





The University of Alabama at Birmingham



SCHOOL OF MEDICINE

Holistically Reviewing Medical School Applicants Using the AAMC PREview

Presenters

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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.



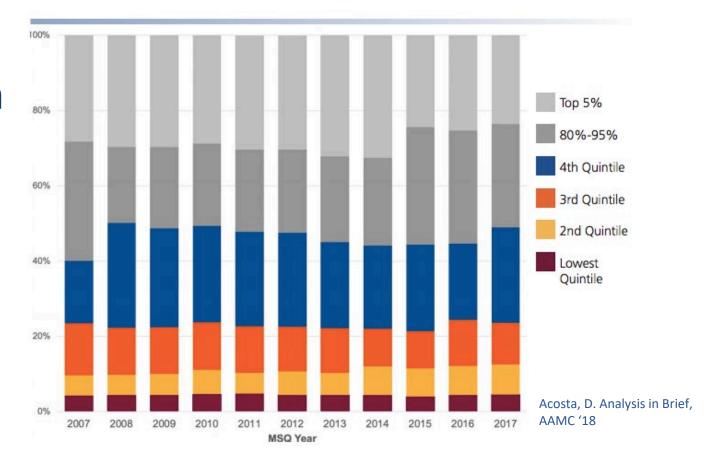
The Future of Healthcare

- Medical Education needs a culture change!
- Healthcare Workforce needs are not being met
- It's time to change the recipe





Distribution of family income of US medical students



National trends in representation

Underrepresented Groups in Medical School, 1997 and 2017.*					
Variable	1997	2017	Percent Change		
No. of first-year medical school slots	18,857	29,118	54		
No. of matriculants from underrepresented groups	2850	3713	30		
Percent of matriculants from underrepresented groups	15	13	-16		
No. of people from underrepresented groups in U.S. population	65,497,000	106,835,890	63		
No. of matriculants from underrepresented groups per 100,000 population	4.3	3.5	-20		

^{*} 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.

Talamantes E, Henderson MC, Fancher TL, Mullan F. Closing the Gap: Making Medical School Admissions More Equitable. N Engl J Med 2019; 380:803-805

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?

diversity is important

- 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



- 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



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
- PREviewSituationalJudgement 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

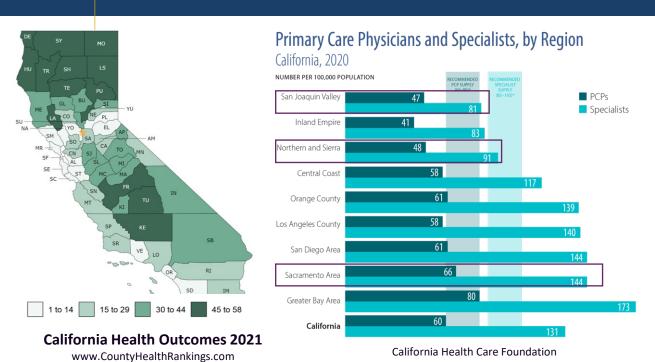
Inclusive Policies & Practices

- 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



ZIP CODE
9 5 8 1 7
Life Expectancy

ZIP CODE
9 5 6 1 6
Life Expectancy

77

87

More primary care docs improves life expectancy

Racially concordant care improves health outcomes

Where you grow up influences where you settle down



AAMC Professional Readiness Exam (PREviewTM) 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 preprofessional competencies which have been demonstrated to impact an individual's longterm performance as a medical professional.

Offer a balance to academic metrics.

Introduce holistic review in a high-volume context earlier and throughout the application screening process.

Support consistent evaluation and comparison of applicants' pre-professional competencies.

Broaden the experiential, skills, and demographic diversity of the applicant pool considered for interviews.



