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2017 ADMISSION COMMITTEE MEMBERS

Committee Leadership
1. Committee Chair - ForShing Lui, MD, Professor of Clinical Neurology, Neurology Clerkship Director
2. Committee Vice Chair - Nazila Hejazi, MD, Assistant Professor of Pathology

Committee Membership – Appointed by College of Medicine Dean (4 minimum)
3. Michael Ibrahim, MD, PhD, Assistant Prof. of Biochemistry, Pharmacology, Physiology, Radiology
4. Guy diSibio, MD, PhD, Associate Professor of Pathology, Hematopathology, Surgical Pathology
5. Valerie Gerriets, PhD, Assistant Professor of Pharmacology
6. Malcom McHenry, MD, Associate Professor of Internal Medicine, Cardiology & Medical Skills
7. Mukarram Uddin, PhD, Professor of Anatomy and Embryology
8. Nena Mason, PhD, Assistant Professor of Anatomy and Physiology
9. David Unold, MD, Assistant Professor of Pathology, Histology, Anatomy, and Medical Skills

Students – Elected by COM Student Body (up to two (2) members from medical school student body, elected by the medical student body):
10. Vikas Shahi, M2 Medical Student
11. Derek Asserson, M1 Medical Student

Community Faculty (3 max)
12. John Bissell, MD, Associate Professor of Clinical Neurology

Ex-Officio Membership
- Associate Dean of Student Affairs, Admissions and Outreach: Dr. Xiaodong Feng
- Assistant Dean of Student Affairs: Dr. Floyd Culler
- Director of Student Affairs, Admissions and Outreach: Silvea Rodriguez
- University Registrar: Representative from the Registrar’s Office
ARTICLE I - GENERAL

Section 1: **Name.** The name of the Committee shall be the Admissions Committee.

Section 2: **Purpose.** The purposes of the Committee shall be:

Section 2.1: To conduct an ongoing review of admissions policies and procedures.

Section 2.2: To evaluate qualified candidates for admission to the College of Medicine.

Section 2.3: To rank candidates for admission.

Section 2.4: Decide on candidates for placement on the waitlist and rank waitlisted candidates for admission.

Section 2.5: To recommend to the Associate Dean of Student Affairs and Admissions improvements to the policies and procedures for admissions to the College of Medicine.

Section 3: **Restrictions.** All policies and activities of the Committee are consistent with applicable federal, state and local requirements, the Bylaws of the Board of Trustees, the Bylaws of the College, and the Bylaws of the Faculty Senate.

ARTICLE II - MEMBERSHIP

Section 1: **Voting Members.** Voting members shall consist of the following:

Section 1.1: Seven (7) members appointed by the Dean of the College from the faculty representative of the courses of all four years.

Section 1.2: Up to three (3) members from the Community elected by the Admissions Committee.

Section 1.3: Chair and Vice Chair of the Committee appointed by the Dean of the College from the faculty representative of the courses of all four years.
Section 1.4: Up to two (2) representatives from the medical school student body, elected by medical students.

Section 2: Non-Voting Members. Members shall consist of the following:

Section 2.1: Associate Dean of Student Affairs and Admissions, Ex Officio

Section 2.2: Assistant Dean of Student Affairs and Admissions, Ex Officio

Section 2.3: Director of Student Affairs and Admissions, Ex Officio

Section 2.4: Representative from the Registrar’s Office, Ex Officio

Section 3: Term. Faculty members shall serve a three (3) year term, reappointment may occur without limit. Terms coincide with the academic year. Student members shall serve a one (1) year term.

Section 4: Resignation. Members may resign at any time without prejudice by written notification to the Chair of the Committee and to the Dean of the College.

Section 5: Removal of members.

Section 5.1: Members appointed by the Dean may be removed by the Dean with or without cause.

Section 5.2: Members elected by medical student body may be removed by the medical student body with or without cause.

Section 5.3: Community faculty members elected by the Admissions Committee may be removed by the Admissions Committee by majority vote of a quorum of the Admissions Committee with or without cause.

Section 5.4: Members missing three (3) or more meetings per term of the Committee due to unexcused absence may be removed for cause by majority vote of all the members of the Committee.

Section 6: Vacancies. In the event of death, resignation, or removal of a member from the Committee, a new member shall be appointed by the Dean, elected by the Admissions Committee, or elected by the medical school student body, as appropriate, to serve until the end of the term of the member vacating a position on the Committee.
ARTICLE III - MEETINGS

Section 1: Regular Meetings.

Section 1.1: The Committee shall meet on a regular basis.

Section 1.2: The dates of the regular meetings shall be set by the Chair who shall also set the time and place.

Section 1.3: Notice of regular meetings shall be given to each member, by email, not less than five (5) business days before the meeting. Notice shall also include a draft agenda for the meeting.

Section 2: Voting. This section will apply whenever the members must vote on a matter under these Bylaws or otherwise. Voting at Committee meetings must be in person or via real time electronic communications with each voting member having a single vote. A majority of the members voting in person or via real time electronic communications where a quorum is present carries an action.

Section 2.1: Administrative matters: Members may vote without a meeting in elections or on any matter presented by the Committee where a quorum participates and the votes are submitted in writing by postal or other delivery, facsimile, e-mail, or any other electronic means.

Section 2.2: Admissions: The voting in deciding to admit a student into the College of Medicine requires either an in-person vote or via real time electronic communications. The Conflict of Interest Policy will be strictly enforced throughout this process.

Section 2.3: A quorum for membership voting is greater than 50%.

Section 3: Ad Hoc Meetings.

Section 3.1: Ad hoc meetings may be called by the Chair.

Section 3.2: The dates of any ad hoc meetings shall be set by the Chair who shall also set the time and place.

Section 3.3: Notice of Ad Hoc Meetings. Notice of ad hoc meetings shall be given to each member, by email, not less than one business day before the meeting. Notice shall also include the reason for the ad hoc meeting.
Section 4: Participation. The meetings of the Committee are closed. The Committee reserves the right to invite others to attend as needed to facilitate the work of the meeting.

ARTICLE IV - OFFICERS, APPOINTMENTS/ELECTION AND DUTIES

Section 1: Chair of the Committee.

Section 1.1: The Chair of the Committee shall be appointed by the Dean of the College.

Section 1.2: The Chair shall preside and give notice to the other members of the Committee regarding Regular and Ad Hoc meetings of the Committee.

Section 1.3: The Chair shall prepare and provide an agenda for each meeting of the Committee.

Section 1.4: The Chair shall cause to be published the agenda and minutes of the Committee meetings.

Section 2: Vice Chair of the Committee.

Section 2.1: The Vice Chair of the Committee shall be appointed by the Dean of the College.

Section 2.2: The Vice Chair shall serve as Chair in the event that the Chair is unable to perform his/her duties.

Section 2.3: The Vice Chair may call ad hoc meetings of the Committee.

ARTICLE V - SUBCOMMITTEES AND TASK FORCES

Section 1: Subcommittees. The Committee may create subcommittees and task forces, as necessary. The Chair of the Committee appoints all subcommittee and task force chairs.

Section 2: Membership. At least one member of the Committee must serve on a subcommittee or task force. Other members of the subcommittee or task force need not be members of the Committee.

Section 3: Power. Subcommittees and task forces may only make recommendations to the Committee and may not take independent action.
ARTICLE VI - MISCELLANEOUS

Section 1: Interpretation with other Bylaws. Nothing in these Committee Bylaws may be interpreted to supersede the Bylaws of the Board of Trustees, the Bylaws of the College, and the Bylaws of the Faculty Senate.

Section 2: Authority. The authority of this Committee is delegated from the College and actions of this Committee reflect actions or recommendations to the College and to the University.

Section 3: Amendments. Recommendations for Committee Bylaw changes may be made by a two-thirds majority vote of the all members of the Committee. Proposed amendments must be submitted to the Chair to be sent out with the agenda of the Meeting.

Section 4: Notification of the Dean. The Dean must be notified for meetings scheduled outside the calendar of meetings established for that committee at the beginning of each academic year, especially emergency meetings. In addition, formation of any subcommittee or ad hoc subcommittee derived from one of our standing committees should be brought to the attention of the Dean.
ADMISSIONS COMMITTEE CONFLICT OF INTEREST POLICY

I. Policy Statement
This policy establishes standards to ensure that all members of the CNUCOM community are informed as to the importance of avoiding situations that could constitute a conflict of interest.

II. Purpose
The purpose of this policy is to protect the integrity of California Northstate University and the organization’s decision-making process as well as to enable our constituencies to have confidence in the actions, intentions and integrity of the officers, faculty, board members, staff and volunteers.

III. Scope/Coverage
This policy applies to all Admission Committee members, University Trustees, Faculty, Staff, Students and Volunteers.

IV. Policy
At California Northstate University College of Medicine, Admissions Committee members identify conflicts of interests as early as possible. Specifically, all members of the Admissions Committee will be educated on the risk of external influences during orientation and will be held to the highest code of ethical conduct.

V. Procedure
All conflicts of interest are brought to the attention of the Associate Dean for Admissions and Admissions Committee Chair as soon as the Admissions Committee members or staff become aware of the situation. Reassignment of an applicant prior to the applicant’s interview and committee presentation resolves any conflict. Admission Committee members with a conflict of interest must recuse themselves from both discussion of, and voting on, a candidate with whom they have a potential conflict.
Associated forms:

Approval record:
APPROVED: COM DEC: date
APPROVED: COM Faculty: date
APPROVED: PEC: date
REVIEW PEC: 01/26/17, requesting minor edits for vote via e–mail when document updated).
REVIEW: every two years (or more often if required)
REVIEW: APPROVED Student Promotions Committee October 3, 2016
REVIEW: APPROVED Curriculum Committee on October 5, 2016
Confidentiality Agreement for Admission Interviewers

I hereby agree to serve as an interviewer for the California Northstate University College of Medicine’s admissions interviews. I understand that I am not to disclose any information discussed and shared during the interviews from the candidates nor share the multiple mini interview (MMI) scenarios and dialogues outside of the interview room. Failure to adhere and comply with the guidelines will result in immediate disciplinary actions include going before the Honor Council and the university legal office.

______________________________        _______________________________       ________________
Print Name                                           Signature    Date
ACCESS TO CNU APPLICANT AND STUDENT FILES

I. Policy and General Statement
All records of applicants applying for enrollment into a CNU college are to be kept and maintained in the Office of Student Affairs and Admissions. This applies to all types of documents relating to the applicant record: paper, electronic, audio and video.

Access to applicant documents is limited. Only staff and Admission Committee members with legitimate educational interest may access these files to review. These files cannot be taken off-campus, and require approval from the Student Affairs and Admissions Associate Dean before removing files from the assigned department.

II. Purpose
The purpose of this policy is to ensure CNU complies with the Family Educational Rights and Privacy Act (FERPA) a federal law that protects the privacy of student education records. It is highly recommended by CNU Leadership that every CNU faculty and staff member that works in conjunction with Student Affairs and Admissions review the FERPA website regularly to ensure compliance of this federal law

III. Procedure
All records are to remain in locked cabinets within the Student Affairs and Admissions Office; and/or stored electronically in the university’s encrypted X drive only. Saving applicant and student data on your desktop or personal drive is not allowed. If working on applicant documents take precautions to ensure the paperwork is not visible to office visitors, and not visible on your monitors as well.

Once applicants matriculate as students, their files will become the property of the CNU Office of the Registrar. The CNU IT department will disable access to these records exactly one-week after matriculation to all faculty and staff in all colleges.

In the event application material of matriculated students’ needs to be accessed; a person must meet several provisions first:
   i. You must be a person with legitimate access to the records
   ii. You must identify the need to access the records
   iii. Acquire approval from the CNU Registrar
   iv. Acquire approval from the Vice President of Student Affairs and Admissions
   v. Acquire approval from the CNU General Counsel

This policy applies to all the colleges under the California Northstate University umbrella. Violation of this policy will be viewed as a breach of applicant and/or student confidentiality; and will require the involvement of Human Resources and University General Counsel for appropriate recourse, which can lead up to suspension or termination of employment at CNU.
Diversity Priorities for CNUCOM

Students
- Latino/Chicano/Hispanic
- African American/Black
- Asian (Samoan, Cambodian, Hmong/Laotian culture)
- Military Service Background
- Disadvantaged, Socioeconomic Background

Faculty
- Women
- Latino/Chicano/Hispanic
- First Generation Immigrants

Administration/Staff
- First in family to attend college
- Multilingual
- First generation immigrants
- Latino/Hispanic/Chicano
College of Medicine

Student Diversity Plan
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What Is Diversity?

