Holistically Reviewing Medical School Applicants Using the AAMC PREview
Presenters

- Rebecca Fraser, PhD
- Christina J. Grabowski, PhD
- Charlene K. Green, PsyD
- Michelle Schmude, EdD
Disclosures
Agenda

1. Introductions
2. Learning Objectives
3. Cultural Change for the Future of Healthcare
4. PREview Background
5. School Information
6. Breakout Rooms
7. Group Discussion & Q & A
8. Future Direction
Learning Objectives

1. Understand the background of PREview and how it can be used to holistically evaluate allopathic medical school candidates and increase diversity of the applicant pool.

2. Evaluate PREview and determine how you might use it if you were to highly recommend or require it for the completion of an applicant’s admissions materials and innovative research ideas.
The Future of Healthcare

• Medical Education needs a culture change!
• Healthcare Workforce needs are not being met
• It’s time to change the recipe
Social mission of medicine

• Contribution of a school’s programs, graduates, and faculty to addressing society’s health needs

• When Mullan, et al ranked US schools by social mission, those rated highly by *US News* and NIH research funding were in the *bottom* quartile
  • % of graduates practicing primary care
  • % of graduates working in HPSAs
  • % of underrepresented minority graduates

• The 3 highest-rated SOMs were HBCUs!!

• Public and rural/community-based SOMs did better; private, urban and NE SOMs did worse
Distribution of family income of US medical students

Acosta, D. Analysis in Brief, AAMC ‘18
### National trends in representation

<table>
<thead>
<tr>
<th>Variable</th>
<th>1997</th>
<th>2017</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of first-year medical school slots</td>
<td>18,857</td>
<td>29,118</td>
<td>54</td>
</tr>
<tr>
<td>No. of matriculants from underrepresented groups</td>
<td>2850</td>
<td>3713</td>
<td>30</td>
</tr>
<tr>
<td>Percent of matriculants from underrepresented groups</td>
<td>15</td>
<td>13</td>
<td>-16</td>
</tr>
<tr>
<td>No. of people from underrepresented groups in U.S. population</td>
<td>65,497,000</td>
<td>106,835,890</td>
<td>63</td>
</tr>
<tr>
<td>No. of matriculants from underrepresented groups per 100,000 population</td>
<td>4.3</td>
<td>3.5</td>
<td>-20</td>
</tr>
</tbody>
</table>

*Underrepresented groups are defined as American Indians or Alaska Natives, blacks, and Hispanics or Latinos. Data are from the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the U.S. Census Bureau.

Additional (brutal) facts

• Students completing residency in FM, a critical workforce need, are more likely to have gone to Community College (yet a ‘negative’ in admissions)

• 50% of Latino and 1/3 of Black FM residents attended CC (Talamantes, et al)

• Nonwhite physicians are more likely to care for underserved populations e.g. Medicaid recipients

• While medical school enrollment has skyrocketed in the past 2 decades, racial-ethnic gaps have widened
Why?

• Improves the educational environment: positive interracial interactions increase cultural competence and decrease implicit bias

• Culture of equity and inclusion brings diverse perspectives, expertise to solve or study difficult probs (disparities, structural racism in healthcare)

• **Students from underrepresented and disadvantaged backgrounds more likely to work with underserved pops**

• **Racial concordance may improve care (quality)**

• Part of *social mission*: how your institution addresses health equity, supply and/or distribution of providers (where they are needed)
Why?
The usual suspects

- Changing minds and hearts is difficult
- Everyone is an expert on admissions
- Parochial concerns e.g. my relative, lab tech, neighbor
- Structural racism and institutional inertia
- Mission (stated versus actual)
- Legal prohibitions on considering race in admissions
- Political environment – local, national
The question is HOW?
Are we trying to have superstars? Or win the game?

