Abstract

Problem
Diversity in the health care workforce is key to achieving health equity. Although U.S. medical schools have worked to increase the matriculation and academic success of underrepresented minority (URM) students (African Americans, Latinos, others), they have had only limited success. Lower standardized test scores, including on the Medical College Admission Test (MCAT), have been a barrier to matriculation for many URM applicants. Lower subsequent standardized exam scores, including on the United States Medical Licensing Exam Step 1, also have been an impediment to studentsÕ progress, with mean scores for URM students lagging behind those for others.

Approach
Faculty at the Morehouse School of Medicine developed and implemented interventions to enhance the academic success of their URM students (about 75% are African American, and 5% are from other URM groups). To assess the outcomes of this work, the authors analyzed the MCAT scores and subsequent Step 1 scores of students in the graduating classes of 2009Ð2014. They also reviewed course evaluations, Graduation Questionnaires, and student and faculty interviews and focus groups.

Outcomes
StudentsÕ Step 1 scores exceeded those expected based on their MCAT scores. This success was due to three key elements: (1) milieu and mentoring, (2) structure and content of the curriculum, and (3) monitoring.

Next Steps
A series of mixed-method studies are planned to better discern the core elements of facultyÐstudent relationships that are key to studentsÕ

Problem

Attaining diversity in the health care workforce has been recognized as a key component of achieving health equity, but the goals of action plans to realize this diversity have not yet been reached.[1,2] While a variety of barriers to attaining diversity exist, poor performance on standardized tests has been a signiÞcant obstacle to the matriculation and academic progress of many aspiring physicians. On one hand, Medical College Admission Test (MCAT) scores are predictive of academic progress and performance on other standardized exams, including the United States Medical Licensing Exam (USMLE) Step 1; on the other hand, persistent differences in MCAT performance by race have been noted.[1,3] The tendency has been to regard standardized test scores as reliable, somewhat Þxed, and unbiased indicators of academic potential, which has led to ongoing problems in the medical school admissions process.

Morehouse School of Medicine (MSM), a historically black medical school established in 1975, is committed to diversifying the health care workforce and training physicians to serve the primary care needs of the medically underserved. In working toward these goals, we have developed a process that has led to a high level of academic success for our personal statements, and an interview. StudentsÕ entering credentials (e.g., grade point average [GPA], MCAT score) are comparable to those reported nationally by race/ethnicity.[4] However, we have developed and implemented a curriculum and support system that have resulted in standardized exam

what factors might have contributed to this shift. Although data are available for

Monitoring

MSM has an established practice of outcomes monitoring, with teams of faculty reviewing studentsÕ performance on examinations on a monthly basis and providing feedback and support for students who do not perform well. In

questionnaires, focus groups, and other assessments.

Our outcomes should be viewed in light of several limitations. First, we reported the experience of one medical school in the context of changing exams (the new MCAT in 2015) and standards (a rise in national mean scores and minimum pass levels). While MCAT scores have not been predictive of USMLE Step 1 scores at MSM, scores on internal examinations have been very predictive of Step 1 scores.

4 Association of American Medical Colleges. Table A-18: MCAT scores and GPAs for applicants and matriculants to U.S. medical schools by race/ethnicity, 2016Ð2017. https://www.aamc.org/download/321498/data/factstablea18.pdf. Published 2016. Accessed April 10, 2017.

5 Veloski JJ, Callahan CA, Xu G, Hojat M, Nash DB. Prediction of studentsÕ performances on licensing examinations using age, race, sex, undergraduate GPAs, and MCAT scores. Acad Med. 2000;75(10 suppl):S28ÐS30.

6 Noddings N. The Challenge to Care in Schools: An Alternative Approach to Education. New York, NY: Teachers College Press; 1992.

7 Jencks C, Phillips M. The blackÐwhite test score gap: An introduction. In: Jencks C, Phillips M, eds. The BlackÐWhite Test Score Gap. Washington, DC: Brookings Institution Press; 1998.

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