Diversity means more than just acknowledging and/or tolerating difference. Diversity is a set of conscious practices that involve:

- Understanding and appreciating the interdependence of humanity, cultures, and the natural environment;
- Practicing mutual respect for qualities and experiences that are different from our own;
- Understanding that diversity includes not only ways of being but also ways of knowing;
- Recognizing that personal, cultural, and institutionalized discrimination creates and sustains privileges for some while creating and sustaining disadvantages for others;
- Building alliances across differences so that we can work together to eradicate all forms of discrimination.

Diversity includes, therefore, knowing how to relate to those qualities and conditions that are different from our own and outside the groups to which we belong, yet are present in other individuals and groups. These include, but are not limited to, age, ethnicity, class, gender, physical abilities/qualities, race, sexual orientation, as well as religious status, gender expression, educational background, geographical location, income, marital status, parental status, and work experiences. Finally, we acknowledge that categories of difference are not always fixed but also can be fluid, we reinforce individual rights to self-identification, and we recognize that no one culture is intrinsically superior to another.

CNU Diversity and Inclusion Policy

California Northstate University (CNU) considers diversity to be an integral part of the entire academic enterprise. Blending of different life and cultural experiences is of prime importance in the selection of faculty and staff, in the selection of students, and in the education of future healthcare providers. CNU seeks to foster a broad and diverse community of faculty, staff, and students to enrich the educational environment and expand the knowledge base for our students. The value of this diversity emphasis for CNU educational programs and staffing will be realized by the production of culturally competent healthcare providers who can serve our nation’s increasing diverse population.

The College of Medicine Diversity and Inclusion Policy

California Northstate University College of Medicine (CNUCOM) considers diversity to be an integral part of the entire academic enterprise. Blending of different life and cultural experiences is of prime importance in the selection of faculty and staff and in the selection of students who will serve as future physicians. CNUCOM seeks to foster a broad and diverse community of faculty, staff, and students to enrich the educational environment and expand the knowledge base for our students. The value of this diversity emphasis for CNUCOM educational programs and staffing will be realized by the production of culturally competent physicians who can serve our nation’s increasing diverse population.
Promoting Diversity

Diversity enhances the educational environment and enriches the experience of the faculty, staff, and students. CNU aims to create a culture in which everyone feels valued and included. This culture of inclusion fully appreciates differences in perspective, not only in composition, but of thought, expression, desires, and goals. CNU values all dimensions of diversity among students, faculty, and staff, including, but not limited to age, race/ethnicity, gender, gender identity, sexual orientation, physical ability, and geographic diversity.

CNU aims to increase the numbers of “racial and ethnic populations that are underrepresented in the healthcare professions” among CNU students, faculty, and staff. Diversity goals include:

- Recruiting and retaining diverse faculty, staff and student body;
- Creating and evaluating diversity initiatives;
- Developing educational and training sessions for faculty, staff and students to ensure cultural competency;
- Engaging the community through programs to increase diversity in the health care profession.

Introduction to Physician Diversity

The importance of a diverse cross-section of medical professionals in the state of California cannot be overstated. The ethnic, gender-orientation and racial representation of M.D.’s and medical professionals as they relate to the population being provided for is extremely unbalanced. Not only is this a dilemma in California, but it is a recognized problem throughout the United States.

The following graph shows the ethnic makeup of California in 2010.
In the past 30 years, the fastest growing ethnicity in California has been Hispanic. This next graph shows the percentages of ethnicities for practicing M.D.s in California:
Almost 40% of the state’s population is Hispanic, yet only 6% of the physicians in the state are Hispanic. In the United States as a whole, though African Americans represent about 14% of the total population, less than 7% of all practicing M.D.s in the U.S. are African American (United States Census Bureau, www.census.gov).

There has been a direct correlation between the discrepancies in the data from the above charts and the increase in medical inefficiencies and malpractice suits in the state of California. This is mirrored at the national level as well. As a result, the demand for culturally competent physicians as well as physicians from underrepresented ethnicities in the United States has increased substantially. Ultimately, physicians should practice with a cultural competency that gives them the ability to understand, appreciate and interact with persons from cultures and/or belief systems other than their own and to communicate specific messages which will be understood in either a professional or personal setting without offending a specific patient’s culture. Physicians that actually come from a particular culture or ethnic makeup will have the innate ability to interact with patients from the same background far beyond standard cultural competency.

Every organization in a health care system must communicate complex information to a wide range of people. Communicating complex information clearly and effectively is a challenge, but is critical for ethical, high-quality health care. Many people who read or hear standard health information do not fully understand it. In the United States today:

- More than 22 million speak English less than “very well.”
- More than 34 million people were born in another country.
- More than 95 million people have literacy levels below what they need to understand even basic written health information, such as how often to take medicine.

Many leaders of organizations throughout the health care system understand that cultural beliefs and values, linguistic diversity, literacy levels and other issues can affect the quality of health care communication. And poor quality communication can affect health outcomes and the long-term success of health care businesses. Taking a patient-centered approach to health care communication can help an organization’s staff and leaders learn about the communication needs of the individuals and groups they serve (“Patient-Centered Communication” Executive Summary, www.ama.org).

In response to the shortage of diverse physicians and even culturally competent ones, medical education facilities and accrediting organizations have begun to actively address the problem. According to the AMA, an institution that offers a medical education program “must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds (www.ama.org).”

The LCME and the CACMS are even asking that institutions recognize health care racial, ethnic, and gender-oriented disparities and develop solutions to these burdens. The importance of meeting the health care needs of medically underserved populations is at the forefront of accreditation discussions for newer medical programs. The developments of core professional attributes (e.g., altruism, social accountability) need to provide effective care in a multidimensional diverse society. Institutions are being asked to articulate expectations regarding diversity across their academic communities in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Institutions are being instructed to consider in pre-planning elements the issue of diversity including, but not limited to, gender, racial, cultural, and economic factors. These institutions should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others (www.lcme.org).
Diversity Objectives and Definition

The mission statement for California Northstate University College of Medicine is to advance the art and science of medicine through education, service, scholarship, and social accountability.

The Diversity objectives for CNUCOM directly reflect service and social accountability as components of the mission statement. In direct response to the diversity directives of the American Medical Association and in order to promote a culturally competent and diverse medical profession, The Office of Student Affairs, Admissions and Outreach at California Northstate University College of Medicine (CNUCOM) has developed an initial plan to recruit and enroll a student body that is richly diverse across racial, economic, ethnic, socio-demographic, and geographic lines and seeks to improve delivery of health care services to under-served and minority populations. It is critical, however, that all students have a high standard of academic ability and show potential for achieving success in the field of medicine. The institution believes that implementation of such a plan will ultimately lead to enrollment of a diverse student population and in the future, provide a benefit to society by increasing the numbers of minorities, not only among practicing physicians, but also among health profession educators, scientists, public health officials, health researchers, health insurance executives, and health care policy makers.

CNUCOM defines diversity through these three value-added categories:

1. Minorities under-represented in Medicine: CNUCOM recognizes the importance of increasing the number of under-represented minorities in medicine applying to and matriculating in medical school. Given the importance of creating a critical mass of matriculants with a given ethnic/cultural heritage, our plan is to focus first on the recruitment of students with Latino/Chicano/Hispanic heritage, which is the largest under-represented minority population in the State of California. Once our efforts have resulted in a critical mass of these students in the class, we will turn the majority of our efforts towards recruiting African American students, followed by the Asian ethnicities of Samoan, Cambodian, and Hmong/Laoian cultural heritage.

2. Military Service Background: CNUCOM recognizes the contribution to a diverse class stemming from the recruitment and retention of those who have previously served in the US armed forces.

3. Disadvantaged Socio-Economic Background: CNUCOM recognizes the contribution to a diverse class stemming from recruiting and retention of students from low socio-economic status backgrounds.

The Diversity Plan has outlined 4 specific steps to reach out to the above categories:

1) **Step 1:** Develop a Community Advisory Board on Diversity and Inclusion with plans to increase scholarship funding and opportunities for community outreach.

2) **Step 2:** Implement a Targeted Student Recruitment Plan.

3) **Step 3:** Further develop the University’s community involvement with an emphasis on wellness programs, health fairs, clinics, middle and high school science camps, Veterans fairs, National
Science Foundation programs for K-12 students, and other inter-professional collaboration opportunities with medical faculty and students.

4) **Step 4:** Plan and develop a sound academic support system that ensures cultural needs are addressed and services are available to help students succeed in the medical program. This may additionally rely on community support systems such as the Sacramento Black Chamber of Commerce, the Sacramento Hispanic Chamber of Commerce, WEAVE, etc.

**Targeted Student Recruitment Plan Pending LCME Preliminary Accreditation**

The Office of Student Affairs, Admissions and Outreach will specifically seek out a well-qualified and diverse applicant pool by providing Information Sessions for students and advisors, attending pre-professional diversity fairs, and educating middle school and high school students about the opportunities and challenges related to a career in medicine. The data in the tables above indicates that medical student enrollment for the **African American** race (Black—Non-Hispanic) and **Hispanic** race are under-represented. This indicates that recruitment efforts at the college level should focus on broadening the applicant pool for both groups.

In addition, due to its proximity and accessibility to four Sacramento Valley military installations (Beale AFB, Travis AFB, retired McClellan AFB, and retired Mather AFB) and installations located in the San Francisco Bay Area, CNUCOM will target a third group, **Veterans**. Veterans are able to utilize the GI Bill for graduate education, if available. Particular effort will be made towards returning medics who should be encouraged to pursue further education in the medical field.

As a whole, CNUCOM will make a concerted effort to promote medical education and health profession careers to the middle- and lower middle-socioeconomic population of the Sacramento Area as well as throughout Northern California. Traditionally, accepted students in M.D. education programs have come from more upper-middle class and wealthy backgrounds. Several of the Diversity Plan action items geared towards a specific target group listed above will additionally involve the development of medical education interest in economically challenged areas.

**Pipeline Programs**

1) **Middle School Program**
   a. Program type: Educational/experiential program designed to encourage interest in the health sciences.
   b. Population served: Middle school students in communities with a prevalence of families in low socio-economic status.
   c. Program purpose: To provide supportive educational programs designed to foster a sense of responsibility, focus and motivation for success in pursuing a program of study in the health sciences.
   d. Date for initiation of program: Pending LCME preliminary accreditation
   e. Funding source: Dean’s Office Budget
   f. Enrollment data: N/A

2) **High School Program**
   a. Program type: In-school program designed to support the existing curricular and programmatic academic course offerings in math and science. Students are partnered with university mentors for tutoring in all academic subjects. The ratio of students to
mentors will be two to one. High school seniors will also be provided with externship opportunities that will be facilitated through the College of Medicine at the local hospitals, clinics, and physician offices.

b. Population served: High School Students who participated in the Middle School Program as listed above, as well as other students identified by high school faculty who have expressed an interest in the health sciences and are located in areas with a prevalence of families in low socio-economic status.

c. Program purpose: To develop and maintain skills that support high academic achievement and continued interest in the health professions.

d. Date for initiation of program: Pending LCME preliminary accreditation

e. Funding source: Dean’s Office

3) Post-Baccalaureate Program

a. Program type: Certificate Program for Pre-Health Professionals

b. Population served: Those seeking to enhance their academic record; students from low socio-economic status or educationally disadvantaged groups; students with non-science majors who need to complete prerequisite coursework.

c. Program purpose: To provide educational opportunities that may serve to increase an applicant’s level of competitiveness for application to medical school; to give students a stronger foundation in the basic sciences before starting the rigorous medical school curriculum; to provide non-science majors who wish to apply to medical school with an opportunity to complete prerequisite coursework required for application.

d. Date for initiation of program: Pending WASC approval and LCME preliminary accreditation.

