

A BRIDGE2MD FIELD GUIDE

# The Undergraduate Years, Semester by Semester

Getting in was half the job. This is a field guide to the other half: the four years between the acceptance and medical school, the places strong students come apart out of view, and what watching them well looks like. For BS/MD students and regular premeds both.

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## THE THESIS

## Half the job remains, and no one is watching

Everything a family buys, reads, and worries about on this path points at getting in. This guide is about what that leaves out.

The day your student is accepted, an industry's worth of attention ends. What begins is four years that decide whether the promise gets kept: whether a guaranteed BS/MD seat survives its conditions, whether a regular premed builds a foundation that keeps medicine open, and whether the student who finally puts on a white coat is still whole when they do.

A BS/MD seat is conditional, and the conditions live in the continuation requirements: a GPA line to hold, often a separate science-GPA line, required courses in sequence, professionalism standards, and in some programs an MCAT threshold written into the agreement. These are keep-the-seat terms. They are not what it took to get admitted, and they are not the bar traditional applicants face. They are a third thing, specific to each program, and families routinely learn them late. A regular premed has no written conditions and so faces something harsher: nothing is reserved, and the same four years must build the case from zero.

Here is the pattern I keep at the center of this whole guide, from years of advising undergraduates inside a BS/MD program and from practicing medicine since. When a strong admitted student gets into real trouble, it is almost never intellect. It is a transition failure that happens early and surfaces late, months later, dressed up as a GPA number or a professionalism note. The struggle underneath came first: the study system that stopped working, the loneliness nobody named, the help that was never asked for. By the time it reaches a transcript, everyone treats the symptom. The students who get saved are the ones where someone saw the root.

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Which is the answer to the question this guide's title implies. What these four years need is not another tutor and not another application coach. They need a person who knows the path and the person, watching semester by semester, close enough to catch the root while it is still cheap to fix. What follows is the arc, year by year, shown the way the companion guide showed the application year: a description of the stretch, then the judgment its hardest moments demand, on representative cases. The cases are fictional composites drawn from patterns I saw across many real students. They show reasoning, never outcomes.

## YEAR ONE

## The transition year

Everything that goes wrong later in an undergraduate medical path is easiest to prevent here, and hardest to see.

The first year asks a student to rebuild three systems at once: how they study, how they live, and who they are when nobody from home is watching. The application year rewarded polish. This year rewards habits, and most strong students arrive with the wrong ones, because high school never made them practice recovering from failure.

### The study system that got them here stops working

#### THE FIRST HARD MIDTERM · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A student who never earned below an A takes his first college science midterm and lands far below his own standard. He tells his parents the exam was unfair, then stops mentioning grades at all. He responds by doing more of what has always worked: longer hours, alone, the night before. He has never been to an office hour, because office hours were for students who struggled, and he has never been one.

### THE CALL I WOULD MAKE

The first bad grade is data, and the useful question is what it is data about. It is almost never ability. It is a high-school study system meeting college-level science: passive review instead of problems done cold, cramming instead of spacing, solitude instead of the course's own machinery. So the fix is a rebuilt system, installed on a weekly cadence: problems before notes, the course's problem sessions on the calendar as if they were classes, office hours with one specific question in hand, and sleep protected as part of the plan rather than the thing that gives. Just as important is saying out loud that this is the most normal event in the first year, because shame is the real compounding risk. Handled in the same month, one bad midterm is a course correction. Hidden for a semester, it becomes the GPA problem that the seat conditions eventually notice.

## "Everyone else is thriving": the trap under the surface

### THE ONLY ONE STRUGGLING · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

Six weeks in, a student has no circle she would call friends. Her roommate situation is tense in a way she has no practice addressing. Everyone around her posts well-lit evidence of belonging, and she concludes she is the only one in her class who feels this way. Her calls home get shorter. She does not tell anyone how it feels, because the seat she holds is the family's pride, and struggling would sound like ingratitude.

