Plans for Studying the Validity of the New MCAT Exam

Catherine Lucey
Vice Dean for Medical Education, University of California, San Francisco School of Medicine

Aaron Saguil
Associate Dean, Recruitment and Admissions, Uniformed Service University, F. Edward Hébert School of Medicine

Bob Witzburg
Associate Dean and Director of Admissions, Boston University School of Medicine

Cynthia Searcy,
Senior Director, MCAT Research and Development, AAMC

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Agenda

• Review the goals and structure of the new exam

• Report what we know so far about the predictive validity of the new exam

• Report what we know so far about academic preparation and performance on the new exam

• Describe findings about the use of MCAT scores in admissions
The new MCAT exam tests competencies in the natural and social sciences, and critical analysis and reasoning

- Biological & Biochemical Foundations of Living Systems
- Chemical & Physical Foundations of Biological Systems
- Psychological, Social, & Biological Foundations of Behavior
- Critical Analysis & Reasoning Skills
The conceptual framework for the new MCAT exam matches medical schools’ shift to competency-based curricula

• Emphasizes educational outcomes by asking examinees to apply what they’ve learned
• Increases emphasis on scientific and critical reasoning skills
• Asks examinees to think like scientists by bringing together concepts in the natural and social sciences
The conceptual framework for the new MCAT exam matches medical schools’ shift to competency-based curricula

• Asks examinees to reason about research designs and results and interpret data and draw conclusions

• Underscores the role that behavioral and sociocultural factors play in health and illness

• Organized around competencies in two expert panel reports
The MCAT Validity Committee

- Representatives from 18 medical schools
  - 17 MD-granting medical schools
    - Public and private
    - Large, medium, and small
    - Different missions
    - U.S. and Canadian
  - 1 DO-granting medical school
- 2 pre-health advisors
The MCAT validity committee will examine many important topics

- Predicting medical student performance
- Fairness/equity
- Academic preparation
- Admissions decision making
Study designs for predicting medical student performance

Local study

- 18 medical schools
- Students entering medical school in the 2015, 2016, and 2017 academic years
  - 1,743 students enrolled so far
- Collect grades, test scores, and other student outcomes from entry through graduation
Local study: Sample variables

- MCAT scores
- UGPAs
- UG selectivity

Predictors

Course-based outcomes (e.g., grades)
Comprehensive outcomes (e.g., class rank)

Local Academic Outcomes

Outcomes will be tailored to the needs and interests of participating schools.
National study

Sample

- All students entering medical school in the 2015, 2016, and 2017 academic years for all U.S. medical schools

Sample Variables

- **Predictors**
  - MCAT scores
  - UGPAs
  - UG selectivity

- **Outcomes**
  - Unimpeded progress
  - Academic difficulty
  - USMLE Step performance
  - Time to graduate
You will receive regular updates

Academic Year

2015-2016 (baseline)

2016-2017 (1st year)

2017-2018 (2nd Year)

2017 Annual Meeting

2018 Annual Meeting

2019 Annual Meeting

Reporting Schedule
Report what we know so far about the predictive validity of the new exam

Robert A. Witzburg, MD
Associate Dean and Director of Admissions
Boston University School of Medicine
Understanding how scores from the Psychological, Social, and Biological Foundations of Behavior section add value
The Psychological, Social, and Biological Foundations of Behavior section

“Health is a product of the interactions among biology, genetics, behavior, relationships, communities, cultures, and environments. Some of medicine’s most promising frontiers for improving health explore the realms of human behavior and social sciences. More and more disease states cannot be addressed without attention to the behavioral or social factors that cause them, erect barriers against treating them, or can ameliorate or even cure them.”*

*Behavioral and Social Science Foundations for Future Physicians (2011)
What are the goals of the Psychological, Social, and Biological Foundations of Behavior validity study?