e. Funding source: Startup funding provided by the Dean’s Office; sustainable funding provided from tuition revenues.

f. Enrollment data: N/A

4) Master’s Bridge Program

a. Program type: 1 Year Master’s Degree in Biomedical Sciences

b. Population served: College graduates who may lack sufficient preparation in the biomedical sciences.

c. Program purpose: To prepare students to continue their graduate education in a variety of healthcare professions including allopathic and podiatric medicine, dentistry, healthcare administration and management, and physician assistant studies, by providing a rigorous background in the biomedical sciences.

d. Date for initiation of program: Pending WASC approval

e. Funding source: Initial funding provided by the Office of the Dean; sustaining funding from tuition revenue.

f. Enrollment data: N/A

5) Targeted Recruiting Efforts

a. Program type: Recruiting diverse applicants to apply for acceptance to the College of Medicine.

b. Population served: Undergraduate students from backgrounds underrepresented in medicine and/or from low socio-economic status who want to become physicians
c. Program purpose: To help fulfill the College of Medicine’s diversity and inclusion mission.
d. Date for initiation of program: Pending LCME preliminary accreditation
e. Funding source: Dean’s Office
f. Enrollment data: N/A

6) Holistic Admission’s Program
a. Program type: Admissions
b. Population served: Students in the applicant pool who are applying for acceptance to California Northstate College of Medicine
c. Program purpose: To provide a process whereby the Admissions Committee is successful in identifying a socially, culturally, and economically diverse class with the attributes, including learning ability, that are associated with excellence in physicians. Applicants will be evaluated according to criteria that are institution-specific, mission-driven, broad-based, and applied consistently across the entire applicant pool.
d. Date for initiation of program: Pending LCME preliminary accreditation.
e. Funding source: Dean’s Office
f. Enrollment data: N/A

7) Retention Program
a. Program type: Academic support
b. Population served: Any student who is deemed to be academically “at risk” based on predictors of success in the medical school curriculum as noted in the scholarly literature; students identified as experiencing academic difficulty in the curriculum by faculty or College Masters; self-referrals by students seeking additional academic support.
c. Program purpose: To keep students “academically healthy”
d. Date for initiation of program: Pending LCME preliminary accreditation, as part of the identification of students who might benefit from early interventions; may begin upon acceptance to medical school.
e. Funding source: Dean’s Office
f. Enrollment data: N/A

8) Community Engagement
a. Community Advisory Board on Diversity and Inclusion
b. Program type: Community Engagement
c. Population served: Greater Sacramento area and the College of Medicine’s Diversity and Inclusion leadership and student body. This advisory board will be composed of members from the following community agencies and non-profits:
   i. Sacramento Asian-Pacific Chamber of Commerce
   ii. Sacramento Black Chamber of Commerce
   iii. Sacramento Hispanic Chamber of Commerce
   iv. Greater Sacramento Vietnamese Chamber of Commerce
   v. Sacramento Rainbow Chamber of Commerce
   vi. Sacramento Native American Health Center
   vii. My Sister’s House
   viii. Local High School Counselors
d. Program purpose: Link to community members who are in a position to help us develop and establish pipeline programs for the College of Medicine; identification of resources and volunteers who can aid the development of activities to enhance diversity; identification of financial resources to assist students so that cost is not a barrier to medical education.

e. Date for initiation of program: Pending LCME preliminary approval

f. Funding source: Dean’s Office

g. Enrollment data: N/A

Additional Programs

1) Scholarships and potential articulation agreements will be pursued with nearby community colleges and universities where under-served socioeconomic students can be accessed.

2) Scholarships and articulation agreements will be pursued within the migrant farm community and through local Native American Tribal Councils.

3) Scholarships will be pursued, where appropriate, through the Sacramento Black Chamber of Commerce, the Rainbow Chamber of Commerce, the Hispanic Chamber of Commerce and the California Rural Indian Health Council.

4) In pursuit of Title IV Funding for students at the university level, CNUCOM will additionally promote Title VII educational funding, which provides loan forgiveness to medical students who further their medical career in under-served rural areas.

5) Contact with the VA Department and local Armed Forces Bases will be made in order to share information via presentations and Open Houses with returning veterans, and in particular, medical duty troops and officers.

6) Contact and join the Sacramento Region Higher Education Coalition (SHREC) to take part in their community diversity fairs and education fairs at local hospitals.

7) Outside of California, programs with universities in Arizona, Nevada, Texas and New Mexico where there is a high concentration of Hispanic students will be pursued.

8) Outside of California, programs will be pursued with historically Black institutions, and other institutions with a large demographic base of socio-economically disadvantaged students who show a potential to succeed in a health professional program.

CNUCOM wants its students to be well known in the community for outstanding community service. As students enroll and become part of the medical program, they will no doubt help to further develop opportunities to serve under-represented populations. Student service collaboration within our planned inter-professional health program community will be developed to include a multitude of community service projects, including health fairs in under-represented communities, ethnic festivals and health clinics. Some of the possible associations and fairs to contact for local student involvement include: the American Heart Association, Make-A-Wish Foundation, The Asian Senior Community Health Expo, the Native American Health Center, Dia De Los Muertos Hispanic Health Fair, Bloodsource, Black History Month activities, education programs for National Antibiotic Awareness Week, American Cancer Society, and WEAVE.
Academic Success Support
All students, including those who are recruited from the diversity plan, will be monitored for academic progress by faculty and academic advisors. The monitoring will include identification of students who may be in jeopardy of failing the program due to various circumstances. CNUCOM will implement a program currently in place within California Northstate University’s College of Pharmacy called the Academic Alert program. Students who are placed in this status have been identified by faculty as a student who is currently below average in one or all classes. The student is offered additional assistance by the course coordinator, offered study skills programming, provided peer tutoring, and other options that may be available for each course. The students are monitored to ensure adequate support programs are provided and to measure the success of the additional assistance provided to help them succeed in a course(s).

In order to address any problems stemming from academic resource deficiencies for minority students as they may pertain to reading comprehension or basic math, tutoring will be assigned at the onset to any student who needs the assistance. A Review Program will be developed, as well, which can identify students from the Orientation which may need academic strengthening in specific areas.

Mental Health Counseling Services
Other support services include a wellness program and mental health counseling through Kaiser Permanente Student Health Insurance Program, a 24/7 online confidential counseling service program through All-One Health, and a part time on-site mental health counselor.

Diversity Clubs
As the medical program advances the Office of Student Affairs, Admissions and Outreach will support and welcome the development of all diversity clubs which provide support mechanisms to members and other students. The clubs will be encouraged to engage with the community through their involvement in health fairs, medical workshops, anti-drug and tobacco awareness information sessions, and other workshops. Some of these workshops and information sessions will be held in socioeconomically disadvantaged communities and for K-12 public schools.
AMCAS First Generation Indicator Survey

Background

A request for the creation of a “First Generation Indicator” based on reported parent/guardian education was made by the AMCAS Advisory Committee. This indicator is different from the Socioeconomic Disadvantaged Status (SES) Indicator because it would not take into account parent/guardian occupation information.

Information gathering conversations with the AMCAS Advisory Committee and the Committee on Admissions quickly revealed that medical schools have varied definitions for “first generation college students.” AMCAS developed and delivered a survey to understand the most common ways that schools define “first generation” within the context of the admissions process. This information will be used to influence the definition of “first generation” within the AMCAS application and its associated indicator.

Method

AMCAS administered a short survey to collect data about how schools currently define “first generation.” The survey was distributed to the designated Director of Admissions contact at AMCAS-participating medical schools. In cases where this contact type was not available, the school’s designated Dean of Admissions contact received the survey. With responses from 84 admission officers, 58% of AMCAS-participating programs were represented in the survey.

Schools Represented in Survey by Applicant Pool Size

<table>
<thead>
<tr>
<th>Applicant Pool Size</th>
<th>Survey Participants /Total in Category (%)</th>
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</thead>
<tbody>
<tr>
<td>Large (6000&lt;x&lt;15000)</td>
<td>60%</td>
</tr>
<tr>
<td>Medium (3000&lt;x&lt;6000)</td>
<td>61%</td>
</tr>
<tr>
<td>Small (&lt;3000)</td>
<td>50%</td>
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Schools Represented in Survey by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Survey Participants /Total in Category (%)</th>
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</thead>
<tbody>
<tr>
<td>Central</td>
<td>53%</td>
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<tr>
<td>Northeast</td>
<td>74%</td>
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<tr>
<td>Southern</td>
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<td>Western</td>
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Schools Represented in Survey by School Type

<table>
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<tr>
<th>School Type</th>
<th>Survey Participants /Total in Category (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>56%</td>
</tr>
<tr>
<td>Public</td>
<td>58%</td>
</tr>
</tbody>
</table>
Results

How responding schools define a "first generation college student" for the purposes of medical school application review

- Nearly all those who participated in the survey (99%) agree that first generation students includes those whose parents have a HS diploma or less.
- Respondents were able to choose multiple answers in the survey. A majority of respondents (55%) also indicated that an applicant is a first generation college student if their parents completed some college.

First Generation Indicator Questions from Medical Schools’ Secondary Applications

- Only 16% of survey takers said their school currently asks a question about first generation status in their secondary application.
- If you are interested in the responses to this question, we would be happy to share the de-identified data. Email schoolrel@aamc.org if you would like to receive this information.

Next Steps

Results of the survey will be provided to the AMCAS Advisory Committee for their review and recommendation. We will share final details about the implementation of this indicator in advance of the 2018 application cycle.
Admissions

Training

Handbook

California Northstate University

College of Medicine
Privilege and Responsibility

- The decision to admit individuals to medical school is, with few exceptions, tantamount to a decision to grant them a license to practice medicine.

- Low attrition for *all causes* – approximately 3% per year – is the chief reason for the significance of the decision to accept an applicant.
Admissions with a Purpose

- **CNUCOM Mission**
  - To advance the art and science of medicine through education, service, scholarship, and social accountability.

- **Office of Admissions Mission**
  - To support the Mission of the College by providing the process whereby the most holistically qualified students with the best potential for fulfilling the College’s Mission apply and are accepted for admission.
Vision of the Office of Admissions

- To recruit liberally from all geographic and demographic constituencies of California and the national applicant pool.
- To offer a user-friendly mechanism to complete the admissions process.
- To be successful in competing with California’s other medical schools for the brightest and best.
- To foster a highly-trained, well-motivated Admissions Committee that understands the necessary characteristics of potential matriculants to fulfill the Mission of the Institution.
- To offer admissions programming that specifically encourages the increased application and matriculation of a diverse student population.
Ground Rules

- Confidentiality
  - Importance of confidentiality.
  - Difference between applicant and matriculant relative to Right of Access.

- Letters of Recommendation
  - Are confidential.
  - No portion should ever be read to an applicant during an interview.

- Decision is made by the Committee
  - MS-7. At a medical education program, the selection of individual medical students for admission must not be influenced by any political or financial factors.
The Basics

GET BACK TO BASICS
Prerequisites

- California Northstate University College of Medicine requires a baccalaureate degree from a U.S.-regionally accredited four-year institution or a non-U.S. equivalent institution.