### THE CALL I WOULD MAKE

The first move is to name the trap, because it has a mechanism. Nearly everyone in a first-year class feels some version of not fitting in, and nearly everyone hides it, so every student is comparing their inside to everyone else's outside. The belief "I am the only one struggling" is close to statistically impossible, and hearing that from an adult who has watched hundreds of first years is often visible relief. Then the work gets concrete, because belonging is built, not found: one club chosen and attended twice, one study group, one recurring commitment with the same faces, and the roommate conversation coached in advance rather than endured. And a line I hold on to: most first-year hardship eases as a student builds structure and belonging, and when a hard stretch does not ease, that is my cue to act, not to diagnose. What it is, and what care it calls for, is for a clinician to say, never me. My job is to notice early, to tell the family, and to help connect her to the campus supports built for exactly this, counseling and student health, and to make sure the connection lands. I am not her doctor, and I am never the care myself. Noticing early and connecting well, before a hard stretch becomes a lost semester, is a large part of what watching a first year means.

## Second semester: the schedule is a strategy document

### THE SECOND-SEMESTER SCHEDULE · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

Registration opens in November, three weeks after that first midterm. The student's draft schedule stacks the two hardest required science courses, an advanced elective a professor praised him into, and a lab, because the seat is guaranteed and he wants to prove it was deserved. His parents see ambition. His first semester is not finished yet.

## THE CALL I WOULD MAKE

The schedule gets built against two documents at once: the program's continuation terms if the seat is guaranteed, or the standard premed sequence if it is not, and in both cases the student's own first-semester evidence. The required sequence continues on time, because falling behind a prescribed chain is expensive to unwind. But the total load answers the semester that just happened, not the self-image the student brought from high school. A guaranteed seat does not award points for degree of difficulty, and a GPA line does not care how impressive the transcript looks in a family conversation. One anchor course the student genuinely wants stays in, because motivation is load-bearing. The elective that exists to prove something waits a year. The pattern I am protecting against is the over-full spring that turns a recoverable autumn wobble into a year-long slide.

## YEAR TWO

## The commitments year

The second year is when the path stops being a single track. The major, the first real roles, and the standards of the profession all arrive at once.

### Choosing a major without breaking the machine

#### THE MAJOR THAT IS NOT BIOLOGY · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A sophomore in a combined program falls for anthropology. She can name the course that did it. Her parents worry the major will read as drift from medicine, or worse, break a requirement no one has checked. She is carrying the question alone, and it is costing her more than either answer would.

#### THE CALL I WOULD MAKE

First the mechanical answer, because it dissolves most of the fear: the major and the requirements are separate machines. We lay the anthropology major's plan against the program's required courses, or the premed sequence, semester by semester, and check that both fit inside four years with sane loads. Usually they do. Then the truer answer: a student who spends two more years studying what genuinely interests her, while meeting every requirement, arrives at medical school more alive than one who ground through a major chosen as protective coloring. Medicine does not need her to have majored in biology. It needs her curious and intact. And there is a check I run in this conversation that has nothing to do with courses: when a student lights up about a field this way, I make sure the medicine plan is still hers and not just momentum from a decision made at seventeen. Sometimes it takes one honest conversation in a room with no family in it to confirm the answer is yes. That conversation is part of the job.

## Floors, and the first real roles

### FIVE COMMITMENTS AND A SLIPPING LINE · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A sophomore holds a research assistantship, two club officerships, a volunteer shift, and a campus job. Each was chosen for good reasons. Together they have pushed his science GPA to within a tenth of his program's floor, the line that must be held to keep the seat and progress into the medical half. He is unwilling to drop anything, because everything on the list feels like protection.

### THE CALL I WOULD MAKE

The instinct driving the pile is application-year thinking that no longer applies: he is building a resume to defend a seat he already holds, and the very hours meant to protect the future are sinking the number that guarantees it. So the intervention is subtraction, taught as a skill. The stated priorities become the science GPA and basic health, in that order, and everything else is measured against the continuation terms and what medicine will eventually want to see: one research role with depth beats three shallow ones, one patient-facing commitment held for years beats five sampler activities. Two things go, this semester, and I would rather be the one who says so than let the floor say it in June. For a regular premed the same logic runs through what a medical school application rewards, which is depth and a protected GPA, not volume.

