Michelle Shader:

Thank you so much for joining us today. I'm Michelle Shader, the Director of Holistic Initiatives and Learning here at the AAMC. In this role, the Holistic Review Team and I, guided by our Advisory Committee and our various working groups, highlight and scale innovative use of the holistic review framework.

As we are approaching the upcoming SCOTUS decision on the use of race and ethnicity in admissions, we've really began focusing on the importance of aligning admissions practices to the mission and the community goals of each school of medicine. To illustrate this mission alignment, we've invited two amazing speaker from schools of medicine from very different communities. I'm pleased to introduce you to Dr. Brian Steele, the Associate Dean for Admissions at the University of Kansas School of Medicine. And Dr. Sandra Quezada, the Associate Dean for Admissions and Faculty Diversity and Inclusion, and Professor of Medicine at the University of Maryland School of Medicine.

I will turn this presentation over to them after a quick overview of Holistic Review. So Holistic Review refers to the mission-aligned admissions or selection process, whose purpose is to assist medical and other health profession schools, and optimizing admissions and selection processes that are mission-based, data-driven, and strategically aligned. Because Holistic Review is institution and mission specific, it is incumbent on each school to clearly and tangibly define what they care about, who they serve, what they aim to achieve, and fully integrate those priorities into every phase of their admissions process.

To assist schools in doing that, the promising practices in admissions working group vetted and launched a Considerations Guide, authored by Doctors Leila Amiri, Christina Grabowski, Leila Harrison, and Sunny Nakae. You can download the guide.

Let me put this... I'm going to put them in the chat in just a minute. I'll put the links in there for you.

So this guide will serve as a template for the development of schools and resources, and we encourage you to use this guide to send us feedback as we want it to be a living and continuously improving document. You can share your input with us at the Holistic Review email address, which I'll also drop in the chat.

And with that, I'm going to turn things over to Dr. Sandra Quezada to share what she is doing at the University of Maryland.

Sandra Quezada:

All right. Thank you so much, Michelle.

I'm Sandra Quezada, and I'm very happy to share perspectives from our admissions process at the University of Maryland School of Medicine in Baltimore.

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Keeping in line with the focus on being mission-driven in our admissions process, I share here first, the current mission statement, which is really for our whole school of medicine, for the entire institution. And I emphasize current, because we do have new leadership and are undergoing a strategic planning process that's institution wide, and I suspect that there will be some updating and revamping of that broader mission statement. But in the last year actually, it's really become clear to me that I also want to develop an admissions committee specific mission statement.

And so, while that is still currently in development, I can share an early draft of that here. And that is that, through Holistic Review, we aim to build a highly talented and compassionate medical school class and future physician workforce that reflects the diverse communities we serve and who exhibit a commitment to social justice and advancing health equity. And I can say that, this very much reflects the

values of our admissions committee, which was very much aligned probably with and reflected in the statement on the next slide.

So if we can go to the next slide.

In our MSAR, if you were to visit our page on MSAR, you might come across this expanded mission statement here, which really, we call our Social Justice Compact. And this was a statement that many stakeholders across the institution came together to develop in 2020, in the wake of the murder of George Floyd and the racial and social justice awakening that, obviously, moved all of us. We really felt compelled to put into words this expression of our values and our vision for the institution. And so very much, I would argue that our current committee decision-making and thought process is already influenced by that. And much of this, I think, the spirit of the language here is also going to be infused into our admissions committee-specific mission statement.

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And so, if you pull some highlights from that even early draft that I just shared, here are some criteria or qualities and characteristics that we're looking for. That common question that applicants are always asking, "What are you looking for in an applicant?" And so, we hope that our mission statement can clearly communicate that. And that, of course, we're looking for individuals who are highly talented and academically prepared and motivated, but they're also compassionate, humanistic professional individuals who do reflect the diversity of the diverse patient communities that we serve.

Again, we're in Baltimore, Maryland, which is a majority Black city. Maryland is a very diverse state, and we are intentional about making sure that our graduates do reflect the diversity of these communities. And also, that all of our graduates also have a real demonstration of commitment to social justice and will, ultimately, help us in the workforce to achieve health equity.

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So mission statements are great, but if you don't actually change the way that you're doing things, then you won't get any results or really result in any kind of change or difference in your outcomes. And so, I wanted to share some of the changes that I implemented in our admissions process.

