Using AAMC **PREview®** Data in 2025 Medical Student Selection

JUNE 2024

Association of
American Medical Colleges

AAMC
PREview® Professional Readiness Exam

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The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 158 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 accredited Canadian medical schools; approximately 400 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened participation in the AAMC by U.S. and international academic health centers.

Suggested citation: AAMC. *Using AAMC PREview Data in 2025 Medical Student Selection*. Washington, D.C.: AAMC; 2024.

Contents

Letter to admissions officers

Practicing medicine in the 21st century requires a collaborative approach to meet the access, safety, and quality needs of all patients. Physicians need awareness and appreciation of the sociocultural issues that affect interactions with a more diverse set of colleagues, patients, and communities. Accordingly, medical students need to demonstrate a broad range of competencies including science, thinking and reasoning, and professional competencies to be successful in medical school, in residency training, and as physicians. In addition to selecting students who are academically prepared, we need to select those who have the strong professional competencies necessary to develop clinical skills and work effectively with colleagues.

The AAMC developed the AAMC PREview® professional readiness exam with medical schools to assess professional competencies in a reliable, valid, and fair way and help them more easily identify the applicants who demonstrate essential professional competencies. After nearly a decade of research with many U.S. medical schools and four years of successful administrations, the AAMC is pleased to offer the PREview exam for the 2024-2025 admission cycle to all U.S. medical schools.

The PREview exam is designed to look beyond academic metrics to assess and evaluate professional competencies such as resilience, empathy and compassion, ethics, cultural humility, and teamwork. When combined with other elements of the admission process, the PREview exam provides a more complete picture of applicants and helps schools identify applicants who demonstrate these core competencies.

The AAMC will be available every step of the way to help schools incorporate PREview scores into the admission process. We continue to expand the suite of resources for admissions officers, which now includes tips and best practices based on ongoing research and evaluation (including this guide), recorded training webinars, and individual training sessions with your admissions committees.

Please do not hesitate to reach out to the AAMC PREview team at preview@aamc.org if you have any questions.

The AAMC PREview Team

Introduction

This guide provides admissions officers, medical school faculty members, and others who serve on admissions committees with information about the design, interpretation, and use of the AAMC PREview® exam. It describes the competencies assessed on the exam and the format of the exam. It also summarizes nearly a decade of research on the PREview exam, including a longitudinal study with eight medical schools, which shows the validity of the exam. It presents evaluation results from the 2021-2023 administrations, including how applicants who took the exam prepared for and performed on the exam, group differences, and correlations with other admission data.

Finally, this guide offers recommendations and best practices to support medical schools in incorporating PREview scores into holistic review. It highlights the value added by PREview scores when considered as part of application review, interview evaluation, and admission decisions.

What is the AAMC PREview® exam?

The PREview exam was developed to measure applicants' knowledge of effective and ineffective behaviors related to essential professional competencies. This knowledge serves as a foundation for further learning and developing in these areas during medical school and is a necessary precursor to behaving effectively.

The AAMC collaborates with subject matter experts in the medical school community, including faculty, admissions officers, and student and diversity affairs officers, on an ongoing basis to develop the PREview exam for medical school admission. Engaging subject matter experts ensures the exam meaningfully and fairly measures professional competencies and is scored to align with medical schools' current and future expectations and standards for entering medical school students.

Competencies

As shown in Figure 1, the AAMC PREview exam assesses examinees' understanding of effective and ineffective behaviors across essential professional competencies for entering medical students. These competencies (defined in Table 1) were identified by medical educators as important for students to understand in order to be successful in medical school.

Figure 1. Professional competencies tested on the PREview exam.

Table 1. Professional Competencies Tested on the AAMC PREview Exam

Competency	Definition
Commitment to Learning and Growth	Practices continuous personal and professional growth for improvement, including setting and communicating goals for learning and development; reflects on successes, challenges, and mistakes; pursues opportunities to improve knowledge and understanding; and asks for and incorporates feedback to learn and grow.
Cultural Awareness[1]	Appreciates how historical, sociocultural, political, and economic factors affect others' interactions, behaviors, and well-being; values diversity; and demonstrates a desire to learn about different cultures, beliefs, and values.
Cultural Humility[1]	Seeks out and engages diverse and divergent perspectives with a desire to understand and willingness to adjust one's mindset; understands a situation or idea from alternative viewpoints; reflects on one's values, beliefs, and identities and how they may affect others; reflects on and addresses bias in oneself and others; and fosters a supportive environment that values inclusivity.
Empathy and Compassion[2]	Recognizes, understands, and acknowledges others' experiences, feelings, perspectives, and reactions to situations; is sensitive to others' needs and feelings; and demonstrates a desire to help others and alleviate others' distress.
Ethical Responsibility to Self and Others	Behaves with honesty and integrity; considers multiple and/or conflicting principles and values to inform decisions; adheres to ethical principles when carrying out professional obligations; resists pressure to engage in unethical behavior; and encourages others to behave honestly and ethically.
Interpersonal Skills	Demonstrates an awareness of how social and behavioral cues affect people's interactions and behaviors; adjusts behaviors appropriately in response to these cues; recognizes and manages one's emotions and understands how emotions impact others or a situation; and treats others with dignity, courtesy, and respect.
Reliability and Dependability	Demonstrates accountability for performance and responsibilities to self and others; prioritizes and fulfills obligations in a timely and satisfactory manner; and understands consequences of not fulfilling one's responsibilities to self and others.
Resilience and Adaptability	Perseveres in challenging, stressful, or ambiguous environments or situations by adjusting behavior or approach in response to new information, changing conditions, or unexpected obstacles, and recognizes and seeks help and support when needed; recovers from and reflects on setbacks; and balances personal well-being with responsibilities.
Teamwork and Collaboration	Collaborates with others to achieve shared goals and prioritizes shared goals; adjusts role between team member and leader based on one's own and others' expertise and experience; shares information with team members and encourages this behavior in others; and gives and accepts feedback to improve team performance.

[1] Previously within Cultural Competence.

[2] Previously within Service Orientation.

Format

The PREview exam presents examinees with a series of scenario sets, each of which include a hypothetical dilemma based on real-world situations students may experience in medical school. Each scenario calls upon examinees' knowledge or understanding of one or more professional competencies. Scenarios are set in educational, health care, or other real-life settings but do not require knowledge of medical school or health care.

Following each scenario are items (also referred to as "responses") that reflect a range of possible actions someone might take in response to the scenario. Examinees are instructed to read each scenario and response and then rate the effectiveness of each response using a four-point scale. The PREview exam includes a series of scenarios and 186 items. Examinees have 75 minutes to complete the exam.

A sample scenario set is presented in Figure 2.

Figure 2. Sample scenario set from the AAMC PREview exam.

You are pursuing a two-week volunteer opportunity at a well-regarded local clinic. When you receive your course schedule, you realize the volunteer opportunity would conflict with your weekly required lab. This is the only time the lab is offered this semester, so you are not able to make up the lab. Participation in the lab will count toward your grade.

Please rate the effectiveness of each response to the situation.

Very Ineffective (1)	Ineffective (2)	Effective (3)	Very Effective (4)
The response will cause additional problems or make the situation worse.	**The response will not improve the situation or may cause a problem.**	**The response could help but will not significantly improve the situation.**	**The response will significantly improve the situation.**

1. Skip your lab for two weeks to attend the volunteer opportunity.
2. Ask your lab instructor to identify a solution that will allow you to attend both.
3. Stop pursuing the volunteer opportunity so that you can attend the required lab.
4. Tell your lab instructor in advance that you will miss two of your scheduled lab sessions.
5. Attend the lab and investigate if similar volunteer opportunities are available at another time.

