



## Committee on Admissions Handbook





## WELCOME

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Thank you for your interest in learning more about the admissions process for Loyola University Chicago Stritch School of Medicine. The Committee on Admissions (COA) is the foundational group we use to select applicants for our entering classes to Stritch. As a member of the committee, the information you provide through your rubrics, written evaluations and participation in admissions and recruitment activities will serve to help build our classes of future physicians. The time and effort you dedicate to evaluating applicants is important work. Additionally, the time you spend interacting with candidates during interview days or campus tours will have a great impact on a candidate's decision to choose Stritch as their medical school home.

As you will find through reviewing this manual, our process goes beyond the weighing of metrics, which may appear to be the most straightforward approach to creating a class. In reality, there are many nuances within this process which includes the examination of non-cognitive factors inherent within each candidate. In this manual you will find information to help you prepare to meet and evaluate candidates. Thank you again for your interest in being a part of this important process. We could not do this important work without you.

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### To the Members of the Loyola University Chicago Stritch School of Medicine Committee on Admissions:

As the admissions cycle of a new academic year begins, we, the members of the Executive Committee on Admissions, send you greetings along with our hope that this may be a fruitful and rewarding year for each of you. It is a privilege for us to work with deeply committed faculty members as together we build the next class of the Loyola University Chicago Stritch School of Medicine (SSOM).

Despite the unprecedented challenges before us this year, we are optimistic about the ability of the Admissions Committee to identify and admit applicants who are deeply aligned with our Jesuit mission and who demonstrate the academic and emotional preparedness necessary to confront the rigors of medical education and the rapidly-evolving contemporary practice of medicine, while at the same time becoming their very best selves—generous and fully alive. The SSOM Class of 2025 will ultimately distinguish itself by expressing the Jesuit mission of *becoming physicians for and with others* as they manifest a reflective spirit and a cultivated sensitivity to serving those individuals whom our society has consigned to its margins.

Our abiding optimism in our mission flows from the knowledge that exceptional faculty members have chosen to place their many gifts in the service of the admissions process by joining one of our committees. For your commitment to the admissions process in particular and the medical profession in general we are deeply grateful. Given the weight of your many other responsibilities your choice to invest yourself in the work of the Admissions Committee shines forth as even more exemplary.

Our faculty volunteers play a central role in the selection and adjudication of candidates—along with medical students and staff who also serve on our committees. We are pleased to have more than 90 faculty (and more than 80 students, staff, and resident physicians) directly involved in reviewing, interviewing, and selecting the students for the next SSOM class. For the 2020 – 2021 admissions cycle we will work tirelessly to seat a class of 170 from a pool of more than 14,000 applicants. Admissions Committee members will examine and score approximately 8,000 applications and conduct more than 1,100 interviews. Our efforts will be oriented toward a consistently holistic applicant review governed by our *mission-centered* process. That process privileges the Jesuit values of diversity in multiple dimensions, *cura personalis* (the care for the whole person), scholarly engagement, and the promotion of justice in our world through the service of humankind. The candidates we ultimately select for admission will be those with a profile of strong mission alignment, emotional preparedness, and a record of academic achievement. This profile is expressed through notable attributes and experiences, including a disposition to and a record of service in the care of underserved communities, a reflective spirit, emotional intelligence, solid academic metrics, and experience in leadership, teaching, and research.

To those faculty members who have not yet worked as a member of the Admissions Committee, we now extend to you an invitation to invest yourself more fully in our admissions process by volunteering for a committee assignment. Your gifts are needed now more than ever. The historic pandemic raging around us underscores the vital role of professionalism and selfless service in medical practice. You can help us identify and recruit those applicants who can respond to such crises. Feel invited to reach out to us by contacting the Office of Admissions at [ssom-admissions@luc.edu](mailto:ssom-admissions@luc.edu), or by calling 6-3229. The manual you are about to read offers a more detailed account of our holistic, mission-centered admissions process.