When I first stepped into this role, now four years ago, two of the first things that I noticed, one, was that our admissions committee itself was not diverse. It was not reflective of the class that we wanted to admit. And so, I was very intentional each time that an opening became available on the committee to invite a faculty member who could bring diverse lived experiences, specialty insight background, and really diversity of thought and experience across many dimensions, as well as diverse identities to the admissions committee. And I do think that, that helps us ultimately be successful in our mission.

We also moved to a digital process that year in 2019. Yes, we still had all hard copy applications, 25 to 30 page, 5,000 plus applications that we were printing out. So we had actually, maybe, about 10% of our process being electronic, more so for the interview process. But that year, fortunately in fall of 2019, we went entirely digital. Which of course, was a blessing later in 2020. But it also, as I'll share later, helped us navigate through our thousands of applications in a much more strategic way.

We also made sure that all of our committee members and interviewers are trained on implicit bias, and recognized that we want to be very careful in what is the information that we're sharing, or that all of the information that we're sharing really is pertinent and valuable at each stage of the process.

And so we utilize AMP to access AMCAS, and what was happening, or what was the current state when I first stepped into the role, was an interviewer or committee member would open an applicant's file and the first things they saw were the picture, the name, and their GPA and MCAT score, which really, I felt, communicated the wrong message, that this is highly important and needs to be at the front page,

literally, of the application. And so what we did was, remove that from that initial interface with the applicant for our admissions committee members and interviewers.

Similarly, we also wanted to develop more awareness around how predictive, particularly the MCAT, was for our students in terms of determining outcomes. And specifically, we looked at Step 1 outcomes. One of the things that was a common theme that would arise in committee discussions were that the MCAT would predict the Step 1 score, and basically, that standardized tests predict the next test. And so, we did a data analysis internally and were able to demonstrate that actually, at our institution, that simply wasn't the case. And that the MCAT, at least within the thresholds that we, at the time, were accepting at 500 and above, but essentially, there was no meaningful difference or correlation between the MCAT and Step 1 scores.

So looking at an applicant with a 502 versus the 525, I really couldn't predict how they would score on that test. So not only do we know that it obviously doesn't predict who's a wonderful physician, we don't even know that it predicts who's going to score well on the next test. And that was powerful data to be able to communicate back to our committee, and really look at this more as a pass-fail, de-emphasize the value of the MCAT in those conversations and move on. And spend more time discussing those qualitative, the real Holistic Review, right, of the application and help guide our decisions accordingly.

We also sought to blind our interviewers from MCAT and GPA. These metrics are, unfortunately, sometimes more powerful than they should be, and we recognize how much they can influence all of us in how we assess applicants. And we were noticing consistently, from our interviewers, that the feedback we would hear often included and was strongly influenced by those scores.

So an interviewer might say, "This was the most wonderful interview I've ever had, and this person is obviously very mature, and professional, and kind and all the things. But their MCAT is kind of borderline, so I'm going to hold them." Or the reverse could have happened, "This applicant communicates no warmth and doesn't seem very motivated. But gosh, their GPA and MCAT is so high, we should accept them because I'm sure they're going to be fine." And that's really not the spirit of the interview, it's not the purpose.

And so, by blinding that information from our interviewers, we really enable them to focus more clearly on the applicant's interpersonal communication skills and ability to develop rapport, which is really what we're looking for in that interview process. Our committee members and screeners do have the full access to that data, but it basically allows us to be very strategic again and intentional depending on what phase of the process that we're on with AMCAS.

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And actually, I mentioned that when you do things differently, you get different results. And so those changes that I implemented in 2019, already yielded results in 2020. What you see here, on the left side of the screen, is a chart showing our percent of underrepresented students in medicine in our first-year class each year. And whereas, we hovered generally between 9 to 13% for the previous 20 years. After making those changes in 2019, we had a new 24 to 30% now consistently for the last several years.

And actually, we've seen increased diversity across multiple dimensions, not just race and ethnicity. But you see here, a rise in the proportion of students who are first generation to go to college. We've also seen increased proportion of students who qualify for FAP, and doubling actually the proportion of students who identify in the LGBTQ+ community, we had 19% actually in our first-year class. So when you work towards equity, everybody wins.