- Required minimum coursework:
  - 2 Semesters (1 Year) of English
  - 2 Semesters (1 Year) of Biology with laboratory
  - 2 Semesters (1 Year) of Inorganic (General) Chemistry with laboratory
  - 2 Semesters (1 Year) of Organic Chemistry with laboratory
  - 2 Semesters (1 Year) of Physics with laboratory
  - 1 Semester of Mathematics
Recommended Courses

- Social sciences
- Behavioral sciences
- Languages
- Anatomy
- Physiology
- Biochemistry
- Microbiology
- Immunology
Technical Standards

- The Technical Standards describe the essential abilities required of all candidates.
- Reasonable accommodation in achievement of the standards is defined under U.S. federal statutes applied to individuals with disabilities. Such accommodations are intended to support the successful completion of all components of the MD degree.
Technical Standards

- Standards in five areas must be met by all candidates:
  - Observation
  - Communication
  - Motor Function
  - Cognitive
  - Professional
Technical Standards

- Observation
  - Candidates are reasonably expected to:
  - Observe demonstrations and participate in experiments in the basic sciences
  - Observe patients at a distance and close at hand.
  - Demonstrate sufficient use of the senses of vision, hearing, and smell and the somatic sensation necessary to perform a physical examination.
  - Integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.
Technical Standards

- Communication
  - Communicate in verbal and written form with health care professionals and patients, including eliciting a complete medical history and recording information regarding patients’ conditions.
  - Perceive relevant non-verbal communications such as changes in mood, activity, and posture as part of a physical examination of a patient.
  - Establish therapeutic relationships with patients.
  - Demonstrate reading skills at a level sufficient to individually accomplish curricular requirements and provide clinical care for patients using written information.
Technical Standards

- Motor Function
  - Perform physical examinations and diagnostic procedures, using such techniques as inspection, percussion, palpation, and auscultation.
  - Complete routine invasive procedures as part of training, under supervision, using universal precautions without substantial risk of infection to patients.
  - Perform basic laboratory tests and evaluate routine diagnostic tools such as EKGs and X-rays.
  - Respond in emergency situations to provide the level of care reasonably required of physicians.
  - Participate effectively in physically taxing duties over long hours and complete timed demonstrations of skills.
Technical Standards

- Cognitive
  - Measure, calculate, analyze, synthesize, extrapolate, and reach diagnostic and therapeutic judgments.
  - Recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events.
  - Formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of clinical modalities.
  - Understand the legal and ethical aspects of the practice of medicine.
  - Remain fully alert and attentive at all times in clinical settings.
Technical Standards

- Professionalism
  - Demonstrate the judgment and emotional stability required for full use of their intellectual abilities.
  - Possess the perseverance, diligence, and consistency to complete the College of Medicine curriculum and prepare to enter the independent practice of medicine.
  - Exercise good judgment in the diagnosis and treatment of patients.
  - Complete all responsibilities attendant to the diagnosis and care of patients within established timelines.
  - Function within both the law and ethical standards of the medical profession.
  - Work effectively and professionally as part of the health care team.
  - Relate to patients, their families, and health care personnel in a sensitive and professional manner.
  - Participate effectively in physically taxing duties over long work hours, function effectively under stress, and display flexibility and adaptability to changing and uncertain environments.
Professionalism continued

- Maintain regular, reliable, and punctual attendance for classes and clinical responsibilities.

- Contribute to collaborative, constructive learning environments, accept constructive feedback from others, and respond with appropriate modification.
The Numbers
MCAT 2015: Basics

- The Medical College Admission Test® (MCAT®) is a standardized, multiple-choice examination designed to assess the examinee's problem solving, critical thinking, and knowledge of science concepts and principles prerequisite to the study of medicine. Scores are reported in Physical Sciences, Verbal Reasoning, and Biological Sciences.

- Almost all U.S. medical schools and many Canadian schools require applicants to submit MCAT exam scores. Many schools do not accept MCAT exam scores that are more than three years old.
MCAT 2015: Basics

- MCAT 2015 has four sections, and a separate score will be reported for each
- The new test sections are:
  - Biological and Biochemical Foundations of Living Systems
  - Chemical and Physical Foundations of Biological Systems
  - Psychological, Social and Biological Foundations of Behavior
    - Behavioral and socio-cultural determinants of health
  - Verbal Reasoning
    - Includes passages from the natural sciences and technology
  - Critical Analysis and Reasoning Skills
    - Draws on passages from the social sciences and humanities disciplines
MCAT Basics

- Mean national MCAT score for 2013 = 25.3
- Physical Sciences mean score = 8.4
- Verbal Reasoning mean score = 8.1
- Biological Sciences mean score = 8.8
An examinee’s MCAT total score plus or minus two points defines the 68% confidence interval. Adding and subtracting two points to an MCAT total score of 23, for example, defines a confidence band that begins at 21 and goes to 25. This means that in 68% of cases the true score for an examinee with a reported score of 23 lays within the band that goes from 21 to 25.

Reviewing applicants’ scores with the confidence bands in mind prevents over-interpretation of small differences in test scores.
How do examinees’ scores change when they retake the MCAT exam?

- Can test up to three times in one calendar year with no lifetime limit. In 2012, approximately 13 percent of examinees tested more than once in the same year.

- The data show that retesters tend to obtain higher scores on their second exams, but the amount of score improvement varies inversely with examinees’ initial scores. That is, the lower the initial scores, the greater the improvement tends to be on retesting.

- Median gain for examinees who tested two or more times in the same year and whose initial scores ranged from 5 to 29 was two score points.
How do admissions officers use scores for applicants who test more than once?

- Most recent exam scores
- Best scores as represented either by the highest total scores or by the sum of the highest section scores across multiple administrations
- Other committees compute the average total score across the multiple administrations
MCAT 2015: Basics

- The data also showed that the larger the number of testings, the larger the amount of over-prediction.
- Therefore, the strategy that results in the most accurate prediction of medical student performance for the majority of applicants who retest is the use of average MCAT total scores.
Please Note:

- Despite these findings, it is very important that admissions committee members be aware of the circumstances of individual applicants and use that information (if available) in considering retesters’ scores.

- For example, if an applicant’s scores from a particular administration are out of line with other scores—because the applicant was sick (in the case of an unusually low performance) or recently completed extensive additional study (in the case of unusually high performance)—then that information should be taken into consideration in evaluating the applicant’s scores.
Undergraduate GPA Interpretation

- Interpretation of GPA Patterns

<table>
<thead>
<tr>
<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25</td>
<td>2.78</td>
<td>3.25</td>
<td>3.65</td>
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<tr>
<td>3.76</td>
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<td>2.23</td>
<td>1.78</td>
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<tr>
<td>3.32</td>
<td>1.78</td>
<td>3.45</td>
<td>3.22</td>
</tr>
<tr>
<td>3.67</td>
<td>3.32</td>
<td>3.35</td>
<td>3.50</td>
</tr>
</tbody>
</table>
IS IT ALL ABOUT THE NUMBERS?
Medical educators agree that success in medical school requires more than academic competence\(^1\).

It also requires integrity, altruism, self-management, interpersonal and teamwork skills, among other characteristics\(^2,3\).
More than Grades and Test Scores

- Admissions officers report that non-academic data, such as interview scores and letters of recommendation, are the most important data for deciding whom to accept into medical school.

- Even though undergraduate total GPA and MCAT are high on the list in deciding which applicants to interview, their importance drop when deciding who to admit. 

What Admissions Committees Value

- BCPM: Cumulative science/math
- MCAT total score
- Upward or downward grade trend
- Undergraduate GPA: Cumulative total
- Performance in a post-baccalaureate program
- Selectivity of undergraduate institution
- Healthcare experience
- Community service/volunteer experience
- Experience with underserved populations
- Navigated through cultural barriers or challenges
- Leadership experience
- U.S. citizenship/permanent residency
- Interview assessments
- Letters of recommendation
- Personal statements
Additional Points of Value

- On schedule to meet pre-medical coursework
- Undergraduate GPA: Cumulative non-science/math
- Research experience
- Experience with populations unlike the applicant
- Lack of access to optimal educational resources
- Special family obligations or other circumstances
- Work or athletic scholarship obligations while in school
- Rural or urban background
- First-generation college student
- Race/ethnicity
- Gender
- Socioeconomic status
- Secondary application
Putting It All Together: Holistic Admissions
Holistic admissions is a flexible, individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, how the individual might contribute value as a medical student and physician.
Holistic Admissions

- Goal: To fill the class with matriculants who are richly diverse across racial, economic, ethnic, socio-demographic, and geographic lines, who will fulfill the Mission of the College of Medicine.
IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.
Holistic Admissions and Diversity

**Vision for Diversity and Inclusion**

California Northstate University College of Medicine (CNUCOM) considers diversity an integral part of the entire academic enterprise. Blending of different life and cultural experiences is of prime importance in the selection of faculty and staff and in the selection of students who will serve as future physicians. CNUCOM seeks to foster a broad and diverse community of faculty, staff, and students to enrich the educational environment and expand the knowledge base for our students. The value of this diversity emphasis for CNUCOM educational programs and staffing will be realized by the production of culturally competent physicians who can serve our nation’s increasingly diverse population.
Holistic Admissions and Diversity

- Populations Under-Represented in Medicine:
  - CNUCOM recognizes the importance of increasing the number of under-represented populations in medicine applying to and matriculating in medical school.
  - The College recognizes the special importance to its geographic area of Latino/Chicano/Hispanic, African American, and Asian ethnicities (Samoan, Cambodian, and Hmong/Laotian) and cultural heritages. Yet given the importance of creating a critical mass of matriculants in a given ethnic/cultural heritage, our plan is to focus first on the recruitment of students with Latino/Chicano/Hispanic heritage, which is the largest under-represented minority population in the State of California.
Holistic Admissions and Diversity

- Military Service Background:
  - CNUCOM recognizes the diversity contributed to a class from the recruitment and retention of those who have previously served in the US armed forces.

- Disadvantaged Socio-Economic Background:
  - CNUCOM recognizes the diversity contributed to a class from recruiting and retaining students from low socio-economic status backgrounds.
The AAMC Council on Admissions encourages medical school admissions committees to consider the following factors in the AMCAS application to provide context and information about the diversity of applicants being considered for admission:

- **Personal Essay and Experiences.** These might provide insight about who an applicant is, what is meaningful to him/her, and the road he or she has traveled to become a medical school applicant.

- **The “distance travelled”** by a socioeconomically disadvantaged applicant is often farther than other applicants.
Socio-Economic Status and Admissions

- **Biographic Information.** Applicants list country of birth, race, and ethnicity (displayed in the AMCAS application where permitted by law), and language proficiencies.
- **Self-declared Disadvantaged.** Applicants who select this are provided space to explain why they view themselves as disadvantaged. Reasons often cited include where they were raised, overcoming adversity, difficult family circumstances, and poor finances.
- **Childhood Home.** Applicants may indicate if they feel their home was located in a rural or medically underserved area.
Socio-Economic Status and Admissions

- **Applicant/Family Economic Circumstances.** Applicants may indicate the number in their household, an estimate of family income, employment before age 18, contribution to family income, and if their family received federal or state financial assistance.

- **Educational Finance.** Applicants may indicate the percentage provided by academic and need-based scholarships, loans, and contributions by the family and applicant.

- **AAMC FAP Indicator.** “Yes” signifies an applicant from a financially disadvantaged background.
Socio-Economic Status and Admissions

- **AAMC EO-1 and EO-2 SES Indicators.** “Yes” for either of these signifies applicants that might be from a socioeconomically disadvantaged background based on parental education and occupation. In addition, “yes” for EO-1 indicates a first generation college graduate.

- **Pell Grant Indicator.** “Yes” identifies applicants with demonstrated financial need relative to family income and assets who are also likely to come from a low socioeconomic background.
Consideration of these factors might be in the context of answers to the following questions:

- What further insight might be gained about an applicant’s outlook and perceptions by using this information?
- How does the self-declaration of disadvantaged status, or absence thereof, align with what is written in the essay, described in life experiences, and reported by FAP, EO, and Pell Grant indicators?
- Did this applicant have access to comparable educational opportunities, finances, and guidance that other applicants had when preparing for medical school?
- Is it reasonable to expect this applicant to perform as well as other applicants on either the MCAT or other standardized exams?
Figure 1: The AAMC SES EO Indicator

EO-5: Doctorate/professional degree
EO-4: Master’s degree
EO-3: Bachelor’s degree
EO-2: Applicants whose parent has a “service, clerical, skilled and unskilled” occupation, and at least a bachelor’s degree
EO-1: Applicants whose parent has less than a bachelor’s degree
The Process
Applications: AMCAS and Secondary

- AMCAS
- Secondary Application (see handouts)
Prescreening

Looking for these characteristics:

- Will have completed all required coursework prior to matriculation
- Experience in healthcare that shows they have chosen the medical profession after deep reflection
- Strong letters of recommendation
- Under-represented populations
- Military service
- Low socio-economic status
- Potential to be academically successful
Cognitive Variables

- MCATs and undergraduate total GPAs each contribute something unique to the prediction of medical school performance.
- The combination of MCAT and undergraduate total GPA is a more powerful predictor of performance than either predictor alone.
- The MCAT is a strong predictor of USMLE Step 1 performance.
The Interview

Introduction

- Some people look better on paper than they are in person
- Some people look average on paper, but shine in person
Purpose of the Interview

- To gain an in-depth perspective of the applicant.
- Determine if an applicant fits the mission and contributes to the diversity interests of the school.
- Explore in more detail other factors, such as SES.
- To evaluate an applicant’s personal attributes and readiness to enter medical school.
- To afford the applicant the opportunity to acquire information about the medical school.
- To recruit applicants to the medical school.
Multiple Mini Interviews

- Candidates will progress through a series of six MMI interviews, each ten minutes long, where they will have to respond to medically-related and non-medical-related scenarios.