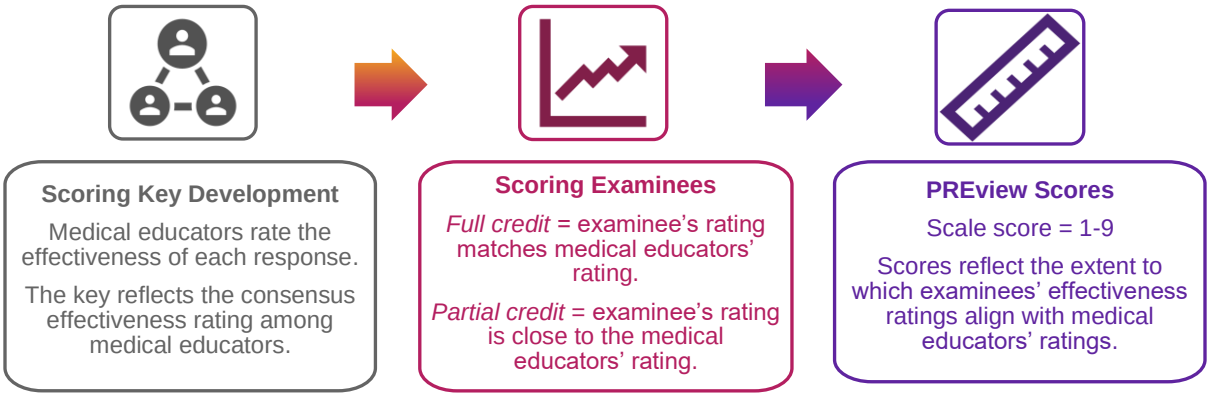
How is the PREview exam scored?

The AAMC collaborates with subject matter experts to develop the scoring key. Subject matter experts include a diverse group of admissions officers, faculty, student affairs representatives, diversity affairs representatives, and others who work closely with medical students and understand the expectations and responsibilities of medical students.

During scoring key development, subject matter experts are trained to ensure they rate the responses with a focus on the competencies and understand that knowledge of medical school or health care is not required. Then subject matter experts review scenarios and rate responses in the same way examinees do, and their ratings establish the scoring key. During scoring, examinees' ratings are compared with subject matter experts' ratings (i.e., the scoring key).

Examinees with higher PREview scores have a stronger understanding of effective and ineffective professional behavior. Figure 3 displays the scoring key development and scoring process.

Figure 3. AAMC PREview scoring key development and scoring process.



Who has taken the PREview exam?

In 2020, the AAMC launched a pilot administration of the PREview exam with two medical schools. Since then, participation in the PREview program grew to 21 medical schools across the United States in the 2023-2024 application cycle that considered PREview scores in their admission process and many more studying PREview scores for research-only purposes. Participating medical schools reflect a variety of institutional characteristics related to mission, curriculum, matriculant class, region, public or private status, and applicant pool.

Table 2 displays the 21 medical schools for which PREview scores were required, were recommended, or satisfied a situational judgment test (SJT) requirement in the 2023 PREview administration (2023-2024 admission cycle). The percentage of applicants who reported PREview scores varied based on whether a school required or recommended PREview scores. A higher percentage of applicants took the PREview exam when schools required PREview scores (median = 87%) than when schools recommended PREview scores (median = 60%).

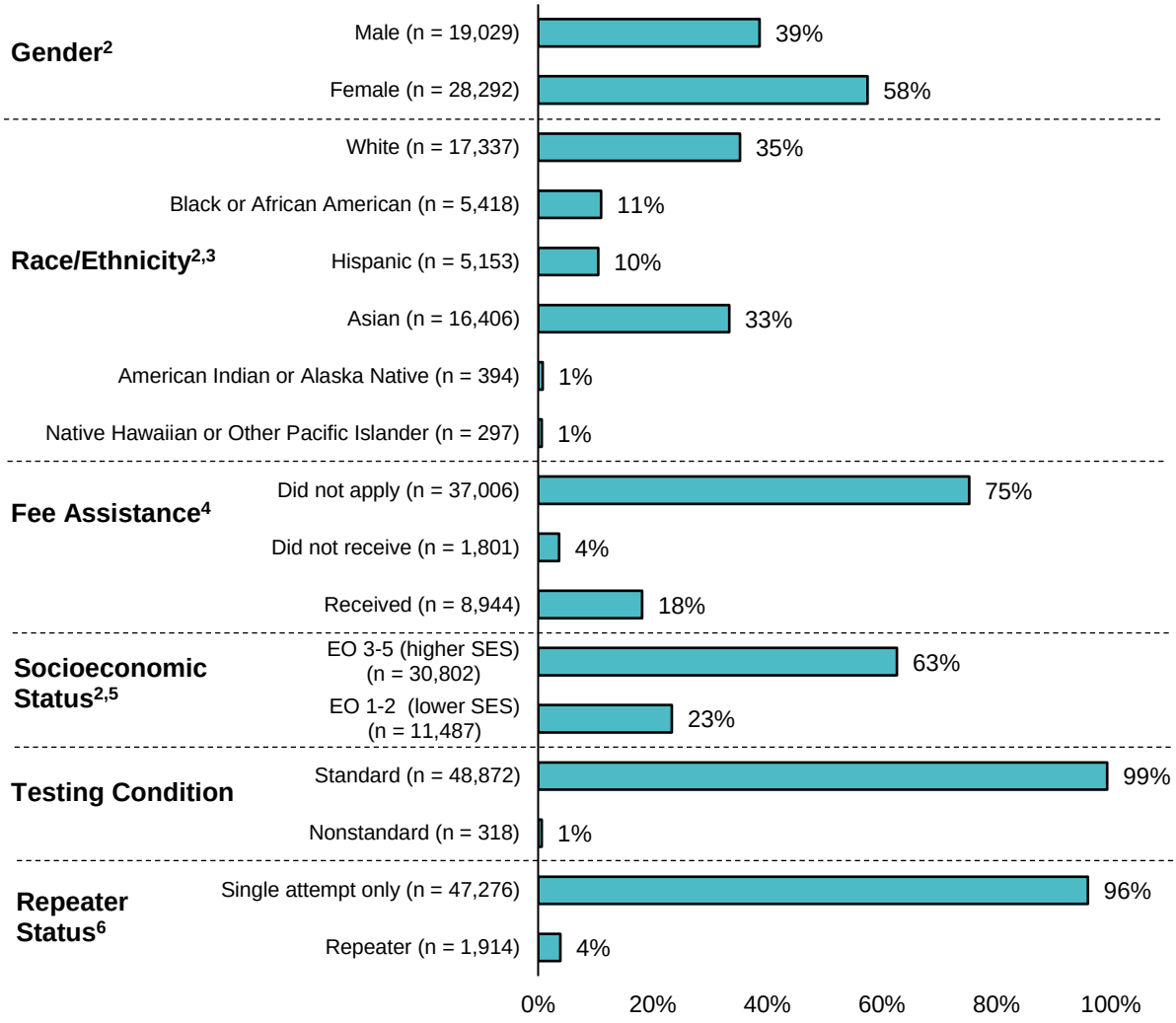
Table 2. Medical Schools That Required or Recommended PREview Scores or Accepted PREview Scores to Fulfill an SJT Requirement in the 2023 Administration