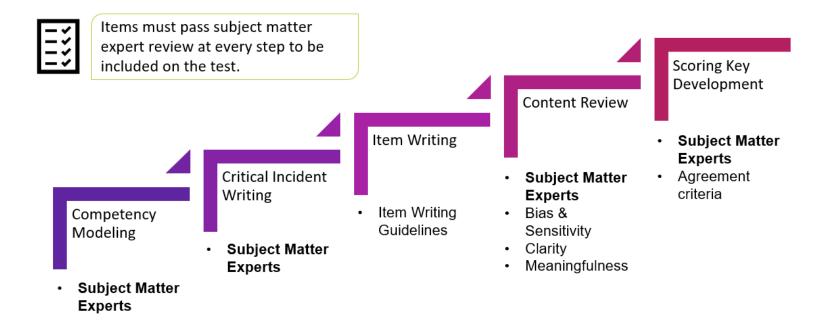
PREview competencies







Item Development





Extensive research and evaluation

2012 Competency Model

2014 Critical Incident Study 2015 PREview Prototype

2016 Field Test

Validity Study Launch

2017

2019 Field Test & Coaching Study 2020 Pilot Administration Year 1 2021
Pilot
Administration
Year 2

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

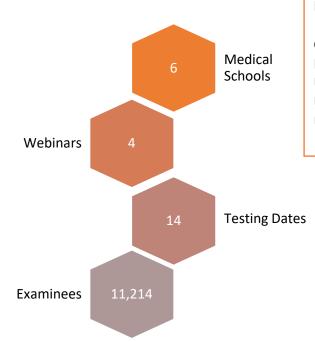


2021 Administration

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



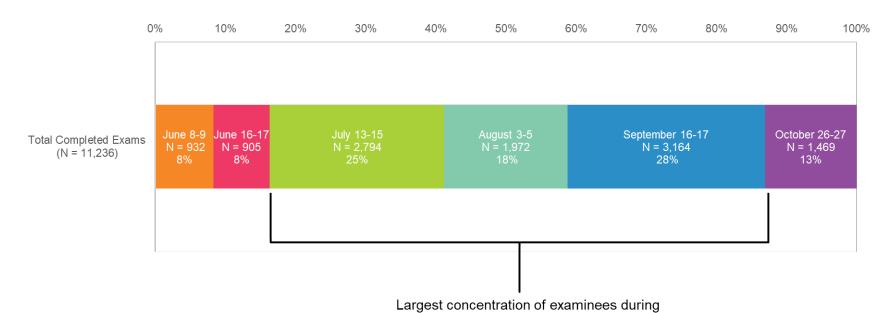
Des Moines University Health and Science Geisinger Commonwealth Morehouse School of Medicine University of Alabama Birmingham University of California Davis University of Minnesota Medical School – Twin Cities

June – October

Score delivery 30 days following each test window



2021 Administration Summary: Completed Exams



July - September administrations



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







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)





Geisinger Commonwealth School of Medicine



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

	Class of 2025
Enrolled	115
Average GPA	3.71
Average Science GPA	3.63
Average MCAT2015	511.60
Gender (male/female)	56/58
Pennsylvania students	80
Students from GCSoM Counties	42
Students who are underrepresented in medicine	21
Disadvantaged students	20
Rural county students	12
First generation to college students	24

GCSOM PREview Numbers

MD Class of 2026 n=115

	PREview #s	Total #s	%
Applications	2,904	5,980	48.5%
Interviews	534	823	64.9%
Accepted	194	271	71.6%





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 intrapersonal 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...

	All Regular MD Applicants			Alabama Regular MD Applicants		
	Applicants	Applicants with SJT	%	Applicants	Applicants with SJT	%
Applied	4444	2267	51%	530	444	84%
Interviewed	409	376	92%	276	261	95%
Accepted	209	195	93%	144	136	94%

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!

