



## Table of Contents

	<b>Page</b>
Digest .....	i
Chapter I	
Introduction .....	1
Selection of a Medical School Class Is a Difficult Process .....	2
Utah’s Selection Process Consists of Three Phases .....	4
Steps Taken to Promote Fairness .....	7
Audit Scope and Objectives .....	8
Chapter II	
Rate of Acceptance Higher for Women and Minorities .....	9
Gender Affects Likelihood of Acceptance .....	9
Minority Applicants Accepted At a Higher Rate .....	14
Acceptance Rates for Other Variables Show Little Difference .....	17
Chapter III	
Diversity Policy Explains the High Rate of Female and Minority Admissions .....	21
A Student’s Diversity Is Considered During the Admissions Process .....	21
Diversity Program Is Not a Population-based Quota System .....	27
Diversity Policy Conflicts With Policy on Non-discrimination .....	30
Recommendations .....	37
Chapter IV	
Deviations from Admissions Process Have Raised Questions .....	39

**Table of Contents (Cont.)**

Review Committee Decisions Are Not Always Followed . . . . . 39

Interview Problems Raise Question of Fairness . . . . . 44

Selection Committee Process Can be Streamlined . . . . . 49

Recommendations . . . . . 53

Appendices . . . . . 55

Agency Response . . . . . 75

# Digest of A Performance Audit of Medical School Admissions

The University of Utah School of Medicine's admissions practices have changed in recent years to, among other things, better enable the school to mirror the diversity of race and gender found in the general population. This is a difficult task because relatively few women and minorities apply to the School of Medicine. In seeking to enroll a class of students that reflects the same general proportion of minorities and women, the school has had to increase the rate of acceptance among minorities and women. As a result, the fairness of the school's admissions practices have been questioned.

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**The School of Medicine seeks to enroll the same portion of minorities and women found in the state's general population.**

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These questions arise because the school has elevated the importance of diversity over academics and has conflicting internal policies. The school's diversity policy is, however, consistent with the policies of the university administration and the Board of Regents. The policy on diversity also fits within a broader strategy of affirmative action that is promoted by the Association of American Medical Colleges.

The report's main themes are summarized below.

## **Rate of Acceptance Higher for Women and Minorities**

School of Medicine records show that over the past two years, roughly one out of every two women who applied to medical school were accepted while only one of five men were accepted. Similarly, about one out of every two minority applicants were accepted during the past two years but only one in five white applicants were accepted.

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**Women and minorities are accepted at over twice the rate of white males.**

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While gender and minority status appear to effect the rate of acceptance, there is no significant difference in the rate of acceptance when the applicant's undergraduate college, rural/non-rural status or age is considered. Also, we could not identify any systematic bias against applicant's religious background.

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**The high rate of acceptance among women and minorities is explained by the school's efforts to promote diversity.**

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## **Diversity Policy Explains the High Rate of Female and Minority Admissions**

The high rate of acceptance of women and minority applicants at the School of Medicine can be attributed to the school's effort to promote diversity without relying on a rigid system of quotas. To gain greater diversity in its student body, the School of Medicine has elevated the importance of diversity-related selection criteria and reduced the importance of academic achievement. The school has adopted lower academic requirement (GPA and MCAT) for applicants it considers disadvantaged while maintaining a higher set of standards for non-disadvantaged applicants.

One obstacle to the school's application of diversity is the apparent conflict with the university's policy on non-discrimination. Reconciliation of the school's promotion of racial and gender diversity within the student body and the school's often-stated prohibition against considering an applicant's gender, race, and religion, should be addressed.

*We recommend that the School of Medicine adopt a single set of academic standards, prohibit admission committee consideration of applicant demographics, and consider providing under-represented populations with, as needed, pre-admittance course work.*

*We recommend the Board of Regents examine the apparent conflicts regarding its policies of diversity and non-discrimination.*

## **Deviations from Admissions Process Have Raised Questions**

The school's emphasis on the subjective evaluation of an applicant's character and background and its reduced consideration for an applicant's academic achievements has made it more difficult to evaluate applicants consistently. In addition, inconsistencies in the administration of the admissions process show there is a need to improve admissions procedures and policies.

Central to the problems facing the admissions process is the relationship between the school's Dean of Admissions and the three committees responsible for the selection of applicants. Although the members of the admissions committee receive specific instructions from

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**Although 100 volunteers participate on the admissions committees, the Dean of Admissions is often the person that decides whether an application will receive further consideration.**

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the school's Office of Admissions, they are often unable or unwilling to decide whether an application should continue in the system. This indecision means that the Dean of Admissions often must decide whether or not an applicant will receive further consideration. Reliance on the Dean to ultimately decide so many of the applications appears to defeat the school's use of over 100 selection committee members to eliminate individual bias.

Moreover, it appears that some applications sent to the selection committee for final consideration may not be those considered to be the best applicants by other admissions committees. Greater diligence in policy and procedure control could eliminate a number of the problems currently encountered.

*We recommend the School of Medicine eliminate all courtesy interviews and better define the relationship of admissions and diversity.*

*We recommend interview forms be revised to eliminate confusion regarding the results of an interview and limit the final evaluation to either a "yes, forward to selection" or "no, reject applicant".*

*We recommend the selection committee follow existing policies and drop outlying scores and that all rankings be combined in order to accept the next best scoring applicant.*

# Chapter I

## Introduction

The University of Utah School of Medicine's (School of Medicine) has followed a nationwide trend among medical schools to place greater emphasis on subjective admissions criteria. Medical schools throughout the United States are placing less emphasis on the objective indicators such as a student's MCAT score and GPA and are focusing more on subjective factors such as a student's character, leadership skills, and compassion. In addition, special consideration is given to students who can add diversity to a class of students. One result of the use of subjective selection criteria is that many people who would like to apply to medical school do not understand the requirements for admission and the relative importance of objective factors such as the MCAT score and subjective factors such as service in the community. The emphasis on subjective criteria has also led some to question the fairness of the admissions process.

The changes in selection criteria, particularly the heightened value of diversity, has altered the demographics of students entering the School of Medicine. Acceptance rates of various under-represented population groups applying to the school have increased while rates for non-minority males, who do not add to the school's diversity, have decreased. Although there is no evidence that unqualified individuals have been admitted to medical school, the school's emphasis on diversity has led to claims by some applicants that they have not been given an equal opportunity.

The school's goal to create a diverse student body is an especially difficult task in Utah because the state's school of medicine tends to attract a rather homogenous pool of applicants. The vast majority of applicants are white males who tend to have similar backgrounds and experiences. At the same time, relatively few women and minorities apply to medical school in Utah. As a result, the school's effort to enroll a diverse class can make it difficult for a white male to stand out and be viewed as someone who can offer something different. On the other hand, the push for diversity tends to work in favor of female and minority applicants who, because of their low numbers and varied backgrounds, find it relatively easy to appear unique.

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**Medical schools throughout the country are giving special consideration to students who add diversity.**

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## **Selection of a Medical School Class Is a Difficult Process**

The University of Utah School of Medicine has the difficult task of selecting a medical school class of 102 students from 500 to 600 qualified applicants each year. Like most other medical schools, the School of Medicine follows an admissions process that is largely prescribed by the Association of American Medical Colleges (AAMC).

The AAMC processes a basic medical school application form that is used jointly by medical schools throughout the country. In addition, AAMC administers the Medical College Admissions Test (MCAT) and advises the School of Medicine on the best admissions policies and procedures. Occasionally, AAMC will provide training to the school's interviewers. Due to the school's reliance on the national association, the admissions procedures used by the School of Medicine are similar to those used by medical schools in other states.

In recent years there have been two policies promoted by the AAMC that have gained wide acceptance among the nation's medical schools. AAMC has encouraged medical schools to first, place less emphasis on academic measures (MCAT and GPA) as selection criteria and second, to adopt policies that promote diversity.

**AAMC Discourages the Use of MCAT and GPA as Primary Selection Criteria.** In recent years, AAMC and many of its member colleges have reconsidered their longstanding use of the applicant's academic achievements as the primary criteria for admission to medical school. Instead, AAMC now encourages schools to place more weight on an applicant's character and background than on academics. This change reflects an interest by many in the profession to select and train physicians who can communicate effectively and be sensitive to the needs of patients.

It is ironic that the AAMC would discourage the use of the MCAT and GPA as primary selection criteria because it is the organization that administers the MCAT exam. In fact, the AAMC's own research shows that a student's MCAT score and GPA correlate with their performance during the first two years of medical school. Their concern, however is that the test scores and grades (at least above certain levels) are not good predictors of how effective a person might be as a physician. Instead, they place more emphasis on an applicant's character traits such as "altruism,

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**AAMC encourages schools to place more weight on an applicant's character and background than on GPA and MCAT.**

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**An applicant with an MCAT of 27 (or a 21 if disadvantaged) is considered to be as equally prepared academically as an applicant with an MCAT of 39.**

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fervor for social justice, leadership, commitment to self sacrifice, empathy for those in pain.”

In keeping with the suggestions of the AAMC’s president, the University of Utah School of Medicine has adopted a policy of using the MCAT score and the GPA only as a minimum standard for consideration. Because academics do not seem to be as important as once thought, minimum academic requirements for admission have been reduced. As long as students have a GPA above a 3.2 and an MCAT of 27 (or, if disadvantaged, a GPA of 2.5 and a MCAT of 21), then they are all considered to be equally qualified in terms of their ability to handle the curriculum of medical school. In other words, the applicant with an MCAT of 27 (or a 21 if disadvantaged) is considered to be as equally prepared academically as an applicant with an MCAT of 39.

By considering all applicants equal in terms of their academic preparation, the School of Medicine can use their time to assess attributes they associate with an effective physician. These other attributes include leadership skills, communication skills, compassion, maturity, understanding of the profession, humility and cultural sensitivity.

**AAMC’s Push for Greater Diversity Is Followed by Most Schools.** AAMC’s President, Dr. Jordan J. Cohen, is a leading advocate for expanding diversity within the nation’s medical schools. Speaking for all medical schools, Dr. Cohen has said that “our mandate is to select and prepare students for the profession who, in the aggregate, bear a reasonable resemblance to the racial, ethnic, and, of course, gender profiles of the people they will serve.” He also said “there is simply no way we can select an adequately diverse class of medical students today without taking race and ethnicity explicitly or implicitly into account.”

Like many other member schools, the University of Utah School of Medicine supports the views of Dr. Cohen and the AAMC. For example, school officials, with the support of the Board of Regents, have adopted AAMC’s goal to create a student body that has the same proportion of women and minorities as found in the state’s general population. In addition, the School of Medicine offers special services and waives certain requirements for five minority groups that the AAMC suggests are “under-represented” in the state’s medical schools. These include

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**The medical school has a goal to create a student body with the same proportion of women and minorities as the state’s general population.**

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- Native American
- African American
- Mexican American
- Native Hawaiian
- Mainland Puerto Rican

Specifically, applicants from these minority groups are offered advice and assistance in their preparation for and application to medical school. In addition, certain requirements imposed on non-resident applicants are waived for those who belong to the above listed minority groups. The following provides an overview of the admissions process used by the School of Medicine and the changes the school has made in recent years to promote a fair and objective selection process.

## **Utah's Selection Process Consists of Three Phases**

The School of Medicine has declared that it evaluates each applicant according to ten criteria that it says are used by medical school's nationally. The evaluation of applications is performed by three distinct, independent committees. Each committee is assigned an evaluation component and works to filter down the number of applications to the point that a class is selected.

### **School of Medicine Uses AAMC Criteria For its Selection Process**

The ten cognitive and non-cognitive selection criteria promoted by the AAMC and adopted by the University of Utah admissions program are

- Undergraduate GPA, overall and science
- MCAT, all sections
- Leadership/management skills
- Physician shadowing
- Exposure to patient care
- Community service
- Research experience
- Letters of recommendation
- Personal statements
- Interviews

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**The medical school  
uses ten cognitive and  
non-cognitive selection  
criteria.**

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**Once the minimum academic requirements are met, an applicant's character and background are the primary consideration.**

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Although each application is evaluated against the above criteria, some factors are given greater weight than others. In addition, the above list does not include certain other factors that are considered, such as an applicant's compassion, motivation for services, and ability to add diversity to the class of students. Two factors that are given relatively less weight than other criteria are the GPA and MCAT score. The School of Medicine uses GPA and MCAT scores only as minimum requirements for consideration. Once the academic requirements are met, the applicant's character and background are the primary consideration.

In some respects, the personal essay, leadership positions, volunteer service, and letters of recommendation are not really used as selection criteria. Rather, they are the means used to consider a wide range of attributes not specifically identified in its list of ten criteria. For example, the applicant's list of volunteer service is not used to merely identify the extent of service rendered. The admissions committee also uses the list of volunteer service to consider the applicant's level of empathy, humility, problem solving skills, exposure to other cultures, leadership skills, ability to overcome hardships, openness to new/different ideas, and diversity of experience. Although not specifically mentioned as selection criteria, these character traits are all given considerable weight during the admissions process.

