



Survey on the Use of MCAT Scores in Admissions and the Resources Schools Need

December 10, 2020



Today's agenda

The purpose of today's call is to decide if you want to conduct a survey on the use of MCAT scores in admissions and to identify the insights you want the survey to provide.

- Where did we leave off in March?
- Should the next priority be studying the use of MCAT scores in admissions?
- What insights would be most impactful?
- Where do we go from here?
- What feedback do you want from the MVC?

Where did we leave off in March?

We reviewed findings related to hypotheses and research questions

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Admissions Decision Making		
6	Hypothesis: Medical schools will increase the percentage of applicants with total scores in the middle of the MCAT score scale who are invited to interview* and receive acceptance offers.	<ul style="list-style-type: none"> Survey data on 2017 student selection indicated that admissions committee members responded to the launch of the new MCAT exam in several ways. <ul style="list-style-type: none"> About 45% of schools reported an increased focus on holistic review practices. About 22% reported lowering score thresholds, giving more emphasis to other academic indicators, or interviewing/accepting some applicants they wouldn't have accepted in the past. In the 2016 admissions cycle, 14 schools increased the percentage of applicants with mid-range scores who received acceptance offers. <ul style="list-style-type: none"> Nationally, the percentage of 2017 applicants with middle-third scores who received acceptance offers remained largely the same as in previous years with the old exam.
7	Research Question: What data and information might help admissions committees consider more applicants with scores in the middle of the new MCAT score scale, and do medical schools consider more applicants with scores in the middle of the score scale in light of these data?	<ul style="list-style-type: none"> Data on the diversity of applicants with mid- and upper-range scores shows that considering a wider range of applicants may help schools address their diversity goals. Schools that accept more applicants with mid-range scores admit more diverse classes. Providing success rates for medical student performance outcomes like progression on-time and within one extra year and passing the USMLE Step 1 exam for students with upper and mid-range MCAT scores shows the medical students with mid-range MCAT scores obtain nearly the same success in passing Step 1 and progressing to clerkships as those with upper-range scores.
8	Research Question: Did medical schools apply MCAT and uGPA cutoffs or thresholds at any point in the 2017 application cycle?	<ul style="list-style-type: none"> About 72% of schools used MCAT/uGPA cutoffs in 2017 student selection. <ul style="list-style-type: none"> 26% only considered applicants above specific values. Applications that did not meet the thresholds did not move forward in the admissions process. An additional 46% used thresholds, but below these thresholds, reviewed applicants with the attributes and experiences considered important for the school's mission and goals.
9	Research Question: How did medical schools use the new MCAT total scores in the 2017 application cycle?	<ul style="list-style-type: none"> Many schools used MCAT scores to understand applicants' premedical academic preparation. <ul style="list-style-type: none"> 43% used MCAT scores to interpret grades for applicants from unfamiliar colleges and universities. 53% used MCAT scores to judge the academic preparation of applicants with older grade data.

Hypotheses and Research Questions		Findings (new findings presented at the 2020 MVC meeting are bolded and italicized)
		<ul style="list-style-type: none"> Many schools used MCAT scores to predict students' performance in medical school, especially in the preclerkship phase. <ul style="list-style-type: none"> Almost 70% used new MCAT scores to identify the most academically capable applicants and those likely to complete the preclerkship curriculum. Slightly more than 70% used MCAT scores to identify applicants likely to pass Step 1. Less than 20% used MCAT scores to identify applicants likely to score well on Step 1. About 60% used MCAT scores to identify applicants with needed reading comprehension skills. 56% used MCAT scores to identify applicants who may need additional academic support. 42% used MCAT scores to identify applicants likely to graduate in four or five years.
10	Research Question: How did medical schools consider MCAT section scores in the 2017 application cycle?	<ul style="list-style-type: none"> Many schools looked primarily at total scores or weighed section scores equally. <ul style="list-style-type: none"> 58% considered all section scores equally. 52% relied primarily on total scores.
11	Hypothesis: Admissions committees will use information about applicants' strengths and weaknesses from the MCAT score reports to identify applicants who best fit their academic missions and goals.	<ul style="list-style-type: none"> In 2017 student selection, schools were not yet consistently focusing on section score profiles to understand applicants' strengths and weaknesses. <ul style="list-style-type: none"> Less than 1% gave more emphasis to the section scores with the closest alignment to their mission and goals. 36% reported they were uncertain about the meaning of scores from the PSBB section. 35% looked more carefully at scores for applicants whose MCAT scores didn't correspond to their grades in relevant courses. 31% looked more carefully at transcripts and other information for applicants whose section scores were uneven. 19% gave more emphasis to CARS for some applicants than others (e.g., English-language learning applicants).