With this word of welcome, we take this opportunity to express our utmost confidence in our admissions process under the skillful administrative leadership of Assistant Dean for Admissions and Recruitment, Darrell Nabers, M.Sc., who works in close collaboration with our Associate Director of Admissions, Whitney Kieca; our Senior Admissions Counselor, Tina Marino, M.Ed.; and our Admissions Support Assistant, Latrice Williams. This team continues to improve our admission process and develop faculty oversight and engagement by utilizing contemporary tools and scoring rubrics developed in partnership with SSOM faculty members and HSC University Ministry, while drawing on evidence-based guidelines from the Association of American Medical Colleges. This approach allows the Office of Admissions to evaluate in thoroughgoing manner outcomes from the previous cycle in an effort to ensure continuous improvement in the overall admissions process.

Throughout the admissions cycle the Executive Committee on Admissions works closely with the Office of Admissions (each member of the Office of Admissions staff is an *ex officio* member of the Executive Committee on Admissions). We are a diverse cohort of 9 voting members and 7 *ex officio* (non-voting) members who meet every other Monday during the admissions cycle. We serve in the capacity of a senior advisory board—establishing admissions policies and procedures to ensure a holistic, mission-centered admissions process; ratifying the decisions of the review, interview, and selection committees; and adjudicating individual admissions decisions. If we can be of service to you, please feel invited to approach any of us at any time.

As we embark on another admissions cycle be assured that we wish each of you every success in the new academic year and look forward to collaborating with you.

Sincerely,

***Executive Committee on Admissions***  
***Loyola University Chicago Stritch School of Medicine***

**List of EAC Voting and \**ex-officio* Members:**

Chair: David De Marco, SJ, MD

Bill Adams, PhD  
Eva Bading, MD\*  
Mary Boyle, MD  
Andrew Dingwall, PhD\*  
Greg Gruener, MD, MBA\*  
Whitney Kieca, MLD\*  
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# STRITCH MISSION BASED ADMISSIONS

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The Stritch Mission Statement guides our committees in the candidate selection process. It is important for committee members to understand and apply the Mission Statement during their candidate evaluations. It is helpful to think about how a candidate would help further the mission of Stritch, what sort of contribution they would make to the school and community, and how our mission would help further the candidate's professional goals in medicine.

## MISSION STATEMENT AND CORE PRINCIPLES

Loyola University Chicago Stritch School of Medicine is committed to scholarship and the education of medical professionals and biomedical scientists. Our school, including its faculty, trainees, and staff, is called to go beyond facts, experimentation, and treatment of disease to prepare people to lead extraordinary lives. We shape students to treat the human spirit in an environment that encourages innovation, embraces diversity, respects life, and values human dignity.

Stritch admissions core principles can be defined as:

- Mission driven
- Anchored in principles of diversity
- Executed by Stritch faculty, supported by the Stritch community

Stritch seeks to recruit and enroll students in full alignment with our Jesuit values: care for the whole person, education in the service of social justice, and commitment to service. We seek academically prepared candidates with significant and sustained experiences that demonstrate our values.

## WHAT IS HOLISTIC REVIEW?

At Stritch, we evaluate candidates throughout the admissions process using a method that the Association of American Medical Colleges (AAMC) refers to as “holistic review”. Holistic review is defined as “a flexible, individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes and academic metrics (E-A-M) and, when considered in combination, how the individual might contribute value as a medical student and a future physician.”

An integrated holistic admissions process incorporates four core principles at each stage of review, interview and selection. The core principles of Holistic Admissions are:

- Broad-based selection criteria, clearly linked to school-specific mission and goals which promote diversity as essential to achieving institutional excellence
- A balance of experiences, attributes and metrics used in assessing candidates with the intent of creating a richly diverse interview and selection pool, applied equitably across the entire candidate pool, and grounded in evidence supporting the use of selection criteria beyond grades and test scores
- Individual consideration to how each candidate may contribute to the learning environment and practice of medicine
- Using race and ethnicity only when aligned with mission-related educational interests and goals associated with student diversity AND when considered among a broader mix of factors, which may include personal attributes, experiential factors, demographics and other considerations

## WHY USE HOLISTIC REVIEW?

At Stritch, we conduct a thorough, holistic review of each candidate, reading the entire application in full to arrive at the best assessment of each applicant. Although holistic review is time consuming, it can provide great benefits for our medical school community.