PREview Score Use	Medical Schools
Required	• Mercer University School of Medicine • Saint Louis University School of Medicine • Spencer Fox Eccles School of Medicine at the University of Utah • University of California, Davis, School of Medicine • University of California, Los Angeles, David Geffen School of Medicine • Universidad Central del Caribe School of Medicine • University of Hawaii John A. Burns School of Medicine • University of Massachusetts T.H. Chan School of Medicine
Recommended	• Cooper Medical School of Rowan University • Des Moines University Medicine and Health Sciences* • Geisinger Commonwealth School of Medicine • LSU Health New Orleans School of Medicine • Morehouse School of Medicine • Oakland University William Beaumont School of Medicine • Southern Illinois University School of Medicine • The George Washington University School of Medicine and Health Sciences • University of Alabama at Birmingham Marnix E. Heersink School of Medicine • University of Louisville School of Medicine • University of Wisconsin School of Medicine and Public Health
Satisfies an SJT Score Requirement	• Michigan State University College of Human Medicine • Rutgers Robert Wood Johnson Medical School

* DO-granting school.

During the 2021-2023 administrations, 49,190 examinees took the PREview exam. Registration was limited to examinees who intended to apply to a medical school that used the PREview exam. Figure 4 shows the percentages of the examinees by gender, race/ethnicity, fee assistance status, socioeconomic status, testing condition, and repeater status.

Figure 4. Percentages of AAMC PREview examinees from 2021 to 2023, by gender, race/ethnicity, fee assistance status, socioeconomic status, testing condition, and repeater status.[1]



Notes

1. The total number of examinees who took the PREview exam from 2021 to 2023 is 49,190. The total number of PREview exams administered from 2021 to 2023 is 51,157. For the 1,914 examinees who tested more than once (i.e., repeaters), information from their most recent administration was included. Percentages reflect data from examinees who applied to at least one MD-granting school and reported information in their AMCAS® application as of Dec. 18, 2023. Data are unavailable for examinees who applied to a DO-granting school only.

(Figure 4 notes continued on next page.)

2. Percentages describe examinees who provided information about their gender, race/ethnicity, and socioeconomic status on their medical school application. A total of 1,869 examinees did not identify their gender.
3. Race/ethnicity is unknown for 3,474 examinees. There were 1,780 examinees who selected “Other” for race/ethnicity.
4. The PREview exam was free for all examinees in 2021. Beginning in 2022, there was a flat fee of $100 for PREview exam registration; this fee was waived for examinees who qualified for the AAMC Fee Assistance Program. Data include examinees who participated in the AAMC Fee Assistance Program for medical school application and did or did not receive fee assistance. Examinees who did not participate in the AAMC Fee Assistance Program are shown as “Did not apply.” Fee assistance status is unknown for 1,439 examinees. The AAMC Fee Assistance Program was available to examinees who are U.S. citizens, U.S. permanent residents, or students with Deferred Action for Childhood Arrivals (DACA) status whose reported total family income was 400% or less (previously, it was 300% or less) of the national poverty level for the examinees’ family size. More information about the AAMC Fee Assistance Program can be found here: students-residents.aamc.org/fee-assistance-program/who-eligible-participate-fee-assistance-program.
5. The AAMC Socioeconomic Status (SES) Education-Occupation (EO) Indicator is one tool that medical schools may use to identify applicants who come from socioeconomically disadvantaged backgrounds. It is derived from information provided by applicants about their parents’ and guardians’ occupation and education levels. EO1 = Less than a bachelor's degree, any occupation; EO2 = At least a bachelor's degree; service, clerical, skilled, and unskilled occupation; EO3 = Bachelor’s degree; executive, professional, or managerial occupation; EO4 = Master's degree; executive, professional, or managerial occupation; EO5 = Doctoral degree; executive, professional, or managerial occupation. Socioeconomic status is unknown for 6,901 examinees.
6. For repeater status, “Single attempt only” includes the scores from the examinees who took the PREview exam for the first time in 2021, 2022, or 2023 and did not test again. “Repeater” data include scores from the examinees who took the PREview exam for the first time in 2021, 2022, or 2023 and then tested at least one more time during this window. There were 53 examinees who took the exam three times between 2021, 2022, or 2023, and their scores from the third attempt were excluded from this analysis.

Table 3 shows the percentage of applicants with and without PREview scores by gender, race/ethnicity, fee assistance status, and socioeconomic status group. There were some small differences in application participation across groups.

Table 3. Percentage of Applicants to Participating Medical Schools Who Reported PREview Scores by Gender, Race/Ethnicity, Fee Assistance Status, and Socioeconomic Status[1]

Characteristic	Total Applicants to Participating Schools	Applicants to Participating Schools Who Had PREview Scores[2]	Applicants to Participating Schools Who Did Not Have PREview Scores[3]
	N	Percentage of Row Total	Percentage of Row Total
Total	**37,678**	**59% (22,308)**	**41% (15,370)**
Gender			
Male	15,948	57% (9,138)	43% (6,810)
Female	21,442	61% (13,000)	39% (8,442)
Race/Ethnicity			
White	14,264	56% (8,012)	44% (6,252)
Black or African American	4,405	52% (2,277)	48% (2,128)
Hispanic, Latino, or of Spanish Origin	4,164	59% (2,472)	41% (1,692)
Asian	12,080	66% (7,997)	34% (4,083)
American Indian/Alaska Native	326	54% (177)	46% (149)
Native Hawaiian/Other Pacific Islander	196	79% (154)	21% (42)
Fee Assistance			
Did not apply	29,709	58% (17,124)	42% (12,585)
Applied, did not receive	1,325	63% (832)	37% (493)
Received	6,644	66% (4,352)	34% (2,292)
Socioeconomic Status			
EO 3-5 (higher SES)	24,396	60% (14,665)	40% (9,731)
EO 1-2 (lower SES)	9,167	58% (5,292)	42% (3,875)

1. Data reflect applicants from the 2023-2024 admission cycle who applied to at least one MD-granting school that participated in the PREview program as of Dec. 18, 2023. Data are unavailable for applicants who applied to a DO-granting school only.
2. Data include applicants who had a PREview score from the 2021, 2022, or 2023 PREview administration.
3. Data include applicants who did not have a PREview score from the 2021, 2022, or 2023 PREview administration.

How do examinees prepare for the PREview exam?

The AAMC is committed to providing free resources to support all examinees' preparation for the PREview exam. AAMC PREview preparation materials include an examinee preparation guide, two full-length practice exams, a tutorial for the online testing system, a test day experience video, and the *2024 AAMC PREview® Essentials* testing year guide.

