I don’t think I could get into medical school today. Looking at the qualifications of the entering classes of Minnesota’s medical schools and comparing them to my college record makes me think that I would have had to seek other gainful employment if the competition that exists today existed in 1970. I suppose I could sport my old-guy curmudgeon hat and say that a 1970 A was a “real” A. But I fear grade inflation, real or imagined, isn’t the whole explanation.

Despite the impressive backgrounds of today’s incoming medical students, the question of whether medical schools are choosing students with the right quiver of skills to become the kind of doctor we all want to go to still remains. No doubt they are smart and can navigate the avalanche of facts and concepts that will be dumped on them during medical school and postgraduate training. Clearly, they possess stamina, having weathered organic chemistry, biology and physics in college, and having run the gauntlet of the medical school application process, sometimes two or three times. This should prepare them for the long hours of residency and medical practice. And they are children of the digital age, growing up when computers were as much a part of life as toothbrushes. So they should be ready for today’s technology-heavy medicine. Yet these characteristics don’t guarantee burn-out-free survival in medicine.

Tomorrow’s doctors need to leave their competitive, A-centric striving at their medical school graduation and embrace the cooperative nature of medical practice today. After the luster of grades fades, the care of patients must offer its own reward, one in which getting an A is harder to define. Few are the doctors who strike out to form their own practice. Most physicians today are not “in charge” and must rely on a team to help them get the job done. In most practices, the thrill of seeing unusual cases will happen less frequently than during training, and more of a physician’s time will get eaten up by fulfilling quality standards. In the future, doctors will need to resist the sucking emotional vortex that the Scylla and Charybdis of endless computer clicks and questionnaire completion can exert and have the maturity and insight to see the broader picture of what they do for patients.

Medical schools are taking more mature students than in the past, and the student who stays on the academic track from college to medical school to residency is becoming the exception. By gaining life experiences before going to medical school, students hopefully will keep their focus on the big picture. And that means that long after you have forgotten your GPA and MCAT scores, your main duty is to listen to your patients, know your patients, and care for and about your patients.

So I don’t know whether I could get into medical school today, but I do know that I would join the 52,000 students who tried. I would survive organic chemistry, the MCAT, the application process and residency call just so I could have the privilege of shutting the exam room door, sitting down and saying, “So what’s going on with you today?”

Charles Meyer can be reached at charles.073@gmail.com.