Benefits include:

- Helping medical school increase student diversity as a means of achieving academic excellence, an enriched learning environment, and a strong and diverse physician workforce that meets the needs of a global society
- Emphasizing multiple factors in selecting candidates
- Preventing the use of any single admissions criterion as the deciding factor for interviewing and selecting of candidates
- Providing the basis for serious consideration of all the ways each candidate might contribute to a diverse educational environment in the context of institutional goals for the classroom, clinical practice and biomedical research
- Conducting legally sustainable race/ethnicity conscious admissions policies
- Facilitating collection and documentation of evidence supporting the use of various criteria beyond grades and test scores for making selection decisions for medical school admission
- Allowing medical schools to contribute to the understanding of holistic review admissions practices, operational strategies, evaluation approaches, and outcomes at all levels of higher education
- Giving medical schools the opportunity to directly influence the nature of health care in the nation and worldwide by identifying and selecting candidates who have the experiences, attributes and metrics to address the myriad challenges of healthcare in our society
- Helping to ensure quality health care for all

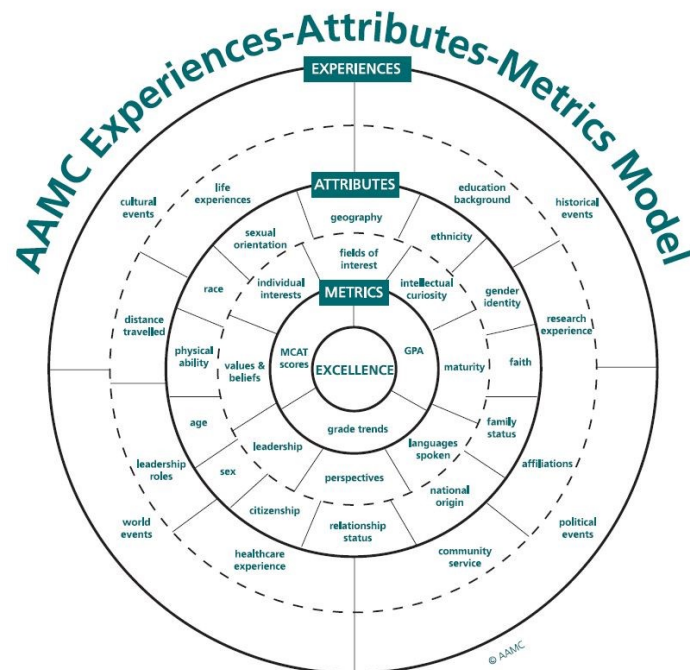
## AAMC EXPERIENCES-ATTRIBUTES-METRICS MODEL

The Experiences-Attributes-Metrics (EAM) model illustrated below, captures several dimensions, both visible and invisible, that might comprise an individual.

**Experiences:** This category encompasses the path the applicant has taken to get to where she or he is in life. Examples include life experiences such as employment history, service engagements, research experience, exposure in health care field, and distance traveled from their early life until the time of applying to medical school.

**Attributes:** This category includes the applicant's personal characteristics and demographic factors. Examples include an applicant's maturity, values and beliefs, sexual orientation, race, ethnicity, and intellectual curiosity.

**Metrics:** This category includes the numeric information about an applicant's academic performance, mostly notably GPA, MCAT scores and grade trends.



Adapted from Workforce America: Managing Employee Diversity as a Vital Resource, McGraw Hill Publishing, 1990.