MONEYBALL

Teams (SOMs) tend to look at the wrong metrics (GPA, MCAT) for success e.g. winning games (not hiring big HR hitters)
Multi-pronged recruitment strategy

Admissions Mission
- To matriculate a class who will, as physicians, address the diverse healthcare workforce needs of the region...
- Mission Scholarships
- HRSA grants
- ACE-PC (AMA, Kaiser)
- CHS Tracks

Holistic Review
- AAMC: E/A/M beyond metrics (GPA, MCAT)
- Experiences (PC, community, service)
- Attributes (resiliency eg rural, financial need)
- Adjust for socioeconomic disadvantage-SED score
- PREview Situational Judgement Test

Multiple Mini Interview
- Multiple interactions with diverse raters
- Because of multiple (blinded) raters, MMI more reliable and less subject to bias
- CA-LEAP study: MMI a better predictor of clinical perform. than traditional interviews

Inclusive Policies & Practices
- Required implicit bias mitigation training
- Institutional diversity and inclusion policy
- Community engagement integrated throughout (CHS, strategic plan, robust partnerships with FQHQs)

Dissemination
- Broader focus on the medical education community and what we can accomplish together
- Transparency of challenges and painful truths – With innovation comes failure too
Training the Doctors that Healthcare Needs

Racially concordant care improves health outcomes

More primary care docs improves life expectancy

Where you grow up influences where you settle down
AAMC Professional Readiness Exam (PREview™) Overview and 2021 Administration Highlights

Rebecca Fraser, PhD
Director, Admissions and Selection Research and Development
Goals of the AAMC PREview exam

Enhance the medical school admissions process by providing an assessment of pre-professional competencies which have been demonstrated to impact an individual’s long-term performance as a medical professional.

<table>
<thead>
<tr>
<th>Offer a balance to academic metrics.</th>
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<tbody>
<tr>
<td>Introduce holistic review in a high-volume context earlier and throughout the application screening process.</td>
</tr>
<tr>
<td>Support consistent evaluation and comparison of applicants’ pre-professional competencies.</td>
</tr>
<tr>
<td>Broaden the experiential, skills, and demographic diversity of the applicant pool considered for interviews.</td>
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</table>
PREview competencies
Item Development

Items must pass subject matter expert review at every step to be included on the test.

Competency Modeling
- Subject Matter Experts

Critical Incident Writing
- Subject Matter Experts

Item Writing
- Item Writing Guidelines

Content Review
- Subject Matter Experts
- Bias & Sensitivity
- Clarity
- Meaningfulness

Scoring Key Development
- Subject Matter Experts
- Agreement criteria
Extensive research and evaluation

Study findings built a body of evidence:
• PREview is reliable
• PREview is valid
• PREview predicts performance
• PREview adds unique information to the admissions process
2021 Administration

AAMC SJT 2021 Administration: Everything you Need to Know to Prepare your Students
Examinee Introduction to the AAMC SJT 2021 – Part 1
Examinee Introduction to the AAMC SJT 2021 – Part 2
Everything you Need to Know to Prepare for the 2021 AAMC SJT

50% of applicants to participating schools

Medical Schools

Des Moines University Health and Science
Geisinger Commonwealth
Morehouse School of Medicine
University of Alabama Birmingham
University of California Davis
University of Minnesota Medical School – Twin Cities

Webinars

4

Testing Dates

June – October
Score delivery 30 days following each test window

Examinees

11,214

4
Y-O-Y AMCAS Applicant Volume Comparisons: All AMCAS Schools versus 2021 AAMC SJT AMCAS Schools

Current 2022 applicant data as of 11/10/2021; Data only includes applicants who took the 2021 AAMC SJT and excludes non-AMCAS schools (Des Moines University).
Support for schools

✓ Onboarding materials
✓ Guidance and training resources based on PREview research to inform your adoption of the PREview exam into your process
✓ Consultation with AAMC’s experts on assessment and admissions
✓ Easy to use score scale and score data
✓ Scores that are comparable within and across administration years

PREview Score Release

PREview scores will be delivered via the AMCAS Data Exchange Service

Multiple pieces of PREview score data to help you interpret and compare applicants’ scores

• Scale score (1-9)
• Percentile rank
• Confidence interval (upper and lower bound)
Improve holistic review by:
• Assessing pre-professional competencies essential for success at GCSOM
• Enabling applicants to demonstrate characteristics beyond academic scores
• Applicants can choose to take AAMC SJT
• No penalty for not taking assessment
• Used in the evaluation of candidates for admission to GCSOM
# GCSOM MD Class of 2025 Report