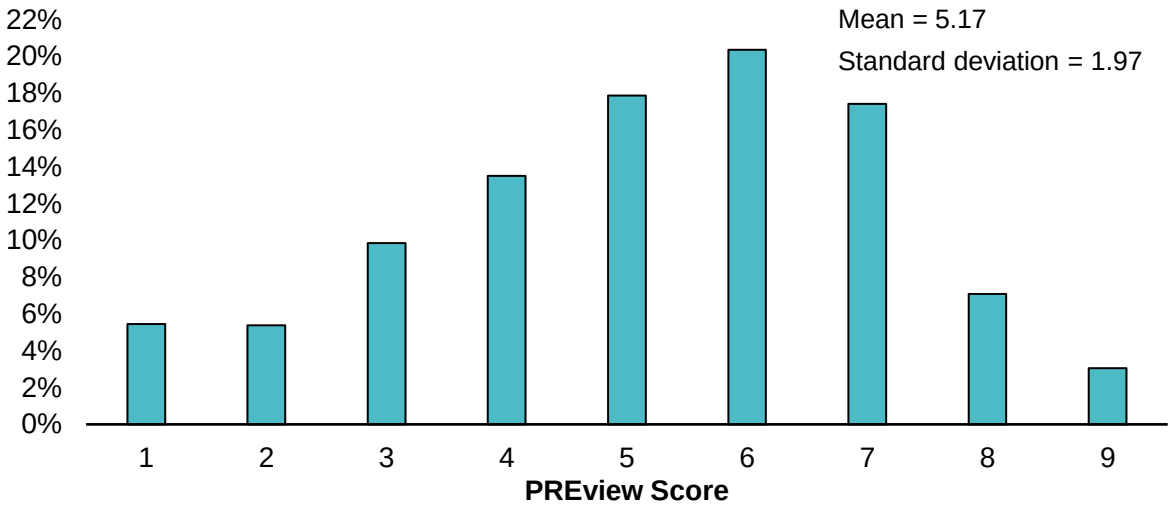
The *AAMC PREview® Exam Examinee Preparation Guide* offers advice and strategies to help applicants prepare for the PREview exam. Two official, full-length practice exams which include a scoring key rationale for each item to help examinees become familiar with the exam format, the types of scenarios and items they will see on the actual PREview exam, and the process for evaluating and rating items. The practice exam booklets were developed in collaboration with subject matter experts in the medical school community. Their design is based on research about the effects of coaching on PREview exam performance. The research found that study participants were most successful in improving their performance (i.e., by one-half standard deviation) when they received detailed feedback-based coaching, which did not affect the validity of the test.[1]

During the 2023 administration, more than 90% of examinees who responded to the post-exam survey reported that they prepared for the exam; around half of examinees reported spending three hours or less preparing. More than 70% of examinees used the AAMC's free preparation materials. Approximately 7% of examinees reported using non-AAMC practice exams, and less than 1% reported using materials from a private company.

How well do examinees score on the PREview exam?

Figure 5 summarizes PREview scores from all exams administered from 2021 to 2023. For the examinees who tested more than once from 2021 to 2023, all their scores are included. The mean PREview score was 5.17, and the standard deviation was 1.97. This result reflects a slight increase in the mean PREview score from prior years, though it is not statistically significant. This increase likely reflects greater examinee motivation to perform their best, given the shift from a pilot program to an operational testing program, the addition of a flat fee to register for the PREview exam in 2022, and an increasing number of participating schools.

Figure 5. Summary of AAMC PREview scores for exams administered from 2021 to 2023.



Note: N = 51,157.

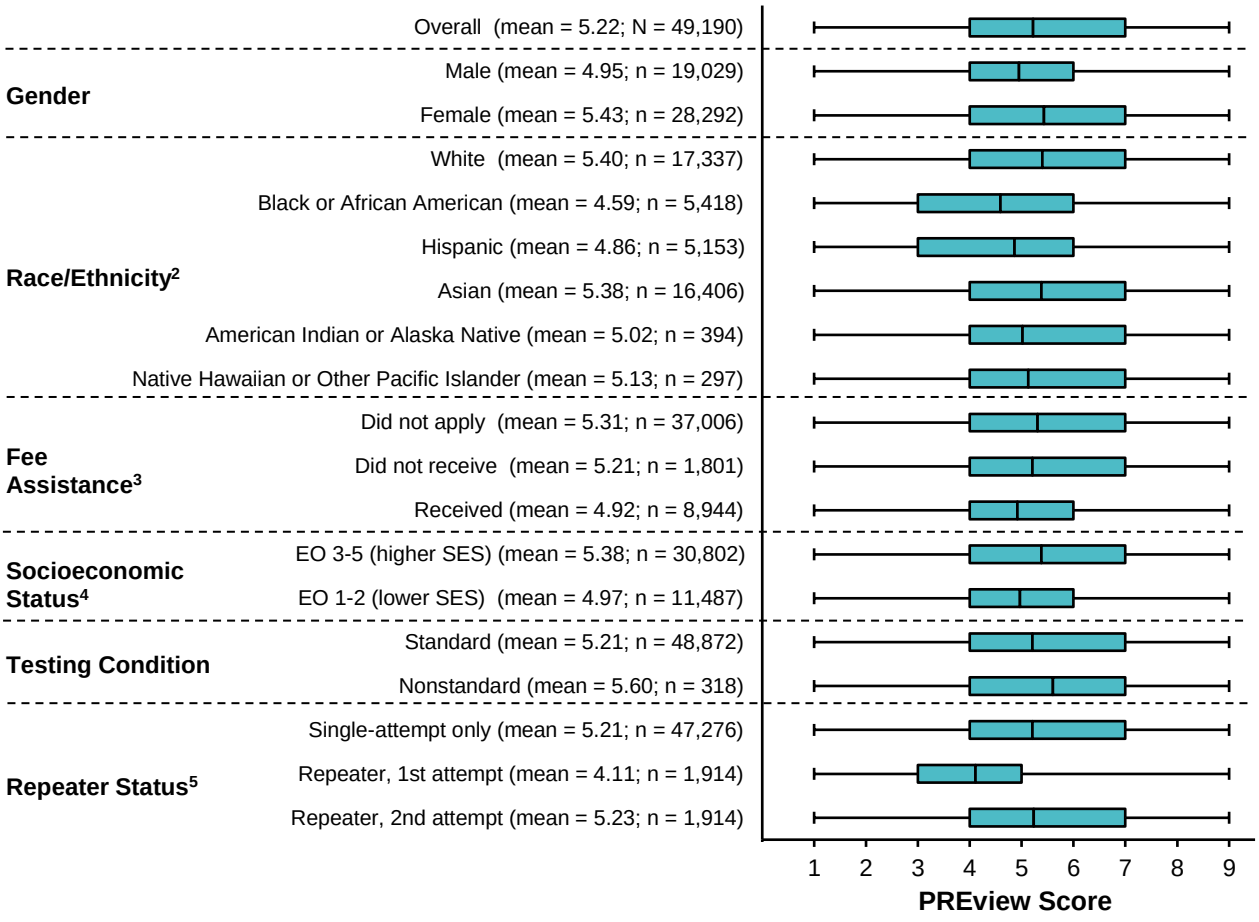
The total number of exams administered in 2021 to 2023 was 51,157.

Figure 6 gives additional details about examinees' total scores from 2021 to 2023. It summarizes PREview scores for examinees from different backgrounds and experiences, including gender and race/ethnicity, AAMC Fee Assistance Program status, and socioeconomic status. It also shows scores from examinees who tested under standard and nonstandard testing conditions and first- and second-attempt scores for examinees who took the exam more than once.

Figure 6 uses box-and-whisker plots to show the mean score, along with the minimum-, 25th-, 75th-, and maximum-percentile scores. The minimum- and maximum-percentile scores are shown by the ends of the "whiskers," the 25th- and 75th-percentile scores are shown by the box (the left edge of each box shows the 25th-percentile score, and the right edge shows the 75th-percentile score), and the mean is shown by the vertical bar inside each box. For example, for female examinees, the minimum-, 25th-, mean-, 75th-, and maximum-percentile scores were 1, 4, 5.43, 7, and 9.

