Prior Business Motions

- Learning Communities Proposal – passed
- MCAT 'minimum' Score
  - MCAT Booklet sent out with meeting agenda.
  - Currently have suspended voting for this proposal though it is only 1-2 votes shy of passing.

Major Topics & Task Forces

MCAT/Admissions Task Force  *Nathan Smith / Lanita Carter / J. R. Hartig*

- Our school has not always had a minimal MCAT score.
- Issues occurred and discussions began around 1990-91.
- Collected data until the early 2000’s.
- Originally, the school reviewed our data, compared how students scored on the MCAT and how they performed within our own curriculum.
- Around 2003 a white paper of sorts was created.
- Data from 1991 – 2001 showed there was a striking effect of MCAT score predicting academic difficulty.
- Students who scored 24 and above were less likely to have academic difficulty.
  - Actually 30% for a score of 24.
  - If they scored a 25, it went down to 17%.
  - A score of 23 predicted a student would have a 60% risk of academic difficulty.
    - Thus the MEC and leadership wished to avoid admitting students who were very likely to have academic difficulty, incur debt without graduation and have other complications.
- After review by MEC committees, it was found that students who scored 23 or less had about a 60% chance of having academic difficulty.
• MCAT score 24 equated to ~43rd percentile and provided the breaking point.
• This local data was then later confirmed by a larger, published AAMC review.
• In the past, if an applicant had a score of <24 on the MCAT
  o Applicants would be guided to a website with three options.
    1. Complete a secondary application despite score of less than 24. (Cost is incurred at this point)
    2. Withdraw (not complete the secondary) application which redirected them to a site describing ways to improve one’s application.
    3. Option to postpone completing secondary until a pending score has been received or withdraw.
• Completing the secondary application leads to the initial application review (IAR).
  o Students pay, submit a picture, and provide list of who to expect letters. Then they go into the process to be reviewed.

We currently do not know who will do well, who might do well, or who is unlikely to succeed based upon the new test. The new MCAT includes different/new material. Thus scoring at the 43rd percentile on this test does not necessarily mean one would have scored at the 43rd percentile on the older version.

[Example: Scoring at the 40th percentile in EH 427/592: Special Topics: The Literatures of the American South does not mean that one would score in the 40th percentile in EH 462/562: American Literature from 1820-1870. They are both Fall 2015 classes at UAB in the Department of English. There is bound to be some overlap. Students who do well in one course will likely do well in the other. But at the end of the day, they are different courses, different material and different assessment. And in this case… we have 0 data on either’s prediction of future success in UASOM.]

• Gathering data moving forward may help create a prediction model similar to the past model used in setting a limit of 24. We may even find that students scoring at a lower (or higher) national percentile are successful in our system. Currently, we do not know the where of this level.
• Setting a lower limit for this year (with adjustments as data, reports become available in the future) will allow the Admissions Committee to review applications expediently.
• This would also avoid expense for students who have very little chance of matriculation when compared to our other applicants.
• Per AAMC and data from Spring administration of the exam, a score of 498 equates to the 43rd percentile.
• Experts/Designers of the new test suggest that all schools with a ‘minimum’ score set their threshold slightly lower ~10 percentiles.
  o This is due to fact that people do not score as well on ‘new tests’
  o Other reasons [largely statistical, predictable].
  o A score of 495 equates to the 34th percentile (as close to 10 less as possible given new grading).
• Admissions Committee members, MEC and UME leaders have extensively discussed admission requirements.
• During MEC Meeting discussion – there was ‘no perfect’ number decided.
• Points to consider:
  o Without a secondary application, we will not have AAMC data on the applicants (which is what allowed initial development of the prediction models)
  o We regularly ‘admit’ students who effectively have scores of <24 (multiple test-takers often have an average of <24)
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- Many schools accept all applications, take $ and then reject due to ‘internal review’ not meeting a minimum number [but then schools still have $ and data for those applicants]
- We (UASOM) would like to take an approach which is student centered
- We do not wish to ‘harm’ anyone in the process (by rejection or acceptance)

  - A revision to the current proposal will be written and submitted for MEC vote similar to:
    - UASOM will *invite* secondary applications from students scoring a minimum of 492 on the MCAT for further review with the standard admissions committee practices. However, any student may submit a secondary application (This is the case currently).
    - A score of 495 (34<sup>th</sup> percentile which is *lower* than our current 43<sup>rd</sup> percentile) shall be the minimum score required for matriculation via a special program
    - UME will gather data on scores and performance within our curriculum providing feedback to the MEC as requested. UME shall report any concerning trends as they become aware.
    - Reconsideration of the scores above shall occur no later than September 2017.

- Additional feedback, discussion, suggestions or concerns are welcome! Send to jhartig@uab.edu
Certificate Task Force (Area of Concentration) August 2015 Kristina Panizzi Woodley

See presentation attached.
Presentation to be completed at September meeting.

Up-Coming Reports

Inter-Professional Education Work Group Van Wagoner / Leon / Panizzi Woodley / Hartig

Goals:
1. Specifics TBD
2. Partner with SON to create curricular enhancements involving IPE
3. Partner with other Schools (Optometry, Dentistry, etc.) in creating IPE opportunities

By-Laws Changes September 2015

Reminders: Next MEC Meeting September 8th, 2015