<table>
<thead>
<tr>
<th>Category</th>
<th>Class of 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>115</td>
</tr>
<tr>
<td>Average GPA</td>
<td>3.71</td>
</tr>
<tr>
<td>Average Science GPA</td>
<td>3.63</td>
</tr>
<tr>
<td>Average MCAT2015</td>
<td>511.60</td>
</tr>
<tr>
<td>Gender (male/female)</td>
<td>56/58</td>
</tr>
<tr>
<td>Pennsylvania students</td>
<td>80</td>
</tr>
<tr>
<td>Students from GCSoM Counties</td>
<td>42</td>
</tr>
<tr>
<td>Students who are underrepresented in medicine</td>
<td>21</td>
</tr>
<tr>
<td>Disadvantaged students</td>
<td>20</td>
</tr>
<tr>
<td>Rural county students</td>
<td>12</td>
</tr>
<tr>
<td>First generation to college students</td>
<td>24</td>
</tr>
</tbody>
</table>
# GCSOM PREview Numbers

## MD Class of 2026

*n* = 115

<table>
<thead>
<tr>
<th></th>
<th>PREview #s</th>
<th>Total #s</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
<td>2,904</td>
<td>5,980</td>
<td>48.5%</td>
</tr>
<tr>
<td>Interviews</td>
<td>534</td>
<td>823</td>
<td>64.9%</td>
</tr>
<tr>
<td>Accepted</td>
<td>194</td>
<td>271</td>
<td>71.6%</td>
</tr>
</tbody>
</table>
GCSOM PREview Communications

- Website
- Admissions events: Recruitment Days, Interview Days, Abigail Geisinger Scholar Sessions, Open House Programs
- Recruitment at college fairs and visits
- MSAR
- Personalized emails
- Pipeline Program sessions
GCSOM Next Steps

• AAMC pilot school for 2022-2023 cycle
• Use for evaluation of admission to GCSOM for MD class of 2027
• Internal assessment of PREview in admissions process
• Longitudinal study with the AAMC
AAMC PREview
Professional Readiness Exam

Christina J. Grabowski, PhD
Associate Dean for Admissions and Enrollment Management
UAB Heersink

• Public institution
• Located in Birmingham, Alabama
• One of the largest Academic Medical Centers in the United States
• 186 incoming students each year
  • 85% or more from Alabama
  • 2021 class: 19% URiM (doubled from 2016)
  • More work to be done!
• UAB is Alabama’s largest single employer with 23,000+ employees and annual economic impact of $7.5B
Mission Driven Programs to Prepare Workforce

- Rural Medicine Programs (2)
- Primary Care Track
- Medical Scientist Training Program
- Burroughs Welcome Scholars Early Acceptance Program
- Blaze to MD Program (Pathway)
- Urban Underserved Program
- Health Equity Scholars
**PREview**

**Why?**
- Early adopter – pilot school for the SJT validity study
- Match admission criteria to mission
- Validated assessment tool for pre-professional competencies
- Support holistic review process
- Allow applicants to demonstrate these valued inter- and intra-personal competencies

**How?**
- Plus factor in holistic review
  - Only the top quartile scores visible
- Final stage of selection process
  - Start using with smaller group of selection committee while we collect data
- Anticipate moving to the screening stage
  - Help narrow the application pool holistically
- Study outcomes
## By the Numbers…

<table>
<thead>
<tr>
<th></th>
<th>All Regular MD Applicants</th>
<th>Alabama Regular MD Applicants</th>
</tr>
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<tbody>
<tr>
<td><strong>Applied</strong></td>
<td>Applicants: 4444</td>
<td>Applicants: 530</td>
</tr>
<tr>
<td></td>
<td>Applicants with SJT: 2267</td>
<td>Applicants with SJT: 444</td>
</tr>
<tr>
<td></td>
<td>% 51%</td>
<td>% 84%</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td>Applicants: 409</td>
<td>Applicants: 276</td>
</tr>
<tr>
<td></td>
<td>Applicants with SJT: 376</td>
<td>Applicants with SJT: 261</td>
</tr>
<tr>
<td></td>
<td>% 92%</td>
<td>% 95%</td>
</tr>
<tr>
<td><strong>Accepted</strong></td>
<td>Applicants: 209</td>
<td>Applicants: 144</td>
</tr>
<tr>
<td></td>
<td>Applicants with SJT: 195</td>
<td>Applicants with SJT: 136</td>
</tr>
<tr>
<td></td>
<td>% 93%</td>
<td>% 94%</td>
</tr>
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</table>
Communication and Outreach