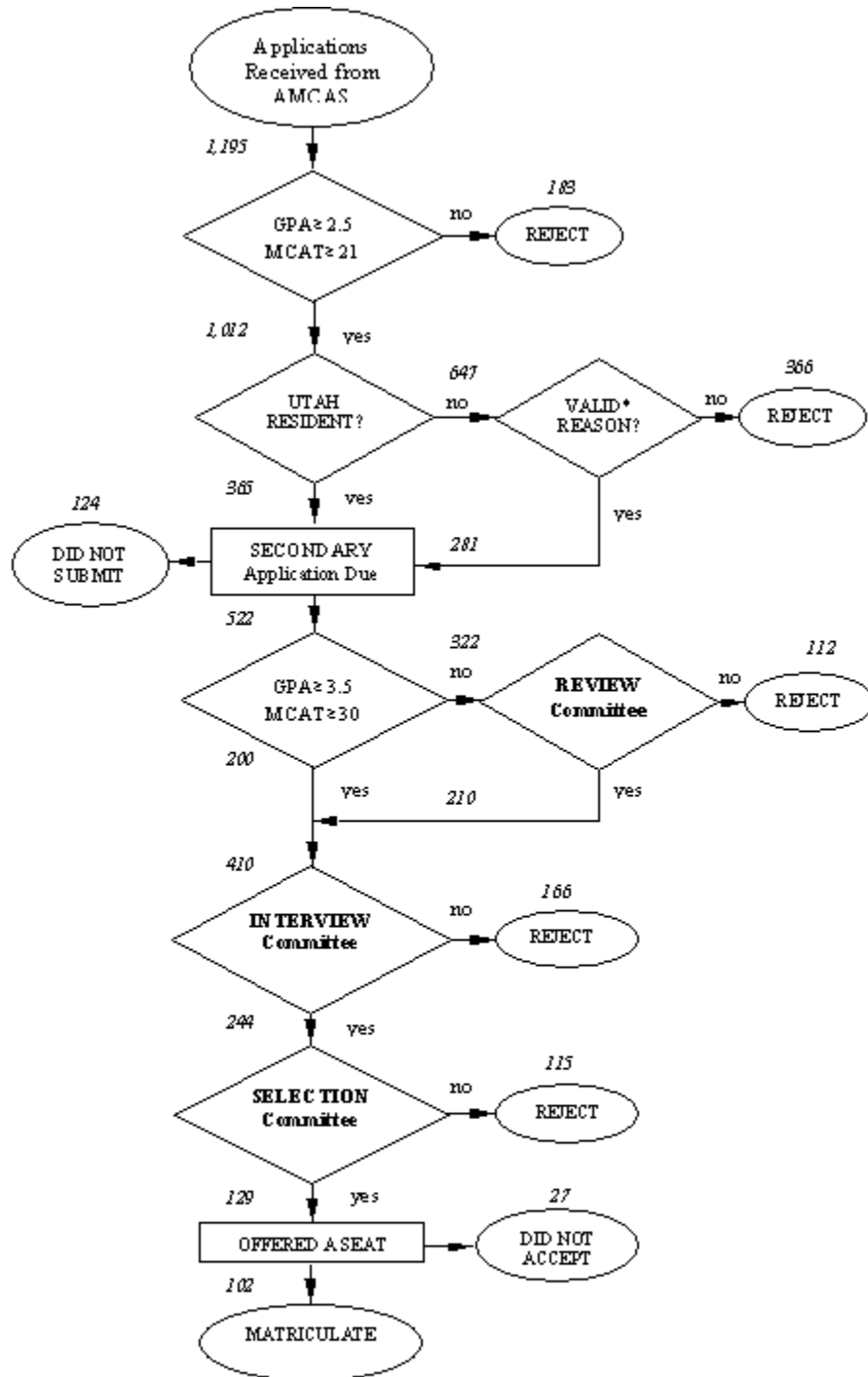
### **Applicant Evaluation Is Divided Into Three Committees**

Operating under the control and guidance of the Dean of Admissions, the medical school admissions process is carried out by three separate committees. The three committees are described as follows:

- Review Committee - examines applicant's basic qualifications and determines whether the applicant should be interviewed.
- Interview Committee - holds interviews with applicants and decides which applications should be presented to the Selection Committee.
- Selection Committee - decides which of all the remaining applicants should be accepted for admission to the medical school.

Figure 1 describes the flow of applications through the admissions process.

**Figure 1. The Application Process.** During the 2001 recruitment year, 1,195 individuals asked that their MCAT score be sent to the University of Utah. Of those, only 522 completed the secondary application form and 102 were admitted.




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**Review Committee:** reviews academic record and disadvantaged status to decide if applicant should receive an interview.

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**Interview Committee:** after conducting interviews and reviewing application, committee recommends applicants for further consideration.

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**Selection Committee:** ranks and makes the final class selection, based on information from the review and interview committees.

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Note: The number of applicants at each stage of the process is shown in italics.

\*In order to be further considered, the out-of-state applicants have to submit a written petition and explain how they fall under at least one of the following categories: have ties to Utah, are Idaho residents, apply for M.D./Ph.D., belong to an under-represented minority group defined by AMCAS.

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**Three successive committees pare down the number of applicants based on selected criteria.**

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Figure 1 shows that 1,195 individuals asked that their MCAT scores be sent to the University of Utah School of Medicine during the 2000-2001 recruitment year. Of those, 522 completed the application by submitting secondary forms requested by the University and by paying their application fee. Of the 522 applicants, 200 were automatically granted interviews, and the rest were considered by the Review Committee.

The Review Committee approved interviews for an additional 210 applicants, and 112 were rejected because they did not meet the basic requirements. The Interview Committee eliminated another 166 applicants and referred 244 applicants to the Selection Committee. Those 244 were each considered by the Selection Committee and given a ranking or score by each member. The applicants with the highest average score were sent letters of acceptance. In all, there are 102 positions available in the medical school. However, in order to fill those positions, 129 applicants were sent letters of acceptance. Of those, 27 decided to attend other institutions.

## **Steps Taken to Promote Fairness**

The selection process is fairly subjective because analyzing the selection criteria is dependent on the perceptions of each Admissions Committee member. Recognizing that each committee member has his or her own unique set of biases and perspectives, the School of Medicine has taken several steps to ensure that no single member of the admissions committee has too much influence over the process. The following describes some of the procedures that have been adopted in recent years:

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**The School of Medicine has taken steps to prevent individual committee members from having too much influence.**

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- Committee members can participate on only one committee. Thus, any one member cannot promote the cause of one individual applicant through the entire admissions process. Instead, successful applicants must receive approval from many committee members.
- No single individual selects the members for the admissions committee. They are nominated by their organizations: departments in the School of Medicine, community organizations, local hospitals, senior medical students, alumni.

- More than 100 people serve on the admissions committee. Thus, applications are considered from many different perspectives.
- Applicants have the opportunity to petition for an additional review if they feel that the review committee has made a mistake or did not take into consideration the applicant's most recent accomplishments.
- Applicants who feel the interviewer was biased or asked unfair questions, may request an additional interview.
- Personal background information regarding an applicant such as the applicant's home town, parents' occupation, the college the applicant attended, etc., are excluded from the materials presented to the Selection Committee in order to prevent them from considering issues that are not relevant.

## **Audit Scope and Objectives**

The audit subcommittee asked that the primary focus of the audit be the admissions process used by the University of Utah School of Medicine but granted audit staff some flexibility to pursue other areas if instances of bias were identified. In keeping with this request, the audit staff focused mainly on matters relating to the admissions policies and procedures and whether they were applied in a fair and consistent manner.

First, audit staff obtained a copy of the School of Medicine's applicant database and used that information to compile statistical information describing the rates of admission for the past several years. Next, audit staff conducted a detailed review of applications submitted for the class beginning in the fall of 2001. Particular attention was given to the 410 applicants who reached the interview phase of the admissions process. For each applicant, the written comments prepared by the Review Committee and the Interview Committee were considered in light of the school's admissions policies.

The objective of the audit was to evaluate the fairness of the admissions policies and procedures used by the School of Medicine.

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**The school's database as well as applicant admissions files were used in the audit.**

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## Chapter II

# Rate of Acceptance Higher for Women and Minorities

There are significant differences in the rates at which men, women and minorities are accepted to medical school. During the past two years, roughly one out of every two women who applied to medical school was accepted while only one of five men was accepted. Similarly, about one out of every two minority applicants was accepted during the past two years, but only one in five white applicants was accepted. There does not appear to be a significant difference in the rate of acceptance when considering the college where an applicant earned a pre-medical degree, an applicant's geographic origin, or age. We also found no evidence of bias against applicants based on their religious affiliation.

The rate of acceptance among men, women and minorities is a useful tool because it helps identify whether all applicants have an equal opportunity to be admitted. According to its Student Information Handbook, the School of Medicine embraces the concept of "equal opportunity and non-discrimination." Because the school says it does not consider race or gender during the admissions process, one might expect male, female and minority applicants to be accepted at roughly the same rate at which they apply.

### Gender Affects Likelihood of Acceptance

Men make up the majority of applicants to the University of Utah School of Medicine and men also make up the majority of those admitted. Although relatively few women apply, the School of Medicine accepts women at a rate that is two and one-half times the rate of acceptance for men. This difference in the rate of acceptance among men and women sets Utah apart from most other medical schools in the nation. Most schools have roughly the same number of men and women apply and typically, with comparable acceptance rates, the schools admit a class of students that is roughly half women and half men.

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**The School of Medicine accepts women at a rate that is two and one-half times the rate of acceptance for men.**

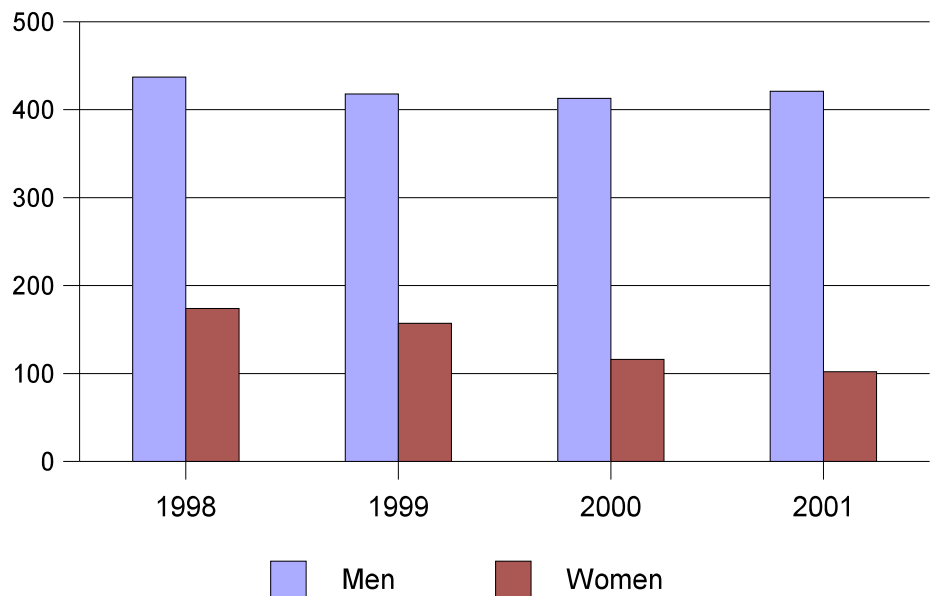
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The University of Utah School of Medicine acknowledges the difference between their admission rates and those at other schools but can not explain why their admission rates would be higher for women and minorities. Some school officials have speculated that the female applicants are better qualified than the male applicants. Despite this claim, we found no evidence to support it. In fact, school records show that men and women applicants are roughly equal in terms of their academic qualifications.

**Female Acceptance Rates Have Increased  
As Applications Have Declined**

The number of men applying to the School of Medicine, as Figure 2 shows, has changed little during the past four years while the number of women applicants, already relatively low compared to the number of male applicants, has declined since 1998.

**Figure 2. Number of Men and Women Applicants to the School of Medicine, 1998 to 2001.** The number of female applicants has decreased by 40 % in recent years.




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**The number of women who applied to medical school has declined in recent years.**

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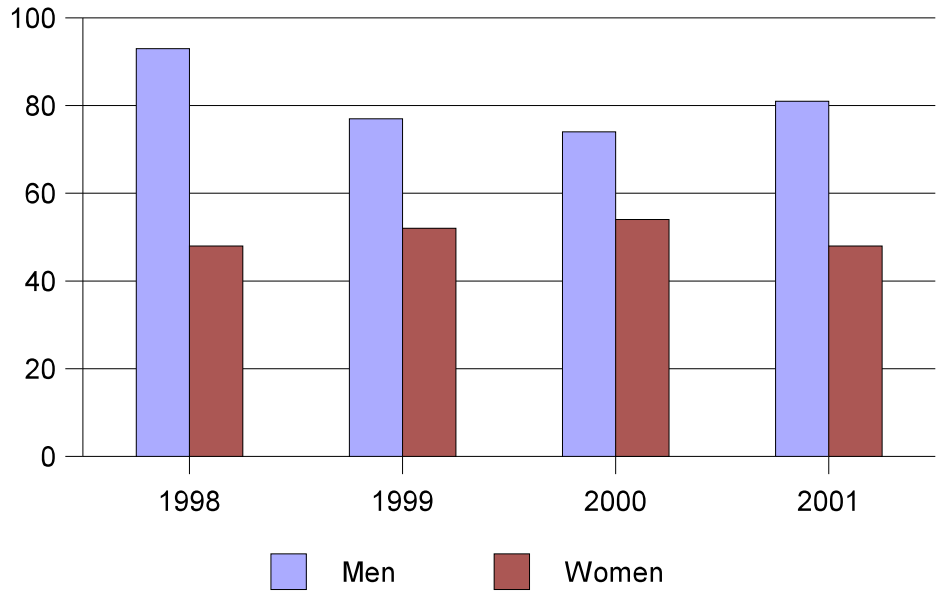
\* See Appendix A for details.

Although Figure 2 shows the relatively low number of women



applying to medical school has declined in recent years, Figure 3 shows the number of women accepted to the School of Medicine has remained steady.

**Figure 3. Number of Men and Women Accepted, 1998 to 2001.** The number of men accepted by the school has declined slightly while the number of women accepted has remained relatively constant.



\* See Appendix A for details.

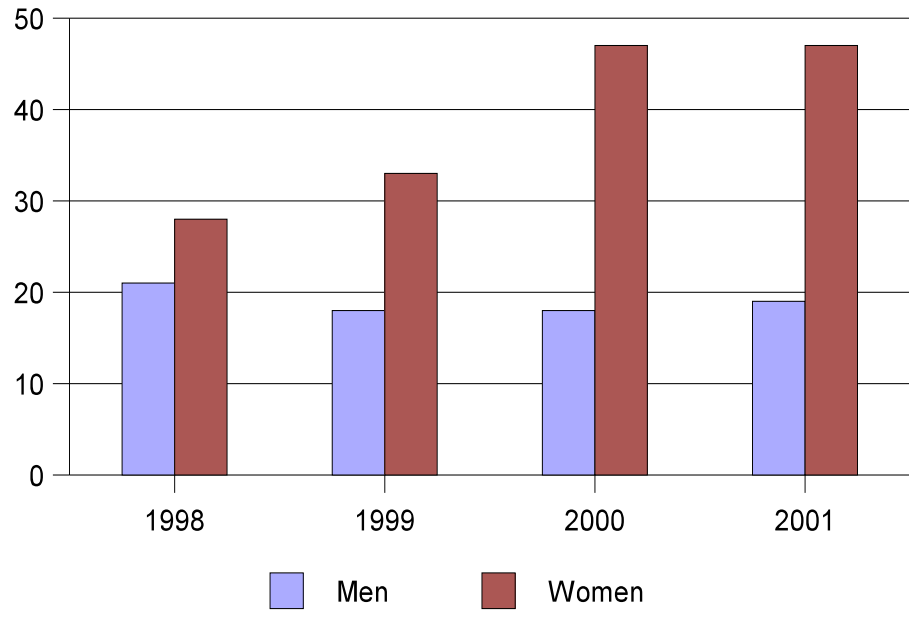
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**The number of female applicants accepted has remained between 48 and 54 during the past four years.**

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One effect of the declining number of female applicants, in combination with a fairly constant number of women accepted, is that female applicants have a much greater likelihood of being accepted than they did just a few years ago. This increase in the acceptance rates for women is described in Figure 4.

**Figure 4. Rate of Acceptance of Female Applicants has Increased.** The percentage of females accepted has increased significantly during the past four years while the percentage of males accepted has decreased slightly.