And if you look at the next slide, I think this is also important data that we share frequently with the previous slide. Which is that, with all of that growth in diversity across multiple dimensions and

demographics that we've had very consistent academic metrics actually. Even with blinding the interviewers, et cetera, we still have very consistent average MCAT and GPA scores for our incoming class. And I think this is important data to share, because there's often that narrative that you have to sacrifice quality or merit for diversity. And so, what I like to show is in fact, these are not at odds, they're very much aligned. And that we have, actually, more competitive applicants who are highly qualified and diverse because they are diverse.

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Everything I've been talking about is after we get the application, we also made some changes before. We all do a lot of work before we get the application. We are very intentional in making sure that we're creating stronger connections with our HBCU campuses and minority serving institutions, and Zoom allowing us to do that really across the country helped us broaden that pool, and really connect intentionally with premed advisors. Both so that we can encourage them to encourage their applicants to apply to our medical school, and also just to open those lines of communication and be a resource for those advisors.

I should share that, in addition to being part of the social justice and advocacy work group for COA, I also am currently working with the wonderful Kim Bellamy. Who I want to give a shout-out to, who's doing a wonderful job leading this initiative, the AAMC and NMA Action Collaborative for Black Men in Medicine. And we have a premed advising training work group where we're working to develop, basically, a training curriculum for premed advisors with the hope that this can provide advisors the tools that they need to be able to provide high-quality advising to premed applicants. And also, that ideally, this increases access to that high-quality advising for all applicants.

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And so, just a few more comments on how we've utilized the AMCAS in helping us. Again, now that we could do this electronically, how could we sift through very strategically through those thousands of applications? We are a state school and we do want to provide some priority for our in-state applicants. So we certainly filter by state and encourage earlier review of these in-state applicants, given that we have a rolling admissions process that that's important.

We also created a filter for those who are underrepresented in medicine. And of course, with the Supreme Court decision, potential decisions that are coming very soon down the pike, we're also going to be including these additional elements that the AMCAS provides us. That helps us continue to really achieve our mission to optimize equity in the admissions process and minimize bias, increase access, et cetera.

I think we can go to the next slide.

And we also utilize AMCAS just to, again, check our own results and see how we're doing, are we achieving the mission? Each year we provide reports and presentations on the demographics of all of our first-year class to our executive committee, to our curriculum committee. We look at how these trends may change over time. And more recently, we're also using this data to then potentially look forward and see how our students are performing in medical school, and if there should be any adjustments to course recommendations and other potential things that we should be looking for in the admissions process in our selection.

So I think that might be my last slide, and we can go... Yes, thank you very much.

Brian Steele:

Hey, all. My name is Brian Steele. As mentioned before, I'm the Assistant Dean for Admissions at the School of Medicine at the University of Kansas. I also serve as a central rep to the committee on admissions.

So at the University of Kansas School of Medicine, we used to be the only medical school in the state. I can't say that any longer, but we're the only state medical school in the state. And so our mission statement, as you can see, it is very much state specific, it's also fairly broad. So there's not a lot of description on, "Well, what does this mean? How do we accomplish what it looks like to have improved Kansas health care?" And so, as an admissions committee, we also have a little bit more defined set of, "How do we actually meet that mission?"

And so, we have a priority to have students from the state of Kansas, or those that have what we call a Kansas Tie come to our medical school. Being a state supported school, we want to have a priority or a majority of those that are from Kansas or have a connection to Kansas. And so, our admissions committee is actually defined of what we call a Kansas Tie. So if someone has spent significant time living in the state of Kansas, or working in the state of Kansas, we consider them a Kansas Tie.

From the admissions' perspective, we pretty much view them as a Kansas resident. Now our registrar's office does not view them as a Kansas resident when it comes time for paying tuition. But for the admissions purposes, we view students that have attended a college university in Kansas as a Kansas Tie, those that are currently living and working in Kansas as a Kansas Tie, those that graduated from a Kansas high school but now maybe have residency elsewhere, we view them as a Kansas Tie.