## Professionalism: graded, and it follows you

### THE EMAIL THAT FOLLOWS YOU · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A sophomore misses a required program meeting, then sends the coordinator a two-line email that reads, to any adult, as entitled. He thinks nothing of it. In high school, strong grades bought him slack on the rough edges. His program's handbook lists professionalism as an explicit condition of continuation, and somewhere a file has just gotten its first note.

### THE CALL I WOULD MAKE

This gets treated as seriously as a failing grade, because structurally it is one: professionalism is a graded dimension of a medical career from now until retirement, and in a conditional program it is written into the terms that keep the seat. The repair is specific. He writes a short, unprompted, non-groveling note that owns the miss and the tone without excuses, and he shows up differently afterward, because one good email repairs nothing on its own. Then we do the real work, which is installing the standard before the next slip: obligations are commitments, not suggestions, and every message to faculty or staff is written as if it will be read aloud in a promotions meeting someday, because one day a version of it may be. Students hear this from me differently than from a parent. From a parent it sounds like manners. From a physician who has watched professionalism notes compound into hearings and real concerns about dismissal from a program, it sounds like what it is.

## YEAR THREE

## The proving year

Third year is when the path asks for evidence: research with the student's name on it, summers that mean something, and, where the agreement requires it, a score.

### The summer everyone else seems to have planned

THE EMPTY SUMMER · A REPRESENTATIVE CASE,  
FICTIONAL COMPOSITE

It is March of junior year and a premed has no summer plan. Her group chats and her feed are full of classmates announcing research fellowships, global health trips, and internships with impressive names attached. What she has is a lifeguarding offer from the pool where she has worked before, a professor whose class she loved but has never asked anything of, and a hardening conviction that she is already behind and that anything she picks now is too small to matter.

### THE CALL I WOULD MAKE

The first move is to take apart the word big, because it is doing all the damage here. A summer does not need to be impressive. It needs to do one of a small number of real jobs: deepen something she has already started, put her in real contact with patients or with work she might love, or fund her life, which is legitimate work and reads as exactly that. The announcement traffic in her feed is the first-year trap one year later: she is comparing her inside to everyone else's press release, and concluding she is the only one without a plan. She is not.

Then we build the summer from what she already has, not from a listing site. The professor she loved gets one direct, specific ask, and I would help her draft it: a role in his work, a reading project, an honest "I want to learn how this is done." The lifeguarding job stays if the money matters, without apology. And we add one patient-facing thread beside it, a few hours a week, held all summer, because continuity is what turns hours into a story. A summer that continues into the fall beats a summer that photographs well. The path does not reward big. It rewards real, held long enough to mean something.

## Study abroad against the machine

### THE SEMESTER AWAY · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A junior in a combined program wants a semester abroad, the one experience she has wanted since before medicine. Her required course sequence, her program's residency expectations, and the lab she would leave for five months all have opinions. The program's written terms neither clearly allow nor clearly forbid it, and nobody in her family wants to be the one who asks the program and hears no.

### THE CALL I WOULD MAKE

We ask the program, in writing, early, and I help her frame the question so it arrives as a plan rather than a plea: which term, which courses transfer against which requirements, how the sequence completes on time, what stays warm in the lab. Programs say yes to plans and no to vibes, and asking early is itself read as professionalism. If the machine genuinely cannot fit a full semester, we look at the honest substitutes, a summer program or a shorter term, before giving the wish up. What I am protecting here is not just the requirement chain. Four years that contain nothing but requirement-keeping produce exactly the burnt, narrow student the white coat does not need. If the experience matters to who she is, it is worth engineering for, inside the rules, with the asks made like an adult. That sentence is most of what I teach juniors.

## The clause with a number in it

### THE MCAT CLAUSE · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

A junior's program guarantees his medical school seat provided he meets the conditions in his agreement, one of which is an MCAT score at or above a threshold the program names. It is March of third year. He has no date, no plan, and a sentence he repeats to his parents: the seat is guaranteed, so the test is a formality.