We explored section score profiles

- ❑ How strongly do the section scores predict Step 1 scores?
 - Correlations are medium (CARS) to large (BBLS, CPBS, PSBB)
- ❑ What are the demographic backgrounds and performance of students with three profiles?
 - Upper-range science section scores, lower-range CARS score
 - Upper-range PSBB scores, mid-range scores on other sections
 - Middle-range scores on all three sections
- ❑ What other types of score profiles are difficult to interpret?

The MVC also generated ideas for future survey research

- ❑ How are schools using MCAT scores in admissions?
 - Changes in anticipation of Step 1 scoring changes
 - Accepting applicants with modest academics (minimum MCAT score, # accepted, # that can be supported, attitudes toward +1 progression, methods of support)
 - Connection of mission and desired social and educational outcomes with admissions criteria
- ❑ How do schools with different characteristics (e.g., mission, applicant pool characteristics, region) compare in their use of MCAT scores, attitudes toward students who may need support, etc.?
- ❑ What resources do schools need to help their holistic admissions practices?

The MVC also proposed other questions, which MCAT researchers have begun to explore

- ❑ How do other measures of premedical preparation (e.g., BCPM grades, completion of post-bac programs) and educational opportunity (e.g., resources of undergraduate institution) relate to likelihood of acceptance and success in medical school?
- ❑ How do different section score profiles relate to students' performance in medical school

Should our next priority be studying
the use of MCAT scores in admissions?

Prior research shows that admissions officers balance the weight of academic metrics with experiences, attributes, and demographics

- ❑ Monroe A, Quinn E, Samuelson W, Dunleavy DM, Dowd KW (2013). An overview of the medical school admissions process and use of applicant data in decision making: What has changed since the 1980s?
- ❑ You administered surveys in 2015 and 2017 to learn how medical schools use MCAT scores just before and after the launch of the MCAT exam in 2015
 - The 2015 survey showed that academic metrics, experiences, and attributes are all weighted heavily in admissions
 - The 2017 survey showed that some schools altered their use of MCAT scores after the introduction of the new exam, but many needed time to interpret the new scores

Medical schools may use promising new approaches, and admissions officers may need different types of resources and data to further their aims

- ❑ The current MCAT exam has been in use for 6 years, and schools know more about the score ranges they can accept of applicants who do and do not need academic support
- ❑ Some schools have extended holistic practices into student affairs, and may have promising practices for supporting the students they admit with more modest academic credentials
- ❑ Some schools may be considering changes in light of the change to Step 1 scoring
- ❑ Many medical schools altered their 2021 admissions practices in response to the COVID-19 pandemic, and admissions officers have asked for these practices to be shared broadly
- ❑ At admissions community meetings and COA meetings, admissions officers are asking for new types of resources, but more information is needed from the community to design them
- ❑ At the March 2020 MVC meeting, you also identified topics of interest for a new survey

In March, the MVC talked about three broad topics

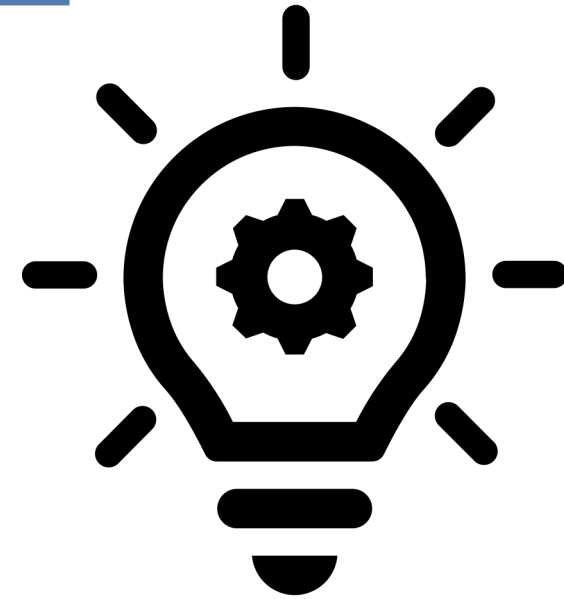
1. Use and interpretation of MCAT scores and their importance at different stages of admissions
2. Considering, admitting, and supporting those with modest premedical academic credentials
3. Data, resources, and information schools need from the AAMC



What insights would be most impactful?