We also are looking for students that have experiences working with populations that are familiar to our state. So we like to see students that have experience in rural communities, Kansas is a very rural state. But we also want to see students that have experience with underserved communities. So for our school, we have three campuses. We have a campus in Kansas City, we have one in Salina, and one in Wichita, very different communities. So do our out-of-state applicants or those without a tie to Kansas, have experiences working with populations similar to those that you might find in those cities where we have our campuses?

And as I mentioned earlier, our mission, it's a little bit vague. I think it makes sense, yes, we want to promote Kansas applicants, those that are hopefully going to stay in our state and practice medicine. But we want to make sure we also define, "Well, what does it actually mean for our admissions committee?" So you can read here, we have a lot more specifics of what we are trying to accomplish in our process. And so, we really want to make sure that we are explicit in what we are trying to do.

I think, especially right now in light of what's going on nationally and also in many of our own states, I think that we usually use the word holistic, and I truly believe that most of us are using holistic admissions processes, but for many applicants, or parents, or members of our states, they're very confused of, "Well, what is holistic?" So what are they doing behind closed doors? So I want to make sure our committee knows exactly what we need when we are trying to select applicants that are going to serve our state.

And so, our admissions committee has come up with this definition. I will say that, it is also currently under review. It'll also be under review with our general council soon, and pending what happens both nationally and statewide, this could change a little bit. But we want to make sure that we're very clear of what we are looking for.

In addition to these objectives, we also have some defined characteristics that we want to see in our applicants. So what are some of the experiences they have that we want to see? A lot of that is built on

the resources the AAMC has put together, as far as the premed student competencies. So we hope to use those to help shape what are the characteristics we want to see in our applicants. Then also, how can we make sure all of our admission committee members know exactly what are the objectives we're trying to accomplish in our admissions committee.

And so, we do a lot of training. As Sandra said earlier, we are moved to a digital process. We very much still have the print off the application, put it in a folder, hand it out to the interviewer on the interview day so they could read through it. So we've had to do a lot more training now that everything is virtual. We have a homegrown system that we use. And so a lot of our training was just, how do you click or where do you go to find certain information on the application?

A lot of the information that our interviewers, our admissions committee members see is on the AMCAS application. So making sure that they are aware, how do you scroll through the application? How do you read about the experiences? What types of experiences are there? What is a good set number of hours? What are the experiences that we're looking for? So really making sure that all of our committee members, all of our interviewers know exactly what information is available to them and how they can find that.

And then, we also wanted to make sure that we have a defined desired criteria for who actually gets an interview. Like I mentioned earlier, we primarily give consideration to those that are from Kansas or have that Kansas Tie. Our admissions committee has to find an automatic interview criteria. So that automatic interview criteria, if a student has a 500 on the MCAT and a 3.2 BCPM GPA, if they're at Kansas or have that Kansas Tie, we automatically interview them. So we want to make sure, and I'll talk about this here in a minute, we want to make sure students are aware of that, the advisors are aware of that. If they meet that criteria, they're automatically offered an interview.

But to get that interview criteria and really look at those things, we do a lot to identify what are certain MCAT and GPA thresholds. One of my favorite charts, and I know it's also on the AMCAS for school tools now as well, and you can have it institution-wide, but the chart that shows national data of what students were offered admission matriculated based on GPA and MCAT, how do they progress through the curriculum? How did they pass Setp 1? Did they graduate in four or five years? I took that chart, took it to some members in our school, and I also had just an institutional, very similar chart. So we took all of our students over the past few years in our curriculum, what were their combination of GPAs and MCAT scores, who progressed on time, who passed Step 1, who graduated on time, who matched into residency, what were their scores?

Having that information really helped change how our committee viewed the MCAT score. In our training, we will definitely be using the new resources that Michelle pointed out earlier that just came out throughout this year, we'll use that for our committee members. In the past, I've always loved the point towards the EAM model that the AAMC has put out. So that experiences, attributes, and metrics model. What I love about that model is it shows that experiences and attributes point towards metrics. Metrics are highly influenced based on experiences and everything else that's going on in an applicant's life. And so we use that guide to really help view, how do we put that MCAT into a context of who that applicant is, where they are coming from.