- To provide early evidence about the validity of the Psychological, Social, and Biological Foundations of Behavior section in predicting academic performance in medical school in courses that teach about the behavioral and social sciences

- To share findings in time for the 2016 admissions cycle
We will address 3 questions:

1. What does the PSBB section measure?
2. What outcomes should scores from the PSBB section predict?
3. How well do PSBB scores predict those outcomes?
Question 1: What academic competencies are tested on the Psychological, Social, and Biological Foundations of Behavior section?
The Psychological, Social, and Biological Foundations of Behavior section tests competencies that lay the foundation for learning in medical school.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Building Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological, sociocultural, and biological factors influence the ways that individuals perceive, think about, and react to the world.</td>
<td>• Ways in which cognitive and perceptual processes influence students’ understanding of health and illness.</td>
</tr>
<tr>
<td>Psychological, sociocultural, and biological factors influence behavior and behavior change.</td>
<td>• Ways in which behaviors support health or increase risk for disease.</td>
</tr>
<tr>
<td>Psychological, socio-cultural, and biological factors influence the way we think about ourselves and others</td>
<td>• Ways in which perception, attitudes, and beliefs influence interactions with patients and other members of the healthcare team, as well as patient behavior.</td>
</tr>
<tr>
<td>Cultural and social differences influence well-being.</td>
<td>• Ways in which patients’ social and demographic backgrounds influence their perceptions of health and disease, the health care team, and therapeutic interventions.</td>
</tr>
<tr>
<td>Social stratification and access to resources influence well-being.</td>
<td>• Social and economic factors affecting access to care and probability of maintaining health and recovering from disease.</td>
</tr>
</tbody>
</table>
These academic competencies are building blocks for medical school

For example…

Cultural and social differences influence well-being

• Understanding social structures
• Demographic characteristics and processes

With these building blocks, medical students will be able to learn about the ways in which patients’ social and demographic backgrounds influence their perceptions of health and disease, the health care team, and therapeutic interventions.
Question 2: What academic outcomes should the Psychological, Social, and Biological Foundations of Behavior section scores predict?
Sample of courses and clerkships included in the study

<table>
<thead>
<tr>
<th>Pre-clerkship Courses in the Following Fields</th>
<th>Clerkships*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psychiatric Medicine</td>
<td>• Psychiatry</td>
</tr>
<tr>
<td>• Mind, Brain, and Behavior</td>
<td>• Neuroscience</td>
</tr>
<tr>
<td>• Brain and Behavior</td>
<td>• Internal Medicine</td>
</tr>
<tr>
<td>• Clinical Epidemiology</td>
<td>• Family Medicine</td>
</tr>
<tr>
<td>• Population Health, Disease Prevention, &amp; Health Promotion</td>
<td>• OB-GYN</td>
</tr>
<tr>
<td></td>
<td>• “Rural”</td>
</tr>
</tbody>
</table>

*Only knowledge-based aspects of performance in clerkships, not behavioral aspects of performance
Question 3: How well do scores from the Psychological, Social, and Biological Foundations of Behavior section predict student performance in medical school courses that draw on the behavioral and social sciences?
PSBB scores

Correlation

Academic Outcomes
The research design for the Psychological, Social, and Biological Foundations of Behavior validity study

- 11 medical schools
- 2,093 medical students (mostly M1 and M2 students recruited to participate)
- Participating students took a prototype version of this section in Fall 2013 (before the start of the semester)
- Participating medical schools collected students’ subsequent grades and test scores from conceptually-related courses and clerkships
Scores correlate with academic performance in three types of medical school courses

- **Foundations of Psychiatric Medicine** (7 courses): 0.41
- **Epidemiology/Public Health** (5 courses): 0.40
- **Neuroscience** (6 courses): 0.37

Medium Effect
Scores provide different information about Foundations of Psychiatric Medicine outcomes than scores from the old exam.
Scores provide different information about Epidemiology and Public Health outcomes than scores from the old exam.

- Psychological, Social, and Biological Foundations of Behavior: 0.40 (Medium Effect)
- Biological Sciences: 0.22
- Physical Sciences: 0.20
- Verbal Reasoning: 0.20

Median Correlation
Scores provide similar information about Neuroscience outcomes as did scores from the old exam.
Conclusions

Scores from the Psychological, Social, and Biological Foundations of Behavior section:

• Correlate with students’ academic performance in medical school behavioral and social sciences courses

• Provide different information than scores from the old MCAT exam about students’ readiness to learn in medical school behavioral and social sciences courses
Next steps