There is some variability in the mean PREview total scores for examinees from different backgrounds. The similarities and differences in these data are similar to those reported in the literature for situational judgment tests[2] and smaller than what is shown for other admission tests. However, the AAMC strives to do better and is taking steps to better understand differences in performance and explore ways to further reduce these differences.

Figure 6. AAMC PREview total scores for exams administered from 2021 to 2023, overall and by gender, race/ethnicity, socioeconomic status, fee assistance status, testing condition, and repeater status.[1]



(Figure 6 notes are on the next page.)

Notes

1. The total number of examinees who took the PREview exam from 2021 to 2023 is 49,190. The total number of PREview exams administered from 2021 to 2023 is 51,157. For the 1,914 examinees who tested more than once (i.e., repeaters), information from their second attempt was included. Data reflect examinees who applied to at least one MD-granting school and reported information in their AMCAS® application as of Dec. 18, 2023. Data are unavailable for examinees who applied to a DO-granting school only.
2. Race/ethnicity is unknown for 3,474 examinees. There were 1,780 examinees who selected "Other" for race/ethnicity.
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5. For repeater status, "Single attempt only" includes the scores from the examinees who took the PREview exam for the first time in 2021, 2022, or 2023 and did not test again. "Repeater" data include scores from the examinees who took the PREview exam for the first time in 2021, 2022, or 2023 and then tested at least one more time during this window. The "1st attempt" plot shows these repeaters' scores from their very first attempt, and the "2nd attempt" plot shows these same examinees' scores from their second attempt. There were 53 examinees who took the exam three times between 2021, 2022, or 2023, and their scores from the third attempt were excluded from this analysis.

How precise are examinees' PREview scores and how should they be interpreted?

Three types of information are essential for interpreting PREview exam scores:

- Total score.
- Confidence band.
- Percentile rank associated with the score.

Details about the confidence band and percentile rank are included below.

Confidence bands

Like other measurements, PREview scores are imperfect measures of examinees' true levels of preparation. They are not perfectly precise. Examinee scores can be dampened by factors such as fatigue, test anxiety, and less-than-optimal test location conditions, or they can be boosted by recent exposure to some of the tested competencies.

The confidence band describes the precision of the PREview total score. It shows the range in which an examinee's true score probably lies. Reviewing applicants' scores with the confidence bands in mind prevents overinterpretation of small differences in test scores.

Review PREview scores with their confidence bands to avoid overinterpreting small differences between scores.

The PREview total score is reported with a confidence band of plus or minus 1 point. Adding and subtracting 1 point to a PREview total score of 7, for example, defines a confidence band that begins at 6 and goes to 8.

Figures 7 and 8 illustrate how confidence bands can be used to interpret PREview total scores. The reported score for each examinee is shown as a square. The confidence band around each examinee's score is shown by the dashed lines in the figure.

Figure 7 shows that examinee A scored 7, and examinee B scored 6. The confidence bands around these scores overlap. The overlap between the two confidence bands suggests that the two reported scores may not be meaningfully different from each other.

Figure 8 shows that examinee A scored 7, and examinee C scored 4. The confidence bands around their scores do not overlap, suggesting the two scores are more likely to be meaningfully different from each other (compared with scores for examinees A and B).

Figure 7. Confidence bands for two examinees with similar reported scores on the AAMC PREview exam.

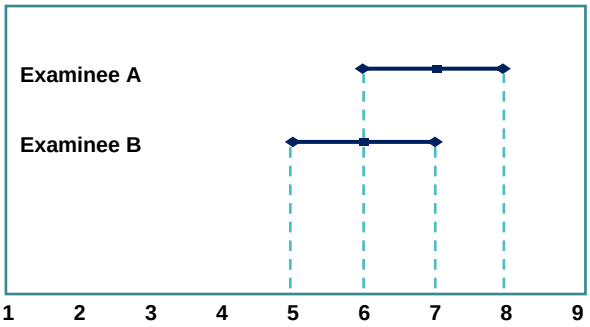
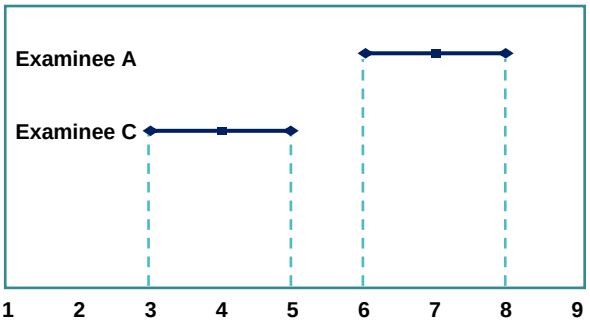


Figure 8. Confidence bands for two examinees with different reported scores on the AAMC PREview exam.



Percentile rank

The percentile rank shows how PREview scores of individual applicants compare with scores of others who took the exam. The appendix shows the current percentile rank table based on data from 2021 to 2023.

The percentile rank shows the percentage of test takers who received the same or lower score on the exam.

The percentile rank uses data from the previous three administration years. Basing percentile ranks on multiple previous administration years is a common practice in the standardized test industry. Because examinees change from one year to the next, the percentile ranks associated with scores may change

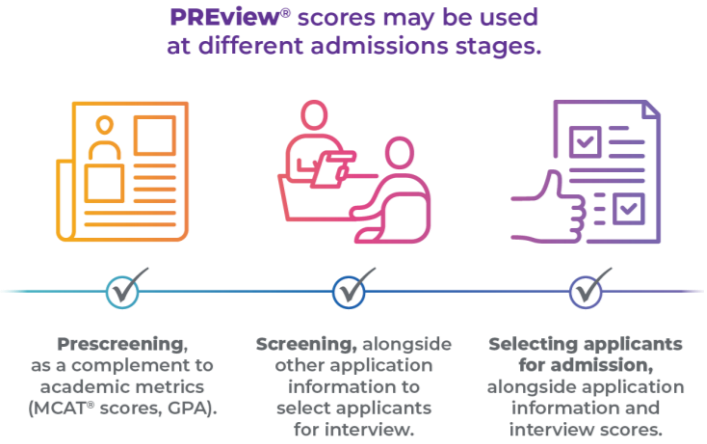
over time. Basing the percentiles on data from the past three administration years instead of one makes the results more stable and allows them to reflect year-to-year changes.

The methods that PREview developers use to write test questions and build and equate test forms keep the meaning of scores constant over test forms and time. The exam is not graded on a curve. No matter when applicants tested, whom they tested with, or what test forms they took, their scores have common interpretations. PREview scores describe applicants' understanding of effective and ineffective professional behavior based on standards and expectations of medical school faculty and staff for entering medical students.

How should admissions officers use PREview scores for holistic admission?

The PREview exam was designed to help admissions officers measure professional competencies early in the admission process. However, PREview scores may add value throughout the admission process. They complement academic metrics and other application information to help medical schools see a more complete picture of an applicant.

Medical schools may incorporate PREview scores into their admission processes in different ways that reflect their mission, goals, curricula, and applicant pool. Regardless of how they use PREview scores, medical schools should establish policies and procedures to ensure PREview scores are used in a fair and equitable manner for all applicants.



As medical schools start to incorporate PREview scores into their admission process, they should spend time learning what the scores mean in the context of their school's application and admission processes and understanding how applicants with different PREview scores perform in medical school. Schools should consider PREview scores alongside other application information and assign appropriate weight to PREview scores when deciding whom to invite to interview or whom to accept.