Other areas considered in our holistic review process are:

<b>Healthcare Exposure</b> <ul style="list-style-type: none"> <li>• paid work</li> <li>• volunteer experiences</li> <li>• shadowing/observation</li> <li>• direct patient contact</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• campus activities</li> <li>• community activities</li> <li>• sustained commitment</li> <li>• experiences with underserved communities</li> </ul>	<b>Leadership</b> <ul style="list-style-type: none"> <li>• peer leadership</li> <li>• hierarchical teams</li> <li>• diversity of experiences</li> </ul>	<b>Personal Development</b> <ul style="list-style-type: none"> <li>• self-awareness</li> <li>• motivation for medicine</li> <li>• maturity</li> <li>• compassion</li> </ul>
<b>Research</b> <ul style="list-style-type: none"> <li>• basic science research</li> <li>• social science research</li> <li>• clinical research</li> <li>• community-based research</li> </ul>	<b>Grades</b> <ul style="list-style-type: none"> <li>• science GPA</li> <li>• overall GPA</li> <li>• grade trends</li> <li>• overall academic rigor</li> <li>• last 18 hours of BCPM credits</li> </ul>	<b>MCAT Scores</b> <ul style="list-style-type: none"> <li>• in combination with entire academic record</li> <li>• number of takes</li> <li>• overall history/journey</li> </ul>	<b>Interpersonal Excellence</b> <ul style="list-style-type: none"> <li>• talents</li> <li>• employment</li> <li>• previous career accomplishments</li> <li>• collegiate athletics</li> </ul>

# APPLICATION PROCESS OVERVIEW

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## BASIC REQUIREMENTS

Stritch School of Medicine requires the following from applicants intending to matriculate to medical school:

- Bachelor's degree (minimum). Advanced degrees (master's or doctoral) are also considered. If a degree was obtained outside of the US or Canada, applicants must take at least one year of coursework in the US or Canada prior to applying.
- 30 total biology, chemistry, physics, and math (BCPM) semester credits achieved in undergraduate, post-baccalaureate, or graduate course work.
  - At least 8 credits must be in a biology-based discipline (ex. physiology, cell biology, molecular biology, genetics, or biochemistry). No AP credits will be accepted for this requirement.
  - At least 8 credits must be in a chemistry-based discipline (ex. general, inorganic, or physical chemistry). No AP credits will be accepted for this requirement.
  - At least 3 credits must be in organic chemistry. No AP credits will be accepted for this requirement.
  - At least 1 lab course in a biology-related discipline.
  - At least 1 lab course in a chemistry-related discipline.
  - Remaining credits may be any combination of courses in biology, chemistry, physics, or math. No more than 6 AP credits will be accepted toward the remaining total credit requirement.
  - Online university credits do not fulfill prerequisite requirements. Flexibility will be considered when in-person courses are converted to asynchronous learning due to public health mandates.
- Medical College Admission Test (MCAT). The oldest MCAT score considered in an application is 3 years prior to the anticipated matriculation of a candidate into Stritch School of Medicine.
- Letters of Recommendation. We prefer letters from individuals who can honestly and accurately attest to an applicant's performance, character, personal qualities, and aptitudes through direct interaction and observation of the applicant.
  - Letters of recommendation are accepted through the AMCAS letter service.
  - Applicants should submit at least 3 letters, but no more than 6.
  - All original faculty letters must contain signatures. Letters are preferably on official letterhead.
  - We strongly recommend at least one letter from someone who has taught the applicant in a science class.
- Applicants must be U.S. citizens, hold a permanent resident visa, or be eligible for the Deferred Action for Childhood Arrivals (DACA) status at the time of application.

## AMCAS APPLICATION

Applicants apply to all allopathic medical schools using the online American Medical College Application Service, or AMCAS. This is the primary application for most medical schools in the United States. The AMCAS application includes comprehensive details regarding a student's experiences that they have completed in preparation for medical school, as well as transcripts from college and graduate work completed. Candidates are also required to provide letters of recommendation and a personal essay with their application.