• This study will continue through 2016
• Future data collections will include:
  • Clerkship grades
  • NBME subject test scores
  • Step 1 and 2 CK Behavioral and Social Sciences subscores
Studying the New MCAT Exam through the Lenses of Fairness and Equity

Catherine Lucey, Vice Dean for Medical Education
University of California, San Francisco School of Medicine
Despite decades of attention, little progress has been made to eliminate health or health care disparities

• Diversifying the health professions workforce is essential to solving the complex problem of health inequities

• Optimizing diversity, inclusion, and equity in our Academic Medical Centers and Teaching Hospitals is imperative to our success in fulfilling the social contract of our profession

• Achieving this optimal culture and climate requires attention to pre-medical preparation, admission strategies, selection criteria, academic support, career advising, and residency selection
The path to becoming a physician

Pre-College Experiences
- Early environment
- Family support
- K-12 education
- Extracurricular experiences

Premedical Preparation
- # colleges attended
- Quality of instruction
- Coursework
- Extracurricular experiences

Medical School Admissions
- Holistic review
- Including MCAT
- Diverse class

Medical Education
- Family and financial support
- Academic and other support
- Culture and climate

Residency Program
- Academic and other support
- Culture and climate

Residency Selection
- Holistic review
- Including USMLE
- Diverse cohort
Fairness has many levels

- Predictive Fairness: Predicts equally well
- Procedural Fairness: Sound Use of Scores
- Societal Fairness: Equitable Opportunity
Fairness issues were front and center in designing the new exam

• Holistic Review Project Advisory Committee and MR5 committees shared members and worked in tandem

• MR5 Committee evaluated data on racial/ethnic group differences in opportunity and on the exam
Fairness issues were front and center in designing the new exam

They examined:

- Literature on racial/ethnic group differences in early environment, family structure, and K-12 education that relate to academic achievement
- Data for medical school applicants on group differences in family structure and academic preparation
- Score differences by racial/ethnic group on the MCAT and other standardized exams
Fairness issues were front and center in designing the new exam

Their research led them to address fairness broadly, in:

• Blueprint design
• Administration and scoring
• Test preparation resources
• Use of scores in admissions
Fairness played a critical role in developing test blueprints

- Test concepts widely taught at baccalaureate institutions, including minority-serving and under-resourced institutions
- Test psychology and sociology concepts like discrimination, stereotype threat, and socio-economic inequalities
- Balance the percentage of questions devoted to natural sciences concepts with the percentage devoted to behavioral and social sciences concepts and information processing
- Increase attention to population health, studies of diverse cultures, and ethics
Fairness played a critical role in test administration & scoring of new exam

• Examinees have more working time per question
• The test includes more questions per section, providing better information about examinees’ strengths and weaknesses on the exam
• The new score scales draw attention to the center of the scale and to applicants who might otherwise be overlooked
• The new score reports use confidence bands to describe measurement precision and score profiles to describe strengths and weaknesses
Access to preparation products is a fairness issue

- Collaborated w/ the Khan Academy to create over 1,100 free tutorials on exam content
- Developed no- and low-cost practice materials
- Expanded outreach to educationally- and economically-disadvantaged students and faculty at under-resourced institutions
Appropriate use of MCAT scores in admissions is a fairness issue

- Formed an MCAT Validity Committee to study the validity of the new exam overall and by group
- Developed a new user’s guide with guidance to admissions officers on score use in holistic admissions
- Developed other resources and tools for admissions committees
- At Saturday’s MCAT session, we asked admissions officers to tell us what else they needed
Report what we know so far about academic preparation and performance on the new exam

Cynthia A. Searcy, Ph.D.
Sr. Director, MCAT Research and Development
Association of American Medical Colleges
Studying performance on the new exam

Changes to test

Changes to preparation

Changes in performance
Studying performance on the new exam

- Changes to test
- Changes to preparation
- Changes in performance
Old Content Covered

- Biology
- Chemistry
- Physics
- Verbal reasoning
New
• Biochemistry
• Psychology
• Sociology

New Emphases
• Application of knowledge
• Behavioral and sociocultural aspects of health
• Latest science on information processing

Old Content Covered
• Biology
• Chemistry
• Physics
• Verbal reasoning

Broader preparation & ability to apply knowledge!
The MCAT Validity Committee will look at preparation and performance by group