- These scenarios will actively address the following categories: teamwork, critical thinking, integrity and ethics, and leadership in a patient-care environment. The process is detailed below:

  i. A candidate will review a scenario before entering a room.
  ii. Two interviewers are in the room – a COM Faculty Member and COM Student.
  iii. Sample Scenario Question: If you were invited to join a medical team experiencing a lot of failure, and they demanded your assistance in helping them become successful, how would you proceed with them? What advice would you share? Talk about possible solutions.
  iv. The candidate has five minutes to discuss the scenario; and five minutes for the dialogue topic. After they leave, the interviewer has three minutes to write down any notes and record their scores.
Interview Format

- The interviewers will complete an Interview Evaluation Form (see handout) which will follow a point scale.
- The Admissions Committee will evaluate the applicant’s credentials and Interview Evaluations and classify the candidate as “Accept,” “Wait-List,” and “Reject.” Both “Accept” and “Wait-List” candidates will be rank-ordered.
- The determination of these reviews will be based on a point scale utilizing the Secondary Screening Review score and the Interview Evaluation score. This combined score will determine the candidate’s placement on the rank-ordered list.
- The Admissions Committee will re-review the credentials of any candidate on the rank-ordered list during the rolling admissions cycle in order to re-rank if necessary.
- The Admissions Committee will vote to offer positions to the highest ranked candidates on the “Accept” list.
Concluding Session

Summary
Questions
Answers
Evaluation of Training
Thank you!
References


4. This study also included a question about the importance of application data in deciding which applicants to invite to submit a secondary application. Fifty-four admissions officers reported that their schools invite applicants to submit secondary applications. The most important application data used to invite applicants to submit secondary applications are: undergraduate GPAs, MCAT scores, state residency, and U.S. citizenship/residency
The Multiple Mini-Interview (MMI)
The Presenting Problems

Reasons for using the MMI may differ with the institution. At McMaster we realized that our combination of panel interview, letters of recommendation, autobiographical sketch and simulated tutorial had limited predictive validity. We were also aware that students in difficulty were having interpersonal, behavioural problems but usually no knowledge deficit. These issues were by no means limited to McMaster.
Techniques that Don’t Work: Performance in *Undergraduate* Interview

<table>
<thead>
<tr>
<th>Group Interview</th>
<th>ABS</th>
<th>Cognitive tests (exams of knowledge)</th>
<th>Performance Tests (OSCE; Clinical Encounters, Tutorials)</th>
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<tr>
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<td>-0.14 0.02</td>
<td>-0.07 0.15</td>
<td>-0.28 -0.17</td>
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</table>

- ABS
- Cognitive tests
- Performance Tests

Graph showing correlation values.
So What Does Work?
Statistical Predictors for Cognitive Performance in Medical School

Grade Point Average (GPA) vs Medical College Admissions Test

- 3rd yr GPA
- United States Medical Licensing Exam Step 3

Julian E Acad Med 2005;80:910
Albanese Acad Med 2001;
What Was the Need

There was an obvious need for something new.
And the need was most pressing in evaluating the non-cognitive domain at the point of admission to medical school.
The OSCE-MMI Link

Based on our knowledge of, and experience with, the OSCE, we developed the MMI. We argued that:

- **Use of multiple non-cognitive scenarios would reduce the issues of context specificity**
- **Multiple interviewers would reduce or eliminate bias and halo effects**
- **The process would be efficient because of time constraints on the station and parallel processing.**
Why Use the MMI

The first requirement of an interview technique is high reliability (measured by the Generalizability Coefficient \(G\)). Higher \(G\) allows greater differentiation of individuals.


For 12 station MMI Generalizability Co-efficient = 0.85


“The generalisability co-efficient for a six question MMI was 0.7; to achieve 0.8 would require ten questions”
Predictive Validity – Clinical Clerkship

<table>
<thead>
<tr>
<th>GPA</th>
<th>Interview</th>
<th>MMI</th>
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</thead>
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<td>.51</td>
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<tr>
<td>MMI</td>
<td>.04</td>
<td>.57</td>
</tr>
</tbody>
</table>

Performance:
- Supervisor’s report
- Encounter cards

GPA: Grade Point Average
ABS: Assessment Board Score
MMI: Multi-Media Interview

The study compared two groups. Those that were admitted into medical school on the first try of the MMI and those who were admitted subsequently by a variety of methods.

**CONCLUSION:** Compared with students who were rejected by an admission process that used MMI assessment, students who were accepted scored higher on Canadian national licensing examinations.
MMI is a Circuit Exercise

Each station deals with a different topic and has a different assessor. Scenarios are not visible.

At a given signal the scenario becomes visible and applicants start the circuit by reading the scenario.

At a second signal the applicant enters the room and the interaction begins.

At a third signal the interview starts and the applicants move one station over.

Station 1: Applicant A
Station 2: Applicant B
Station 3: Applicant C
Station 4: Applicant D
Station 5: Applicant E
Station 6: Applicant F
Station 7: Applicant G
Station 8: Applicant H
Station 9: Applicant I
Station 10: Applicant J
After the First Set of Interviews

The applicants start second loop by reading the scenario at their second station. At the next signal applicants enter the room and the interview begins. At the following signal applicants leave the room and go to the next station to read scenario and continue the circuit.
<table>
<thead>
<tr>
<th>Station Type</th>
<th>Interaction</th>
<th>Role of assessor</th>
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<tr>
<td></td>
<td>Discussion</td>
<td>Applicant - Assessor</td>
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<td>Collaboration</td>
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<td>Acting</td>
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<td>Debate</td>
<td>Applicant - Applicant</td>
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Scenarios Encountered by Applicants
What you need to run a MMI

- A justification for adopting the process
- A sufficient number of stations on diverse non-cognitive topics to enable the required number of circuits in any one year and over time
- Trained interviewers/assessors
- Organizational infrastructure
A Sufficient Number of Reviewed Stations

- 8-12 stations per MMI.

If there are 10 circuits in the MMI only 10 stations are needed if all circuits can be run simultaneously.

- Repeat use of stations feasible on a given day with morning/afternoon shifts

- At McMaster stations are not used again for 3 years (may vary with institution)
Interviewers/assessors should have bought into the process.

- Interviewers should recognize the difference between a regular interview and the MMI: focused; time constraint.

- Proper scoring requires use of the full scale.
Marking

- The assessment is summarized numerically using an anchored scale: (ranging from unsuitable, to satisfactory, to outstanding).

- The mark can be changed (up or down) as the assessor sees more applicants and becomes familiar with the cohort.

- Very high or very low marks require a written comment justifying the mark

- Assessor can also provide written comments at her/his discretion.
What You Need Within the Circuit

Trained interviewers/assessors that are:
- Knowledgeable about the MMI;
- Understanding the philosophy of the institution;
- Well versed in the station.

Good actors that are also knowledgeable about the MMI and the need to elicit responses.

Well written stations that are:
- Appropriate to the needs of the institution;
- Suitable to the educational/societal/age of the applicants;
- Reviewed prior to use and assessed after use.
What You Need For Organization

Effective organizers to:
- Recruit and train interviewers and back-ups
- Organize selection of stations and distribution to interviewers
- Reserve physical plant including parking
- Schedule applicants and deal with applicant needs
- Ensure rigorous collection of data from all circuits

Effective circuit managers
- Set up the circuit with interviewers and applicants aligned at time = 0
- Keep the tight schedule
- Ensure rigorous collection of data within the circuit

Physical Plant that has:
- Rooms(sites) in close proximity.
- Rooms of reasonable size.
- Privacy.

In developing physical plant use innovation but validate
The MMI resolves the problems of:

- Context specificity by providing 10 different situations
- Halo and Bias effect by providing 10 different assessors
- Unwarranted effects of a single poor (or superior) performance by providing 10 different assessors and situations

The ranking in the MMI is based on numeric values and this, among other factors makes the MMI defensible.

You select the best students.
What ProFitHR Offers

Available via the Portal

- Over 380 stations available and expanding.
- A matrix of competencies that map onto stations identifying which ones measure specific competencies
- Training including interviewer training video
- Assistance with picking competencies and stations
- Administrative calendar / roadmap including pre-written forms and letters to interviewers and applicants
- Assistance with implementation
Station Tweaking

The institutional tweaks
- Changing institutional titles (e.g. Replace McMaster University with NCSU)
- Changing Countries (e.g. Replace Canada with USA)
- Changing Professions (e.g. Dentist to Physician)

Content Tweaks
- Changing situations to suit institutions. (e.g. Corporate focused station adapted to a medical school or university and vice-versa).
- Changing stations for adaptation to culture (e.g. Canada’s under-represented minorities are the First Nations but in the US there are other groups and other issues. The issue of under represented minorities is yet again a very different issue in Dubai.)
- Creating of new stations as situations change over time (e.g. People have less fear of flying than in 2001; health care delivery will be different in Canada and U.S. over the next decade; the social effects of the interconnectivity are still developing)
Manual for Interviewers
2010/11

Admissions
Undergraduate Medical Program
Michael G. DeGroote School of Medicine

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UNDERGRADUATE MEDICAL PROGRAM
PREFACE

This manual is prepared for all Interviewers/Assessors taking part in the Multiple-Mini Interview (MMI) for the McMaster Undergraduate Medical Program.

The Manual contains brief descriptions of:

- the approach to the education of medical students used at McMaster and the basis for their selection;
- how the interview fits into our selection process; and
- the function of the interviewer/assessor.

Some guidelines, with suggested approaches, are given for exploring the areas that must be assessed for each applicant. Instructions on interview procedures are included. The main text makes reference to the procedures and the different forms to be completed during the interviewing days which are included.

The Faculty of Health Sciences considers the selection of applicants to medical school to be one of the most important functions in determining the basic characteristics of the group of physicians graduating from McMaster. The MMI is an indispensable element of the admission process and the Faculty is very appreciative of the efforts of all participants in this process.

PREAMBLE

McMaster University offers a three year undergraduate medical Program that culminates in the conferring of an M.D. degree. The Program is different from those at other medical schools in that students are largely responsible for their own learning, and their progress is evaluated frequently by peers, tutors and other faculty members. This self-directed learning is accomplished by small tutorial groups, assisted by lectures, and by elective activities tailored to the individual student’s needs and interests.

In order to practice medicine in Canada, graduates of all medical schools must pass the licensing examinations of the Medical Council of Canada and in most provinces, be certified by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

...........................................
WHAT TYPE OF DOCTOR DOES McMaster WISH TO GRADUATE?
This school does not prepare students for any particular career specialty, but rather, prepares the graduates to have the capacity and flexibility to select any area in the broad field of medicine. This means that graduates from this school, as a group, may have a wide range of interests, from exclusively clinical to non-clinical. It also means that, in the applicants to be interviewed, there may be the same breadth of interests.

SELF-DIRECTED LEARNING
Physicians must be life-long learners. It is our belief that they should develop the skills to do this during their formative years at medical school. In this Program, students are encouraged to define their learning goals, to select appropriate experiences for achieving these goals and to be responsible for assessing their own learning progress. Statements of the goals of the medical Program and its component parts (Medical Foundations) are provided to help students and tutorial groups define their individual goals. These goals must be explicit, obtainable and consistent with the general goals of the Program. In order to function well in this type of educational environment, a student must be responsible, motivated and mature.