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Mission of UCDSOM

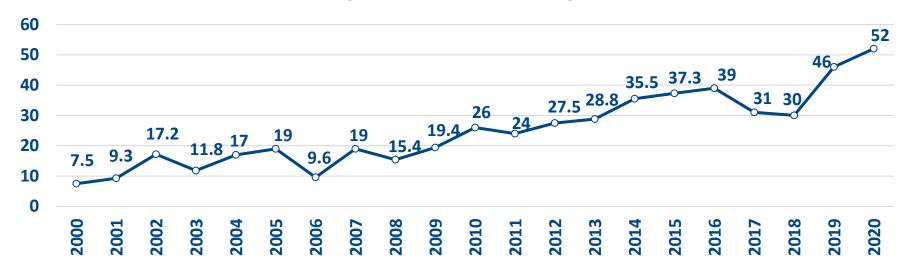
"Transforming lives by improving health through the combined power of education, research, clinical care, and community."

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"

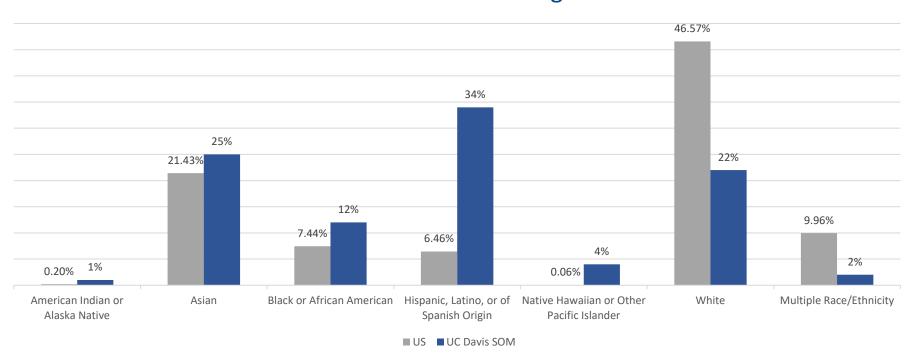


% of UC Davis SOM Matriculants From Groups Underrepresented in Medicine* (2000—2020)



^{*}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



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Metrics of Matriculants to U.S. Medical Schools v.s. UC Davis SOM 2021 Incoming Class

	UCDSOM	US
MCAT	511	511
UGPA	3.58	3.59
ВСРМ	3.46	3.48
AOGPA	3.71	3.74

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/Al Communities: Tribal Health PRIME est. 2022 (State)
- 30% of students (6-10 per program)













Centra **Valley**















Rural















Urban





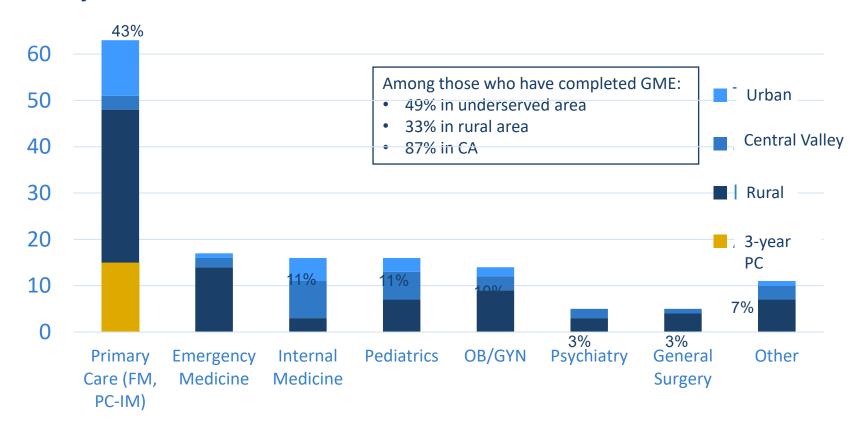








Pathway Scholars GME and Practice Outcomes (n=147 graduates)



UC Davis and SJT – Critical Questions!



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



Retrieved from http://vsta.ca/wp-content/uploads/2016/02/question-and-answer-session-questions-and-answers.jpg



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