Also on the AMCAS for school tools, there's a lot of other resources I'll talk about, I think on the next slide, but really looking to see where applicants are coming from and what does that individual school report look like as far as average MCAT scores, average GPA from feeder schools. That's been a really helpful tool for me to really show that, "Hey, this student..." Maybe in the past our committee would say, "Hey, that's a below average MCAT score." whatever below average might mean. But we can say, "Hey, you know what? Based on other students from that school, that actually is a pretty decent MCAT

score on that." And it really helped us to change the conversation of how some of our members might view the MCATs.

We also really look at the dashboard reports to share real-time data about how the applicant pool is looking. I'm not sure if every state is like this but at least for our state, which I said Kansas is pretty rural state. On the last two years, our in-state numbers or applicants has dropped. And so being able to use the dashboard reports helps me in almost real-time share with my committee, "You know what? We are down on Kansas applicants, which means we might be interviewing more out-of-state applicants than usual." I can also see the top feeder schools, so I can say, "You know what? We might be interviewing more applicants this year from this school, compared to maybe years past."

I can also see how many students in our application pool have submitted and been approved for the FAP. I can see first-generation students, I can see military status students. There's a lot of almost real-time data that I can use to report back to my committee to say, "Here are the current trends happening right now." I used to keep all those current trends based on application numbers, things like that, are we up, on a little sticky note on my office. And once a month or two times a month I go in and write that down.

Now, the AAMC thankfully does that for me on a dashboard that I think is very easy to use and navigate. And so, we really use that a lot with our admissions committee to report back, like I said, almost in real-time, how is the applicant pool shaping up for that year? I still think that there's sometimes admissions committee members that always think, "You know what? This is maybe a good applicant, maybe we should interview them or push them through? But, let's wait to see what else is going to come through." And being able to share back in real-time, "You know what? This is, maybe, what the entire pool is going to look like." has been really helpful in our process.

And recruiting, a lot of this happens before. So like I said, being a state school, we have an automatic interview criteria. And so we want to make sure that of those that meet that criteria, they're aware of that. We also want to make sure that those that are close they're aware of what happens after that. So if they don't meet that criteria, they are file reviewed by our admissions committee. But really for recruiting, we want to make sure every student in our state knows about our school of medicine. So we try to visit every college and university in the state of Kansas.

Now after COVID, being virtual has really helped us to really accomplish this task. Even for a rural state, we actually have 43 4-year institutions in the state of Kansas, so I actually have quite a bit for the number of population we have in our state. We try to make it a point to visit with every school. Most of our Kansas Board of Regent Schools we visit twice, once in the fall and also in the spring. All the other schools we try to attempt to visit once in-person.

Every time we do the visit, we always are discussing the automatic interview criteria, talking about what are we looking at, defining what is holistic admissions, what is our committee looking for, who's on our committee, what does the committee composure look like. We are always trying to share that with applicants.

We're also always, always, always trying to make sure applicants have accurate information. So once a year we actually hold a premed student conference. It's not just for members of our state, we invite everyone in the region as well, we actually hold this conference in-person. We try to make it very similar to a conference that a medical student would attend. It's a full-day conference where we talk about application prep, they have student panels, they have physician panels. Really giving applicants, or potential applicants, as much information as possible about what is medical school? What does it look like? How do I pay for this? How do I be a good applicant? How do I make sure this is the right next step for me? We do that at our premed student conference.

We also hold a premed advisors conference. We actually hold this one virtually now. We have an advisors' conference where we want to make sure that all of our advisors have the right information. We actually, this last year, started having a premed advisor conference for just community college advisors. They play a huge part in what we are trying to do at the University of Kansas. And so we want to make sure that they have accurate information and really help their students make the next step to either a four-year school, or the right next step that's appropriate for them. We want to make sure our students have the information.

We have a huge advisor database. We really rely heavily on our advisors in our region, not just in our state. But we also don't want our advisors to be the gatekeepers of who gets the information for medical school, and that's why we do these conferences. That's why we want to make sure we get the information out to applicants, especially with all the schools that we have in Kansas. A lot of the smaller schools, they just have a faculty member that probably drew the small straw, or the short straw, to be the faculty advisor that is in charge of prehealth admissions. And so, we want to make sure that everyone has the right information.

We offer virtual office hours where any student can just pop in and ask us questions, we do that weekly. We also have an application toolkit. I would say don't go searching for it because it's in development, it doesn't look as good right now. But we want to make sure that students can come to us and get the right information that they need to be a successful applicant. And not only that, but also know that, "Hey, this is the right next step for me." And making sure that they are aware of this is and what we're looking for.