SMALL GROUP LEARNING
One of the goals of the medical Program is to graduate individuals who will become effective members of groups engaged in various educational, research and clinical activities. The setting for learning in the McMaster medical Program, small tutorial groups, provides opportunities for developing interpersonal skills and becoming aware of individual assets and limitations. This setting is also conducive for learning how to listen to others and how to receive and give criticism. The tutorial group setting leads to group problem solving where the pooling of resources contributed by each member of the group can be used more effectively than the sum of individual activities. The tutorial setting also provides the students with an opportunity for self-evaluation in order to monitor their learning progress. Finally the students develop skills in educational planning by helping to define the group’s goals within the framework of the goals of the unit in the Program.
In the medical Program, students are expected to be responsible for their learning as well as that of other members of the group, and responsible for developing skills in self-assessment, skills in peer assessment and helping each other to learn.

PROBLEM BASED LEARNING
Learning based on problems represents an alternative to studying blocks of classified
information in an organized sequence. In problem-based learning, students focus on a problem (or situation) which they or the tutorial group has selected. Students bring to the examination of the problem all of their previous information and experience as well as their ability to think rationally and critically.

As the student begins to ask questions, certain issues become well defined and require a search for additional information. After assembling the appropriate information, a problem solution is synthesized which includes a re-evaluation of the hypothesis (or hypotheses) which has (have) been formed, to confirm it (them) or refute it (them). The student learns how wrestling with any one problem opens up many other questions.

Problem-based learning contributes to the student’s motivation, enhances transfer, integration and retention of information, and encourages curiosity and systematic thinking.

EVALUATION OF STUDENT LEARNING

Students are assessed frequently while they learn. Individual assessments provide the opportunity to form or modify the learning progress. Evaluation is a constructive and integral component of the learning process rather than a detached activity.

The purpose of this evaluation system is primarily to facilitate student learning and to modify, where necessary, the student’s learning Program. The tutor has final responsibility for evaluation, but the students themselves and their peers are crucial contributors to the process. This is consistent with the concept of self-directed learning in small groups.

SELECTION OF THE STUDENTS

It is the overall goal of the admissions process to select those applicants who are most likely to fulfill all the goals of the Program and who will thrive in a flexible learning environment.

The admissions process includes the selection of the applicants not only on academic qualifications but also on personal characteristics and abilities, such as problem-solving ability, self-appraisal ability, the ability to relate to others, motivation to study medicine and learning styles which may be better suited for learning medicine at McMaster. The rationale for this is that we believe that for the practice of medicine the physician must recognize personal assets and limitations and evaluate emotional reactions. This allows one to ask for help when needed.

As well as the obvious need to select people who will be sensitive to patients, we hope to select students who will also be sensitive to the needs and potential contributions of colleagues in the tutorial groups.
It should also be noted that the educational system at McMaster is not ideal for everyone. Some individuals may enjoy working in tutorials, self-directed learning and problem-based learning which for them may generate enthusiasm, excitement and give enormous pleasure. However other individuals may need or enjoy a more structured environment, and thus find the Program at McMaster uncomfortable and/or unsatisfactory.

THE MULTIPLE MINI-INTERVIEW

The interview is one of the opportunities for the medical school to assess the applicant in person. Applicants have reached this stage because of their sufficiently high academic standing, strong MCAT verbal reasoning score, or by presenting themselves as highly suitable on their CASPer test. It is the combination of these assessments that is used to select the applicants for this next stage of selection.

The purpose of the interview therefore is to collect information concerning the personal qualities of those applicants selected for an interview. This information, in conjunction with a battery of other data collected, will be used to help the Collation Committee determine which applicants may be better suited for, and therefore more likely to succeed in, the Medical Education Program at McMaster.

INTRODUCTION

The Medical Program has changed its admissions interview to a Multiple Mini-Interview (MMI). This protocol has been modeled on the Objective Structured Clinical Examination that is commonly used by Health Sciences Programs to evaluate student competence. The procedure has undergone a series of tests and has been deemed more psychometrically sound than traditional interview processes. In addition, both interviewers and candidates reported positive feedback perceptions of the MMI. The MMI consists of a series of short, carefully timed interview stations in an attempt to draw multiple samples of applicants’ ability to think on their feet, critically appraise information, communicate their ideas, and demonstrate that they have thought about some of the issues that are important to the medical profession. You will be asked to either interview applicants or observe the applicants’ interaction with a human simulator (i.e. an actor portraying a particular character).

REASONS FOR USING THE MULTIPLE MINI-INTERVIEW PROCESS:
As the performance of an individual is highly variable across situations, evaluation that uses multiple scenarios is a more sound psychometric approach with a strong basis in educational and evaluation theory. This is advantageous for applicants. If an applicant has trouble in one scenario they can recover with an excellent performance in another situation.
Also, individuals with diverse backgrounds have a more equitable opportunity to demonstrate the quality of their educational and personal backgrounds.

Applicants have reached this stage of the admissions process because their academic performance has been sufficiently high. For this reason we will not test their specific knowledge in any given subject. There is absolutely no intent to test the applicant’s present knowledge of the health sciences. Clinical knowledge will be no more useful than knowledge from any other discipline, including Chemistry, Music, or English literature. We are, however, trying to assess the applicant’s ability to apply general knowledge to issues relevant to the culture and society in which they will be practicing should they gain admission to (and graduate from) medical school. Equally important, is the applicant’s ability to communicate and defend their personal opinions.

Recognize that there are no right answers for many of the scenarios that applicants will see. They are simply asked to adopt a position and defend any ideas they put forward, or discuss the issues raised in the scenarios. You, the interviewer, are an individual who has some expertise in the topic. You can and will challenge the applicant to express their ideas clearly and rigorously.

**Operational Details:**
Each mini-interview takes place in a different room. When the applicant comes to the door they will see a card that, in a few lines, describes the scenario for that room. There may be a brief additional note. The applicant will have two minutes to read the information and will be told when they may enter the room. A second copy of the scenario will be placed in the room, so the applicant need not memorize the information. Please do not allow the applicants to remove this copy from the room. The applicant may choose to take longer than the time allotted to think about the scenario before entering the room. However, any additional time will reduce the time available to discuss the issue with you, the interviewer. The mini-interview will take 8 minutes. No more. At the end of that time the session is over and the applicant should move to the next room. **Do not go over this time limit.** Be aware that there will be no feedback at any stage of the proceedings.
AN OUTLINE OF THE INTERVIEW

On the morning of the interview you will receive a copy of the station that we would like you to evaluate. Examples of two stations that have been used in the past are included in this manual.

- You will quickly note that the instructions the candidates are provided are relatively vague and deliberately so. This will allow different candidates to approach the station in different ways.

- If the instructions on the second page of the materials that you receive the morning of the interviews label you as an interviewer, you should prepare to discuss the topic with each applicant (some background information and theory will be provided for you).

- You need not read down the list of questions provided or discuss all of the information that you will receive with each candidate. Rather, follow the applicant’s lead to some extent, but feel free to challenge the applicants to defend their opinions by offering a countering point of view.

- Candidates have been informed that there are no absolutely correct answers for any of the stations.

- You should note that the MMI is not intended to test the amount of prior knowledge candidates have in these domains.

- Feel free to provide definitions to terms or clarify what is meant by the instructions if the applicant is uncertain. Make sure you are familiar with the wording used in your station during the morning briefing session.

- If the instructions on the second page of your materials you receive label you as an observer, you have been assigned to a scenario outlined and you should observe and evaluate each applicant’s communication skills and empathy.

---

UNDER NO CIRCUMSTANCES SHOULD THE ASSESSORS DISCUSS THE ASSESSMENT PROCESS OR ANY ASPECT OF THE INTERVIEW PROCESS WITH THE APPLICANTS OR THE ACTORS OR ACTRESSES.
Admissions MMI – Sample Station 1

INSTRUCTIONS FOR THE INTERVIEWER

1. Ensure that the applicant has read the scenario

Dr. Blair recommends homeopathic medicines to his patients. There is no scientific evidence or widely accepted theory to suggest that homeopathic medicines work, and Dr. Blair doesn't believe them to. He recommends homeopathic medicine to people with mild and non-specific symptoms such as fatigue, headaches, and muscle aches, because he believes that it will do no harm, but will give them reassurance.

Consider the ethical problems that Dr. Blair's behaviour might pose. Discuss these issues with the interviewer.

2. Discuss some of the following issues with the applicant. Some background information is given on the following pages.

A. What's wrong with the way Dr. Blair treats his patients? Why is that wrong?
B. Why do you think Dr. Blair does it?
C. Can you see any circumstances under which recommending a placebo might be the appropriate action?
D. What is the difference between (C) and Dr. Blair's practice?
E. What action would you take regarding Dr. Blair?

3. The student has 8 minutes to discuss these issues with you. After 8 minutes a bell will sound and you will have 2 minutes to complete the score sheet. Do not give the applicants feedback.

4. In assessing the student, consider the following issues. Note, however, that these are just a guideline and should not be considered comprehensive.

A. Did the applicant express balance and sympathy for both intellectual positions?
B. Was there a clear analysis of the ethical problems paternalism raises?
C. Did the applicant suggest a course of action that is defensible and moderate?
Background and Theory

Placebos are still commonly used in research, and they have been used for centuries in clinical practice. The simple fact that Dr. Blair uses placebos, then, is not what makes this case unpleasant. The ethical issues in this case arise because the doctor is behaving paternalistically. He is treating his patient much as a parent would treat a child, and he is deciding a course of care for the patient based on what he perceives the patient's needs to be. This entails deceiving his patients, and making them do what is good for them.

Paternalism is only one model of the doctor/patient relationship. Others see the relationship as one between colleagues who share a common goal (the health of the patient), one between rational contractors (who agree on a contract leading to health), or one between a technician and a consumer of medical expertise. Each metaphor for the relationship has some descriptive failings and some serious normative failings.

Needless to say, the paternalistic model of health care has been severely criticized in the past half-century or so. Paternalistic doctors may provide no worse care, but they provide it at a very serious price: patient autonomy rights. This brings up an important distinction in this OSCE: that between consequentialist and duty ethics. Consequentialists judge actions by consequences; if the consequences are good, the action is good, and vice versa. Many consequentialists would see little wrong with Blair's behaviour in this case because only good is done to the patient – the doctor is probably right in his assessments, and is probably even choosing treatment that brings the best results in the shortest time.

Judged, then, strictly by the consequences of his actions, he has been acting ethically. But duty ethicists would argue that the doctor has not been treating his patients as fully rational, capable people, and hence has been acting unethically. Resolution of these viewpoints might happen if we take a long-term perspective. It may be the case that giving placebos has more harmful than beneficial consequences if we consider the damage done to the medical profession. If Dr. Blair's patients were to become aware of their deception, they might come to doubt the honesty and usefulness of doctors.

Paternalism, while no longer considered a good model of interaction, is necessary under certain circumstances. A paternalistic attitude is, of course, the only possible relationship in cases where a patient is incompetent, and it is sometimes recommended when the knowledge of a diagnosis might cause more harm than good. Paternalism and deception (both of which must be justified if we are to allow placebo use) might be allowable when the doctor cannot treat the patient as a capable person, when no harm will be done to the reputation of the profession, and when the benefits outweigh the harms. It is difficult to decide what action the applicant should take. Some options are: reporting Blair to the college, speaking to him in private, and ignoring this minor transgression. In their quest to appear ethical, though, and especially in a trying environment such as this, people sometimes suffer from excessive piety (this is the endless political capital of everything from anti-drug campaigns to oil wars). Applicants should, I think, have a more measured and considered response, one which is neither zealus nor laissez-faire. Perhaps the best solution is further consultation – the applicant, being relatively inexperienced, should probably seek out more professional opinions.
Short answers:

A. Dr Blair is treating all of his patients paternalistically. This is acceptable in rare circumstances (when the patient is mentally incompetent), but not in most.

B. Dr. Blair presumably does it because it leads to the best (short-term) consequences with the fewest difficulties.

C. Recommending a placebo should probably only be done when no real medicine is suitable and:
   a) the doctor can't treat the patient as a capable person.
   b) no long-term damage to her reputation will result
   c) the benefits will outweigh the harms

D. Obvious

E. Measured and considered response—maybe more consultation.
ADMISSIONS MMI SCORING SHEET

Applicant’s Name: ________________________________

Interviewers Name: ________________________________

Potential Conflict of Interest?: Y N If “Yes,” Why? ________________________________

Dr. Blair recommends homeopathic medicines to his patients. There is no scientific evidence or widely accepted theory to suggest that homeopathic medicines work, and Dr. Blair doesn’t believe them to. He recommends homeopathic medicine to people with mild and non-specific symptoms such as fatigue, headaches, and muscle aches, because he believes that it will do no harm, but will give them reassurance.

