

**Key Foundations for Developing Educationally Effective and
Legally Sound Access and Diversity Policies**

**AAMC Professional Development Conference for
Medical School Admissions Officers**

Materials for Breakout Sessions (Session IV)

June 22, 2007

Mission and Related Policy Statements

College of Medicine A: College of Medicine A strives to graduate physicians of the highest quality. The College has a tradition of training outstanding clinicians committed to the delivery of excellent patient care, training leaders in biomedical research and promoting careers in academic medicine. The College provides the opportunity to achieve diverse goals in medicine. Regardless of the professional role chosen, a graduate from College of Medicine A is expected to have a strong sense of commitment to serving his/her community, to adhere to high ethical standards, and to be sensitive to individual, cultural, and ethnic differences that exist in society.

- **Admissions Policy, pp. 3-5**
- **Access and Diversity Policy, pp. 10-11**

School of Medicine B: It is the mission of the School of Medicine to enhance human health through programs of excellence in education, research, health care and public service to the larger community including underserved populations. In achieving these goals, School of Medicine B seeks to establish an educational environment that challenges its students to strive for academic excellence and fosters the development of compassion, humanism, professionalism, and cultural competence in the care of patients from their first days in the classroom to their final rotation in the hospitals and clinics. A fundamental priority throughout School of Medicine B is to enable each student to fulfill his or her potential as a human being and as a health care professional while effectively meeting the health-related needs of the multiple communities he or she will serve.

- **Admissions Policy, p. 6**
- **Access and Diversity Policy, pp. 11-12**

Medical School C: Medical School C accepts only state residents; highly qualified WICHE applicants and Native Americans who reside on reservations contiguous with the state of X. In evaluating applicants the Admissions Committee considers many factors including the entire academic record, performance on the MCAT, the applicant's personal statement, interviews and letters of recommendation. Applicants are chosen on the basis of their career goals, motivation, academic ability, integrity, maturity, altruism, communication skills and leadership abilities. Clinical, research or community service experience is viewed favorably. The Admissions Committee strives to accept a student body with diverse backgrounds in order to best meet the medical needs of the people of the state of X. Priority consideration is given to applicants who demonstrate a willingness to practice in medically underserved areas of the state of X. Priority consideration will be given to applicants who demonstrate a willingness to practice in medically underserved areas of the state. No preference is given to any particular type of undergraduate major. Since many of the patients who receive care at the School C's Health Sciences Center and its affiliated clinics and hospitals speak Spanish as their primary language, it would be useful for Medical School C's students to be conversant in Spanish.

- **Admissions Policy, pp. 6-9**

Admissions Policies

College of Medicine A: The admissions process will select those applicants who have demonstrated an ability to excel in a rigorous academic program and who present evidence of significant academic and personal achievement. The accepted student is expected to have acquired a firm understanding of the sciences preparatory for the study of medicine and be knowledgeable of the basic social, cultural and behavioral factors that influence individuals, families and communities. In addition, the accepted student is expected to have acquired effective learning, communication and problem solving skills.

All students are expected to act as professionals and to be responsible for themselves and their own behavior and actions. Professional behavior would include such things as completing promptly all assignments and responsibilities attendant to the diagnosis and care of patients, showing up for all required experiences on time and prepared, and completing all assignments on time. Candidates will continually demonstrate integrity, honesty, caring, fairness, respect for others and self, empathy, maturity, dedication and the ability to distinguish and practice confidentiality. Working with others in an effective, mature and sensitive manner with all members of the medical community, healthcare teams and medical school community is required. Candidates are expected to make an effort to understand prejudices and preconceptions that might affect the patient, medical community or collegial relationships; especially in the areas of race and ethnicity, gender, disability, sexual orientation, age, and religious differences.

It is the goal of the College of Medicine to provide an environment that will facilitate success in medical school. Although each entering student has impressive credentials, we realize each student is unique and individual needs may vary; therefore, we encourage you to contact the Office of Student Affairs if you have any questions. The Admissions and Graduation Standards and the Essential Technical and Health Standards will be periodically reviewed and modifications will reflect the changing medical education curriculum and educational environment.