And then, we also are in development right now for a physician fact sheet. A lot of our applicants get information from the physicians that they shadow, especially in our rural communities. If they interact with a physician that was a graduate of our school of medicine, or attended one of our residency programs, they usually are more than willing to give advice that usually is not very accurate as to when they applied to medical school what we are looking for. So we want to make sure that physicians also have accurate information of, how do students get an interview, what are we looking for in our process, and how can they serve as a better mentor and advisor for students that they interact with that might come and shadow them in their offices.

And so, screening. So as I mentioned, we have an automatic interview criteria, so for those that are Kansans or have a Kansas Tie. Now, people that do not meet that automatic interview criteria, so they don't meet the 500 and 3.2 BCPM, or they're not a Kansan or have that Kansas Tie, we want to make sure that our admissions committee knows exactly what to look for and what's available to them when they review that. So they are reviewed by a admissions committee member to determine, should we offer them an interview? So that is anyone that has any of that automatic interview criteria, we automatically have a file review with a member of our admissions committee to figure out what is the next step for that app.

And when we're screening for that, we are using a lot of the tools on the AMCAS application. Like I said, we're a state school, so a lot of what we're looking for on the AMCAS application is, do they have a connection to our state? One of our campuses is right on state line, and so we border another state. We want to see, obviously yes, we want to know what do you know about medicine? But we are always telling our applicants, "We also want to know what do you know about service to others?"

So do they have community service? Are they involved in their campus, are they involved in their community, their hometown? Where were those experiences taking place? Especially, if they're a regional applicant where they have spent time in our state, what do they do in our state? Did they actually do community service? Did they shadow, did they volunteer? Or did they just come over because they've heard of Patrick Mahomes, and they've heard that we have good barbecue? And so, we

want to see what is their connection to Kansas, so we're looking at those things. Looking to see in their own state, do they have any connection with rural and underserved populations, as I mentioned earlier. Are they from a rural area of their state? Have they served in those rural communities? Have they served in underserved populations in their state?

We're also looking at previous colleges attended. I think this last year, over 70% of our applicants had attended a community college. And so we want to see what has their pathway up until this point been. Did they attend a school in Kansas and then leave, what was the reason for that? Especially during COVID, we had found that was the case. They started a school in Kansas, COVID happens, they move back home. What other institutions have they attended up until this point.

Like I said, we are always using the rural and underserved indicators. There's a lot of good indicators on the AMCAS that we arelooking at to see more students meet some of those indicators. Like I said, we're looking at, have they applied for the FAP? Were they granted that? That helps us a lot. Especially, if they are an out-of- state applicant, if they have that, we waive our out-of-state application fee. We also are looking for military service. We have a few big military bases in the state of Kansas, and so we're looking, have they spent time there? What is that connection to Kansas? Does it make sense on the AMCAS application why they're applying to our school? And obviously, on our secondary application, we do ask them, "Why are you applying to KU?" But we want to make sure, not just what do they put in writing there, but does their AMCAS application back up what they put on our application. And the AMCAS for School Reports have been very, very helpful.

So there's the integrated Admission Reports, and so as I mentioned earlier, we're always looking at that. So what are the MCAT and GPA scores from our feeder schools? What are our top feeder schools? What are our top states of residency? And so, who are our students? Who is applying, where are they applying from? And we're always looking at who are our underrepresented medicine applicants by that diversity indicator report.

Honestly, so much for the MCAT Testing Plan, we didn't really use that this last year. We are planning on using it this next year because in the state of Kansas, I think, we have five MCAT testing sites. Most of our colleges are not close to a testing site. And so, it actually is going to be very helpful for us to see when our students are taking it, where do they plan to take it. So we plan on using that more this year.

And then, like I said, the MCAT Score/GPA Grid, we did some institutional data digging to make our own grid that's already becoming more out of date. And so we'll definitely be using it more this year, the AMCAS for Schools Report that has our own institutional data as to who was accepted, who matriculated, what was their GPA MCAT score? Because as similar to shared earlier, those points really help us to move the needle on our admissions committee as to what is valued, how can we really make it holistic? Not just, we look holistically once they meet a certain GPA or MCAT threshold.