Supporting First-Generation Medical Students—Improving Learning Environments for All

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The American Association of Medical Colleges (AAMC) has called to increase diversity within medical school classes, and research has shown that medical student and physician diversity is correlated with improved educational experiences and health care. Encouraging and supporting students who may not have initially considered a career as a physician to enter medical school is a meaningful way to diversify the physician workforce, ensure a robust learning environment for all, and improve patient outcomes. First-generation (FG) medical students, as defined by the Higher Education Act, are students whose parents did not obtain a bachelor’s degree or higher. FG medical students are more likely to be older, from racial and ethnic groups historically underrepresented in medicine (eg, Black, Indigenous, and Latinx), and from families with lower total parental income.

Understanding the experiences of FG medical students informs the support needed to help them successfully progress through medical school to residency. Havemann and colleagues provide insight into challenges FG medical students experience during medical school and provide suggestions to improve support. In this study, qualitative interviews of 37 students from 27 medical schools recruited through a medical student listserv dedicated to the FG community led to emergence of 4 prominent themes. Themes included (1) “isolation and exclusion” related to the hidden curriculum and experience as a so-called newcomer to medicine, (2) “resource insecurity for educational and basic resources (eg, food, rent, transportation),” (3) “lack of faculty or institutional support,” and (4) a constant “sense of needing to rely on grit and resilience to survive.”

Havemann and colleagues correctly question the overreliance on individual grit and resilience of FG medical students. The authors’ findings of FG medical students experiencing a constant need to rely on grit and resilience to survive adds to the findings from other research that FG students experience increased stress, physical and emotional fatigue, and lower perceived social support and are less likely to practice self-care. While grit and resilience are important individual qualities for navigating medical school, systemic interventions are required to address the disproportionate challenges FG medical students encounter navigating medical school.

Several medical schools have existing formal programs to support FG medical students. Student-centered, systems-based approaches such as the Integrated Holistic Student Affairs Model (IHSA), provide a framework to shift from deficit-oriented practices to empowering learning environments. In addition to the IHSA, Havemann and colleagues advocate for the holistic reimagining of merit to include distance traveled, advocacy, service, and mentorship. The authors additionally identify strategies for educational equity by creating a network of academic, identity, and financial resources to support FG medical students. Academic interventions include free tutoring, academic support specialists, mentorship, and “flexible policies favoring remediation.” Identity-based recommendations include “making implicit norms and expectations explicit,” and funding affinity groups. Financial interventions included increasing financial aid, increasing counseling resources, and ameliorating frequent curricular and extracurricular costs.

One limitation in the paper by Haveman et al that warrants further attention is the lack of distinction of experiences between FG and low-income medical students. Institutions often merge these 2 groups. While it might be true that many of the experiences of the FG medical students overlap with those of low-income medical students, further examination is needed to differentiate these 2 groups to understand their unique needs. An additional concern in this study is the definition...
of FG. While Haveman and colleagues\(^2\) use the Higher Education Act FG definition, others use the AAMC’s definition of FG students as those whose parents have not earned an associate’s degree or higher.\(^3\) The field will benefit from an agreed-upon definition for specificity of the experiences and needs of this group. The AAMC created an indicator for students to self-identify as FG on the American Medical Colleges Application Service (AMCAS)\(^1\,^4\); thus, using the AAMC FG definition can be beneficial for data sharing and comparisons from matriculation to graduation and beyond. Despite these limitations, the findings of Haveman et al\(^2\) contribute to further understanding the needs of and strategies to support FG medical students. The focus on the flexible implementation of holistic systems-based interventions is a significant contribution toward equitable, empowering learning environments.

**ARTICLE INFORMATION**


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**REFERENCES**