\* See Appendix A for details.

Of all those who qualified for medical school in 1998, women had a slightly higher likelihood of being accepted than men. About 28 percent of female applicants in 1998 were accepted and 21 percent of men were accepted. Since that time, the likelihood of a female being accepted has increased significantly to 47 percent while the percentage of men being accepted has declined to 19 percent. Thus, nearly one out of every two female applicants has been accepted to the medical school during the past two years while only one in five men has been accepted.

### **Little Evidence to Support School’s Explanation For the Higher Rate of Females Accepted**

School officials offer three possible explanations for females being accepted at higher rates than males, including

- Better preparation - women who apply are better prepared candidates than their male counterparts; only the best prepared women apply for medical school.

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**In the last two years, nearly one out of every two female applicants was accepted while only one in five men was accepted.**

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**School officials say that only the best female applicants apply.**

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- Better verbal communications - women have better interpersonal and verbal skills that help them do better in interviews.
- Better writing skills - women commonly write better personal essays than men.

**Little Evidence That Only the Best Females Apply.** School officials have also suggested that, taken as a group, its women applicants are better prepared than men because only the best prepared women apply. School officials describe this phenomenon as “self-selection.” There is little evidence supporting this claim, however.

Although self-selection may occur to some extent, nothing in the school’s data would suggest that only the best prepared women apply to medical school. The school’s application data demonstrates that there is virtually no difference in the level of academic preparation (GPA and MCAT). Both men and women earned comparable cumulative GPAs, but the male applicants actually scored slightly higher on the MCAT than the female applicants. Thus, female applicants appear no better prepared academically to attend medical school than their male counterparts.

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**Men and women applicants had comparable scores on the verbal reasoning section of the MCAT.**

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**Little Evidence That Women Have Better Verbal and Interpersonal Skills.** School officials also suggest that women have better interpersonal and verbal skills, and for this reason they perform better during interviews than their male counterparts. Again, there is little evidence to support this claim. One objective measure of an applicant’s verbal skills is the verbal reasoning section of the MCAT exam. We found that men and women applicants had comparable scores in this category during the past four years. Similarly, we found little difference between men and women’s verbal skills as tested by the verbal section of the SAT.

We could not find an objective measure of the interpersonal skills of applicants. The school’s interviewers give each application a numeric score for each of ten different selection criteria. In 2001, the interviewers gave a slightly higher average overall rating to female applicants than they did to male applicants. However, an interviewer’s evaluation of an applicant is a subjective matter that tends to be influenced by the interviewer’s own interests.

**Little Support Found for the Assertion That Women Write Better Essays.** School officials also suggested that women write better essays. This assertion is also not supported by the facts. We found little difference in the writing skills of male and female applicants, since male and female applicants had similar scores on the written portion of the MCAT exam.

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**No difference was found in the writing ability of male and female applicants.**

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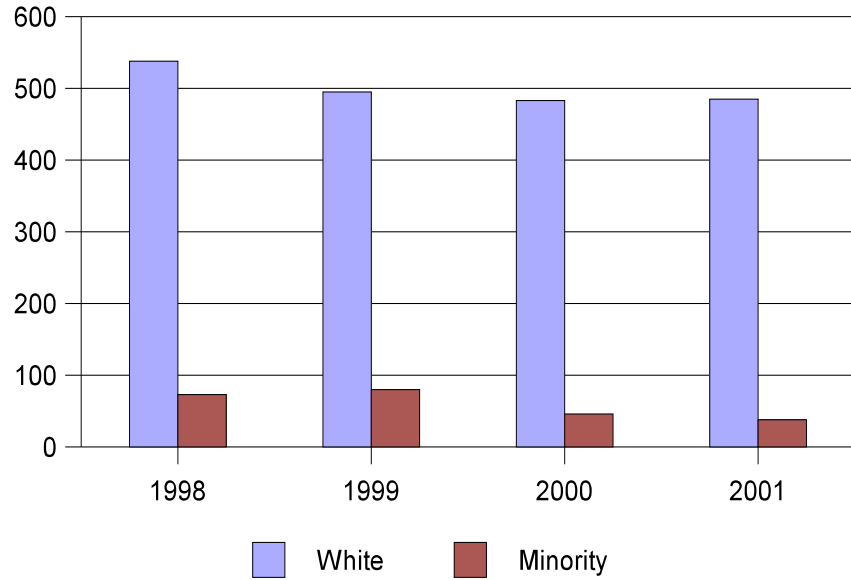
It does appear, however, that while there is no difference in writing ability, there may be a difference in the subject matter about which male and female applicants choose to write. As a result, personal essay scores given by School of Medicine reviewers are slightly higher for women than for men on average. School officials have observed that women tend to have more varied backgrounds and activities than their male counterparts, write better personal statements, and are not as self-centered in their personal experiences.

### **Minority Applicants Accepted At a Higher Rate**

In spite of efforts to increase the School of Medicine's diversity, the number of minority applications has decreased in the last few years. However, the number of minorities accepted has remained relatively steady. The decline in minority applicants, combined with the continued acceptance of about 20 minority students each year has, in effect, doubled the likelihood of a minority applicant being accepted.

In 1998, approximately 11 percent of the School of Medicine's applicants described themselves as minorities. Over the last four years this percentage has fallen to about 7 percent. During this same period, the number of non-minority, or white applicants dropped slightly in the first year and has since remained relatively constant. Figure 5 shows this trend.

**Figure 5. Number of Applicants by Minority Status, 1998 to 2001.** Since 1999, the number of white applicants has held steady while the number of minority applicants has decreased.



Since 1998, the number of minority applicants has decreased.

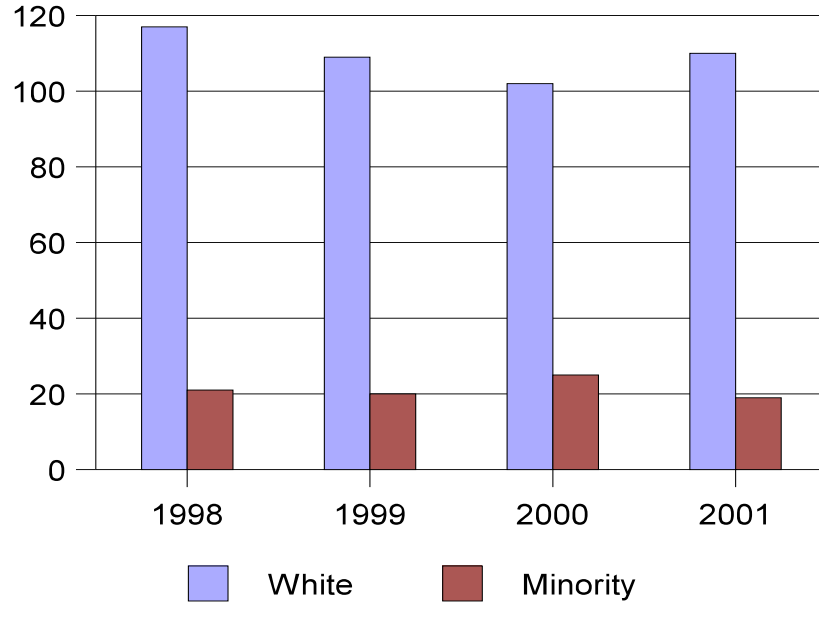
\*See Appendix A for details.

The slight overall decline in the number of applicants to the School of Medicine reflects a national trend that school officials attribute to the economy. Reportedly, university enrollment nationwide tends to decline during an economic expansion. With the recent economic downturn, the School of Medicine anticipates applications will rebound. The decline in minority applicants is problematic for the School of Medicine where minority recruitment has been difficult. When asked why minority recruitment was declining, school officials could not provide an explanation.

Although the school has received fewer applications from minorities in recent years, the number of minority applicants accepted has not changed significantly. Figure 6 shows this trend.

The number of both minority and white applicants accepted has remained relatively constant over the last few years.

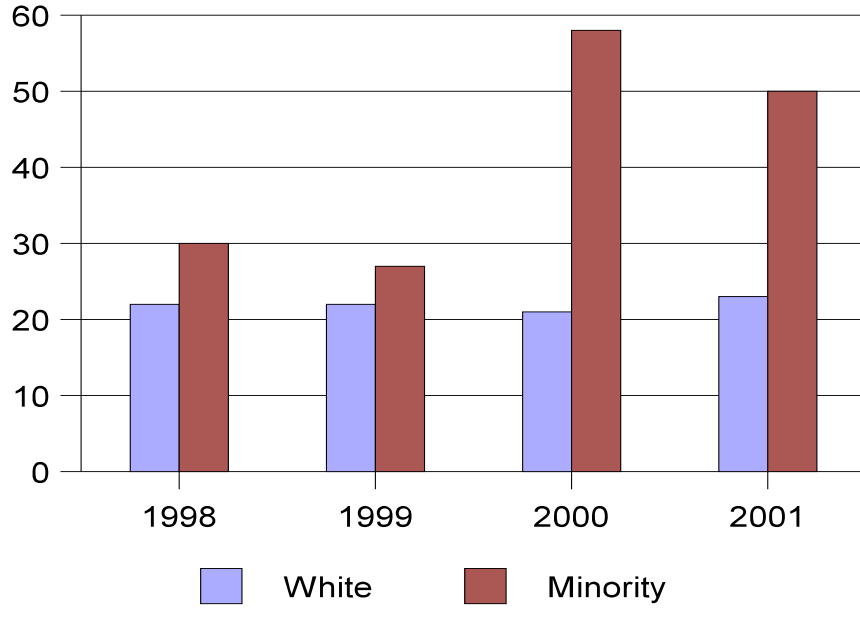
**Figure 6. Minority Status of Accepted Applicants, 1998 to 2001.**  
The number of both minority and white applicants accepted has remained relatively constant over the last few years.



\*See Appendix A for details.

Because the number of minority applicants accepted has remained constant during a period when fewer minorities have been applying, the acceptance rate for minority applicants has increased dramatically. Figure 7 shows that in the last two years, minority applicants were much more likely to be accepted than in the two previous years.

**Figure 7. Percentage of Applicants Accepted, Minority and White, 1998 to 2001.** The acceptance rate for minority applicants has increased in the last few years.



*\*See Appendix A for details.*

In years 2000 and 2001, one out of two minority applicants was accepted by the School of Medicine. Applicants who did not describe themselves as a minority were accepted at a rate of only one in five. In previous years (1998 and 1999), minority acceptance rates were much closer to the rate for non-minority, or white applicants. The rise in minority acceptance rates appears to reflect the school's increased emphasis on diversity. This subject is discussed in some detail in Chapter III.

### Acceptance Rates for Other Variables Show Little Difference

Although there is strong correlation between an applicant's race and gender and their likelihood of being accepted, there is little evidence that an applicant's undergraduate college, age, geographic origin, or religion affects the likelihood they would be accepted to the School of Medicine.

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**The acceptance rate for minority applicants has increased in the last few years.**

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For most of the groups tested, we found only modest differences in the rates of acceptance. Most differences could be explained as random variations. Some differences can also be explained by the fact that applicants from some universities and age groups have a higher proportion of white males. As a result, the slightly lower rates of acceptance among some groups are best explained by the higher rate of acceptance among female and minority applicants and not because of any bias directed towards certain universities, age groups or applicants from a rural background.

The use of admission rates is supplemented by regression analysis—a statistical technique that identifies the correlation between various factors and an applicant’s likelihood of gaining admission. The regression shows little correlation between a person’s undergraduate institution, age, or geographic origin and medical school acceptance. The regression does show that applicant race and gender have the strongest influence on acceptance (see Appendix B.)

Religious affiliation is not a part of the data collected for each applicant, so it is impossible to determine whether the rate of admission was higher or lower depending on the applicant’s religious affiliation. However, it appears that any perceptions of bias against applicants from certain religious affiliations are probably due to the lower rate of acceptance among white males.

### **Acceptance Rates Are Similar For Utah’s Undergraduate Colleges**

There is also little evidence of bias towards the applicants because of the undergraduate institution they attended. Although some significant differences occurred from one year to the next in the number of students accepted from different universities, these are likely explained as random events. See Appendix A for the acceptance rates of individual institutions.

The one group who did appear to have an advantage in the admissions process are the students from Utah who received their undergraduate training at an out-of-state institution. Utahns attending out-of-state schools were accepted by the School of Medicine at a rate of 35%. In contrast, Utahns who attended in-state schools, such as University of Utah, Brigham Young University, or Utah State University, were accepted at an average rate of 24%.

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**Those who attended out-of-state schools had a greater likelihood of being accepted than those applying from in-state schools.**

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The fact that Utahns schooled out-of-state have a greater likelihood of acceptance reflects the School of Medicine's emphasis on diversity. Applicants who attended out-of-state institutions were more likely to be women and ethnic minorities. Due to their having lived out of state, these applicants had a college experience that was different from most of those applying from in-state schools.

In contrast, a higher portion of the applicants from in-state schools were white males who tended to have similar experiences and backgrounds. As a result, differences in the higher rate of acceptance for Utah resident applicants from out-of-state schools does not necessarily represent bias against certain institutions but the school's desire to enroll a diverse student body.

### **Age and Rural Acceptance Rate Variations Appear Reasonable**

There was some difference observed in acceptance rates for applicants of different ages, but little difference was observed between applicants from rural communities and those with no rural background. However, there are reasonable explanations for the slight differences in acceptance rates.

Most School of Medicine applicants are between 21 and 26 years old with 24 being the average age. As a group, applicants aged 21-23 were accepted at a rate of one in four, whereas only one in five applicants aged 24-26 was accepted. There are two possible explanations for these differences.

First, the School of Medicine's published criteria says that they want applicants who are currently actively engaged in their education to show they are academically-minded and a "life-long learner." Second, the lower rate for the older age group may be due, in part, to the higher percentage of white males within that group. Eighty-six percent of the 24-to-26 year-old age group were white males and sixty percent of the 21-to-23 age group were white males. As a result, the older group of applicants does not offer as much racial and gender diversity as the younger applicants.

Over the four-year period (1998-2001), applicants from rural areas

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**As a group, applicants aged 21-23 were accepted at a rate of one in four, whereas only one in five applicants aged 24-26 was accepted.**

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have been accepted at about the same rate as applicants from non-rural areas. Applicants from rural communities make up a relatively small portion of the total applicant pool—accounting for 13% of all applicants and 12% of those accepted. The slight variations in the acceptance rates among applicants from rural and non-rural communities is most likely a random event.

### **Little Evidence That Religious Affiliation Affects the Likelihood of Acceptance**

We could not identify the rate of acceptance based on the religious affiliation of applicants. Religious affiliation is not part of the data collected by the AAMC or in the secondary forms that the School of Medicine asks each applicant to fill out.