Consider the ethical problems that Dr. Blair’s behaviour might pose. Discuss these issues with the interviewer.

Please rate the applicant’s overall performance on this station relative to the pool of all applicants you are rating. You may adjust your scores as necessary before turning them in.

Consider the applicant’s: Communication skills
The strength of the arguments displayed
The applicant’s suitability for the medical profession.


Comments: ________________________________
Admissions MMI – Sample Station 2

INSTRUCTIONS FOR THE OBSERVER

1. Ensure that the student has read the scenario

   Your company needs both you and a co-worker (Sara, a colleague from another branch of the company) to attend a critical business meeting in San Diego. You have just arrived to drive Sara to the airport.

   Sara is in the room.

2. Observe the applicant and be prepared to assess the communication skills displayed. Some background information is given on the following pages.

3. The student has 8 minutes to interact with the actor. After 8 minutes a bell will sound and you will have 2 minutes to complete the score sheet. Do not give the applicants feedback.

4. In assessing the student, consider the following issues. Note, however, that these are just a guideline and should not be considered comprehensive.

   A. Did the applicant appear empathetic?
   B. Did the applicant attempt to console Sara without belittling her or making light of her concerns?
   C. Does the applicant help Sara consider multiple potential courses of action?
**Background and Theory**

**History**

Sara is anxious regarding her safety. She had a friend who narrowly escaped being at the World Trade Center when it was destroyed. Until now, she had not experienced angst regarding air travel, but presumably there were latent feelings present, surfacing today with the immediate prospect of flying to San Diego. She had routinely travelled via air in the past, but this is the first time air travel was required since September 11th, 2001. She is gripped with fear over what might happen.

**Focus of station**

This station is intended to be one that will allow an observer to evaluate the applicant’s communication skills. The simulator should act in a standard manner for all applicants, but should also be reactive to the approach taken by the applicant.

Below are some characteristics of effective communication skills that the applicant might display.

1. Listens well.
2. Remains supportive.
3. Avoids making light of Sara’s concerns.
4. Normalizes concerns, noting that these feelings of anxiety have become quite common.
5. Confirms, without patronizing, that Sara is aware of the relative safety of air travel (e.g. better security now in place at airports, statistically tiny chance of being targeted, etc)
6. Helps Sara separate the intellectual response of low danger from the emotional response of anxiety.
ADMISSIONS MMI SCORE SHEET

Applicant's Name: ________________________________

Interviewers Name: ________________________________

Potential Conflict of Interest?: Y N If "Yes," Why? ________________________________

Your company needs both you and a co-worker (Sara, a colleague from another branch of the company) to attend a critical business meeting in San Diego. You have just arrived to drive Sara to the airport.

Sara is in the room.

Please rate the applicant's overall performance on this station relative to the pool of all applicants you are rating. You may adjust your scores as necessary before turning them in.

Consider the applicant's: Communication skills
The strength of the arguments displayed
The applicant's suitability for the medical profession.

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Comments:
McMaster University wishes to ensure the full and fair implementation of the principles which recognize that every person is equal in dignity and worth, and should be provided with equal rights and opportunities without discrimination.

Interviewers may NOT ask applicants questions related to:

➢ race
➢ national or ethnic origin
  ➢ colour
  ➢ religion
  ➢ age
  ➢ sex
➢ marital status
➢ family status
➢ sexual orientation
➢ disability

➢ conviction for which a pardon has been granted
unless they have been raised by the applicant, and if they are relevant to the issue under discussion.

[Revised January 20, 2010]
Welcome to the world of Multiple Mini-Interviews, the latest evolution in selecting medical students at the College of Medicine.

A cowbell clangs. The eager applicants have finished the allotted six minutes to expound on a particular topic. Now, they have two minutes to consider their next topic before they sit down with another interviewer and start talking. The cowbell, Vermont-style, will again tell them when to stop and move to a new topic with a new interviewer.

This is Interview Day at the UVM College of Medicine, and the prospective medical students are tackling the multiple mini-interview, or MMI. By the end of the process, they will complete nine highly focused six-minute interviews, covering topics that range from a controversial political issue to a dilemma with a co-worker.
For the last two years at UVM, the MMI has replaced the traditional medical school interview that gave the applicant 45 minutes with one person, often a current or former faculty member, after which the interviewer would then provide his or her evaluation to the full College admissions committee.

That format, though, involved unintentional but inherent unfairness, says Janice Gallant, M.D. ’85, the College’s associate dean for admissions. With the single-interview format, one distracted remark, or a slight failure to “click” with the interviewer could ruin an applicant’s chances. Or the sole interviewer, who typically used to see the application file before the one-on-one meeting, might share a personal detail — an alma mater, hometown or beloved sports team — with the prospective student, making a favorable review more likely.

“It was a system that could be affected by unintentional bias,” says William Jeffries, Ph.D., the College’s senior associate dean for medical education. “The human tendency was that for people you would like, you would go and advocate for them in the committee.”

So, starting in 2014, the College switched to MMI, with the goal of diminishing levels of bias and gaining a better, deeper appraisal of the “core competencies” of applicants — areas of personal and professional aptitude that have been identified by extensive research by the Association of American Medical Colleges (AAMC).

Along with the MMI, Gallant and her staff revamped its admissions committee and procedures, and also instituted an interview day teamwork exercise that is unique among medical schools.

The core competencies encompass “soft” skills such as ethics, empathy and adaptability. Not only are these qualities difficult to measure in general, but research indicates that they are not always detected by a traditional lengthy single interviews.

“We’ve devised an entry system that assesses where applicants stand with core competencies. We’re really not comparing people against each other. We’re comparing people against the standard that we’ve set.”

— William Jeffries, Ph.D., Senior Associate Dean for Medical Education

“The personal interview has not been found to predict performance,” Gallant says. Studies have shown, however, that the MMI does correspond with a medical student’s likelihood of success in personal and professional areas.

“It’s a reliable, validated tool that we are using because it’s very compelling,” Gallant says. “The early assessment is that everyone is quite pleased by the results we’re seeing.”

UVM has joined early adopters of the MMI among medical schools. As of the 2014-2015 academic year, 30 AAMC member schools reported using the multi-interview method, or 21 percent of total members, says Geoff Young, Ph.D., the association’s senior director of student affairs and programs.

Preference for the MMI is increasing; just 15 schools, or 11 percent of total AAMC members, were using it in 2012. The trend reflects the goal of selecting candidates with those interpersonal strengths now recognized as important for nurturing modern doctors with a more holistic view, Young says.

“The community, I think, is better informed as we think about diversity and about the changing demographics of this country,” Young says. “The best and the brightest doesn’t mean they have the highest MCAT or the 4.0 GPA.”

The purpose of MMIs is not to determine whether applicants are smart enough for medical school. The grade point averages and Medical College Admission Test scores work fine to show whether prospective students can handle the science, the cognitive part. But they don’t predict success in the personal and professional areas, says Harold Reiter, M.D., a professor of oncology who helped create the MMI at McMaster University in Hamilton, Ontario, when he was admissions chair for what is now the Michael G. DeGroote School of Medicine.

Since McMaster became the first medical school to implement the MMI in 2004, Reiter’s and others’ research
It’s a reliable, validated tool that we are using because it’s very compelling,” Gallant says. “The early assessment is that everyone is quite pleased by the results we’re seeing.”

— Janice Gallant, M.D. ’85
Associate Dean for Admissions

The College uses topics designed by ProFitHR, a company that spun off from McMaster to help school admissions offices develop their MMI. The questions are swapped every Interview Day and kept as secret as possible.

“This is highly confidential,” Gallant says. “This is like Wall Street.”

The 36 interviewers include faculty members, medical students and members of the community. In a fourth-floor lecture room, they gather to review the questions for the first time and coordinate scoring techniques.

During the MMI, the interviewers speak little. There’s not much give-and-take. They only ask follow-up questions as needed to prompt more information.

“This is not a conversation,” Gallant tells them before the start. “This is not even a dialogue. This is more like a monologue.”

During the process, interviewers were instructed to stay as neutral as possible in their expressions to avoid unintentional encouragement or disapproval but the applicants gave feedback on the stoic encounters. Admissions staff has since loosened things up, allowing the interviewers more ease and expression.

Allie Stickney, a community interviewer and retired CEO of retirement community Wake Robin, in Shelburne, Vt., says she appreciated that flexibility. It was distracting to concentrate on keeping her face blank, she says.

“It does turn the interviewing process upside-down,” Stickney says. “The interviewer is not really asking any questions. You’re really putting the ball in the student applicant’s court.”

The MMI is less relaxed than a long interview but also more revealing, Stickney says. Even in six minutes, the applicants share the “whole gestalt” of who they are, how they see the world.

“You can see their minds really working, working hard to pull on all parts of their brain” to answer the question,
she says. “They have to pull on a lot of different parts of their experience.”

Interviewers cannot share their occupations, which might skew a candidate’s response or attitude. On this Interview Day, interviewer Francisco Grinberg, M.D., sees firsthand the reason for this.

For his question, intended to gauge service orientation, one applicant tells him that some doctors don’t need to communicate much with their patients — anesthesiologists, for example. Grinberg is a UVM professor of anesthesiology and a practicing anesthesiologist at UVM Medical Center.

His careful response to that prospective student: “You’d be surprised.”

While half the students move through the MMI circuits, the other half heads to the Teamwork Simulation. At small tables, they sit in groups of five or six and receive instructions from Shirley McAdam, coordinator of the standardized patient program at the UVM Clinical Simulation Laboratory.

The premise of one simulation: A freak accident has occurred during the International Potato Head Conference. Many are severely injured — broken arms, missing legs, dislodged lips — and the teams must take care of them.

When they get the go-ahead, the applicants hurriedly assemble the Mr. Potato Head toys, attaching big feet, goofy ears and mustaches without a snicker or giggle. Near each table, a “rater” stands with a clipboard, watching the teams work and assessing their interaction.

The College developed the teamwork exercise after learning of a similar program used by the University of Massachusetts Memorial Medical Center for its staff. For more than a year, the College tested the simulation on its students, faculty and staff, says Director of Medical Student Admissions Cary Jewkes. The process helps to identify individuals who might not be ready for working in teams.

“We’re looking at how they communicate with each other,” Jewkes says. “It’s not about the number of toys they make but how they do it together.”

In teams, individual characteristics rise to the surface, particularly types who “can’t tamp down their overzealousness or bossiness” or extreme introverts who can’t engage with others, Jewkes says.

Back in the MMI areas, after the final cowbell rings, Gallant hosts “debriefing” sessions to hear the applicants’ thoughts about the questions and setup.

“As you might have heard about UVM, we’re very big on reflection, because that’s the way we all learn together,” she tells them.

A few share that they miss the personal connection of the single long interview. That was partly the impression of Allison Greene, a member of the College’s Class of 2019, one of the first groups of prospective students to go through the MMI.

But Greene says she now sees that the new format pushes candidates to think fast on their feet and get creative.

“It puts you in a situation that you haven’t been in before,” she says. “In that sense, it’s a measure of readiness for a program like medical school.”

In a similar debriefing later with the interviewers, they explain their strategies for scoring each question. One station had a “standardized patient” — with the interviewer acting as a person who has a problem and wants the applicant’s advice.

“What we were looking for were social skills for our core competency and empathy,” says Gayathri Prabhakar, an interviewer at that station and a second-year UVM medical student. “The really exceptional applicants were able to validate his concerns.”

The admissions staff absorbs this information and continues to tweak the details. They’ve added amenities such as fresh flowers, water stations at each circuit and granola bars during the debriefings.