## THE CALL I WOULD MAKE

We read the clause together, out loud, because the sentence he is repeating is a misreading with a deadline. In a program with an MCAT condition, the threshold is a keep-the-seat term, not the traditional-applicant gauntlet: he is not competing with the national pool, but the number in his agreement is as binding as the GPA line, and missing it is one of the cleaner ways a guaranteed seat ends. So the fantasy retires today and a real plan replaces it: a diagnostic test now to locate the gap, a prep calendar built backward from a chosen date with margin for one retake inside the program's timeline, and the study-system lessons from first year applied to an exam that punishes cramming worse than any course ever did. The students who get hurt by this clause are rarely the ones who could not clear it. They are the ones who noticed it in senior year.

## YEAR FOUR

## The bridge

The last year is two different years depending on the path, and one job regardless: arrive at medical school with the conditions met and the person intact.

### TWO SENIORS, ONE BRIDGE · A REPRESENTATIVE CASE, FICTIONAL COMPOSITE

One senior holds a conditional seat and a checklist: final courses in the required sequence, the GPA line that must still be standing in June, any last paperwork and, in her program, a matriculation meeting she keeps deferring because it feels like a formality. Another senior is a regular premed mid-application: secondaries stacking up, interview travel against a course load, and a spring that will end in decisions she cannot control. Both of them describe themselves, in the same week, as almost done.

### THE CALL I WOULD MAKE

Almost done is the most dangerous month of the path, because vigilance falls exactly when the last conditions are still live. For the conditional seat, senior spring is run off the agreement, not off the vibe: every remaining requirement listed with its date, the GPA math done honestly for the final term so nothing is left to a rounding error, and every scheduled program touchpoint treated as load-bearing, because a missed formality at this stage reads as a professionalism signal. For the applying premed, the job is triage and steadiness: protect the transcript first because it is still being written, batch the secondaries, rehearse interviews with the same specificity the application-year guide demanded, and hold the family to honest expectations about a process that is now partly out of everyone's hands. For both, I watch the same underneath thing I watched in year one: a student running on fumes toward a finish line is a student who can still come apart in April. Finishing whole is a condition too. It is just the one no agreement writes down.

And then it is done. A student walks into a medical school having kept every condition, or having earned the seat the long way, and the four years this guide describes become the foundation everything clinical gets built on. The ones who arrive whole are rarely the ones who had no hard semesters. They are the ones whose hard semesters were seen early, by someone who knew what they were looking at.

## THE CLOSE

## The physician who stays

Every pattern in this guide has the same two ingredients: a moment that was cheap to fix, and the absence of anyone positioned to see it.

Parents are the hardest watchers to be, through no fault of their own. The student protects them from worry, and the distance hides everything that matters until a transcript announces it. Campus advising and campus services are real, and I point students into them constantly. But advising offices carry caseloads in the hundreds, the contact depends on the student walking in, and the same office often administers the very continuation terms the student is afraid to say out loud. Counseling activates when a student walks through the door, and the students in this guide are precisely the ones who do not walk through doors. The missing piece is a person the student will talk to, who knows this path from inside, and who checks in monthly whether or not anything looks wrong yet.

That is The Private Dean: a monthly check-in with your student, semester by semester, from me personally. I went through a combined program as a student, I served inside that same program as an Assistant Dean advising undergraduates through every year this guide covers, and I practice medicine today. It is for students in BS/MD programs and for regular premeds alike, because the years are the same years. It works because I am not the one the student is protecting: they will say things to a physician who has sat in their seat that they will not say at home. The ground rules are set with your student on day one: they always know what goes home, and nothing sensitive travels without their knowledge. Between check-ins your student can email me, and when something cannot wait a month, we get on a call. And if your student turns out to need more than this, that is a real conversation we have together, as a family, about what the right support is. It is not medical care and not

therapy, and when your student needs those, my job is to say so early and connect them to the right clinicians. The price is on the page: \$3,000 per semester, decided twice a year, for as long as it helps and no longer.

This guide is free because the knowledge was never the scarce thing. The scarce thing is the watching: a person your student will talk to, who knows what they are looking at, checking in month after month whether or not anything looks wrong yet. Some families can be that watcher themselves, with this guide in hand. If you would rather not be the only one, or you read one of these patterns and saw your student, the door is at [bridge2md.com/the-private-dean](https://bridge2md.com/the-private-dean). A conversation costs nothing, and if it is not the right fit, I will tell you.