Applicant religious affiliation is often identified in the application if they offered church-related volunteer service or served in a leadership position within a religious organization. For example, if an applicant provided religious missionary service, it would be listed among the applicant’s “post-secondary experiences” on the AAMC form. For an applicant not to include a major, time-consuming activity such as a mission would be a glaring omission in the application for which the school would request an accounting.

Although there were a few applicants who told us they felt their interviewer was biased against their religious affiliation, such instances were rare and certainly not the typical experience of most applicants. It appears that any perception of bias against applicants from a certain religious affiliation is probably due to the lower rate of acceptance among white males.

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**An applicant’s religious affiliation is often known, but there is little evidence that it affects the likelihood of acceptance.**

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## **Chapter III**

# **Diversity Policy Explains the High Rate of Female and Minority Admissions**

The high rate of acceptance of women and minority applicants at the School of Medicine can be attributed primarily to the school's effort to promote diversity among its student body. Achieving a diverse student body is a difficult task for the School of Medicine because the majority of its applicants are white males. In order to achieve greater diversity, the School of Medicine has set a goal to enroll roughly the same portion of men, women and minorities as exist in Utah's general population.

Although the School of Medicine does not rely on a system of quotas to achieve its diversity goals, the school's mission statement says that it is guided by the "imperatives of affirmative action." In keeping with its goal for greater diversity, the school has taken several steps to encourage the enrollment of greater numbers of women and minorities. The consideration of diversity during the admissions process may, however, conflict with the university's policy on non-discrimination. It is unclear how the school can follow a policy that promotes racial and gender diversity and, at the same time, comply with a policy that prohibits the consideration of an applicant's gender, race, or religion as part of the admissions process.

### **A Student's Diversity Is Considered During the Admissions Process**

The School of Medicine's selection criteria includes many factors such as an applicant's leadership experience, volunteer service, motivation for becoming a physician, and familiarity with the profession. The admissions committee also considers the extent to which a student might add diversity to the student body. While there are many ways that a medical school applicant might be viewed as someone who can add diversity, an applicant's race and gender are the attributes most often used to identify their diversity. In fact, most of the School of Medicine's programs and policies for creating greater diversity are aimed at providing more opportunities to women and minorities on campus.

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**Diversity, considered in terms of race or gender, is an attribute considered during the admissions process.**

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**The university's administration and the Board of Regents support racial and ethnic diversity.**

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**The school wants its student body to mirror the demographics of the state's population.**

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The School of Medicine's policy on diversity is based on the following beliefs:

- (1) In order to better serve the public, the school needs to graduate a class of physicians that has the same percentage of women and minorities that exists in the community at large.
- (2) The school can enhance the richness of the educational experience by admitting a diverse student body with a broad range of backgrounds and perspectives.
- (3) Cultural and economic barriers prevent minorities from performing well on standardized tests. For this reason, a different set of MCAT and GPA standards should be applied to those who have a disadvantaged background.

These principles are accepted by the Association of American Medical Colleges and by medical schools throughout the country. The University of Utah's administration and the Board of Regents have also expressed support for diversity.

### **Improved Medical Access Is the Primary Goal of Diversity**

One justification given for the School of Medicine's diversity policy is that women and minorities would have better access to health care services if there were more female and minority physicians. Enrolling a diverse student body is also considered an important way to help all medical students become more sensitive to the needs of patients from different ethnic communities.

**Medical Students That Mirror the General Population May Improve Access to Health Care.** One goal of the School of Medicine is to admit the same percentage of women and minorities that exist in the general population. This goal is clearly stated in the school's Statement on Student Diversity:

The University of Utah seeks to recruit a student body that reflects the diversity of the population as a whole. We feel that students with different cultural and economic backgrounds as well as varied life experiences add a valuable perspective to student life and

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**School officials believe that diversity helps medical students appreciate other cultures.**

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broaden the educational experience of all students. Therefore, the School of Medicine seeks to foster the aspirations of women to pursue careers in medicine, and is also committed to recruiting, admitting and graduating qualified candidates from those minority groups specifically recognized by the federal government as under-represented in the health care professions: African-American, American Indian, Mainland Puerto Rican, Mexican-American and Native Hawaiians.

To support the above diversity statement, the School of Medicine cites research suggesting that minority physicians are more likely to practice in their own ethnic communities. School officials also contend that minorities prefer to be cared for by physicians from their own ethnic background. Because many of the state's ethnic communities tend to have poor access to health care, the school believes one solution is to admit more applicants from those communities. As a result, the school's diversity policy is also viewed as a means of providing women and minorities with better access to health care.

While relatively little research exists surrounding the above argument, one study by the Commonwealth Fund found race is not one of the primary criteria when minority patients select a doctor. The study showed minority patients ranked a doctor's "nationality/race/ethnicity" 12<sup>th</sup> out of 13 factors when selecting a physician. Respondents ranked the ability to make an appointment quickly, their physician's location, the doctor's reputation in the community and their professional credentials as the most important factors in selecting a physician. Only two percent of the African Americans and Hispanics and four percent of Asians surveyed indicated problems with racial and ethnic differences between themselves and their physician.

Due to the advent of managed health care plans, another researcher suggests that patients tend to place more value on the amount of time their doctors spend with them than their doctor's race or ethnicity. In these programs, patients tend to be cared for by a different doctor with each visit. For these patients it is less likely that they will be able to establish ties with a doctor of the same racial or ethnic heritage.

**Diversity Can Enhance the Educational Experience of All Students.** School officials also believe that diversity helps improve the

education of all students. One representative of the School of Medicine explained this sentiment as follows:

Discovering significant aspects of other cultures is valuable for all physicians because they are called upon to care for patients of many races and ethnic origins. This kind of cultural perspective can be taught in a formal setting, but a more valuable way to experience it is to get to know individuals of other races and cultures on an informal basis. Only by having a diverse student body is this type of experience possible.

The medical school believes that the best way to foster cultural sensitivity is through the interaction of peers from different cultural backgrounds.

**Minorities Are Disadvantaged by Traditional Measures of Academic Performance**

That minority applicants have, in aggregate, lower MCAT scores and lower total GPAs is not disputed. What is disputed is the relative value of these measures for applicants who experienced certain hardships during their high school and college years. Figure 8 shows how white and minority applicants compare on MCAT scores and total GPA.

**Figure 8. Comparison of Total MCAT and Overall GPA for Minority and White Applicants to the U of U Medical School.** White applicants scored higher on the MCAT and had a higher GPA than minority applicants during the last four years.

Year	Average MCAT		Average GPA	
	Minority	White	Minority	White
1998	26.2	29.3	3.28	3.57
1999	26.4	29.5	3.32	3.60
2000	28.7	30.1	3.49	3.62
2001	28.8	30.3	3.51	3.63

Although many minority applicants have outstanding academic records, school officials believe that, as a group, minorities have

experienced social, economic and educational disadvantages that account for their lower achievement on standardized tests. As a result, the School of Medicine adopted a lower set of academic standards for “disadvantaged” applicants, which includes many minority applicants.

They give two reasons for the lower set of academic standards:

- (1) Many minorities’ disadvantaged backgrounds affect their performance on standardized tests, and
- (2) There is little correlation between level of academic preparation and effectiveness as a physician.

For these reasons, disadvantaged applicants can gain entry to medical school with an MCAT score as low as 21 and a GPA as low as 2.5 while their non-disadvantaged classmates must have at least an MCAT of 27 and a GPA of 3.2.

**Many Minorities Come from Disadvantaged Backgrounds.** The school recognizes that minorities from disadvantaged backgrounds may find it difficult to perform well in school. As an example, applicants who use English as a second language can have difficulty performing on standardized tests such as the MCAT. As a result, a minority student’s abilities may not be accurately measured by the traditional measures of academic achievement. This view is reflected in one of the comments by an Associate Dean at the School of Medicine who said

Many under-represented minority students come from disadvantaged educational and economic backgrounds that can affect their performance on standard measures of academic achievement. Many must work to support themselves during high school and college, resulting in limited time for concentration on academics. In addition, literature published on standardized testing has indicated that minority groups often score lower on this type of assessment and this can mask their true academic potential. For these reasons, the predictors of success in medical school are somewhat different for minority students.

So, instead of placing so much emphasis on academics, the school emphasizes other factors in the selection process such as “motivation,

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**School officials believe some allowance must be made for the lower test scores of disadvantaged applicants.**

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**MCAT and GPA do not predict effectiveness as a physician.**

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dedication and emotional stability.”

**High Academic Scores Do Not Predict Effectiveness as a Physician.** The School of Medicine discounts the importance of MCAT scores and GPA as indicators of a student’s ability to be an effective physician. School officials acknowledge that MCAT and GPA scores are good predictors of how well a student will perform during the first two academically-focused years of medical school but cite little correlation in later years.

School officials base their views regarding MCAT and GPA on the statements of Dr. Jordan J. Cohen, President of the AAMC, whose writings are included in the training manual for the members of its three admissions committees. First, Dr. Cohen challenges the traditional view that “students who have an easier time with tests in medical school make better doctors.” He then states

Certainly we want our doctors to be smart and to have passed all of their courses; no one, whether from a minority or majority background, graduates from medical school who has not done so. Just as no one practices medicine who has not passed all the licensing examinations. But good doctoring requires a lot more than passing requisite exams. And there is no reason to believe that those other attributes we are looking for in our future doctors—compassion, dedication, truthfulness, caring—correlate with scores on multiple-choice exams.

Dr. Cohen then suggests that schools give less emphasis to GPA and MCAT scores and place more attention on the applicant’s character. In fact, most recently, Dr. Cohen proposed that medical schools abandon the consideration of an applicant’s GPA and MCAT scores altogether.

In addition, school officials also believe that an applicant’s MCAT score and GPA are not good predictors of how successful they might be as a physician. For this reason, the School of Medicine places less weight on an applicant’s academic record. Once students have passed the Review Committee’s screening of their academic records, all applicants are considered equally qualified in terms of their academic preparation for medical school. From that point on, the Interview Committee and Selection Committee only consider an applicant’s non-academic abilities such as leadership, interpersonal communication skills, compassion, curiosity and social awareness.

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**Once applicants are approved by the Review Committee, they are considered equally qualified in terms of their academic preparation.**

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The medical school has accepted disadvantaged students with MCAT scores as low as 7 on each of the three parts of the MCAT and some with GPAs less than 3.0. According to the school's policy, however, these lower scoring students were considered to be as equally qualified as students with MCAT's of 13s and 14s on each section of the test and GPA's of 4.0.

## **Diversity Program Is Not a Population-based Quota System**

The School of Medicine states that it does not use quotas to achieve its diversity goals nor, in addressing its goals, does it admit unqualified female and minority students. The school's position is that, among equally qualified applicants, preference can be given to female and minority students that will offer diversity to their class. In this sense, the School of Medicine is achieving the objectives of affirmative action without resorting to the questionable admissions practices of past affirmative action programs.

### **School of Medicine Supports the Principles of Affirmative Action.**

The mission statement of the School of Medicine says that the school is "guided by the imperatives of affirmative action." For some, the term affirmative action is reminiscent of race-based quotas and other policies that mandated the hiring of a certain of under-represented groups whether or not they are qualified. Many such policies have been overturned by the courts.

Several outside observers (including the pre-med advisors from two other universities in the state) told us that they believe a certain portion of each freshman class is reserved for females and minorities. This, they say, is supported by the enrollment figures from the past several years. Since 1998, roughly the same number of female and minorities have been accepted even though the number of female and minority applicants has declined.

The School of Medicine does not use an affirmative action quota system. While the school does have a goal to enroll the same percentage of women and minorities as in the general population, there are no slots

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**Preference may be given to students that offer diversity to their class.**

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**The School of Medicine's system does not reserve slots for minority or female applicants.**

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reserved for minorities or women. Further, the school reports that all students go through the same admissions process and are subjected to the same admissions criteria—except for the lower standards applied to disadvantaged students. The school does allocate a certain number of positions based on state residency. The School of Medicine reserves 75 of the 102 positions in each class for residents of Utah. Eight positions are contracted to residents of Idaho, and the remaining 19 are available to non-residents.

**Medical School and University Administration Both Promote Diversity.** Although the University of Utah does not use quotas to achieve its affirmative action goals, the school does what it can to encourage the enrollment of minorities and women. There is an expectation that the School of Medicine will try to enroll the same proportion of women and minorities as exist in the general population. Members of the three admissions committees clearly understand this goal and that they should give preference to applicants who would add diversity to the student body.

Although diversity means different things to different people, the term is most often used to describe the need for an increase in minority and female students. In fact, the school measures its progress toward its diversity goals in terms of the number of women and minorities that have been enrolled each year.

The university administration also encourages diversity through a published Statement on Affirmative Action and through an annual diversity award. In its Statement on Affirmative Action the University states that “affirmative action continues to be needed as a vehicle for achieving equal opportunity and a diverse population of students... .” Furthermore, the University Diversity Award is handed out annually to “programs and persons that have made important contributions to diversity at the University, especially regarding inclusion of women and minorities and related issues in the life of the University.” The award was given to the School of Medicine in recognition of its success of increasing the involvement of women and minorities within its programs.

Much of the effort to recruit women and minority students is carried out by the medical school’s Office of Diversity and Community Outreach. The office is charged with the task of “recruiting, admitting and graduating qualified candidates from those minority groups” recognized by AAMC as under-represented. One approach used to attract more

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**The school measures diversity in terms of the number of women and minorities that have been enrolled.**

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**The Office of Diversity and Community Outreach provides advice, services and encouragement to minority applicants.**

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women and minorities to the health care profession is the Office's recruitment efforts. Occasionally, representatives from the Office of Diversity and Community Outreach will visit local high schools and colleges to encourage students to consider a profession in health care.

The Office of Diversity and Community Outreach also helps minorities through the admissions process. The office contacts minorities who have applied to the medical school and provides them with services and advice concerning the application process. For example, they may offer advice regarding how to write a personal essay or conduct mock interviews with the applicant. Once an offer of acceptance is made, the office will encourage minority students to enroll at the University of Utah.

**Individual Admissions Committee Members Respond Differently to the Diversity Policy.** We found that members of the admissions committee responds differently to the school's goal for greater diversity. Some members consider diversity specifically in terms of an applicant's race and gender. These members give higher ratings to minority and female applicants because they believe the applicant's race and gender will help add to the diversity of the student body.

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**Some admissions committee members give higher ratings to applicants they consider diverse.**

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Other committee members told us that they would never consider using race or gender as a criteria for selection, but they do look for applicants with a background and experience that sets them apart from others. For example, the dean points out that an applicant would be considered adding diversity with an undergraduate degree in accounting because the applicant would have a unique background and offer a different perspective.