The beginning of the AMCAS application includes personal information about the candidate, such as a student's current address, place of birth, citizenship, degrees received, family history, and languages spoken. This part of the application also includes a transcript of an applicant's coursework, grades, MCAT scores.

The experiences section of the application provides applicants the opportunity to enter any work, service, clinical exposure, research, leadership, extracurricular activities, awards, honors, or publications that they would like to bring to the attention of medical school committees. Applicants may enter a maximum of 15 experiences. Generally, all experiences should be meaningful, recent, and demonstrate an applicant's motivation for medicine.



Students are encouraged to highlight up to three experiences within the application that they would consider most meaningful in their preparation for medical school. Candidates are discouraged from entering similar experiences more than once or any experience that occurred before their undergraduate career.

The AMCAS personal statement is about 5,300 characters in length and explores an applicant's motivation for a medical career. This essay should typically address the following questions:

- Why have you chosen to enter the field of medicine?
- What motivates you to learn more about medicine?
- What skills, attributes and talents do you want medical schools to know about you?

Candidates are asked to disclose any institutional action as well as any felonies or misdemeanors with which they have been charged.

## SUPPLEMENTAL APPLICATION

In recent years, we have received about 15,000 primary applications! That is among the most primary applications received by any medical school in the country. Each applicant who submits a primary AMCAS application to us is sent an invitation to complete our supplemental application. The Stritch supplemental requires responses to 5 mandatory and 7 additional essay prompts. The fee to complete the supplemental application is \$105. Questions on the supplemental application are intended to provide our committee more evidence to discern the candidate's mission fit, resilience, and experience working within a diverse environment. Other supplemental prompts help the reader understand any gaps in a candidate's academic program or any missteps that may have occurred along their academic journey.

## EXTERNAL RECOMMENDATIONS AND ADVOCACY POLICY

Stritch School of Medicine values input about candidates seeking admission from community members, faculty, staff, current students, advisers and alumni. Any person from these entities may submit an external recommendation for an applicant via online form.

External recommendations submitted online become part of an applicant's file and may be visible to Selection and Executive Committee members.

## SCREENING

From the pool of primary applications, about 30% of applicants do not submit a supplemental application. Once incomplete applications are removed from consideration, candidates are grouped into one of four categories for review consideration. This process is referred to as screening. This is the only screening that exists in our process (other than adjudication of institutional actions and misdemeanors/felonies which is conducted by the admissions office staff). The categories are determined by computer evaluation of candidates based on the following criteria:

- Undergraduate grade point average
- MCAT score
- Last 18 credits of science (BCPM) coursework

Reviewers will see pre-populated rubrics for the first time in Cycle 2021. Pre-filled rubrics assign scores to rubric domains based on historical candidate data and committee validation techniques. All domain scores (with the exception of the the listed above) can be edited and modified by reviewers if justified.

The screening outcomes provide the mechanism for dispatching files to active reviewers. Based on a quantified percentage assessed within the system, the pool is divided into four sub-groups for review. They are as follows:

- Lower 25% – lowest priority files are moved to cursory review.
- 26%-50% – low priority files are directed to admissions staff for review. If the file scores well after the first review, it can be dispatched for a second review.
- 51%-75% – medium priority files are auto assigned a first review and can be given a second review pending a successful first review.
- 76%-100% – high priority files are auto assigned two reviews.

## ACCEPTANCE AND WAITLIST

Once final feedback is recorded about candidates from all parallel committees, files are organized for review with the Executive Admissions Committee (EAC). This review is not to second guess the work of the parallel committees, but rather to meter the rate at which final acceptances are given. The EAC meets twice monthly to consider files that meet a necessary threshold of scores and ratify them as either 'accepted' or as 'continued consideration.' Accepted applicants are contacted and offered a seat in the class. Continued consideration files have not been rejected but could possibly be considered again at subsequent EAC meetings.