Essential Technical and Health Standards

A. Technical Standards

In addition to the acquisition of the appropriate knowledge in the sciences and the humanities, the faculty of the College of Medicine agree that the successful medical student should demonstrate the following skills and technical standards. Qualified students with documented disabilities are provided with reasonable accommodations and the determination of whether an applicant or current student meets the technical standards will be done on an individual, case by case basis utilizing the existing College of Medicine procedures. Technological compensation can be made for some disabilities in some of the technical areas, but a candidate should be able to perform in a reasonably independent manner without a trained intermediary or auxiliary aid. The use of a trained intermediary by a candidate means that a candidate's judgment must be mediated by someone else's power of selection, observation, perception or cognitive support. For instance, relying on an intermediary to perform physical exams for a student with a severe physical disability is not acceptable and would alter the fundamental nature of the medical programs. Accommodation may involve an auxiliary aid but none that substitute for an essential technical skill or supplements clinical and ethical judgment. Candidates must be free of, and not dependant on, illicit drugs.

COGNITIVE ABILITY

The candidate must demonstrate the ability to assimilate large amounts of detailed information, integrate that information and be capable of utilizing it for problem solving. He/she must be able to process information and demonstrate the ability to reason, comprehend, measure, calculate, analyze, memorize, organize, and synthesize complex information. In order to appreciate experiences in the laboratory and clinical settings, the candidate must perceive and understand visual spatial relationship structures and three dimensional relationships.

COMMUNICATION SKILLS

The candidate must be able to demonstrate and use (in English) the knowledge acquired during the medical education process to elicit, convey, clarify and transmit information (both in oral and written form) effectively, accurately, efficiently and sensitively to patients, their families and other members of the health care team. Candidates must be able to communicate with patients in order to elicit information regarding mood, activity and posture and perceive nonverbal communication. Communication and transmission of information includes reading, writing, hearing and speech. For example, candidates must be able to present legible, accurate and skillful information in oral and written form to a preceptor, professor, teammate, patients, families and other members of the health care team. Candidates must also be able to effectively and efficiently participate in sometimes fast paced small group discussions/interactions and in patient care settings where clinical decisions may depend on rapid communication.

BEHAVIORAL AND SOCIAL SKILLS

The candidate must possess the emotional stability and the maturity necessary to interact with others in a responsible manner, to use sound judgment and to use ethical and clinical reasoning. The ability to make decisions appropriate to the care of patients; to function in a stressful and demanding environment; to adapt to new and changing situations and to cope with ambiguity is essential to the development and performance of future physicians. The candidate must be prompt in completion of all responsibilities in attendant to the diagnosis and care of patients.

The possession of human relations skills is equally important. The candidate should demonstrate compassion, empathy, a caring attitude, tolerance, an acceptance of differences, personal generosity toward others, thoughtfulness and a general concern and respect for other individuals.

PHYSICAL CAPABILITY

The medical education process is both demanding and challenging. The candidate must have sufficient emotional and physical stamina to acquire the knowledge and skills required in the classroom, to perform the duties in the basic science laboratories, to participate in activities on clinical rotations, to tolerate physically and mentally taxing workloads and function independently, competently and effectively under stress. The candidate must be able to complete the curriculum within the maximum time period specified by the faculty.

MOTOR COORDINATION AND SENSORY SKILLS

Sufficient motor function, tactile ability and sensory abilities are required to attend and participate effectively in all classroom, laboratories, conferences, clinical settings, and activities that are part of the curriculum. Candidates must be able to respond to emergency situations in a timely manner. Candidate must be able to perform CPR, airway management (both endotracheal

ventilation and mask/bag), nasogastric tube, placement of intravenous and foley catheters, simple wound repair, the application of pressure to stop bleeding and basic obstetrical procedures.

Candidates must be able to perform simple lab tests (urinalysis, pregnancy test, etc.), use a standard light microscope, ophthalmoscope, stethoscope, prepare slides and use a computer. Other essential requirements include the ability to elicit patient information, such as performing a complete physical exam that includes inspection, auscultation, palpation and percussion as well as other diagnostic maneuvers and procedures such as a venipuncture, subcutaneous injection, intramuscular injection, and PPD/skin test battery. Other required examinations include, but not limited to, neurological, gynecological, prostate, pediatric and obstetric examinations (with appropriate instruments). The candidate is also expected to execute both gross and fine muscular movements, equilibrium, and assume reasonable bodily postures required to provide a general and specific diagnosis and treatment of patients.