- Gender
- Fee assistance recipient
- Race/ethnicity
- Socioeconomic status (parental education/occupation)
- English language proficiency
And study how examinees prepare

<table>
<thead>
<tr>
<th>Academic Preparation</th>
<th>Undergraduate Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course taking:</strong></td>
<td></td>
</tr>
<tr>
<td>• Behavioral and social sciences</td>
<td></td>
</tr>
<tr>
<td>• Biochemistry</td>
<td></td>
</tr>
<tr>
<td>• Research methods/statistics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Amount of time spent prepping</td>
<td></td>
</tr>
<tr>
<td>• Resources</td>
<td></td>
</tr>
<tr>
<td>• Barriers</td>
<td></td>
</tr>
<tr>
<td>• Who provided support</td>
<td></td>
</tr>
</tbody>
</table>
And see how well they did on:

- Total scores
- Section scores
- “Subscores”
  - Biochemistry
  - Psychology
  - Sociology
  - Higher-level scientific inquiry and reasoning skills
The findings presented in this section are based on the following data:

- Examinees
  - Intend to pursue an MD degree
  - U.S. citizen or permanent resident
- Course taking trends
  - Biochemistry, behavioral and social sciences, research methods and statistics, and commercial/university test preparation course
- MCAT scores
  - Total scores on the new exams
How did examinees prepare?
### Percentage of examinees taking behavioral and social sciences coursework who took the new vs. old MCAT exams

#### Examinees testing April-September (2015 vs. 2014)

<table>
<thead>
<tr>
<th>Courses</th>
<th>New 2015</th>
<th>Old 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory Psychology</td>
<td>81%</td>
<td>69%</td>
</tr>
<tr>
<td>Introductory Sociology</td>
<td>47%</td>
<td>31%</td>
</tr>
<tr>
<td>Other Psychology</td>
<td>36%</td>
<td>32%</td>
</tr>
<tr>
<td>Other Sociology</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Combination of Two Behavioral or Social Sciences Subject Areas</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Combination of One Natural and One Behavioral or Social Sciences Subject Areas</td>
<td>26%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Percentage of examinees taking biochemistry, research methods, and statistics coursework who took the new vs. old MCAT exams

Examinees testing April-September (2015 vs. 2014)

<table>
<thead>
<tr>
<th>Courses</th>
<th>New</th>
<th>Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biochemistry</td>
<td>78%</td>
<td>62%</td>
</tr>
<tr>
<td>Combination of Two Natural Sciences Subject Areas</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Research Methods</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Statistics</td>
<td>76%</td>
<td>71%</td>
</tr>
</tbody>
</table>

| Took an MCAT Test Preparation Course | 51% | 51% |
How well did they do?
Who showed up to take the new exam?

Examinees testing April-September (2015 vs. 2014)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Received AAMC Fee Assistance</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>46% 49%</td>
<td>21% 24%</td>
</tr>
<tr>
<td>Female</td>
<td>54% 51%</td>
<td>1% 1%</td>
</tr>
<tr>
<td>Yes</td>
<td>6% 7%</td>
<td>&lt;1% &lt;1%</td>
</tr>
<tr>
<td>No</td>
<td>94% 93%</td>
<td>1% 1%</td>
</tr>
</tbody>
</table>

- Male: 46% vs. 49%
- Female: 54% vs. 51%
- Yes: 6% vs. 7%
- No: 94% vs. 93%
- New: 49% vs. 48%
- Old: 51% vs. 52%
New MCAT total scores

MCAT total scores for exams administered April-September, 2015

Overall (mean=500; N=40,854)
New MCAT total scores

MCAT total scores for exams administered April-September, 2015

Overall (mean=500; N=40,854)

Median = 50th Percentile

Total Score

472 476 480 484 488 492 496 500 504 508 512 516 520 524 528
New MCAT total scores

MCAT total scores for exams administered April-September, 2015

Overall (mean=500; N=40,854)

25th Percentile

75th Percentile

Total Score

472 476 480 484 488 492 496 500 504 508 512 516 520 524 528
New MCAT total scores