- Website
- MSAR
- Opening Cycle Webinar
- Preview Days
- Recruitment Visits and Events
Challenges

- Initially required the test
  - Pivoted to “recommend” due to low completion rates
  - Difficult to get the word out early enough in the cycle
  - Concern – will students take it seriously if only recommended?
- Looking forward to more schools using the exam to decrease impact of cost on applicants
PREview – Helping us to showcase value to the applicants communities need most!

SCHOOL OF MEDICINE
Mission of UCDSOM
"Transforming lives by improving health through the combined power of education, research, clinical care, and community."

Mission of Admissions Committee
“To matriculate a class of medical students who will, as future physicians, address the diverse healthcare workforce needs of the region, and contribute to the missions of the School of Medicine and UC Davis Health"
% of UC Davis SOM Matriculants From Groups Underrepresented in Medicine*
(2000—2020)

*Includes students who identify as American Indian/Alaskan Native, Black/African American, Hispanic/Latinx, Native Hawaiian, or Filipino
Matriculants to U.S. Medical Schools by Race/Ethnicity v.s. UC Davis SOM
2020 Incoming Class
## Metrics of Matriculants to U.S. Medical Schools v.s. UC Davis SOM 2021 Incoming Class

<table>
<thead>
<tr>
<th></th>
<th>UCDSOM</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCAT</td>
<td>511</td>
<td>511</td>
</tr>
<tr>
<td>UGPA</td>
<td>3.58</td>
<td>3.59</td>
</tr>
<tr>
<td>BCPM</td>
<td>3.46</td>
<td>3.48</td>
</tr>
<tr>
<td>AOGPA</td>
<td>3.71</td>
<td>3.74</td>
</tr>
</tbody>
</table>
Inclusion: Pathways to address community health needs

- **Rural**: Rural PRIME
- **Urban**: TEACH-MS (Transforming Education and Community Health) (HRSA)
- **Central Valley**: REACH (San Joaquin Valley PRIME)
- **Primary Care**: ACE-PC (Accelerated Competency-Based Education in PC) – (AMA, Kaiser)
- **NA/AI Communities**: Tribal Health PRIME – est. 2022 (State)
- 30% of students (6-10 per program)
Among those who have completed GME:

- 49% in underserved area
- 33% in rural area
- 87% in CA

Primary Care (FM, PC-IM) 43%
Why did you decide to use PREview?

- Part of the development process
- Contributing to creating a culture of towards valuing attributes

Why did you decide to require it rather than recommend it?

- Equitable opportunity to for all applicants to showcase
- Takes the stress of uncertainty on how it will be used against/penalizes students if they don’t take it
- Excited to partner in innovation and changing medical education culture towards valuing things we say we prioritize

How will UCD use it within the admissions process?

- Phase 1 and Phase 2 rollout of implementation
- Integrate slowly, collect data, analyze, validate, STRATEGIZE

Communication and Outreach Strategies

- Communication on our website, MSAR, applicant portal and mentioned at every outreach event
- Highly encourage applicants to review the materials provided by AAMC so you know what to expect
- Be genuine, authentic; reiterate what we are looking to gain from this assessment
- This is an exam designed to accentuate the values candidates have and promote that
Group Discussion

• How could PREview be valuable in your process?
• What are some potential barriers to using PREview?
• What strategies might you use to overcome barriers?
Future Direction

1. Assess
2. Strategize the best use of PREview
3. Make continuous quality improvements
4. Continue with scholarly activities regarding this topic
Loan Repayment Scenarios

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