OBSERVATION AND SENSORY SKILLS

Through independent observation, the student must be able to acquire information in the basic medical sciences, including that obtained from demonstrations and experiential activities. For example, a candidate must be able to evaluate radiographic imaging studies and identify sub cellular structures, cells, tissues and organs on microscopic and macroscopic levels. Observation of patients necessitates the functional use of the sense of vision and the other senses. Candidates must have sufficient exteroceptive sense (touch, pain and temperature) and proprioceptive sense (pressure, position, movement, stereognosis and vibratory). A candidate must be able to observe a patient accurately from a distance and close at hand. Candidates must not lack any of the senses to the point that they cannot recognize normal versus abnormal and can not acquire or perceive sufficient factual material to accurately assess a patient's health status.

B. Patient Health and Safety Standards

Criminal Background Check

Not only is the review of applicant character and conduct as a citizen an important consideration for the student entering medical school, but it also impacts possible future licensure as a practicing physician, concerns the safety and well-being of patients and has implications for liability issues affecting the medical school and affiliated clinical facilities. A criminal background check for medical school students is a standard affiliation agreement and requirement with the College of Medicine clinical training sites, especially in pediatrics (a required third year clerkship) and geriatrics. [Text omitted]

Immunizations

Health care providers in contact with patients, especially those with compromised immune systems, are at risk for contracting and transmitting infectious diseases. All candidates must maintain established College of Medicine immunization requirements for their own protection and the protection of their patients and the populations that they serve against preventable communicable illness. [Text omitted]

(2006)

School of Medicine B: The overall selection criteria applied throughout the admissions process to all files is summarized below:

Selection Factors:

The Admissions Committee seeks students who have demonstrated academic excellence and readiness for the profession of medicine and who will contribute to the diversity necessary to enhance the medical education of all students. Applicants are selected on the basis of demonstrated motivation for medicine, humanistic attitudes, and a realistic understanding of the role of the physician in providing excellent health care to all communities in need of care. The ideal student will demonstrate evidence of strong communication skills; altruism, empathy, personal integrity; self-appraisal and emotional maturity; and an ability to make a positive contribution to society and the profession. Attention is paid to achievements that demonstrate applicants' breadth of interests and experiences, commitment to others, and leadership among their peers and ability to contribute diverse and innovative perspectives to problem-solving in medicine and health care. Evaluation of applicants includes the academic record as demonstration of scholarship; the MCAT; recommendations from undergraduate or graduate school faculty, employers and from health care and community service experiences; experiences in health care and other settings and other volunteer commitments; and the personal interview.

Preference is given to residents of the state of X, WICHE-certified residents of two other states, MD/PhD and MD/MPH candidates, and non-resident applicants with superior achievements in academics and other related experiences. The School of Medicine Admissions Committee fully recognizes the importance of diversity in its student body and in the physician workforce in providing for effective delivery of health care. Accordingly, the School of Medicine strongly encourages applications from persons from all socioeconomic, racial, ethnic, religious, and educational backgrounds and persons from groups underrepresented in medicine. The Committee adheres to a policy of equal opportunity and non-discrimination on the basis of sex, age, race, ethnic origin, religion, disability or sexual orientation.

Medical School C: Admissions Process

The following is an overview of the admissions processes at Medical School C. Relevant information is made available to all potential applicants on our website and through the Association of American Medical Colleges (AAMC) annual publication, *Medical School Admissions Requirements*.

Prerequisites

Medical School C encourages applications from all interested students regardless of their college major. The following minimum requirements must be met by the end of the Spring Semester prior to matriculation:

1. Applicants must successfully complete at least three full years of study (90 semester hours or 135 quarter hours) at an accredited college or university, including 30 semester hours (45 quarter hours) of upper division courses. Applicants educated outside the United States must have completed at least two

full years of study (60 semester hours or 90 quarter hours) in an accredited college or university in the United States or Canada prior to application, including 30 semester hours (45 quarter hours) of upper division courses, as well as the prerequisites listed under #2. Postbaccalaureate students should have recent science courses, including upper division courses.