**Many White Male Applicants Have Such Similar Backgrounds That They Offer Little in Terms of Diversity.** The need for greater diversity is used to explain why women and minorities are accepted at higher rates than white men. Women and minorities tend to have more varied backgrounds and experiences than the typical white male applicant from Utah. According to school officials, many male applicants from the Wasatch Front tend to have very similar experiences during their years leading up to medical school.

Most have attended BYU or the University of Utah, had similar pre-med degrees, similar volunteer service, and sought out similar experiences

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**Many white male applicants have such similar backgrounds that they have difficulty standing out.**

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to prepare them for medical school. On the other hand, most female and minority applicants were less likely to pursue a traditional path to medical school. As a result, the search for applicants with a unique set of experiences and backgrounds tends to work against many of the white male applicants and favor women and minorities.

Several Selection Committee members told us most of the applicants sent to this committee appear quite similar to one another. Our review of applications and discussions with committee members and school officials showed this similarity also. So many applicants are highly qualified and have such similar backgrounds that it is difficult to set them apart. As a result, we are told, those who have unique experiences and backgrounds tend to stand out and have a greater likelihood of being accepted. It is interesting to note that the Selection Committee is not given the applicants' MCAT scores and GPAs—two factors that might help them distinguish applicants who otherwise appear similarly qualified.

We also found through our own observations and discussions with school officials that serving a mission for their church, while a positive attribute, does not set applicants apart because so many have had that same experience. Conversely, school officials told us that serving a religious mission is a unique attribute for medical schools in other states. This uniqueness may be one of the reasons why applicants from Utah tend to have such great success gaining admittance to medical schools in other states.

### **Diversity Policy Conflicts With Policy on Non-discrimination**

The goal of creating a diverse student body appears to conflict with some other school policies. The very factors that make students diverse, such as their ethnicity, gender, or geographic origin, are specifically mentioned in the school's non-discrimination policy as factors that admissions committee members may not consider. Moreover, the school's decision to have lower admission standards for disadvantaged students also contradicts the goal of the Board of Regents to increase the academic requirements for admission to the University of Utah.

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**Diversity policy  
appears to  
contradict policy of  
non-discrimination.**

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### **Some Attributes Considered as Signs of a Person's Diversity Are Listed in the School's Non-discrimination Policy**

It appears that the school's diversity policy contradicts its policy on non-discrimination. Although the school's non-discrimination policies prohibit the school from considering race, gender, geographic background and other demographic attributes, the school's diversity policy encourages the admissions committee to consider such factors.

**Policy on Non-discrimination Prohibits School from Considering Race, Gender, and Other Attributes.** The training manual provided to each admissions committee member describes the following policy of non-discrimination:

Factors such as social class, parents' education and occupation, type of education establishment attended, geographic location (rural vs urban), race, ethnicity, gender religion, age, color... should not be a part of any admissions decision.

Furthermore, representatives from the School of Medicine specifically mentioned this policy when they met before the Legislative Audit Subcommittee at its August 2001 meeting:

Being a state institution, we are not allowed to look at race, gender, religion, geographic location, age, all of those other things that we can't look at. So, they are not part of our [selection] process. They're not part of our database.

The above statements seem to contradict the school's policy to promote the admission of females and minorities. In fact, race, gender, religion, geographic location and age are all considered during the admissions process. References to each of these personal attributes are contained in the written comments made by admissions committee members regarding applicants. In addition, race, gender, geography and age are all part of the database of information kept for each student.

**Committee Members Do Consider Race, Gender and Other Demographic Attributes.** We reviewed the written comments made by both the Review Committee and the Interview Committee for each of 410 individuals who applied for the Fall 2001 class and who reached the interview phase of the admissions process. Most committee members

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**Frequent reference is made to an applicant's race.**

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**Need for rural physicians is often cited by committee members as a reason to select an applicant.**

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focus primarily on the established selection criteria they have been asked to consider. These include such character traits as the applicant's leadership skills, community service, and awareness of the profession.

We did, however, identify 69 applications (or 16 percent) in which references were made to race, gender, religion or other factors prohibited by the school's non-discrimination policy; but, which were listed among the reasons to accept or reject the applicant. The following describes some of the references found in applicants' files regarding these factors written by members of the Review Committee and Interview Committee:

- A person's racial or ethnic background is often described favorably as an indicator of an applicant's diversity. There were 39 minority applicants for the class beginning in the fall of 2001. Of those, there were 30 applications in which one or more of the admissions committee members made a reference to the applicants' race as a reason to consider the person for admission. Often an applicant's ethnic background was listed among the applicant's "strengths" or under the heading "unique qualities" about an applicant. In addition, the person's minority status was sometimes mentioned in the written summary comments describing why the applicant offered diversity.
- Although the training manual specifically asks that "geographic location (rural vs. urban)" not be considered, some committee members are concerned that the school needs to admit more physicians willing to serve in rural areas. We found 14 instances in which the applicant was considered favorably because he or she came from a rural area and expressed an interest in one day practicing medicine in a rural community.
- Seven applications made reference to the applicant's gender. Some were used to describe a reason why the person should be admitted. For example, one review committee member said that even though an applicant's MCAT score was low that the applicant should be interviewed because the school needed more female students. In other cases, interviewers made reference to the fact that applicants were white and male and therefore did not stand out as someone who would offer anything unique to the school. One interviewer even admitted in her interview comments that she was biased against an applicant because he represented what she disliked about white males in Utah.
- Eight applications made reference to the applicant's religious activity.

Sometimes the applicant's unique religious background was listed as a strength because the person's religious affiliation would add diversity to the class. In several instances the committee member discounted the applicant's volunteer service or leadership experience because, they said, it was limited to "church-related" activities.

- There were several references suggesting a committee member was concerned about the applicant's age (that he had been out of school for many years), social status (the applicant was "privileged" or "upper crust"), or other personal attributes that seemed to have little to do with qualifications for medical school.

Inasmuch as the committee members are prohibited from considering race, gender, geography and religion, etc. during the admissions process, we question how these attributes can also be used as indicators of an applicant's diversity. School officials acknowledge that some committee members make inappropriate statements that are either biased or refer to such personal attributes as gender and race. However, they also report that the inappropriate comments are eliminated from copies of the written interview reports before they are presented to the Selection Committee.

Our concern is that the inappropriate comments may suggest a bias that is built into the overall rating of an applicant. Even if the gender and race-based comments are not shown, the overall rating that is presented to the Selection Committee may be affected by the interviewers' consideration of race, gender and other personal attributes. In addition, some applications may not have even been sent to the Selection Committee because of the inappropriate consideration of gender, race and other factors prohibited by the school's non-discrimination policy.

### **Diversity Can Take Precedence over Other Concerns**

The school's effort to increase diversity is demonstrated by the many cases we found in which an applicant's ability to add diversity overcame the applicant's deficits. A number of applicants were accepted even though their applications had problems that would normally result in rejection. The type of problems that often results in rejection include

- a personal essay that is self-centered, rather than reflective
- out-of-state residency with no ties to Utah
- not currently enrolled in classes

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**An applicant's ability to add diversity can overcome deficits that normally result in rejection.**

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- low academic scores
- little research experience
- an “arrogant” attitude
- lack of concern for less privileged individuals
- grades that worsen rather than improve over time
- grammatical errors in the personal essay.

For most applicants, any one of the above application problems can result in a rejection of an otherwise excellent application. For example, Selection Committee members are very sensitive to any hint of arrogance on the part of an applicant. If the applicant writes a personal statement that suggests the applicant is self centered, or insensitive to the needs of the underprivileged, or overly confident in his or her abilities, the admissions committee usually concludes that the applicant lacks the humility and compassion sought in a medical student. However several applicants who had these same problems with their application were accepted because they offered diversity.

### **Lower Academic Standards for Disadvantaged Inconsistent with Other Policies**

The use of lower academic standards for disadvantaged applicants is inconsistent with the school’s stated policy that all applicants will be judged against the same criteria. The policy is also inconsistent with the Board of Regents’ goal of raising admission standards for the University of Utah.

**Different Standards Applied to Disadvantaged Students.** As mentioned previously, the school applies a set of academic standards for disadvantaged applicants that are lower than those applied to others. The logic behind this policy is confusing. The policy states,

Students from a disadvantaged background need MCAT scores in each category of 7 or greater and a GPA of 2.5 or better at the University of Utah to pass our curriculum. Students from a non-disadvantaged background need a 9 or better in each category of the MCAT and 3.2 or better on the GPA to pass in our curriculum.

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**Using different standards for the disadvantaged means not everyone will be judged against the same selection criteria.**

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School policies state that most people need a 3.2 GPA to do well in medical school, but a disadvantaged person only needs a 2.5.

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Applicants may be classified as “disadvantaged” if they meet any one of the following criteria:

- Household annual gross income consistently less than \$20,000 for a family of four,
- Attended a public high school in which less than 50 percent of the graduates go on to college,
- Raised by a single parent with a low income or primarily by someone who is not the natural parent,
- Working at least 30 hours a week or more while going to school,
- English is not the primary language of the household in which they are being raised,
- Neither parent graduating from college nor attending college,
- Growing up in a medically underserved area,
- Growing up with social disadvantages.

However, the school provides little guidance on how committee members should apply each of these criteria. For the most part, it is up to committee members to decide on their own whether the applicant truly is disadvantaged.

**Not All Applicants Are Evaluated on the Same Basis.** We question whether the school’s policy toward disadvantaged students is consistent with the school’s commitment that “all applicants will be evaluated on the same basis.” The above policy requires that admissions committee members consider an applicant’s economic, social and ethnic background when deciding whether an applicant should receive further consideration. At the same time, however, the school has made a commitment not to consider some of these same social factors when evaluating applicants.

**Policy on Disadvantaged Status Is Confusing.** It is also confusing why the policy states that most people need at least a 3.2 GPA to pass the medical school’s curriculum but that disadvantaged people need only a “2.5 GPA... to pass our curriculum.” What this policy suggests is that a person with a 3.1 GPA would have difficulty with the curriculum, but a person who has a 2.6 and is disadvantaged would be able to complete the curriculum.

**Disadvantaged Policy Is Inconsistent with Goals Set by the Board of Regents.** The use of a lower standard for disadvantaged applicants is

also inconsistent with the commitment by the Board of Regents to raise the admissions standards. As its “flagship institution,” the Board of Regents recognizes the University of Utah is a major teaching and research university whose reputation the Board would like to enhance. In its Master Plan 2000, the Board identified several steps that it will take to “enhance the University of Utah’s mission by capitalizing on its research and medical reputation and assuring it is competitive with peer institutions on an international basis.” Among its other goals, the board indicated it will “support increased admissions standards” at the university.

**Other Medical Schools Do Not Have Separate Standards for Disadvantaged Applicants.** We surveyed a number of medical schools in seven western states for information on their admissions standards for disadvantaged applicants. Each of the seven schools reported that they do not have separate standards for advantaged and disadvantaged applicants; all applicants are judged by the same selection criteria.

### **National Reaction to Diversity Programs Is Polarized**

The national debate over diversity policies has resulted in a variety of reactions. Some states have rejected the policies as a furtherance of affirmative action. Others see diversity as a positive step and have initiated programs to elevate minority applicants’ academics prior to admittance.

**Several Other States Do Not Allow Diversity Issues to Be Considered as Part of the Medical School Admissions.** Although many universities follow the diversity policy promoted by the AAMC, a few states are concerned with what they believe are unfair policies that recognize race and gender rather than ability. This resistance is most notable in states that have had public referendums in opposition to affirmative action-based programs. For example, California voters passed proposition 209 which prohibits all affirmative action programs within state government and public universities. The implementation of the new law has resulted in a conflict between that state’s Legislature and the state’s schools of higher education. The Legislature wants the law carried out and some of the state’s universities continue to promote the enrollment of minority applicants.

Texas and Washington have also passed similar public referendums against the use of diversity policies by institutions of higher education. The Governor of Florida is asking the Florida State Legislature to

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Several states prohibit their universities from considering diversity in the admissions process.

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consider his “One Florida” plan, abolishing affirmative action in university admissions and state contracting.

**Diversity Can Exist Without Lowering Admission Standards.** An alternative to lowering admission standards for disadvantaged applicants would be to use some of the techniques of New Mexico and Hawaii that increases participation among minority applicants. These states focus their efforts on providing special instruction to disadvantaged minorities who wish to pursue a career in medicine. For example, the University of New Mexico offers a special curriculum to applicants from under-represented populations whose academic training is below that normally expected from medical students. Students who successfully complete the additional one-year curriculum are automatically enrolled as first year medical students the following year.

Similarly, Hawaii has a special post-baccalaureate program which helps individuals from socially, educationally and economically disadvantaged backgrounds. These students are enrolled in the program with the understanding that upon completion of medical school they will serve in under-served communities within the State of Hawaii and the Pacific islands. Students are first enrolled in a one year program to help develop their science skills as well as their communication skills. As with New Mexico, upon completion of the program, the students are automatically enrolled as first year medical students. Both New Mexico and Hawaii program’s are limited and very selective of candidates.

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**Some states provide disadvantaged minority students with special pre-medical training.**

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## **Recommendations**

1. We recommend that the School of Medicine adopt a single minimum MCAT and GPA threshold for all admissions.
2. We recommend that the School of Medicine prohibit the admissions committee from considering the applicant’s race, gender, religion, geographic background, etc. If review forms or interview comments show that such factors have been considered, they should be considered invalid.
3. We recommend that the School of Medicine consider providing under-represented populations with special pre-admittance course work to help them meet the academic standards required of all

students.

4. We recommend the Legislature direct the Board of Regents to examine the apparent conflict between its policies regarding diversity and those regarding non-discrimination and report their findings to the Legislature.

## **Chapter IV Deviations from Admissions Process Have Raised Questions**

In recent years the School of Medicine has altered the way it processes medical school applicants. As stated in Chapter I, greater emphasis is placed on the subjective evaluation of an applicant's character and background and less emphasis is placed on the applicant's academic record. However, the school has had difficulty ensuring that the new selection criteria is fair and consistently applied. To this end the school needs to reevaluate some of its policies and improve its controls over admissions procedures.

Central to the problems facing the admissions process is the relationship between the school's Dean of Admissions and the three committees responsible for the selection of applicants. Although the members of the Review, Interview and Selection Committees all receive directions from the school's administration, their decisions are often inconclusive or overridden by the Dean of Admissions. One result of the committee's indecision is that one person—the Dean of Admissions—must often be the one to decide whether or not an applicant will receive further consideration.

Inasmuch as the School of Medicine has made many changes to the admissions process to prevent any one committee member from having too much influence, it is surprising that the Dean of Admissions has been given responsibility for deciding individually on many applications. Another concern is that the responsibilities of the Dean of the Office of Admissions may conflict with her other role as Dean of the Office of Diversity and Community Outreach. We question whether the dean can serve as an impartial manager of the admissions process while also being responsible for recruiting more minorities and women.

