Instituting and Using a Holistic Admissions Process

IAMSE Webcast Seminar Series
Fall, 2011

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Abraham Flexner's Report

Lax Admissions Standards

Recommendation:
- minimum of high school diploma AND
- at least 2 years of college basic science coursework
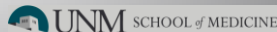
1910 = 10% US & Canadian Schools
1920 = 92% US Schools

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Overview

Motivation for Change

Lessons Learned

Challenges

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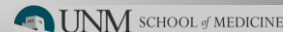# Motivation for Change

- Diversifying the Physician Workforce Demographics
- Health Care Disparities
- AAMC Holistic Review Project
- LCME Accreditation Standards

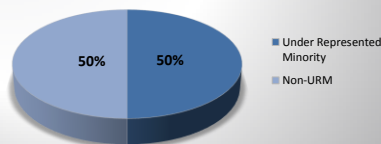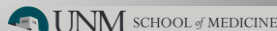Source: The US Department of Health and Human Services (2008)

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Population Demographics Are Changing

Demographic Changes by 2042

- 50% Under Represented Minority
- 50% Non-URM

Source: US Census Bureau 2008

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Current Physician Workforce

While African Americans and Hispanics are among the fastest growing populations, they are also the most severely underrepresented in medicine, comprising a mere 6 percent of the US physician workforce.

Sourced: AAMC Facts (2006)

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New Mexico Demographics

- Geographically, 5th largest state in the U.S.
- 50% of population lives within 60 miles of Albuquerque
- >50% are members of minority groups underrepresented in medicine
  - Hispanic – 46.3%
  - Native American – 9.4%
  - African American – 2.1%
- 31 of 33 state counties are medically underserved
- 33rd in overall health care status in the U.S.

Source: America's Health Rankings State Health Stats, 2010

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New Mexico Health Care Disparities

- Rankings where 1st is the best and 50th is the worst:
  - 49th Suicide Rate
  - 49th for Lack of Health Insurance
  - 48th in Physician and Supplier Services
  - 46th in Pre-Natal Care
  - 46th Overall Child Health
  - 41st for Premature Death
- Rankings where 50th is the best and 1st is the worst:
  - 13th Infant Mortality Rate
  - 6th Occupational Fatality Rate
  - 4th Diabetes Death Rate
  - 2nd Teen Birth Rate
- Two counties in NM do not have a single practicing physician, and there are six counties with less than five practicing physicians

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Alleviating Disparities

- Minority physicians tend to practice in areas where the population demographics are similar to their own racial, ethnic and cultural backgrounds (Saha & Shipman, 2006).
- Medical school applicants who grew up in rural areas are more likely to return to work in those areas (Marley & Carman, 1999).

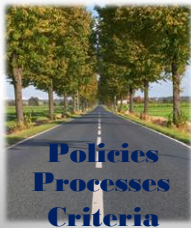Photo courtesy of Navajo Village Heritage Center; Photographer unknown

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AAMC Diversity Initiative

AAMC Holistic Review Project

Roadmap to Diversity: Key Legal and Educational Policy Foundations for Medical Schools

Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admission Processes

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Incorporating Holistic Review

Aligning Missions and Goals

Diversity as the Driver of Excellence

Policies Processes Criteria

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New LCME Accreditation Standards

Liaison Committee on Medical Education (LCME) Accreditation Standards regarding Diversity

- MS-8: Each medical school ~~should~~ **must** have policies and practices ensuring the gender, racial, cultural, and economic diversity of its students.

LIAISON COMMITTEE ON MEDICAL EDUCATION
LCME

Liaison Committee on Medical Education (LCME) provided standard for accreditation in 2008
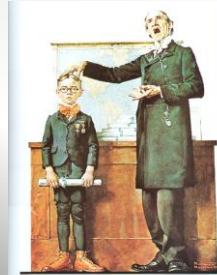
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Challenges

- Matriculating a medical school class that matches the demographics of the state and still maintains a strong educational environment for producing high quality physicians

Medical Students from Class of 2014

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What Makes a Good Physician?
The SOM Faculty Perspective

- High MCAT Score
- High GPA
- Many extracurricular activities
- Research experience
- Travel abroad
- High USMLE scores

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What Makes a Good Physician?
The Community Physician Perspective

- Commitment to serve underserved populations
- Practice in NM
- Empathetic
- Good communicator
- Good problem solver and decision maker
- Sensitive to cultural and community issues

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Making a case for Diversity

Robust learning environment

Exposes student to a broad array of ideas, experiences and perspectives

Better prepares them to meet the needs of a multicultural American population

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New Admissions Strategy

- Redefine what makes a good physician
- Look to build a class, not just to admit individual applicants
- Determine the most important cognitive indicators that give students the best chance of academic success without having to have the highest scores.
- Value cognitive and non-cognitive skills equally
- Knowledge of health care issues at the state, national and international levels
- Determine if the applicant can clearly communicate what he/she brings to the community as well as to individual patient care
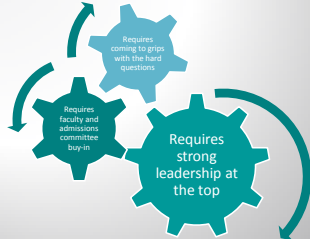
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Lessons Learned

- Process is difficult
- Dynamics of the committee
- Balance goals of diversity and high risk students
  - How much risk are we willing to take?

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Changing the Admissions Process

Requires coming to grips with the hard questions

Requires faculty and admissions committee buy-in

Requires strong leadership at the top

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Be Prepared for Contentiousness

- The population demographics of the entering class do not reflect that of the state – So what?
- How do you know that students from rural communities will go back? Hey, no one can predict the future!
- Have the rural population come to the urban centers! It's more cost effective and they will get better care.
- Too many students with lesser academic credentials hurts our reputation – making it harder to attract good students.
- It is not fair to admit students with lesser academic credentials over high achievers.
- This is beyond the scope of admissions!

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Identify the Most Important Non-Cognitive Indicators

- Demonstrated success in a previous career or endeavor, especially in a health care or professional setting (nursing, EMT, PA, PT, OT, education)
- Deep involvement in the community
- Good communication skills
- Life experiences that provide exceptional motivation to become a physician (Peace Corps, military, teaching experience)
- A stable support system of family, friends and community
- Demonstrated productive academic interactions – research, special projects, teaching

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Summary

UNM SOM is one of the TOP ranking schools in the US for Minority Enrollment!

Gender
- Male: 42 (46%)
- Female: 50 (54%)

Race/Ethnicity
- White: 41 (45%)
- Hispanic: 34 (37%)
- Native American: 4 (4%)
- African American: 2 (2%)
- Asian: 8 (9%)
- No Response: 3 (3%)

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Questions?

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