2. All applicants must successfully complete two full semesters (three quarters), or equivalent, in each of the following areas: general chemistry, organic chemistry, physics, general biology or zoology, and English (composition, literature). Science courses and all prerequisite courses, as above, should be graded courses (not pass/fail). However, CLEP or AP credits are acceptable for these courses.

Application Process

Applicants apply the year prior to their desired start date. All applicants must take the Medical College Admission Test (MCAT) before, but not more than three years prior to, applying. They must also complete the web-based AAMC American Medical College Application Service (AMCAS) application which is first available in early June and must be submitted by November 1. Upon receipt of the verified application from AMCAS, all applicants indicating state of X for their state residency receive a packet of supplementary forms including the University of X domicile affidavit, a statement concerning past criminal record and the Clinical Campus Preference Form. Upon receipt of the completed supplemental forms, the applicants are scheduled for interviews sometime during the period of October through January. All in-state applicants are interviewed and fully considered by the Admissions Committee. WICHE applicants are prescreened for academic standing by the chairperson of the Admissions Committee and the Sr. Associate Dean for Admissions and Student Affairs.

All applicants receive two interviews: the first is with a faculty member in the Medical School C and the second is with a practicing community physician in designated cities within the state. Each interview is 40-50 minutes in length and the interviewers are asked to assess the personal qualities of the applicant as listed in the Admissions Statement (below). The interviewers are given no prior information about the applicants. The Interview Summary Form (see appendix) elicits comments relevant to the applicants' character, communications skills, leadership ability, strengths and weaknesses and ends with a ranking from Outstanding to Major Risks.

Each applicant is required to submit three letters of recommendation from individuals who know the applicants well and can attest to their qualifications for medical school. Applicants are encouraged to submit letters from professionals involved in their clinical, research or community service experiences. Applicants who submit a composite preprofessional committee letter from their school may submit two additional letters of recommendation.

Admissions Committee

The Admissions Committee consists of 13 members: four clinical science faculty members, four basic science faculty members, four student members (two first year students and two second year students) and a chairperson. Faculty members are elected by the General Faculty and student members will be selected by the Medical Student Government. The term of service is 3 years for faculty and 2 years for students. The chairperson is elected by the committee members from among those faculty who are serving the final year of their term. Upon election, this faculty member will serve as chair for two additional years. In addition to chairing the meetings, the chairperson oversees the work of the subcommittees and may make recommendations to subcommittees about applications. The chairperson is a voting member of

the committee. The Associate Dean for Admissions serves as staff to the committee and is not a voting member.

The Admissions Committee is divided into four subcommittees, each consisting of a clinical science faculty member, a basic science faculty member and a student member. Each subcommittee is assigned a quarter of the applicant pool for review. Subcommittee members review their assigned applications starting in December. Subcommittees meet as needed to decide which applicants to recommend to the full committee for acceptance. Full committee meetings start in late January and continue once per week to completion (usually early March). A quorum is eight members. Anyone on the committee with significant personal knowledge of an applicant recuses themselves from any discussion and decision regarding that applicant. A two-thirds majority affirmative vote of the members present is necessary for an applicant to be accepted. When the committee has selected the number of applicants equivalent to the entering class size and an appropriate number of alternates (usually 40-54), the remaining applications are considered for rejection *en bloc*. The committee rank orders the alternates.

The criteria for acceptance are summarized in our Admissions Statement [see above]

Non-cognitive factors are the most important aspects of an application evaluated by our admissions committee members. They attempt to assess an applicant's character in all parts of the AMCAS application, particularly the Personal Statement and Experiences Section. The interviewers are asked to elicit information on all aspects of the applicants' character and are specifically asked to comment on motivation, altruism, maturity, communication skills, leaderships skills and outside interests. The interview summaries are important additional information about the non-cognitive factors considered by the reviewers. Finally, we strongly recommend that applicants submit letters from professionals that know them well and can attest to their fitness for medicine and they are encouraged to include letters from their clinical, research or community service experiences.

Acceptances are mailed to applicants in three batches: late January, mid-February and early March. All applicants are informed of their status in March. Final acceptance for enrollment is contingent upon continued satisfactory academic performance and completion of required course work by the end of the Spring Semester. As accepted applicants choose to attend other medical schools, alternates are offered acceptances according to their rank order positions.