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**Often the Dean of Admissions, rather than the committee, decides whether an applicant is to receive an interview.**

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### **Review Committee Decisions Are Not Always Followed**

The Review Committee is responsible for deciding whether an

applicant is academically prepared and fully committed to the highly demanding field of medicine. This group of 17 faculty and physicians from the Health Sciences Center and the community make the initial screening. During the 2001 recruitment year, the Review Committee considered 322 applications classifying each application as either accepted or rejected for further consideration or as inconclusive and needed more review.

The Review Committee's decisions were given to the Dean of Admissions where a number of the decisions were overridden. A number of applications initially rejected by the Review Committee were, either due to a decision by the Dean of Admissions or due to staff errors, interviewed anyway. In the case of inconclusive applications, the Dean of Admissions, rather than the committee, decided which of the applicants would be granted interviews and which would be rejected.

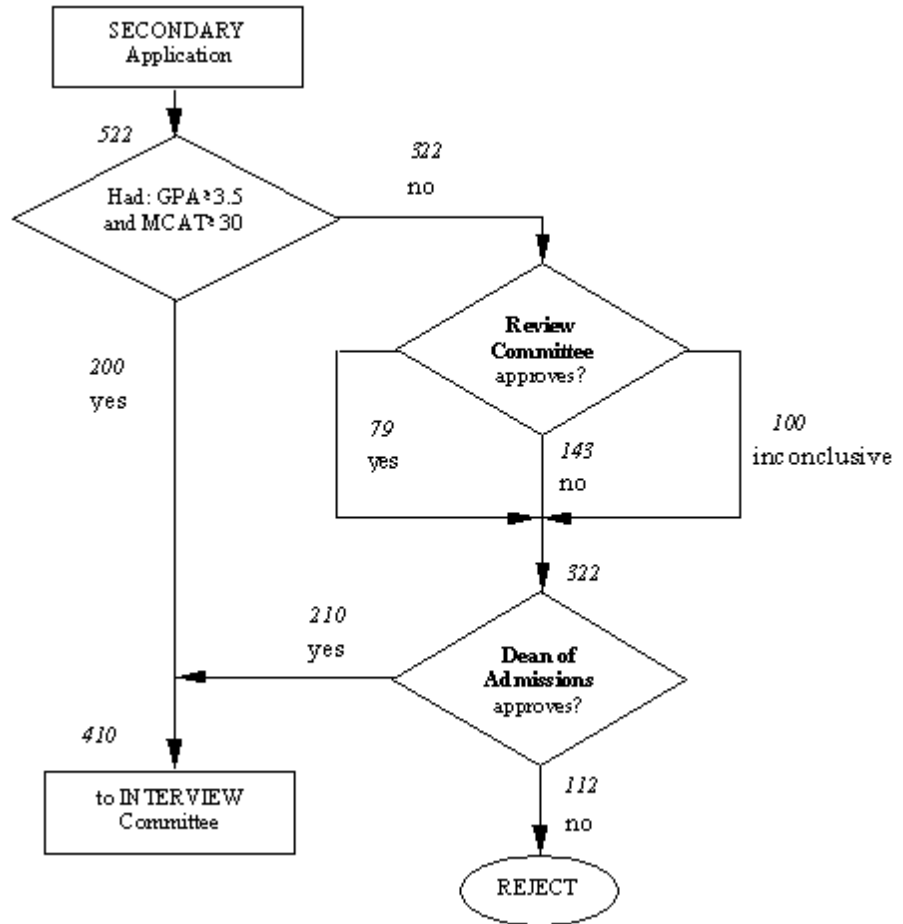
### **Review Committee Considers Applications With Low GPAs and MCAT Scores**

The applicants with GPAs higher than 3.5 and scores on the MCAT of at least 30 are automatically invited for interviews. For the application year 2001, 200 applications fit that category. The other 210 applications required a review by the Review Committee because they had GPAs below 3.5 or an MCAT below 30. In most instances, each application is reviewed by two committee members. The Review Committee examines the applicant's college transcripts, MCAT scores and disadvantaged status, and then decides whether the person is adequately prepared to handle the curriculum of medical school. It is the only stage of the process where an applicant's academic achievements are considered.

The Review Committee also evaluates applicants' letters of recommendation, personal statements, volunteer service, and exposure to medicine. At the end of the evaluation, each reviewer prepares a written description of the strengths and weaknesses of the applicant and states whether the applicant should be interviewed or not (See Appendix C). Figure 9 shows the flow of applications for the review stage of the admissions process.

Last year 31 applications were sent to the Interview Committee even though they had been rejected by the Review Committee.

**Figure 9. The Review Committee Selects the Applicants for the Interviews.** The Review Committee is the only committee allowed to consider applicants' academics and disadvantaged status. The reviewers also consider applicants' exposure to medicine, volunteer experiences, letters of recommendation, and personal statements.



**Some Applicants Rejected by the Review Committee Were Still Interviewed**

During the 2001 recruitment year, 31 applications were sent to the Interview Committee that the Review Committee had determined should not have received further consideration. When asked to explain why these applicant were interviewed even though the Review Committee recommended against it, the Dean of Admissions provided the following reasons:

- Sixteen applicants were granted “courtesy” interviews. They were

interviewed because they are a relative of a physician on campus or some other prominent individual who might be offended if the school did not appear to give serious consideration to the applicant. The dean told us that those given “courtesy” interviews are not allowed to proceed to the Selection Committee regardless of the outcome.

- Four applicants were scheduled for interviews by administrative mistake. Although rejected by the Review Committee, an oversight by admissions office staff led to their being scheduled for an interview. Before the dean recognized the mistake, several of these were submitted to the Selection Committee and two were accepted and are now enrolled in medical school.
- Eleven applications were sent on after the Dean of Admissions overruled the Review Committee’s recommendations. In most of these cases, the dean decided that the Review Committee members had not given sufficient consideration to the applicant’s disadvantaged background. For example, the committee did not give sufficient weight to the applicant’s rural background or may not have mitigated low academics with the applicant’s ethnic heritage.
- In one case, the two reviewers identified seven distinct problems with an application, any one of which could result in a rejection. Even though a letter of rejection was sent, the school decided to reconsider the application and another round of reviews was conducted. The third reviewer concluded that the applicant should not be interviewed. However, the fourth reviewer gave a favorable recommendation. In spite of three negative reviews, the dean made a decision, based on the applicant’s disadvantaged status, to forward the application to the Interview Committee. The applicant did well in the interviews and was eventually approved for admission by the Selection Committee.

**Applicants with Mixed Reviews Should Have Received Another Round of Reviews.** We also found that reviewers are often unwilling to make a clear decision regarding whether an applicant should be interviewed or not. For the 2001 recruitment year, almost one third of the decisions made by the Review Committee were either mixed or inconclusive. In other words, both reviewers said “maybe,” or one of the reviewers felt that the applicant should be interviewed and the other felt that he/she should be rejected.

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**Many applications considered by the Review Committee result in a mixed or inconclusive decision. These applications are decided by the dean.**

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It is a generally accepted practice, though not formalized in policy, that when two reviews result in a mixed decision, a second round of reviews is conducted. As a result, it is not uncommon for an application to receive a third or fourth review. However, many applications with inconclusive decisions by the Review Committee were never submitted for another round of reviews. Instead, the Dean of Admissions decided whether or not to forward the application without additional reviews. Of the 210 applications that were sent to the review committee and approved for interviews, 100 received a mixed decision from the review committee and were decided by the Dean of Admissions without additional reviews.

### **Role of Dean in the Decision-making Process Needs Clarification**

One reason the dean said she needs to decide whether applicants should be interviewed is that many Review Committee members are reluctant to make the decision. This reluctance may be, in part, due to the subjective nature of the selection criteria and, in part, to the form utilized by the committee. Review Committee instructions are not concise or straight forward and the review form allows reviewers to conclude that “maybe” the applicant should be interviewed.

One concern we have with the dean’s role of deciding whether many applications will be granted interviews is that the entire purpose of creating a Review Committee was to help the school reduce bias in the admissions process. Having so many different people involved in the selection process is supposed to prevent a single person from having too much influence. With the dean making many of the decisions for them, it seems to defeat the purpose of having a Review Committee.

A further concern is that the Dean of Admissions has the additional role of being the Dean of Diversity and Community Outreach. As the Dean of Admissions, she is responsible to ensure that each application is considered in a fair and impartial manner without regard to gender, race, religion, geographic background. As the Dean of the Office of Diversity and Community Outreach, she has the responsibility of “recruiting, admitting and graduating qualified candidates from... minority groups... as well as disadvantaged students and women applying to medical school.” It is unclear whether the responsibilities of the Dean of Admissions conflict with the responsibilities of the Office of Diversity and

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**It is a concern that the Dean of Admissions is also the Dean of Diversity and Community Outreach.**

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Community Outreach. However, having the same person fill both roles, at least, presents the opportunity that the admissions office could give preference to students being assisted by the Office of Diversity and Community Outreach.

## **Interview Problems Raise Question of Fairness**

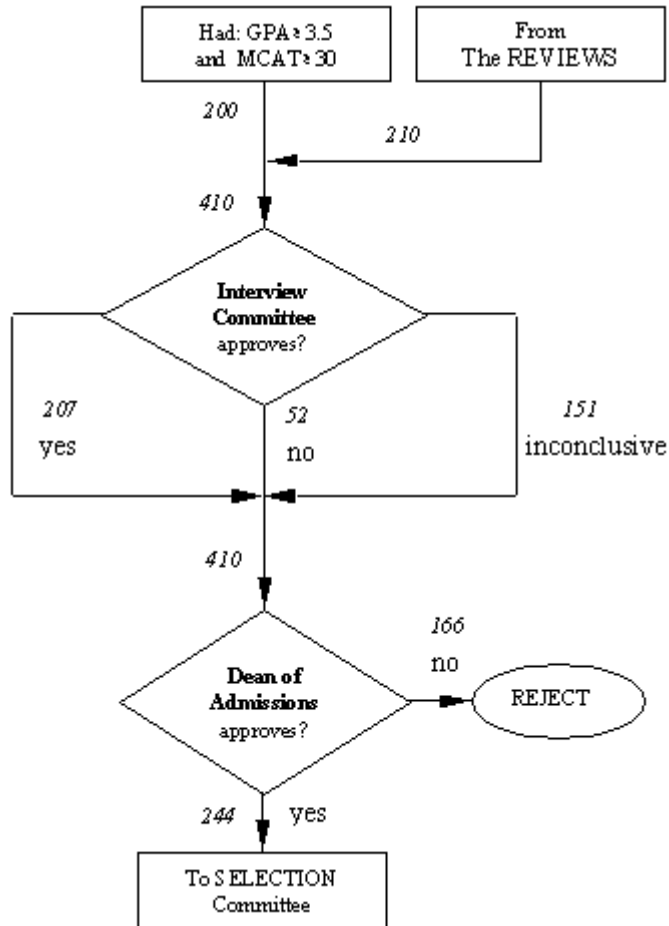
Several concerns have also been raised about the operation of the Interview Committee. First, many interviewers are confused about how to correctly fill out the written interview form. Second, many interviews do not result in a clear decision whether or not the applicant should be given further consideration. As a result, the Dean of Admissions must often make a decision regarding whether to send the application to the Selection Committee. Finally, a few interviewers appear biased or have asked inappropriate questions.

Once an application is submitted to the Interview Committee, an applicant's MCAT and GPA scores are no longer considered. It is assumed that all applicants are equally qualified in terms of their academic preparation for medical school. For this reason, the Interview Committee, consisting of 66 faculty, staff and fourth year medical students, focuses on the more subjective selection criteria.

Normally, each applicant is interviewed individually by two and sometimes three of the members of the interview committee. The objective of the interview is to evaluate each applicant's interpersonal skills and character. Each interviewer also considers the letters of recommendation, personal statement, and other information included in the application. During the 2001 recruitment year, 166 applications were eliminated after the interview process (or about 40 percent of the remaining applications) and approximately 240 applications were sent on to the Selection Committee. Figure 10 shows the number of applicants involved in the interview process.

**Figure 10. The Interview Committee Recommends Which Applicants Are to Be Presented to the Selection Committee.**

Applicants are evaluated based on the interview, their letters of recommendation, personal essays, exposure to medicine, volunteer service, and ability to handle issues.



Interview Committee considers an applicant's character, background and interpersonal skills.

It is the responsibility of the Interview Committee to decide whether an applicant is to be presented to the Selection Committee. The high number of applications forwarded to them by the Review Committee and a desire to give each applicant equal consideration mean the committee's 66 members will conduct well over 800 interviews.

Time constraints do not permit the committee to conduct as many interviews as are needed to give each applicant a fair and impartial review. In order to make the process fair and impartial, the Admissions Office

told us that applicants will typically not be rejected unless both interviewers conclude that the applicant should not be considered for admission. In addition, if the applicant feels that the interviewer has asked inappropriate questions or has shown bias, the applicant can ask the Admissions Office for another interview with a different interviewer and the results of the first, questioned interview will be discarded. Unfortunately, there is often insufficient time to provide all applicants with a third interview if the first round of interviews resulted in a mixed or inconclusive decision.

The use of a three-page evaluation form to summarize interviewer comments is another way that the school has tried to make the interview process as fair and impartial as possible. The form requires each interviewer to evaluate and score an applicant according to eight criteria (see Appendix C for a blank copy of the interview form). Interviewers are asked to consider a number of different factors. First, the interviewer considers the applicant's response to questions asked during the interview. Then, the interviewer considers the applicant's written personal statement and his or her letters of recommendation.

Interviewers use the forms to describe the strengths and weaknesses of the applicant and to summarize their overall impressions of the applicant. Interviewers are also asked to give an overall ranking of the applicant on a five-point scale and to check "yes," "no," or "maybe" to the following questions: "Should this applicant be discussed?" "Should this applicant be an alternate?" "Should this applicant be accepted?"

**The Evaluation Form Causes Confusion.** We reviewed each of the committee member's written comments for all 410 applicants interviewed during the 2001 recruitment year. We found that each interviewer has a unique way of completing the forms. There did not appear to be a great deal of continuity in the ratings that were given to applicants nor was it clear that the interviewers understood what they needed to communicate about the interviews. The greatest confusion comes from the last three questions on the evaluation form.

For example, in response to the question: "Should this applicant be an alternate," one interviewer wrote "I really don't understand this question." In many cases we found that interviewers gave contradictory statements indicating an applicant should be discussed by the Selection Committee but not admitted. Others said the applicant should be an alternate but not discussed by the Selection Committee.