“Everything is very intentional,” Gallant says. “Everything is designed to create an environment for every applicant to be successful.”
Office of Admissions

Candidate Interviewer Training

COMadmissions@cnsu.edu
To fill the class with matriculants who are richly diverse across racial, economic, ethnic, socio-demographic, and geographic lines, who will fulfill the Mission of the College of Medicine.
INTERVIEW DATES

1. Friday, September 16, 2016 *Early Decision Applicants
2. Friday, October 14, 2016
3. Friday, October 28, 2016
4. Friday, November 04, 2016
5. Friday, December 02, 2016
6. Friday, January 13, 2017
7. Friday, February 03, 2017

LCME SITE VISIT - Sunday, February 26th thru Wednesday, March 1st

8. Friday, March 17, 2017
9. Friday, March 31, 2017
10. Friday, April 14, 2017
12:55p - 2:10p
- Candidates 1 - 18: Meet in COM Event Room to prepare for interviewers
- Candidates 19 - 36: Remain in Classroom 2B for Workshops
  - 12:55 – 1:20  CNU Library & IT Academic Services, Scott Minor and Jason Stovall
  - 1:20 – 1:35  Admissions: What Happens Next/Elk Grove Housing
  - 1:35 – 2:05p  Campus Tour

2:10 - 2:25: Break for all candidates and interviewers

2:25p - 3:40p
- Candidates 19 - 36: Meet in COM Event Room to prepare for interviewers
- Candidates 1 - 18: Return to Classroom 2B for Workshops
  - 2:25 – 2:50  CNU Library & IT Academic Services, Scott Minor and Jason Stovall
  - 3:15 – 3:40  Campus Tour
Six, single Interviews

Interviews will be held in faculty offices

Each interview will last ten minutes

Each interview will consist of two topics at five minutes each: MMI & Discussion Topic

Candidates will have three minutes between each session

Candidates will sit with two interviewers: COM Faculty & COM Student
**Candidate Scoring Form**

**Fall 2017 Recruitment Season**

**Instructions to Interviewers**

1. Only use the MMI Scenario and dialogue questions as indicated on the back.
2. Maximum points candidates can score is 40 points: Up to 20 points for MMI and up to 20 points of Dialogue.
3. Evaluate your candidate’s performance based on the rubrics below.
4. Your comments for both interview components are required.
5. Once interviews are done, place your completed forms in envelopes provided, and leave in door file. The Admissions Team will pick them up.

<table>
<thead>
<tr>
<th>Category</th>
<th>Below Average: 0 Points</th>
<th>Average: 1-2 Points</th>
<th>Above Average: 3-4 Points</th>
<th>Outstanding: 5 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Skills</td>
<td>Poor eye contact, very short answers or one-word answers. Remarks are disorganized or inappropriate. Appears disinterested and/or impatient. Intervenes often.</td>
<td>Some eye contact and interaction with others. Contributes one or two discussion points. Minimal interruption of others.</td>
<td>Good eye contact and interaction with others. Makes interesting points while also respecting the views of others.</td>
<td>Great eye contact. Contributes many original discussion points. Acknowledges others and is able to expand on the contribution of others.</td>
</tr>
<tr>
<td>Professionalism and/or Teamwork</td>
<td>Antisocial talk (insolent and inconsiderate of others). Either completely dominates the discussion or completely withdraws. Inappropriate appearance, behavior.</td>
<td>Reasonable interaction with other participants, but someone dominates the discussion or is overly passive.</td>
<td>Moderate of others. Good balance of leading the discussion and still encouraging others.</td>
<td>Very consistent of others. Excellent balance of leadership and active encouragement of others.</td>
</tr>
<tr>
<td>Motivation for Medicine</td>
<td>Indifferent to the medical profession and/or medical education. Seems disinterested in the three in the three discussion questions.</td>
<td>Some evidence of interest in medicine and medical education. Some engagement with the three discussion questions.</td>
<td>Clear evidence of interest in medicine and medical education. Good engagement with the three discussion questions.</td>
<td>Strong interest in the medical profession and medical education. Very engaged with the three discussion questions.</td>
</tr>
<tr>
<td>Evidence-Based Knowledge</td>
<td>Does not support statements with facts, figures or evidence. Simply states personal opinion.</td>
<td>Occasionally supports statements with facts, figures or evidence. Remarks are dominated by personal opinion.</td>
<td>Supports statements with facts, figures or evidence. Draws appropriately on personal experience. Substitutes personal opinion.</td>
<td>Consistently supports statement with facts, figures or evidence. Draws appropriately on personal experience. Substitutes personal opinion.</td>
</tr>
</tbody>
</table>

**PART 1: Five Minutes**

PMI Scenario #1

Dr. Collard is an Emergency Department physician. A young adult patient comes in requesting painkillers for her back. Some of the staff recognize her and know she comes in frequently with the same request. Her prescription for this month is already dropped. Physical examination reveals no new trauma or injury that would justify further drugs. Dr. Collard indicates that he will neither increase her dosage nor order another refill for her prescription. The patient threatens to seek heroin for her pain if she is not given painkillers. If you were Dr. Collard, how would you handle this situation?

**PART 2: Five Minutes**

**Dialogue Topic #1: Academic and/or Research Background**

- Tell us about your academic work.
- Tell us any research projects you were involved with.
- Any publications?

**Scoring**

<table>
<thead>
<tr>
<th>Category</th>
<th>Part 1 (0-4 points per category)</th>
<th>Part 2 (0-4 points per category)</th>
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</thead>
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<tr>
<td>Communication Skills</td>
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<td></td>
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<tr>
<td>Professionalism and/or Teamwork</td>
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<td></td>
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<tr>
<td>Motivation for Medicine</td>
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<td></td>
</tr>
<tr>
<td>Evidence-Based Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL POINTS (0 – 20 points)</td>
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Please provide comments pertaining to the candidate’s interview performance.

**INSTRUCTIONS:** Please circle the one box that best describes your overall, one-on-one evaluation of the candidate.

- Unacceptable candidate
- Acceptable candidate
- Strong candidate

**Unacceptable candidate.**

- Appears extremely nervous and unable to convey thoughts in a logical manner. Participated in the discussion.

**Acceptable candidate.**

- Nervous during interview but able to convey thoughts in a logical manner. Participated in the discussion.

**Strong candidate.**

- Displayed confidence during the majority of the interview. Able to articulate thoughts effectively. Actively participating in discussion while also skillfully praising and encouraging others.
Discussion Topics

**MMI Scenario #1 with Discussion Topic: Academic and/or Research Background**
- Tell us about your academic work?
- Tell us any research projects you were involved in?
- Any publications?

**MMI Scenario #2 with Discussion Topic: Leadership/Volunteer Background**
- Tell us about any volunteer opportunities you have been a part of?
- Tell us about any experience you had where you assumed the leadership role?
- What if, if any, are your future plans for volunteer work within the medical field?

**MMI Scenario #3 with Discussion Topic: Employment Experiences**
- What type of environment do you believe you can excel in: working independently or in a team? Explain why?
- Did you have any supervisors/faculty/mentors that directed your career path to medicine?

**MMI Scenario #4 with Discussion Topic: Professionalism & Communication Skills**
- What role does Ethics play in professionalism?
- Is empathy in communication important when dealing with patients? Why?

**MMI Scenario #5 with Discussion Topic: Strengths & Weaknesses**
- Identify your biggest challenge either in your professional or academic career thus far, and how you dealt with it?
- Identify your strengths that will get you through the MD program successfully?

**MMI Scenario #6 with Discussion Topic: Why do you want to become a physician?**
Topics *Not* to Discuss With candidates nor Student Interviewers

- Race
- Ancestry
- Place of Origin
- Color
- Ethnic Origin
- Citizenship
- Creed or Religion
- Gender
- Age
- Marital Status
- Family Status
- Handicap
- Sexual Orientation
QUESTIONS NOT TO ASK DURING THE INTERVIEW

- Are you married?
- Tell me about your sexual orientation.
- Have you had an abortion?
- Won’t your observance of Saturday Sabbath and not using transportation on that day interfere with your ability to serve your patients?
- What will you do if you get pregnant during medical school?
- Are you planning to get married in your future?
- As an older person, how will you deal with added responsibilities?
- Do you plan to have children before you complete your medical education?
- Do you have any physical or mental disabilities?
- Do you really think you’ll be able to handle medical school with your (disabilities/circumstances)?
- How old are you?
- Tell me about your religious beliefs.
• Demographic data from last two admission cycles
• Summary of Admission process
• AMCAS Application Summary
• AMCAS Application Glossary of Terms
• COM Supplemental Application
• Secondary Screener Form with Instructions
• Interview Day Training PPT with Interview Dates
• Candidate Scoring Form
• Final Calculation Form
• Summary of acceptance, waitlist, rejection process
THANK YOU
## COM Demographic Data Class of 2020

**MCAT, GPA, State, Ethnicity, Race, Postgraduate degrees and University Data**

**8/16/2016**

<table>
<thead>
<tr>
<th>GPA</th>
<th>BCPM GPA Avg</th>
<th>AO GPA Avg</th>
<th>Total GPA Avg</th>
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<td></td>
<td></td>
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<td>3.4</td>
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<thead>
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<th><strong>MCAT AVERAGE SCORES</strong></th>
<th>New Score</th>
<th>Old Score</th>
<th>Overall</th>
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<tr>
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<th>Female</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th><strong>STATE</strong></th>
<th>In State</th>
<th>Out of State</th>
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<tr>
<td></td>
<td>77</td>
<td>13</td>
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<table>
<thead>
<tr>
<th><strong>APPLICANTS</strong></th>
<th>Total Applicants 2016</th>
<th>Interviewed Applicants</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2885</td>
<td>357</td>
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<table>
<thead>
<tr>
<th><strong>GRADUATE DEGREES</strong></th>
<th>Masters, JD, DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of students with graduate degrees</td>
<td>34%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>ETHNICITY</strong></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic, Latino, or of Spanish origin</td>
<td>7%</td>
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</table>

<table>
<thead>
<tr>
<th><strong>RACE</strong></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Decline to Respond</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>47%</td>
</tr>
<tr>
<td>White</td>
<td>39%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1%</td>
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<table>
<thead>
<tr>
<th><strong>Universities Attended</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston University</td>
<td>University of California Berkeley</td>
</tr>
<tr>
<td>Brandeis University</td>
<td>University of California Davis</td>
</tr>
<tr>
<td>Brigham Young University</td>
<td>University of California Irvine</td>
</tr>
<tr>
<td>California Polytechnic State University- San Luis Obispo</td>
<td>University of California Los Angeles</td>
</tr>
<tr>
<td>California State University Stanislaus</td>
<td>University of California San Diego</td>
</tr>
<tr>
<td>Clemson University</td>
<td>University of California Santa Cruz</td>
</tr>
<tr>
<td>Columbia University</td>
<td>University of the Pacific</td>
</tr>
<tr>
<td>Cornell University</td>
<td>University of South Florida</td>
</tr>
<tr>
<td>Florida Atlantic University Boca Raton</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>Harvard University</td>
<td>University of Utah</td>
</tr>
<tr>
<td>Northwestern University Evanston</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Pepperdine University</td>
<td>Vassar College</td>
</tr>
<tr>
<td>Saint Mary's College of California</td>
<td>Wellesley College</td>
</tr>
<tr>
<td>San Francisco State University</td>
<td>Yale University</td>
</tr>
<tr>
<td>Santa Clara University</td>
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<tr>
<td>Sonoma State University</td>
<td></td>
</tr>
<tr>
<td>Stanford University</td>
<td></td>
</tr>
</tbody>
</table>
Inaugural Class of 2019
Demographic Data

Enrollment Summary
- Total Student Enrollment: 60
- Female Students: 19
- Male Students: 41
- Geographic: 80% from California; 20% out-of-state

MCAT & GPA
- Average MCAT Score: 32.2
- Average GPA: 3.48

Highlighted List of Colleges and Universities Attended
- Boston University
- Brigham Young University
- California State University Sacramento
- Georgetown
- Humboldt
- McMaster University
- MIT
- Princeton
- Stanford University
- Tufts University
- University of British Columbia
- University of California: Berkeley, Davis, Irvine, Los Angeles
- University of Cincinnati
- University of Connecticut
- University of Michigan
- University of Southern California
- University of Pennsylvania
- Washington University in St. Louis

*List not reflective of all colleges and universities attended by inaugural class

Diversity
CNUCOM is committed to creating a diverse student body; the Class of 2019 includes 13% under-represented minority students.