The first 110 accepted applicants receive their first choice of clinical campus assignment as stated on the form they submitted with the supplemental materials. As each alternate is offered a position in the class, they are generally assigned to the campus where we need students. The exceptions are those applicants who provide a compelling reason for assignment to a particular campus (i.e., they need to stay at the campus closest to their immediate family). An applicant's preference for clinical campus assignment does not enter into consideration of their application.

Technical Standards

In compliance with the American with Disabilities Act, all accepted applicants are asked to fill out a Technical Standards Affidavit which asks them if they can, with or without reasonable accommodations, meet the following technical standards:

1. Observation. Independently, the student must be able to observe a patient accurately. A student must be able to integrate all information received by whatever sense(s) employed.

2. Communication. A student must be able to communicate effectively, sensitively, and rapidly with patients and members of the health care team. A student must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications.
3. Motor Coordination. Students must be able to elicit independently information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A student must be able safely to execute motor movements reasonably required to provide general care and emergency treatment to patients.
4. Intellect. A student must be able to problem solve rapidly. This critical skill demanded of physicians requires the ability to learn and reason, and to integrate, analyze, and synthesize data concurrently in a multi-task setting. In addition, the student should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
5. Behavioral and Social Attributes. Students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities. They must be able to adapt to change, to display flexibility and learn to function in the face of uncertainties and stressful situations. The student must possess empathy, integrity, and concern for others.

All applicants to Medical School C shall be presumed to be able to complete successfully the technical standards set forth above. Upon receipt of an offer of acceptance, each successful applicant will be required to file an affidavit with Medical School C that attests to the applicant's ability to complete those technical standards successfully with or without reasonable accommodations. Requests for accommodations will be considered by a Medical School C committee, in accordance with the Americans With Disabilities Act, prior to the applicant's matriculation into the class, as set forth in full in Medical School C's Technical Standards Advisory Committee Procedural Policies.

Access and Diversity Statements

College of Medicine A: For over thirty years the American Association of Medical Colleges used the term Under Represented Minorities (URM) to refer to individuals who are African American, Native American, Mainland Puerto Rican, or Mexican American¹. The term URM is now used to identify those ethnic groups that have a lower percentage represented in medical school enrollment than the population at large. The College of Medicine, for admissions purposes, will continue using the same four URM categories because these groups continue to be under represented. As of the fall 2005 Fourteen Day Enrollment Report the College of Medicine had a total URM student population of 9%. In the latest U.S. population census the ethnic groups the College of Medicine has identified as URM constituted 23% percent of the U.S. population.

A diverse student body is a compelling interest for the College of Medicine, since it is essential to our students and our educational mission. Based on testimony from experts the court in Grutter² cited evidence of several benefits of a diverse student body.

Diversity:

- Promotes cross-racial understanding;
- Better prepares students for an increasingly diverse workforce and society; and
- Helps to breakdown racial stereotypes.

Several benefits derived from diversity include the enhancement of student cultural sensitivity and cultural competency;³ improving access to health care for vulnerable populations; and reducing racial and ethnic disparities in health-care treatment and outcomes. During the admissions process diversity may be considered, a factor among many, since physicians of color are more likely to serve communities of color,⁴ and the other benefits outlined above

During each part the admissions process each file will be reviewed as an individual application. The Admissions process includes such things as requests for a supplemental application, granting of an interview, interview evaluation, admissions offer and/or placement on the alternate list. Diversity during the admissions process does not mean only racial or ethnic status, but may also include, but not limited to, rural students, students who are considering medicine as a second career and extensive community service. Each file is reviewed on an individual basis and the College of Medicine has a single admissions process (for BS/MD, MD, MD/Ph.D. and Transfer). The College of Medicine will not have a specific number or percentage of seats reserved (or interviews) for students of diversity.