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**Interviewers are not consistent in how they rate applicants.**

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**Often two interviewers disagreed on whether an applicant should be considered by the Selection Committee.**

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The form also asks interviewers to give an overall ranking to each applicant on a five-point scale. Some interviewers give glowing comments about an applicant but only give an average rating by checking the 3<sup>rd</sup> (or middle) option for “Ranking Among Basic Qualities and/or Achievements.” Others are somewhat critical of applicants but still give the applicant the higher rating of “Ranking With some Outstanding Qualities and/or Achievements.” Still, others rarely give any negative comments about an applicant and almost always give the highest rating possible. The result is that it is very difficult to conclude from the interview forms what the interviewer is recommending.

**Many Interviews Result in a Mixed Decision.** Just as with the Review Committee, the Interview Committee often produces a mixed decision. Often the two interviewers disagree on whether an applicant should be considered by the Selection Committee. More frequently, the interviewers provide many positive comments but are not clearly in support of recommending that the applicant be considered for admission.

It is the general understanding of those involved in the admissions process that mixed or inconclusive interviews will result in an additional, tie-breaking interview. In practice, however, most inconclusive interview cases are determined by the Dean of Admissions. The dean reviews interviewers’ written comments and decides whether the applicant should be considered further or be rejected. In making this decision, it appears that diversity of the applicant plays a major role, as women and minorities benefit at a higher rate than one would expect. Figure 11 describes the gender and ethnic status for the applicants for whom the Dean of Admissions made the final decision.

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**The diversity of an applicant plays a major role, as women and minorities benefit at a higher rate than one would expect.**

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**Figure 11. Applicants with Inconclusive Interview Results that Were Decided by the Dean.** Of those applications decided by the Dean of Admissions, the women and minority applicants were more likely to be recommended to the Selection Committee than their white male counterparts.

Female or Minority Applicants		White Male Applicants	
Sent To Selection Committee	Rejected	Sent To Selection Committee	Rejected
71%	29%	37%	63%

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**Diversity is clearly an issue and either elevates or reduces an applicant's likelihood of being accepted.**

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Figure 11 describes the outcome of those interviews that resulted in a mixed or unclear conclusions from the Interview Committee. Because the Interview Committee did not give a clear recommendation whether or not to send the application to the Selection Committee, the Dean of Admissions had to make that decision. The data show that among the female and minority applicants, with a mixed or unclear recommendation from the Interview Committee, the dean decided to send 71 percent to the Selection Committee. Among the white male applicants, the dean chose to send only 36 percent to the Selection Committee. This action may be best explained by the value that the school places on gender and ethnic diversity.

We also found 30 applicants who, according to their interviewers, should have been presented to the Selection Committee but were not. In these cases the Dean rejected these applicants even though both of their interviewers recommended they be presented to the Selection Committee. In that group, 28 of the 30 applicants were white males.

A review of the interview results demonstrates that diversity is clearly an issue and either elevates or reduces an applicant's likelihood of acceptance. The results of the Dean's decisions raise questions as to how much influence one individual should have on selecting a medical school class. The School of Medicine has acknowledged that the Dean should not be required to decide whether an application should proceed to the Selection Committee or not. School officials report that in the future a separate committee will review applications that receive mixed results from the Review or Interview Committees.

**Interviewers with Demonstrated Bias Should Be Removed.** As we reviewed the written comments made by interviews, we noticed that some interviewers wrote biased comments. Some applicants also told us they felt they were asked inappropriate questions. The school is aware of these situations and tries to respond appropriately.

The following describes some of the bias shown by interviewers and the inappropriate questions they have asked:

- We identified one interviewer who on more than one occasion made biased comments towards white male applicants in her written interview evaluations.
- One interviewer, according to the Dean of Admissions,

demonstrated bias towards female applicants in that he was much more demanding and critical of female applicants than he was of male applicants.

- An interviewer asked each applicant a series of trivia questions such as “How many periods are in a hockey game?” or “Who shot Robert Kennedy?” Applicants told us they felt such questions were unfair because they were asked in an intimidating way and had little to do with the applicant’s qualifications for medical school.
- An interviewer quoted religious scriptures in interviews and discusses them with the applicant.

The Dean of Admissions recognizes that some interviewers have acted inappropriately and said that she advises them not to ask inappropriate questions. Moreover, the training manual for interviewers cautions interviewers to avoid “inappropriate, uncomfortable or possibly discriminating questions” and requires that questions have a “relation to the education of the student.”

Unfortunately, the Dean of Admissions appears to either be reluctant or is unable to remove interviewers who ask inappropriate questions. She reports that she regularly counsels interviewers when she learns that inappropriate questions have been asked. In addition, the Dean has responded by giving fewer assignments to interviewers who have asked inappropriate questions and may reassign them to other committees during the next recruitment year. In our opinion, however, if a committee member is not following the schools’ admissions procedures and does not improve after having been asked to do so, the interviewer should be immediately removed from the Interview Committee.

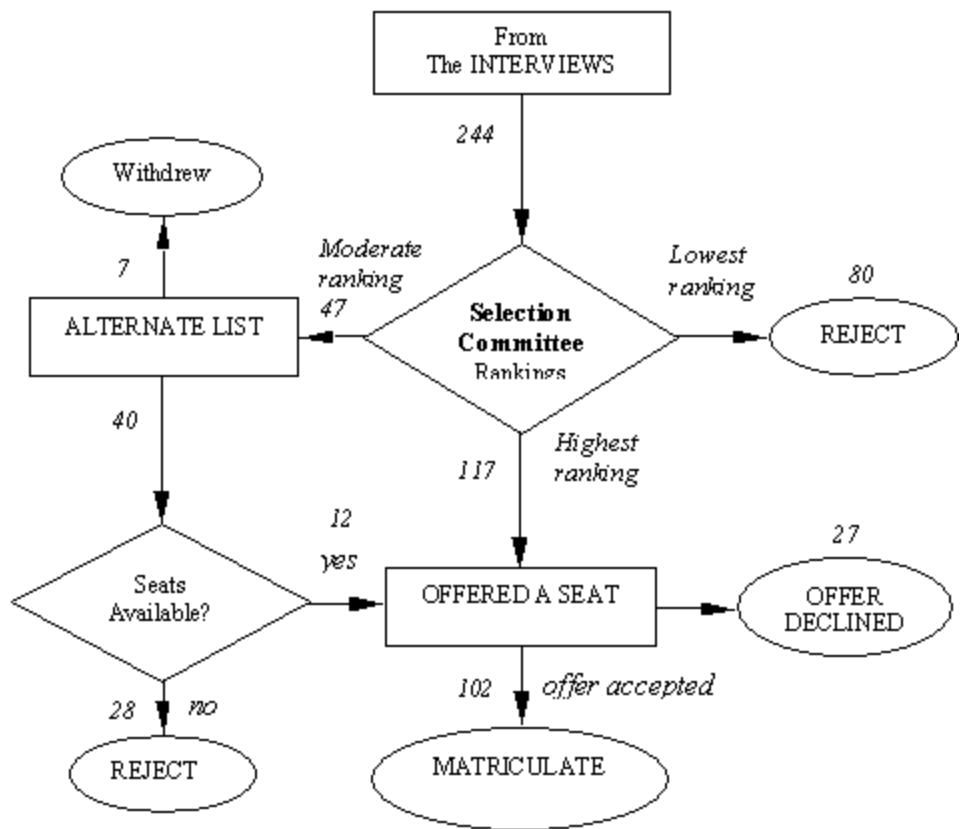
## **Selection Committee Process Can be Streamlined**

During our discussions with several committee members, we were impressed by their commitment to this time-consuming process and to making a fair decision regarding each application. Although we are confident in the ability of this group to make fair and appropriate decisions, we question whether some applications should have been sent

to the Selection Committee at all. In addition, we are concerned that the Selection Committee does not receive all of the information it needs to make an informed decision. Finally, we are concerned about the way the admissions office uses the Selection Committee's scores.

**Figure 12. Selection Committee Makes a Final Ranking of the Applicants.** The committee members meet together, discuss and individually rank each application based on the interview scores and comments, letters of recommendation, personal essays, etc.

**Selection Committee Has Responsibility of Deciding Which**



**Applicants Will Be Accepted.** The members of the Selection Committee have the difficult task of deciding which of all the applications presented will be sent letters of acceptance. Because the Selection Committee only has a limited amount of time to consider roughly 250 applications, it is important that the committee receive only the top candidates. Figure 12 shows the flow of applicants for this stage of the admissions process.

The Selection Committee has 26 members who meet for about three hours once a week for about six months. They represent different departments within the Health Sciences Center and include professors,



instructors, and fourth year medical students. Several members also represent the medical community at large. During each meeting they evaluate from 12 to 15 applications. The strengths and weaknesses of each application are briefly discussed and then each member is asked to individually rank the application on a scale of zero to five. The scores are averaged, and the applicants with the highest scores are sent a letter of acceptance. Some applicants are placed on an list of alternates and the rest are sent letters of rejection.

**Some Applications Should Not Have Been Presented to the Selection Committee.** During the recruitment for the class entering in the Fall of 2001, about 60 applications were presented to the Selection Committee that either did not pass the Review Committee, did not pass the Interview Committee, or had inconclusive results from the Interview Committee. Although the dean recognized that these applications had some serious flaws, she sent about 30 of them to the Selection Committee as tests to determine whether the Selection Committee would identify the same flaws in the application that she observed. The dean reports that the Selection Committee concluded as she did that there were problems with each of these “test” applications.

Additional applications were sent to the Selection Committee even though they were not recommended favorably by the Interview Committee. The dean said she submitted these applications as a courtesy to the applicant or because other supporters of the applicant wanted the application to receive consideration by the Selection Committee.

The above cases are a concern for two reasons: First, three applications apparently failed earlier stages of the review process that were submitted to the Selection Committee in error and were accepted. Second, due to time constraints, it is critical to limit the applications considered by the Selection Committee to those that have been approved by prior committees. As previously mentioned, during the 2001 recruitment year there were 30 applications that received favorable recommendations from the Interview Committee yet were not sent to the Selection Committee because, according to the dean, there was not sufficient time to consider all of the well-qualified applicants.

**Selection Committee Could Benefit by Having Applicants’ Academic Scores.** The Selection Committee currently does not receive any academic information on the presented candidates before them. The

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The dean approved “courtesy” reviews even though it was unlikely the applicant would be accepted.

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The committee is not given grades and MCAT scores, only limited subjective information from the application and interview forms.

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The school admitted lower ranked out-of-state applicants over higher ranked Utah applicants.

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committee is given limited information from the application form and the interview form. The assumption is made that all applicants have been approved by the Review Committee and are therefore equally qualified in terms of their academic preparation for medical school.

During our review of the application files we observed significant differences in the academic qualifications of the applications that were eventually sent to the Selection Committee. For the 2000-2001 recruitment year, applicant MCAT scores ranged from 20 to 39, and GPAs ranged from below 2.8 to 4.0. We find it difficult to understand why the Selection Committee is required to base its decisions on the subtle problems they find in the comments made by interviewers, applicants' personal statements and the letters of recommendation, while at the same time the committee is not allowed to consider the obvious differences in applicants' academic records.

**Dropping Selection Committee Low Scores Has Not Been Implemented.** Occasionally, a Selection Committee member will give a very low rating to an applicant who fails to impress him or her. This low rating can have a tremendous effect on an applicant's average score. For those on the verge of being accepted or rejected, the extremely low vote can be the deciding factor.

Because there is a possibility that a single low vote could make the difference between an applicant being accepted or rejected, the School of Medicine adopted the policy of dropping any score that is two standard deviations below the average score. Unfortunately, the policy has not been implemented.

**Selection Scoring and Acceptance Policies Need Review.** The School of Medicine's current practice is to admit 8 residents from Idaho, 75 Utah residents, and give another 19 positions to out-of-state residents. Because the admissions office compares the selection committee scores and awards positions from Idaho, Utah and other states separately, some applicants from one group may be rejected even though they had higher scores from the selection committee than applicants who were accepted from one of the other groups.

For example, one year the Admissions Office admitted its usual 75 Utah applicants and 8 applicants from Idaho. They awarded the remaining positions to out-of-state applicants. However, the last two out-of-state applicants to be awarded positions had lower scores from the

selection committee than about two dozen applicants from Utah and Idaho who were not admitted.

In a similar situation, while selecting applicants from the alternate list, several lower-ranked applicants from one Utah school were selected over higher-ranked applicants from another Utah institution. At the end of each admissions process usually a few positions become available when some applicants who have been previously accepted decide to attend another medical school. The School of Medicine typically tries to offer these remaining positions to students who have not been accepted at any other medical school. Moreover, the school does not necessarily offer the remaining positions to applicants in the order of their ranking by the Selection Committee.

During the admissions process for the class admitted in the fall of 2001, five applicants from one school were passed over, and the three remaining positions were offered to applicants from another school. The School of Medicine felt this deviation from the rankings was necessary because the school needed to admit additional students from the one institution in order to compensate for a mistake made by the school's pre-med advisor. Apparently, inappropriate information had been given to the Selection Committee by the school's premedical advisory committee that put students from that school at a slight disadvantage during the Selection Committee's deliberations.

## **Recommendations**

1. We recommend that the School of Medicine discontinue offering courtesy interviews.
2. We recommend that the School of Medicine establish a policy regarding how to resolve reviews that result in a mixed conclusion. Specifically, the school should consider having such applications decided by a third, tie-breaking review rather than by the Dean of Admissions.
3. We recommend that the School of Medicine review its administrative structure and determine what the appropriate relationship should be between the Office of Admissions and the Office of Diversity and Community Outreach.

4. We recommend Review Committee instructions establish simplified evaluation criteria and eliminate the “maybe” option on the evaluation form. Only “yes, send to interview” or “no, reject applicant” conclusions should be available.
5. We recommend that the School of Medicine explore methods of reducing applications forwarded by the Review and Interview Committees.
6. We recommend the School of Medicine consider revising its interview forms to eliminate applicant score confusion either by assigning a weight and score for each criterium to develop an overall score or by elimination of all numeric scoring of applicants.
7. We recommend the School of Medicine’s interview form limit final evaluation options to either a “yes, forward to selection” or “no, reject applicant”.
8. We recommend that the Selection Committee only be presented the applicants with positive interview outcomes.
9. We recommend the School of Medicine implement its policy to drop scores by the Selection Committee members that fall below two standard deviations from the average score.
10. We recommend that after Utah and Idaho commitments are made, Selection Committee rankings be combined for all applicants so the next best scoring applicant is taken regardless of state affiliation.

## **Appendices**

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**Agency Response**

**RESPONSE OF**  
**THE UNIVERSITY OF UTAH**  
**SCHOOL OF MEDICINE**

**INTRODUCTION**

The University of Utah School of Medicine (the “School”) appreciates the Auditor General’s efforts to evaluate the School’s admissions process. The report of the Auditor General (the “Audit Report”) has identified several areas where the School’s admissions process can be improved and has offered valuable recommendations to the School. The School has and will take those recommendations very seriously. In fact, the School has already implemented changes to its admissions process that address many of the issues raised in the report. In response to the Audit Report, the School will be implementing additional changes that should satisfy all recommendations made by the Auditor General.

