Recently, I visited a windowless room at the AAMC where a small group of people have been coming together for months to think about our medical school admissions process. The group had formed a “skunkworks” where their creativity has flowed. Known as the “Innovation Lab,” these experts believe we are finally at a point where we can measure important characteristics beyond traditional MCAT-measured cognitive skills. I left the room feeling like we’re approaching a new day in medical school admissions.

What we value and then select for during the admissions process sets the stage for the kinds of doctors we produce. For example, if we want physicians who can manage the unprecedented challenges ahead in patient care, then we must look for applicants who demonstrate the ability to adapt to changing circumstances, and the resilience to “bounce back.” If we want doctors who are deeply committed to working with underserved patient populations, then we must seek out students with a strong commitment to service and excellent interpersonal skills. And, if we want physicians who can keep up with rapidly changing science and the most current evidence base for practice, then we must identify candidates with a clear desire to learn.

Our current admissions process is in no way “broken.” However, its emphasis on cognitive factors—standardized test scores and grades—may work against students whose superlative personal attributes in dimensions such as those noted above remain “hidden.” Many students who would make excellent doctors are not extended an interview because admissions committees do not have ready opportunities to consider their broader personal characteristics before granting one. This has led the AAMC to launch a number of initiatives emphasizing the complex personal dimensions that contribute to being a good doctor. In a truly collaborative approach, a cross-section of our membership (the Group on Student Affairs, its Committee on Admissions, admissions officers, academic affairs officers, faculty, and other constituents) supported by AAMC staff have been developing additional tools to help identify competent, caring future physicians who might otherwise go unnoticed.

Research shows there is strong reason to believe that bringing this information to bear early in the process would enable admissions committees to change the mix of students in their interview pools and significantly change class composition. (According to one study, class composition could vary by as much as 15-20 percent.) Research also shows that entering classes might include larger numbers of racial and ethnic minorities. Interestingly, a number of medical schools internationally (Australia, Canada, Israel) already are using innovative tools to collect data on personal characteristics when students interview. Other schools, including a Canadian medical school as well as several U.S. graduate and baccalaureate institutions, are piloting tools to collect data on a student’s personal characteristics before the interview.

This is not to suggest in any way that the MCAT® examination is deficient. For more than 80 years, this standardized test has done an excellent job of doing exactly what it was designed to do—serve as a predictor of academic success in medical school. In fact, published research shows that the MCAT does a better job predicting first-year medical school student performance than the GRE, GMAT, and LSAT do predicting first-year performance in graduate, business, and law school, respectively. The MCAT also predicts students’ later grades, licensure exam scores, and on-time graduation. Ultimately, however, the measure of a good doctor is how he or she performs in practice.

Currently, the MCAT is undergoing its regularly scheduled multyear review by a group of experts—the MRS Committee—with additional study on ways it could report scores for a possible new assessment of personal competencies. The Innovation Lab was charged with identifying personal competencies critical to medical student and physician success. Having reviewed the literature on medical education, the ACGME competencies, as well as 2008 survey data from admissions officers and 2009 survey data from academic affairs officers, the Innovation Lab identified six such competencies: integrity and ethics; reliability and dependability; service orientation; social, interpersonal, and teamwork skills; the desire to learn; and resilience and adaptability. (See www.aamc.org/programs/mr5/video/kirch.htm.)

Additionally, the MRS Committee is looking at the possibility of including content from the behavioral and social sciences on the new exam. Its attention to behavioral and social science competencies complements the recent work of the Scientific Foundations for Future Physicians committee (a joint committee of the Howard Hughes Medical Institute and the AAMC), which discussed the expectation that premedical students enter medical school with certain competencies in the natural sciences. Already, a number of medical schools are working to change their “mix” by courting applicants with strong humanities as well as behavioral and social sciences backgrounds.

In addition to the MCAT-review, the AAMC also is developing a toolkit to help our schools gain a more complete, well-rounded picture of applicants. This effort, called holistic review, is designed to help admissions committees better capture and assess a candidate’s experiences, personal attributes, and personal pathway to becoming a doctor. We believe this effort is critical, particularly in light of a patient population that is growing, aging, and becoming increasingly diverse.

As work progresses, we will begin to study additional options, such as Web-based interviews that enable applicants (once their applications on AMCAS have been verified) to answer structured interview questions and write essays (under proctored conditions, and without traveling to the school) prior to their formal medical school interview. Another proposal is the use of standardized letters of recommendation that ask faculty, employers, and other recommenders to rate and describe applicants’ personal and academic competencies.

Given all these efforts, as members of the class of 2014 start their medical careers, our constituents and staff are striving to enhance the admissions process for future generations. For all, a new day in admissions is dawning.

Darrell G. Kirch, M.D.
AAMC President and CEO

The AAMC will launch an entirely new Web site this fall, replacing its existing static site, which has been online for nearly 15 years. While the site has evolved and improved steadily during that time, the new Web presence will represent a fundamental shift in overall look and feel, user experience, navigation, content accessibility, and underlying technology.

The multyear project began with a comprehensive study of aamc.org Web users—both professionals and students—to learn more about how they interacted with the existing site. That study yielded key findings about the site’s information architecture, search capabilities, home page structure, and more generally, what users expected from their Web experience.

Some of the more important research findings led to major changes that will be reflected in the new Web site, notably a vastly improved search engine and search interface, and the ability to better link content with related material. The new site also will enable AAMC members to log in from the home page, which will lead to a more personalized experience and will integrate members’-only content from the beginning of a Web session.

Underlying these changes is a new content management system, the first employed by the AAMC’s Web site. For site visitors, this innovation will make content easier to find, both through search and by linking related content throughout the site. The technology will enable the site to dynamically display content related to an individual user’s interests based on factors such as affiliation with professional development groups.

The association’s home page also will see a complete redesign. The new page will feature roughly double the content of the existing home page, including more graphics and a greater variety of items.

- Eric Weissman