circumstances, a more timely application, a well-thought out personal statement and new and more supportive letters of reference may effect a better outcome in the next application cycle. However, procrastination, disorganization, apathy, etc. could be potential red flags for these individuals' suitability and commitment to the medical profession--something that would definitely be worth discussing before engaging in a new application cycle.

Disclaimer: The above categorizations are obvious generalizations. There is no 100% guaranteed recipe or prescription when counseling unsuccessful medical school applicants, not to mention that each applicant's circumstances are unique and advisors' and offices' philosophies and approaches are different. ☺