This audit presents a great opportunity for the Auditor General and the School of Medicine to educate the Legislature, and all Utah citizens, concerning medical school admissions processes. Serious misperceptions have developed concerning the School of Medicine’s process. The audit should go a long way to dispel many of those misperceptions. Particularly significant in this regard are the Auditor General’s findings that 1) the School of Medicine has not enrolled applicants who are not qualified for medical school; 2) the School of Medicine admissions process does not show bias for or against factors that include religious affiliation, undergraduate college, age or geographical origin; and, 3) the School of Medicine does not use an affirmative action quota system.

The School of Medicine has two goals for this Response to the Audit Report. First, the School wishes to highlight from the Audit Report several important points made by the Auditor General. Second, the School of Medicine wishes to outline for the Legislature its plan to implement all recommendations from the Audit Report.

**IMPORTANT FINDINGS FROM THE AUDIT REPORT**

The Audit Report made some very critical findings that should be noted by the Legislature. Those findings are as follows:

- I. Selecting Each Year’s Medical Class Is An Exceedingly Difficult Task for the School of Medicine.

In his report, the Auditor General recognizes that the “University of Utah School of Medicine has the difficult task of selecting a medical school class of 102 students from 500 to 600 qualified applicants each year.” (Audit Report, p. 2). The report recognizes that the average GPA for all applicants exceeds a 3.5 and the average MCAT score for all applicants is a 28.8 or better. (Audit Report, p. 24). Coupled with the high academic achievement of the applicant pool is the fact that most applicants who apply to the School



have followed similar paths to medical school and are hard to distinguish. As the Auditor General notes, “[s]o many applicants are highly qualified and have such similar backgrounds that it is difficult to set them apart.” (Audit Report, p. 30).

II. “There is No Evidence That Unqualified Individuals Have Been Admitted to Medical School.”

This audit has apparently grown out of the perception by some who have not been selected for admission to the School of Medicine “that they have not been given an equal opportunity.” (Audit Report, p. 1). Perhaps the most important finding in the Audit Report is the Auditor General’s conclusion that “there is no evidence that unqualified individuals have been admitted to medical school.” (Audit Report, p. 1). In fact, there is strong evidence that the School does an outstanding job of selecting applicants. The School of Medicine excels among medical schools in terms of graduation rates, passage of board exams and placement in residency programs for its students. This holds true for medical students regardless of their age, gender, race, undergraduate academic achievement, or other distinguishing characteristic. The Audit Report makes no findings to the contrary.

III. The School of Medicine’s Admissions Process Does Not Show Bias Based Upon An Applicant’s Religion, Undergraduate College, Age, or Geographical Origin.

Another important conclusion reached by the Auditor General is that “there does not appear to be any significant difference in the rate of acceptance when considering the college where an applicant earned a pre-medical degree, an applicant’s geographic origin, or age.” (Audit Report, p. 9). The Auditor General also “found no evidence of bias against applicants based on their religious affiliation.” (Audit Report, p. 9). Also see findings at pages 17-20 of the Audit Report.

IV. The School of Medicine Does Not Have a Quota System For Women and Minorities.

Another very important finding by the Auditor General is that the School of Medicine “does not use an affirmative action quota system” and does not accept women, minorities or any other groups of candidates in order to fill quotas. (Audit Report, pp. 27-28).

V. The School of Medicine Has Implemented a Selection Process, Recommended by the Association of American Medical Colleges (“AAMC”), and Used By Most Medical Schools Throughout the Country.

Important for the Legislature to understand is that the School of Medicine’s admissions process is not unique. As the Audit Report notes, the School’s admissions process is very similar to the selection process advocated by the AAMC and “used by medical schools in other states.” (Audit Report, pp. 2).

VI. Like Other Medical Schools, the School of Medicine Analyzes Various Cognitive and Non-Cognitive Factors In Order to Select Applicants Who Will Be the Best Medical Students and the Best Practicing Physicians.

As the Auditor General notes in his report, the School of Medicine's admissions process evaluates both the cognitive and non-cognitive characteristics of its applicants in order to identify from the entire pool of highly qualified applicants those individuals who will make the best medical students, and ultimately the best physicians. (Audit Report, pp. 2-5). Factors considered by the School in the selection process include:

- Undergraduate GPA scores including overall, science, and all other;
- MCAT scores;
- Evidence of leadership and management skills;
- Physician shadowing experience;
- Exposure to patient care;
- Community service;
- Research experience.

(Audit Report, p. 4). As noted in the Audit Report, the School does not place undue emphasis on an individual's raw undergraduate GPA's, or upon a candidate's MCAT scores. (Audit Report, pp. 4-5). Substantial research has shown that this raw data, though a useful benchmark for determining cognitive ability, does not serve as a good predictor of medical school success (particularly in the clinical years) or of success as a physician. (See Bibliography attached hereto as Exhibit A). Moreover, research shows that other criteria besides MCAT and GPA are better predictors of a candidate's ultimate success. (See Bibliography, Exhibit A).

VII. The School of Medicine Has Attempted Through Its Admission Process to Promote Fairness.

As noted by the Auditor General, the School of Medicine has taken steps to promote fairness in its admission process. (Audit Report, p. 7). "Recognizing that each committee member has his or her own unique set of biases and perspectives, the School of Medicine has taken several steps to ensure that no single member of the admissions committee has too much influence over the process." (Audit Report, p. 7). These steps include implementation of a multi-level review process where committee members only serve at one level; selection of committee members by various departments, community organizations, hospitals, senior medical students and alumni, rather than by a single individual; inclusion of over 100 people on admissions committees to accomplish a wide range of views and perspectives; opportunities for further review of candidates who feel that a mistake has been made or feel unfairly treated; and, exclusion of certain potentially prejudicial information from files before they are presented to the Selection Committee. (Audit Report, pp. 7-8).

The Auditor General was also "impressed by [the committee members'] commitment to this time-consuming process and to making a fair decision regarding each application." (Audit Report, p. 49). Moreover, the Auditor General expressed his confidence "in the

ability of the group to make fair and appropriate decisions . . . .” (Audit Report, p. 49-50).

VIII. The School of Medicine, Along With the University of Utah, the Utah State Board of Regents, the AAMC, and Medical Schools Throughout the Country, Promotes Diversity as a Positive Value for Medical Classes.

The School of Medicine promotes diversity as a positive value for its medical classes. (Audit Report, p. 21). This value is shared by the Utah Board of Regents and promoted for the entire system of higher education. (Audit Report, p. 22). Moreover, this value is shared by the AAMC and by nearly every medical school throughout the country. (Audit Report, p. 22).

While the Audit Report focused on diversity in the narrow sense of race and gender, the School of Medicine values diversity in the broad sense of the word. As recognized by the Auditor General, the School of Medicine values diversity for at least two reasons. (Audit Report, p. 22). First, because medical schools train physicians who will serve many different kinds of people, a diverse student body will be better able to meet the needs of a diverse population. (Audit Report, p. 22). Second, though related, a diverse medical class will expose medical students to a broad range of backgrounds, views and ideas helping them to appreciate diversity in the people they will ultimately serve and enriching the entire educational experience. (Audit Report, p. 22). Scholarly research and common sense support these two concepts. (See Bibliography, Exhibit A).

IX. A Diversity of Experience Also Works to the Benefit of Applicants Who Must Distinguish Themselves From the Large Pool of Highly Qualified Candidates Seeking Admission.

As noted throughout the Audit Report, the task of selecting 102 students out of 500 to 600 highly qualified applicants who generally have very similar backgrounds is immensely difficult. Those applicants who have something unique to offer, in whatever form, distinguish themselves from the general pool and increase their chances of selection during the admission process. This diversity comes in many different forms. The Auditor General has provided a few examples. Utah applicants may distinguish themselves from other Utah applicants by seeking an out-of-state undergraduate education. (Audit Report, p. 19). Applicants may distinguish themselves by obtaining a non-traditional pre-med degree or by pursuing other non-traditional paths to medical school. (Audit Report, pp. 29-30). Anything that applicants can do to distinguish themselves from their fellow applicants in terms of their background and life experience will obviously help to set them apart in the minds of people who must make very difficult selection decisions.

X. The Audit Report Identifies Several Factors that May Account for the Higher Rate of Acceptance for Women at the School of Medicine.

The Auditor General acknowledges that men and women applicants to the School of Medicine “are roughly equal in terms of their academic qualifications.” (Audit Report, p. 10). Therefore, other factors besides academic achievement certainly play a role in the selection process. The Audit Report provides insight into what these factors might be. One factor may be that women tend to receive higher ratings for interpersonal skills than their male counterparts. (Audit Report, p. 13). Another factor may be that female applicants tend to select a different subject matter from male applicants for their personal essays and tend to receive higher scores on those essays. (Audit Report, p. 14). Another factor may be that more women than men tend to receive their undergraduate educations from out-of-state institutions. (Audit Report, p. 19). Another factor may be that “[w]omen . . . tend to have more varied backgrounds and experiences than typical white male applicants from Utah.” (Audit Report, p. 29). Another factor may be that female applicants “were less likely to pursue a traditional path to medical school.” (Audit Report, pp. 29-30). There are undoubtedly other factors, not considered by the auditors, that set some female applicants apart from their male counterparts. Whatever those factors may be, there is no reason to assume that women are selected at a higher rate than men simply because of their gender.

One important point not referenced in the Audit Report is that only 3 of the 126 medical schools throughout the country admit a lower percentage of female applicants than the School of Medicine. One factor that may account for this unfortunate statistic is that most other medical schools have a higher percentage of female applicants than the School of Medicine.

XI. The Audit Report Identifies Several Factors that May Account for the Higher Rate of Acceptance for Minorities at the School of Medicine.

Although the Audit Report notes some distinction between the average academic scores received by minorities and those in the majority, the report shows that this distinction is relatively minor. In 2001, the average minority GPA was 3.51, as compared to a majority GPA of 3.63, a difference of only .12. In 2001, the average minority MCAT score was a 28.8 as compared to a majority MCAT score of 30.3, a difference of only 1.4. (Audit Report, p. 24). Moreover, research shows that MCAT scores and GPA for minorities are continuing to increase over time. (See Bibliography, Exhibit A). Though raw academic scores standing alone might favor certain majority applicants over other non-minority applicants, other equally relevant factors might weigh in the opposite direction. The Auditor General has noted a few such factors. Minorities, unlike their majority counterparts, tend to receive their undergraduate educations from out-of-state institutions. (Audit Report, p. 19). Minorities also “tend to have more varied backgrounds and experiences than typical [majority] applicants from Utah.” (Audit Report, p. 29). Also, minority applicants “were less likely to pursue a traditional path to medical school.” (Audit Report, pp. 29-30). These are a few factors considered by the auditors that could distinguish a minority candidate from the applicant pool. Others undoubtedly exist.

THE UNIVERSITY'S PLAN TO IMPLEMENT ALL RECOMMENDATIONS  
FROM THE AUDIT REPORT

As stated in the introduction to this response, the School of Medicine has or will implement all recommendations from the Audit Report. Those recommendations, and the University's actions in response, are as follows:

Recommendations at Page 37 of the Audit Report:

1. Implementation of a Single MCAT and GPA Standard: The School currently applies a single standard for all candidates. However, the information contained in the current admissions manual is confusing and it will be clarified.
2. Inappropriate Comments by Review and Interview Committee Members: The School agrees that such comments have no place in the admissions process. The School commits to revising its training materials and seminars to better educate committee members on this issue. The School has removed, and will continue to remove, inappropriate comments from the record when they occur. All applicants will be encouraged to report inappropriate comments from interviewers. Interviews containing inappropriate comments will be discarded and new interviews arranged. Finally, the School will do a better job of excluding individuals from the admissions process who make inappropriate comments.
3. Preapplication Course for Underrepresented Minorities: The School has one such course that takes place in the summer. The School currently does not have sufficient funding to support a more comprehensive program. However, the School has recently applied for a federal grant that, if awarded, would supply the necessary funding for this program.
4. Board of Regents Policies: The School is comfortable distinguishing policies for recruitment from the admissions process, but has no objection to the review suggested.

Recommendations at Pages 53-54 of the Audit Report:

1. Courtesy Interviews: The practice of courtesy interviews was terminated this recruiting year.
2. Process for Resolution of Conflicting Recommendations from Reviewers and Interviewers: In response to this recommendation (as well as recommendations # 5 and # 8 below), the School has established a new executive admissions committee that will synthesize the recommendations from the review and interview committees, identify those applicants who should and should not be presented to the selection committee, and identify those applicants who have

conflicting information requiring additional interviews or review. Hereafter, no single person will ever make decisions concerning applicants. This change in the admissions process will optimize the number of applicants who progress to the Selection Committee.

3. Simultaneous Supervision of the Admissions Office and the Office of Diversity and Community Outreach. The administrative supervision of these offices has been separated. The Associate Dean for Admissions will no longer be responsible for the office of Diversity and Community Outreach.
4. Revise Committee Instructions: The School is currently reviewing and revising all training materials, forms, admissions materials and web sites. The School's goal is to simplify and clarify the process in order to eliminate confusion and accurately communicate the admissions process to committee members and prospective applicants. This action will also address the issue of confusion noted in recommendations # 6 and #7 below.
5. Reduction of the Number of Applicants Going to the Selection Committee: The School will accomplish this recommendation by implementation of the process outlined in the responses to recommendations #2 above and ## 6-8 below.
6. Revise Interview Forms: The School is in the process of simplifying the interview form, adding explicit criteria and examples for evaluation. The revised form will not seek any numerical ranking of candidates but simply ask the interviewer to describe how well the candidates meet each selection criterion. The executive admissions committee will consider the information provided by the interviewers and determine which candidates should proceed to the selection committee.
7. Limiting Recommendations to "yes" or "no": The interview committee will no longer make the decision as to which candidates proceed to the selection committee. This decision will be made by the executive admissions committee as described in the responses to recommendations # 2 and # 6 above.
8. Presentation of Applicants with Positive Interview Outcomes to the Selection Committee: Only candidates who sufficiently satisfy all selection criteria, as determined by the executive admissions committee, will proceed to the selection committee (See responses to recommendations # 2 and # 6 above).
9. Drop Outlier Scores of the Selection Committee: The School implemented this procedure for the current admissions cycle.
10. Combining Resident and Non-Residents Admission Pools for Alternates: The School has combined the pools for Utah residents and non-residents for the current admissions cycle. Contractual arrangements with the State of Idaho make the inclusion of Idaho applicants in this same process impossible.

## **CONCLUSION**

The University thanks the Legislature and the Auditor General for this informative and constructive audit. The University looks forward to next year's follow-up by the Auditor General and is confident he will find a much improved admissions process.

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