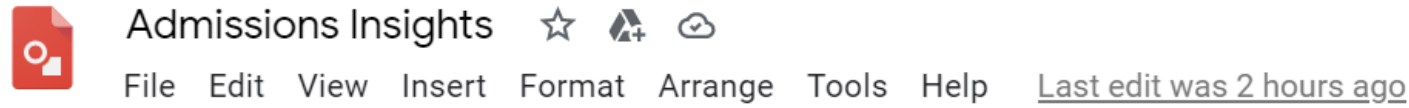
Activity: Brainstorm insights you want to learn from your admissions colleagues

1. Use and interpretation of MCAT scores and their importance at different stages of admissions
2. Considering, admitting, and supporting those with modest premedical academic credentials
3. Data, resources, and information schools need from the AAMC
4. Other?



We will compile your insights before next Wednesday's MVC call

Activity Instructions



This google doc provides blank space for you to describe the types of insights you want to learn from other schools.

https://docs.google.com/drawings/d/1c0RQFJiT8JUV1Tz4Wlzc_0x8UVP8mpAkRQj_e_UKSeI/edit?usp=sharing

Zoom in and out to resize the page

What insights do you want to learn?

Drag and drop your "sticky notes" to the relevant topic

Use the "other" space for ideas that don't fit under the three identified topics.

Type your ideas in the "sticky notes"

Where do we go from here?

Clear objectives, feedback loops, and roles/responsibilities will set the research up for success

- ❑ Develop clear objectives and vet them with the MVC
- ❑ Establish a project plan and timeline (and follow it)
- ❑ Leverage the expertise of the MVC, the Admissions WG, MCAT researchers, and AAMC survey staff in clear roles and responsibilities
- ❑ Document from the start how research findings will be used

The tentative goal is to publish select findings in the 2022 MCAT admissions guide and also in other subsequent resources and a publication

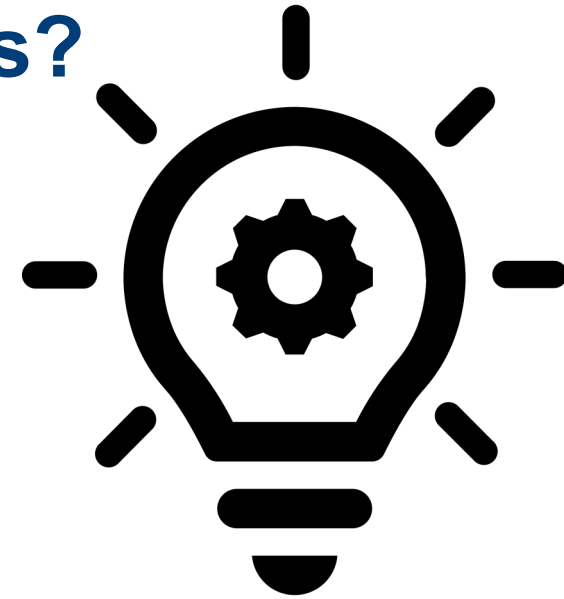
This timeline is ambitious but feasible

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Draft survey	■	■							
Try out survey		■	■						
Administer survey				■					
Analyze results					■				
2022 MCAT Guide for admissions						■			
Web-based resources						■	■	■	
Draft manuscript							■	■	■

These are the proposed roles and responsibilities

- ❑ MVC
 - Finalize objectives
 - Identify insights
 - Review survey
- ❑ MCAT
 - Synthesize insights/draft survey
 - IRB (if necessary)
 - Set up and try out survey
- ❑ AAMC survey research team
 - Input on construction of survey questions
 - Input on survey design
- ❑ Other stakeholders
 - AAMC's Student Affairs & Programs/Holistic Review
 - Other

How else can we set the study up for success?



What feedback do you want from the MVC?

Report out to the MVC

- ❑ Objectives
- ❑ Discussion summary
- ❑ Feedback desired from the MVC
- ❑ Next steps

We will create slides from this meeting so you can report out to the MVC



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