In accordance with holistic review, PREview scores should be one of many data points schools consider. The PREview exam assesses some but not all critical competencies for medical student success.[3] Triangulating different sources of applicant information, such as letters of recommendation, personal statements, experiences, interviews, multiple mini interviews (MMIs), and PREview scores, will paint the clearest picture of an applicant's readiness for medical school, including strengths and opportunities for further development. When used in combination with other application components, PREview scores will help admissions committees identify applicants who are better prepared to develop and grow professionally and learn technical knowledge in medical school.

When evaluating applicants' understanding of professional competencies, PREview scores provide different information than other components of the application. Some components of the application, such as personal statements or letters of recommendation, reflect an applicant's demonstration of professional competencies or what they have done. Other components, such as MMI scores or interview ratings, reflect an applicant's observed performance or how they might behave in the future. In contrast, PREview scores provide information about applicants' understanding of professional competencies, specifically knowledge of effective and ineffective professional behavior in different situations.

Admissions committees should interpret PREview scores in the context of other relevant application information and look for consistencies and inconsistencies in the stories these data tell.

- How did the applicant perform on the PREview exam?
- How did the applicant's letter writers describe the applicant's performance in professional competency areas?
- What opportunities has the applicant had to learn and develop professional competencies through their experiences?
- How did the applicant perform on the MMI or interview as it relates to professional competencies?

How have medical schools used PREview scores in the admission process?

Medical schools have used PREview scores at different stages of the admission process and in different ways, depending on their specific needs and admission strategies. All schools have wanted to use PREview scores cautiously and take steps to avoid disadvantaging applicants as they learn more about the scores in the context of their application and medical school.

- Schools have used PREview scores to inform decisions of who to invite to interview and/or final admission decisions.
- Schools have assigned PREview scores low weight in their evaluation of the applicant.
- Most schools have considered PREview scores as a way to strengthen an application (i.e., "plus factor") rather than as a way to eliminate an applicant from further consideration.

Medical schools considered PREview scores alongside other application information to get a more complete picture of the applicant. In addition, they triangulated across different application components that provide professional competency information, such as letters of recommendation, MMI scores, and interview ratings, to evaluate an applicant's professional competence. For example, in some instances, comparing PREview scores with MMI scores prompted further consideration or additional discussion of an applicant, particularly when an applicant performed well on the PREview exam but received poor or modest MMI scores.

Data across 13 MD-granting schools that participated in the 2022 PREview administration reinforce how medical schools have reported using PREview scores. Table 4 shows applicants to the 13 participating medical schools who reported PREview scores in different score ranges and were accepted into one or more of the participating medical schools in the 2022-2023 admission cycle. Acceptance rates were higher for applicants with higher PREview scores than for those with lower PREview scores (17% vs. 11%), which suggests medical schools considered PREview scores as one of many data points in their admission decisions.

Table 4. Percentage and Number of Applicants With PREview Scores Who Were Accepted and Not Accepted Into at Least One Participating Medical School, by PREview-Score Range[1,2]

	PREview Score			Number of Applicants
	1-3	4-6	7-9	
Accepted to at least one participating school	11% 372/3,504	14% 1,283/9,046	17% 785/4,739	2,440
Not accepted to at least one participating school	89% 3,132/3,504	86% 7,763/9,046	83% 3,954/4,739	14,849
Total applicants to participating schools	3,504	9,046	4,739	17,289

1. The data are for applicants from the 2022-2023 admission cycle who were and were not accepted to at least one participating MD-granting school. Applicants who did not report a PREview score from the 2020, 2021 or 2022 administration are excluded from this table. The most recent PREview score was included for applicants who had PREview scores from the 2020, 2021, or 2022 administration. There were 16,490 applicants with PREview scores from the 2022 administration, 799 applicants with PREview scores from the 2021 administration, and no applicants with PREview scores from the 2020 administration.

What is the relationship between PREview scores and other admission data?

This section describes the relationship between PREview scores and other admission data, such as Medical College Admission Test® (MCAT®) scores, undergraduate grade point average (UGPA), MMI scores, and interview ratings. Studying the relationship between PREview scores and these data provides information about how they can work together to provide a more complete view of the applicant. Results suggest that incorporating PREview scores into the admission process, particularly in the pre-interview screening stage, may provide unique information about the applicant and could help identify applicants for further review.

How do PREview scores relate to MCAT total scores?

This section presents data for examinees who completed the PREview exam in 2021 to 2023 and who also completed the MCAT exam. Table 5 presents the percentage and number of examinees by top, middle, and bottom PREview-score and MCAT-total-score ranges. These data show that PREview and MCAT exams measure different things. When used together, PREview scores and MCAT total scores may provide a more complete picture of applicants and help identify applicants for further review. For example, applicants with higher MCAT total scores and lower PREview scores may merit further review of their professional readiness for medical school. Higher PREview scores may help identify applicants with potential professional readiness who otherwise may have been overlooked due to lower or more modest MCAT total scores and could be successful in your school with the appropriate academic support.

Considering PREview scores alongside MCAT total scores could help identify applicants for further review of their academic and professional readiness for medical school.

Table 5. Percentage and Number of Examinees by PREview-Score and MCAT-Total-Score Ranges[1]

MCAT Total Score[2]	PREview Score[3]			
	1-3	4-6	7-9	All
≥ 507	**9% 4,278/48,680**	33% 15,900/48,680	22% 10,737/48,680	64% 30,915/48,680
497-506	7% 3,212/48,680	**14% 6,760/48,680**	**5% 2,585/48,680**	26% 12,557/48,680
≤ 496	5% 2,256/48,680	5% 2,438/48,680	**1% 514/48,680**	11% 5,208/48,680
All	20% 9,746/48,680	52% 25,098/48,680	28% 13,836/48,680	100% 48,680/48,680

1. The shaded cells highlight examinees who may merit further review when admissions committees are considering both PREview scores and MCAT total scores. The table summarizes data from examinees who reported a PREview score from the 2021, 2022, or 2023 administrations and an MCAT total score (N = 48,680). The most recent PREview score and MCAT total score were used for examinees with multiple scores. MCAT total scores were not available for 510 examinees; these examinees were excluded from the table.
2. MCAT-total-score ranges are from the Summary of MCAT Total and Section Scores, in which 33% of MCAT total scores were equal to or less than 496 and 66% of MCAT total scores were equal to or less than 506 across all exams administered in 2020, 2021, and 2022 combined.
3. PREview-score ranges reflect data presented in the Summary of AAMC PREview Professional Readiness Exam Scores, in which 25% of PREview scores were equal to or less than 3 and 78% of PREview scores were equal to or less than 6.

How do PREview scores relate to MMI scores and interview ratings?

This section presents data from six medical schools that partnered with the AAMC to explore the relationships between PREview scores and other admission data during the 2021-2022 admission cycle and 2022-2023 admission cycle. Specifically, this section shows how PREview scores, MCAT total scores, and UGPAs correlate with MMI scores and interview ratings. Table 6 describes the MMI and structured interview data and the sample of applicants used to examine each type, which varies due to data availability.