The goal of taking diversity into consideration will continue to occur until the percentage of the URM representation in the general population is equal to the enrollment at the College of

¹ AAMC. Discussion Document and Alternative Policy Option: Review of the Definition of "Underepresentated Minorities", 2002. Web Document AAMC website

² Grutter v. Bollinger, et al S.CT.2325,2340 (2003)

³ "Cultural Competence-An Essential Hybrid for Delivering High Quality Care in the 1990's and Beyond," R.J. Lavizzo-Mourey, and E. MacKenzie, *Transactions of the American Clinical and Climatological Association*, 1995. 107:p.226-35;discussion 236-7.

⁴ "The Role of Black and Hispanic Physicians in Providing Health Care for the Underserved Populations," M.Komaromy, et al., *New England Journal of Medicine*, 1996. 334(20):p.1305-10

Medicine. The Office of Admissions and the various Admissions Committees will continue to look at and take into consideration a variety of characteristics when reviewing applications, interviewing and making admissions decisions. Every three years the Office of Admissions office will review the current policy on diversity rational to make needed changes and to see if the goals have been met. As in years past during the three year time period the Office of Admissions will continue to explore and seek race neutral alternatives in the admissions process.

(2005)

School of Medicine B: Integration of Diversity Consideration In The Admissions Process:

The School of Medicine, Office of Admissions gives priority consideration to those individuals that are in our mission-based groups. Those groups are defined as follows:

Residents of the state of X, WICHE-certified residents of [two other states], MD/PhD and MD/MPH candidates, and non-resident applicants with superior achievements in academics and other related experiences. The School of Medicine Admissions Committee fully recognizes the importance of diversity in its student body and in the physician workforce in providing for effective delivery of health care. Accordingly, the School of Medicine strongly encourages applications from persons from all socioeconomic, racial, ethnic, religious, and educational backgrounds and persons from groups underrepresented in medicine. The Committee adheres to a policy of equal opportunity and non-discrimination on the basis of sex, age, race, ethnic origin, religion, disability or sexual orientation.

In accordance with the School of Medicine's Mission Statement and identified mission-based groups, the Office of Admissions integrates the issue of assessing diversity in the following way:

Every file that is received through AMCAS, goes through an initial prescreening process. Included in this evaluation phase is a determination of whether or not an applicant is to receive a secondary application. This is based on a review of the applicant's academic record, eligible MCAT(s) and United States citizenship or permanent resident status. If they meet all qualifiers then they are sent a secondary application packet notice. At this point it is determined whether they meet a mission-based group based on their state of legal residence and academic and MCAT record. The secondary application cover page alerts applicants to the fact that preference is given to the above-mentioned mission-based groups.

Upon receipt of the applicant's completed secondary application, the Office of Admissions staff can then determine whether the applicant is applying to a combined degree program (i.e. MD/PhD, MD/MPH) based on their submission of the MD secondary application and subsequent combined degree application addendum(s).

If it is determined that the applicant does not meet another of our mission-based groups (i.e. state resident, WICHE, MD/PhD, MD/MPH or non-resident applicant with superior achievements in academics and other related experiences) then the file is holistically reviewed to determine whether or not the applicant is to be considered for diversity status.

Diversity status is based on a holistic review of the applicant's overall file including the AMCAS and secondary applications. Criteria include but are not limited to the following:

- Self-described disadvantaged status on AMCAS application.

- Size of the principal city or town they lived in during childhood (\leq age 18).
- Highest level of education achieved by his/her mother.
- Highest level of education achieved by his/her father.
- High school or college enrollment in a program to promote or enhance diversity in the health professions, science, or related careers.
- Degree of economic, educational, ethnic/cultural and family adversity faced while growing up.
- Primary racial or ethnic identification.

The first identifier listed above is determined through the AMCAS application while the others are through an optional supplemental information section on the secondary application. Within this supplemental section applicants are informed of the following: "To enable us to achieve our goal for diversity we request that you answer the following questions. This information is being requested on a voluntary basis. Responding to the questions will allow these factors to be considered in the admissions process."

Summary:

After receipt of the completed secondary application, if an applicant is not otherwise identified in one or more of the mission-based groups, then his or her file is given a holistic review by the Office of Admissions staff and a subcommittee. The objective of this review is to determine whether or not the applicant can be considered in the mission-based group based on their diversity status.

Being placed in the diversity category puts the applicant in the mission-based group and allows them to be given the same priority consideration as all others identified within this group. At no point is an applicant within any group given an automatic interview or acceptance.