MCAT total scores for exams administered April-September, 2015

Overall (mean=500; N=40,854)
New MCAT total scores

MCAT total scores for exams administered April-September, 2015

Overall (mean=500; N=40,854)
New MCAT total scores by gender

MCAT total scores for exams administered April-September, 2015

Female (mean=499; N=22,115)

Male (mean=502; N=18,672)
New MCAT total scores for fee assistance recipients

MCAT total scores for exams administered April-September, 2015

Did Not Receive Fee Assistance
(mean=500; N=38,222)

Received Fee Assistance
(mean=496; N=2,632)
New MCAT total scores by race/ethnicity

MCAT total scores for exams administered April-September, 2015

- White (mean=502; N=20,126)
- Black (mean=493; N=4,639)
- Hispanic (mean=495; N=5,166)
- Asian (mean=500; N=8,724)
- American Indian or Alaskan Native (mean=497; N=430)
- Native Hawaiian or Other Pacific Islander (mean=497; N=122)
Group differences on the new exam are similar to differences on the old exam

- Within each socio-demographic group, there is wide variability in MCAT total test scores, and substantial overlap in the distribution of scores across groups
- Males perform slightly better than females
- Examinees who do not receive fee assistance perform slightly better than those who do
- White and Asian examinees perform better than examinees under-represented in medicine
Group differences on the new exam

• None of the many individuals and groups who did this work sought to replicate the group differences we saw on the old exam

• But despite this and so far, differences on the new exam are similar to those on the old exam
Studying changes in preparation and performance on the new vs. old exams will help us direct resources

- Are examinees from different groups preparing in good ways for the new exam? Can we provide examinees with better information?
- Are examinees receiving good information about the new exam from their undergraduate institutions? How can we reach out to disadvantaged and nontraditional examinees?
Past and current use of MCAT scores in admissions decisions (April 2015)

Aaron Saguil, M.D., FAAFP, LTC
Associate Dean, Recruitment and Admissions,
F. Edward Hébert School of Medicine,
Uniformed Services University
Survey purpose

• Collect baseline data on the use and importance of scores from the old MCAT exam (1991 version) in medical school admissions

• Provide a solid foundation for evaluating changes in the use and importance of MCAT scores after the transition to the new exam (2015 version) is complete

Baseline survey (Spring 2015)  Follow-on evaluation survey (Spring 2017)

Admissions committees work with the new MCAT exam (July 2015 and beyond)
Survey method

• Online survey of all U.S. medical schools
• Survey was open from April to May, 2015
• Response rate was high -- 91% of medical schools responded
Survey sample: Admissions process

Applicant Pool Size
- Less than 2000: 8%
- 2000 to 5999: 23%
- 6000 to 9999: 16%
- Greater or equal to 10000: 53%

Does School Send Secondary Applications?
- Yes - to everyone: 5%
- Yes - to screened applicants only: 37%
- No: 59%
Survey sample: Acceptee pool characteristics

Acceptee Median MCAT Score

- <31: 25%
- 31-33: 26%
- 34+: 49%

Percent of URIM Accepted

- 15% or less: 12%
- 16%-30%: 25%
- 31% or greater: 62%
- Missing: 1%
Admissions committees use holistic review practices
### Academic metrics, experiences, interview results, and demographics are important for admissions decisions

<table>
<thead>
<tr>
<th>Highest Importance Ratings (≥ 3.0)</th>
<th>Academic Metrics</th>
<th>Experiences</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• UGPA: cumulative science/math</td>
<td>• Community service/volunteer: medical/clinical</td>
<td>• U.S. citizenship/permanent residency</td>
<td></td>
</tr>
<tr>
<td>• MCAT total score</td>
<td>• Community service/volunteer: not medical/clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• UGPA: Grade trend</td>
<td>• Physician shadowing/clinical observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• UGPA: Cumulative total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• GPA: cumulative total from post-bac. pre-med. program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MCAT Biological Sciences scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MCAT total score trend</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium Importance Ratings (≥ 2.5 and &lt; 3.0)</th>
<th>Academic Metrics</th>
<th>Experiences</th>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completion of pre-med. requirements</td>
<td>• Leadership</td>
<td>• Rural /urban underserved background</td>
<td></td>
</tr>
<tr>
<td>• MCAT Verbal Reasoning scores</td>
<td>• Paid employment: medical/clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• MCAT Physical Sciences scores</td>
<td>• Research/lab</td>
<td>• State residency</td>
<td></td>
</tr>
<tr>
<td>• Completion of challenging upper-level science courses</td>
<td>• Other extracurricular activities</td>
<td>• Race/ethnicity</td>
<td></td>
</tr>
<tr>
<td>• GPA: cumulative non-science/math</td>
<td>• Military service</td>
<td>• Parental education/occupation/SES</td>
<td></td>
</tr>
</tbody>
</table>
Why do admissions committees use MCAT scores in the ways that they do?