Table 6. Summary of Admission Data

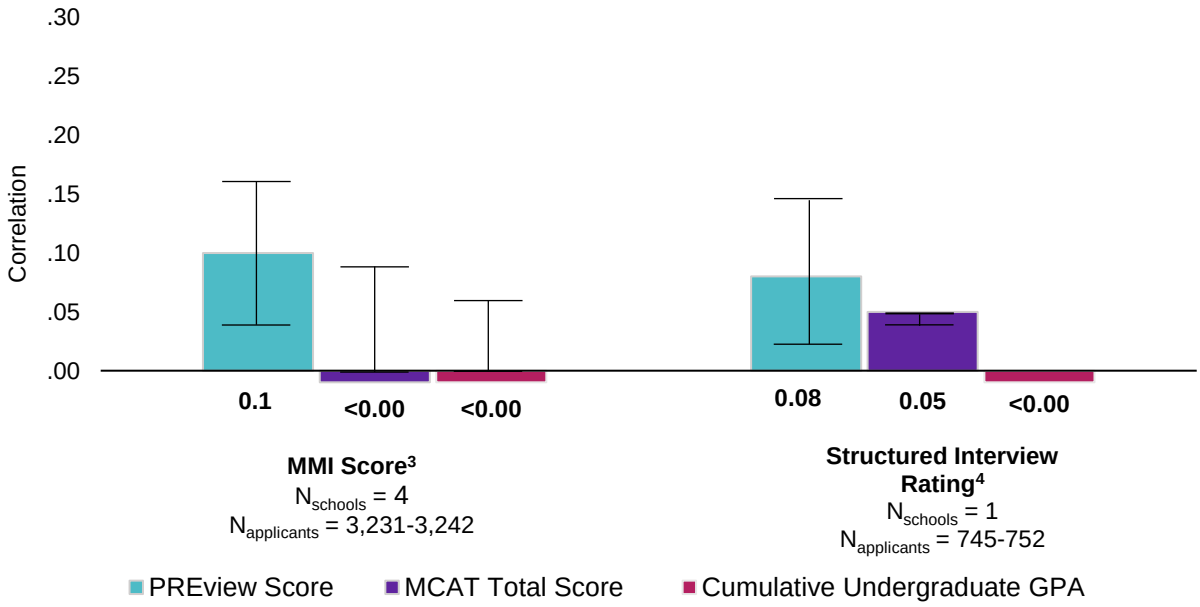
Admission Data	Description	Sample
Multiple Mini Interview Score (MMI)[1]	Mean ratings across multiple interview stations designed to assess various competencies, such as communication, reasoning, and pathway to medicine.	3,231-3,242 applicants across four schools that participated in the 2021 and 2022 validity study[3] and who had a PREview score, MCAT total score, and/or UGPA, and MMI score.
Structured Interview Rating[2]	Mean ratings across multiple interview questions designed to assess a variety of personal competencies (e.g., communication, teamwork, leadership).	745-752 applicants at one school that participated in the 2021 and 2022 validity study who had a PREview score, MCAT total score, and/or UGPA, and structured interview rating.

1. Four of six medical schools provided data from an MMI. Of these four schools, one school also provided the structured interview data described above.
2. One medical school that participated in the 2021 and 2022 validity study provided data from structured interviews, which included targeted interview questions and rating scales. The interview was defined as structured based on key attributes of structured interviews based on work by Campion et al.[4]
3. The total nonunique number of applicants combined across all four schools is 3,242.

Figure 9 displays correlations between PREview scores, MCAT total scores, and UGPAs with MMI scores and structured interview ratings. The figure uses a bar chart to show the mean correlation across application cycles and school(s). The minimum and maximum correlation are shown by the ends of the lines overlaying each bar (the bottom edge shows the minimum correlation and top edge shows the maximum correlation).

The overall pattern of correlations suggests that PREview scores correlate more strongly with other measures designed to assess similar professional competencies than with academic metrics, which are designed to measure a different set of important competencies and knowledge areas. Results also suggest that the PREview exam measures competencies distinct from those measured in medical schools' MMIs and structured interviews. There was variability in correlations across application cycles and schools, with PREview scores being more strongly related to MMI scores or structured interview ratings in some application cycles and schools than others. Results should be interpreted with caution as correlations at a single school may not be representative of multiple schools.

Figure 9. Correlations between PREview scores, MCAT total scores, UGPAs, MMI scores, and interview ratings across validity study schools for the 2021-2022 and 2022-2023 admission cycles.[1,2]



Notes

1. Each bar reflects the mean correlation across two application cycles and school(s). The line overlaying each bar reflects the range of correlations across application cycles and schools.
2. Applicants' most recent PREview scores, most recent MCAT total scores, and UGPAs as of Feb. 2, 2023, were correlated with MMI scores and structured interview ratings.
3. MMI data are based on 3,231-3,242 applicants who applied to medical school in the 2021-2022 and 2022-2023 admission cycles (the total nonunique applicants from four validity study schools). MMI analyses were conducted separately for each application cycle for each school.
4. Structured interview data are based on 742-752 applicants who applied to medical school in the 2021-2022 and 2022-2023 admission cycles (from one validity study school). Structured interview analyses were conducted separately for each application cycle.

How well do PREview scores predict students' performance in medical school?

The AAMC is committed to studying the relationship between PREview scores and students' performance in medical school. Studying the relationship is particularly difficult due to a lack of medical school outcomes related to professionalism. While some courses are conceptually aligned with the competencies tested on the PREview exam, grades and other evaluations in these courses are often based on competencies not tested on the PREview exam. This is why the AAMC developed a performance evaluation tool to assess learners' performance on competencies tested on the PREview exam.

The AAMC and faculty at participating schools collaborated to develop a behaviorally anchored rating scale for each competency. A definition of each competency was provided. Using this tool, faculty who supervised learners in small group settings during their first or second year of medical school provided ratings of learners' demonstration of competencies measured on the PREview exam. Ratings were made on a 5-point scale, with each proficiency level defined by behavioral examples. Thirty-nine faculty provided ratings for learners who entered in 2017, and 65 faculty provided ratings for learners who entered in 2016. To mitigate the risk that faculty would not provide accurate ratings, ratings were collected for research purposes only.

2017 Validity Study Schools

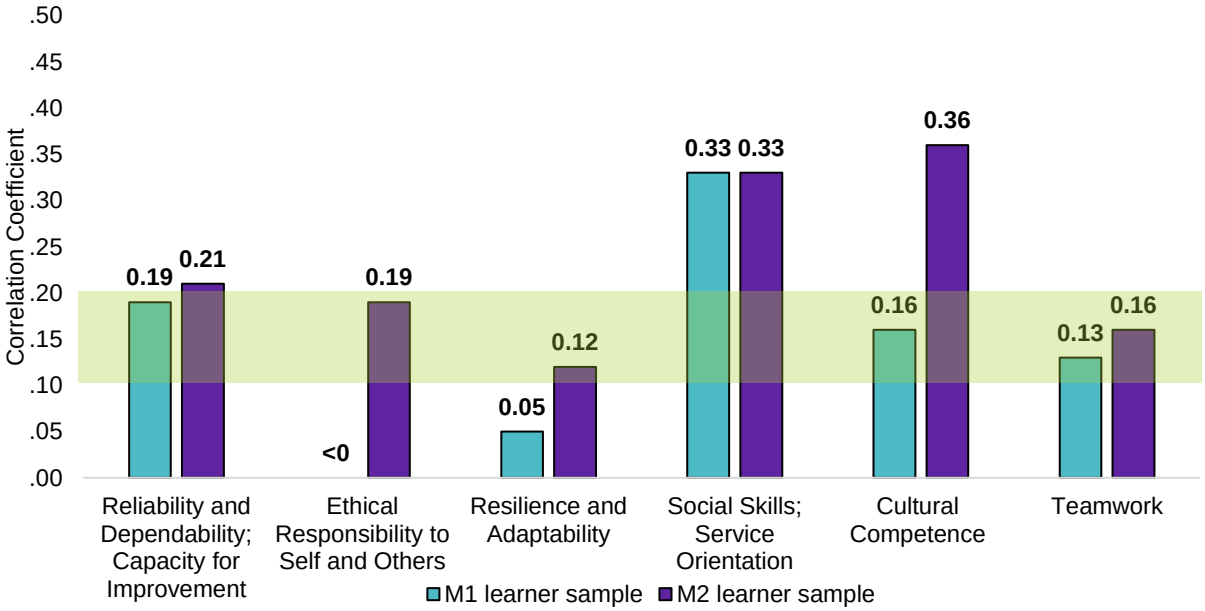
The AAMC partnered with the following eight medical schools to conduct a longitudinal validity study of the PREview exam using a prototype of the exam:

- Drexel University College of Medicine
- Meharry Medical College School of Medicine
- Rutgers Robert Wood Johnson Medical School
- Spencer Fox Eccles School of Medicine at University of Utah
- University of Alabama at Birmingham Marnix E. Heersink School of Medicine
- University of Minnesota Medical School - Twin Cities Campus
- University of New Mexico School of Medicine
- Washington State University Elson S. Floyd College of Medicine

These schools varied in geographic location, public-private status, and matriculant pool size.

Figure 10 shows how PREview scores predict faculty ratings of learners' professional competencies. The green shading indicates the size of correlations that would be expected between PREview scores and performance based on the literature about SJTs used in employment and higher education.[5] Analyses were conducted separately for learners in their first year (M1) and for learners in their second year (M2) of medical school due to differences in education and experience in medical school.

Figure 10. Correlations between AAMC PREview scores and research-only faculty ratings of learners' performance.



Notes

1. Sample from 2017 Validity Study. M1 sample size = 169-201; M2 sample size = 242-263.
2. M1 correlation for PREview scores and Ethical Responsibility to Self and Others ratings is -0.04.
3. The green-shaded area represents the expected range of correlations between PREview scores and performance (based on the literature).

The correlations between PREview scores and faculty ratings of learner performance are small to medium, as expected based on the SJT literature. These findings suggest that PREview scores are related to learners' performance in professional domains in medical school. Based on these findings, PREview scores could help schools identify applicants with the potential to demonstrate professionalism in medical school. However, additional research is needed to better understand these relationships given the relatively small number of participating schools and sample sizes.

The AAMC has partnered with five medical schools that participated in the 2021 pilot administration to further explore how PREview scores relate to medical student performance.

PREview Scores Predict Professionalism in Residency: Preliminary Findings

Since the 2017 validity study, the M2 learner sample progressed to residency training. As part of the AAMC's Resident Readiness Survey (RRS), 227 students from this sample received RRS ratings from their program director as first year residents between January and March 2021. We observed small correlations (.11 to .19) between PREview scores and ratings in four professionalism areas, including professionalism with healthcare professionals, professionalism with patient and family, responsibility and professional development, and organizational skills. Results should be interpreted with caution given the small sample and pilot year of the RRS.

Conclusion and next steps

Over a decade ago, the AAMC and the medical school community identified a shared goal of developing an assessment of applicants' professional competencies that was reliable, valid, and fair and could facilitate holistic review earlier in the admission process, at the pre-screening stage.

This guide presents results from the series of research studies and the evaluation of the most recent three administrations, which demonstrate the validity and value of the PREview exam. This body of research shows that PREview scores may offer unique information not captured by other application components such as academic metrics, MMIs, and interviews. Results also suggest PREview scores can help admissions committees identify students with a greater readiness to learn, develop, and demonstrate professionalism in medical school.

As the program continues to move forward, the AAMC will continue its ongoing evaluation of the PREview exam to help inform how medical schools use PREview scores in their admission process and ensure the assessment adds value to medical schools' admission processes. Over the next few years, the AAMC is partnering with medical schools that participated in the 2021 administration to further explore how PREview scores predict medical school performance. We look forward to sharing results of this research as they become available in the future.

After several years of strategic growth the AAMC made the PREview exam available to all medical schools. We are excited to work with over 25 medical schools who had added PREview scores to their admission process in the 2024-2025 application cycle and even more who are studying PREview scores at their schools. We appreciate the community's partnership on this important initiative and look forward to our continued collaboration toward this shared goal.

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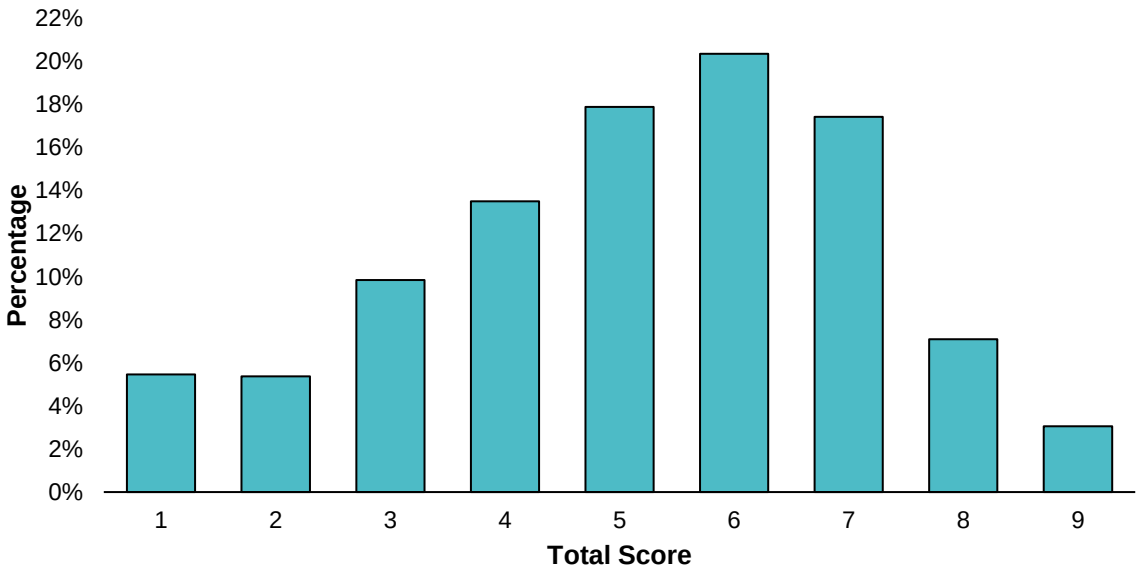
Appendix. Summary of AAMC PREview scores

Figure A. AAMC PREview total scores and percentile ranks in effect May 1, 2024, through April 30, 2025.



Note: N = 51,157.

Table A. AAMC PREview Percentile Ranks in Effect May 1, 2024, Through April 30, 2025

Scale Score	Percentile Rank
1	5%
2	11%
3	21%
4	34%
5	52%
6	72%
7	90%
8	97%
9	100%

Note: The column labeled “Percentile Rank” provides the percentage of scores equal to or less than each scale score point. These percentile ranks are based on all PREview results from the 2021 to 2023 testing years combined. Updates to the percentile ranks will be made on May 1 each year.

Association of
American Medical Colleges
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

24-010D (05/24)