- Identify the most academically capable applicants in this year’s applicant pool: 70%
- Interpret grades from unfamiliar undergraduate institutions or community colleges: 69%
- Have adequate reading comprehension skills: 36%
- May need additional academic support: 65%
- Have the minimum amount of academic preparation needed to complete our pre-clerkship curriculum: 80%
- Will do well on the USMLE Step 1 exam: 61%
- Have the minimum amount of academic preparation needed to complete our clerkship curriculum: 26%
- Will graduate in 4 or 5 years: 48%
- Will match to a residency program: 16%
- Will match to their residency program of choice: 7%
What is the minimum MCAT score to indicate readiness for medical school with and without academic support?
Application data allow us to conclude the following:

• Admissions committees accept applicants with a wide range of MCAT scores and undergraduate GPAs, in keeping with the emphasis they report giving to experiences, attributes, and metrics.

• Applicants from groups under-represented in medicine have higher acceptance rates at all MCAT and GPA levels.

• Many medical schools’ admissions practices and acceptance decisions are mission-based.
But sometimes forces push against you
What factors place pressure on schools to select applicants with high MCAT scores? (% who indicated influential or very influential)

Survey on the Use of MCAT Scores in Medical School Admissions (2015)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. News and World Report Medical School rankings</td>
<td>25%</td>
</tr>
<tr>
<td>Publication in the MSAR</td>
<td>32%</td>
</tr>
<tr>
<td>Size of Applicant Pool</td>
<td>48%</td>
</tr>
<tr>
<td>Medical school or university administrators’ expectations for higher average MCAT scores</td>
<td>51%</td>
</tr>
<tr>
<td>Alumni expectations</td>
<td>18%</td>
</tr>
<tr>
<td>Faculty expectations</td>
<td>51%</td>
</tr>
<tr>
<td>Desire to increase USMLE Step 1 scores and/or pass rate</td>
<td>60%</td>
</tr>
<tr>
<td>Desire to increase graduation rate</td>
<td>44%</td>
</tr>
<tr>
<td>Desire for students to match to a residency program</td>
<td>56%</td>
</tr>
</tbody>
</table>
What factors place pressure on schools to select applicants with high MCAT scores? (% who indicated influential or very influential)

Survey on the Use of MCAT Scores in Medical School Admissions (2015)

- U.S. News and World Report Medical School rankings
  - Public: 17%
  - Private: 36%
- Publication in the MSAR
  - Public: 27%
  - Private: 40%
- Medical school or university administrators’ expectations for higher average MCAT scores
  - Public: 46%
  - Private: 60%
- Alumni expectations
  - Public: 16%
  - Private: 21%
What factors place pressure on schools to select applicants with high MCAT scores? (% who indicated influential or very influential)

Survey on the Use of MCAT Scores in Medical School Admissions (2015)

- Desire to increase USMLE Step 1 scores and/or pass rate: 67% (Public), 49% (Private)
- Desire to increase graduation rate: 47% (Public), 40% (Private)
- Desire for students to match to a residency program: 57% (Public), 54% (Private)

 deadline: 2015 AAMC. Not for reproduction.
Next steps

• Report complete data to you
• Refine the survey for re-administration in 2017
• Compare use of new and old exam scores in student selection
Holistic review practices provide the foundation for medical student selection.

- **Mission, Goals, Priorities**
- **Diverse Class**
- **Academics, Experiences, Personal Competencies**
If you weren’t at Saturday’s sessions, we asked what your committees need to make sense of test scores

Before you leave, take a moment to write down the kinds of information or resources that would help your admissions committees work with the new scores
Contact Us

www.aamc.org/admissions