Per AMCAS Traffic Rules, candidates may not be offered any acceptance offers by allopathic medical schools until after October 15<sup>th</sup> each year. When we reach that date, our admissions office staff and EAC chair share the responsibility of calling each accepted candidate to congratulate them and offer information about next steps in the admissions process. Candidates may hold their seats to Stritch without a deposit. They must, however, declare their intention to hold the seat within two weeks after their acceptance phone call.

Around the middle of May, after all initial acceptances have been made and all committee consideration is complete, the 'continued consideration' files are moved to a waitlist. Accepted candidates are given until April 30<sup>th</sup> to select one medical school to attend for the fall semester. Stritch extends this decision date to June 1st for all candidates accepted through May 15th. The EAC will also begin looking at waitlist files to fill any openings that may occur after accepted candidates withdraw from our pool to pursue options at other medical schools.

# COMMITTEE STRUCTURE



## EXECUTIVE ADMISSIONS COMMITTEE

The Committee on Admissions is comprised of an executive committee and four parallel sub-committees. The Executive Admissions Committee (EAC) is the senior advisory board that spearheads admissions process, appoints committee members, establishes and enforces policy, and ratifies decisions recommended by other committees. EAC members must have at least three years of experience in Stritch School of Medicine admissions. Committee members are asked to commit roughly five hours per week September through February and three hours per week March through August. The typical constitution of the EAC includes nine voting faculty members and up to five additional faculty members, one student, and all admissions staff who serve as non-voting ex-officio members.

## STRITCH COA SUB-COMMITTEES

<b>Recruitment and Outreach Committee</b>	Members support in-person and online recruitment initiatives, including providing tours to visiting candidates, hosting tables at recruitment fairs, participating in web chats/discussions, and providing prospective students with information about Stritch. Commitment is based on need.	A minimum of 20 members.
<b>Review Committee</b>	Members review applications using an online portal and assess candidates based on a clearly identified rubric with a holistic, missions-driven review process. Each committee member is required to commit 1-3 hours per week minimum from July to February. No meetings are required beyond initial training and reviews can be completed anywhere a reviewer can remotely access the online admissions portal.	Approximately 70 members reviewing about 7 applications per week for 20 weeks.
<b>Interview Committee</b>	Members are responsible for interviewing and vetting academically viable candidates for professional potential, mission fit, and overall excellence. Members provide a written assessment of applicants through the online admissions portal. Interview committee members are requested to share their on-campus availability during designated interview times on Tuesdays and Thursdays during interview season so that candidates can be matched with an available interviewer.	Approximately 45 members conducting about 25 interviews each from mid-August to mid-February.
<b>Selection Committee</b>	Members assess candidates after review and interview to provide a final and holistic score. This quality control group considers assessment scores and written comments regarding each candidate. Each committee member is required to commit 1-3 hours per week minimum from September to March. No meetings are required beyond initial training and evaluations can be completed anywhere a selector can remotely access the online admissions portal. Students will work in tracks defined by either the first half of the admissions season or the second half.	Approximately 20 members reviewing about 70 files per person during the cycle.

## RECRUITMENT AND OUTREACH COMMITTEE

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The Recruitment and Outreach Committee (ROC) serves as ambassadors for SSOM during school visit days and outreach programs such as PULSE, ASPIRE, and HPREP. Activities are carried out year-round, locally, regionally and nationally. This committee focuses on formative feedback to applicants in preparation and application phases. Members of the ROC also eat lunch with interviewing candidates, provide tours for interviewees or visiting candidates, and may follow up with accepted candidates later in the process. ROC members may also serve as overnight hosts for interviewing candidates.

### TOUR GUIDE PROGRAM

The Loyola SSOM Tour Guide program is extremely popular with our students. As part of the recruitment and outreach committee, our tour guides take candidates through the medical school and hospital while promoting the mission and values of Loyola University Chicago Stritch School of Medicine. This program provides an opportunity for visiting and interviewing candidates to connect with a current student about life at Stritch. First time tour guides are given a Tour Highlights Information packet to help guide them through the school and hospital. We will be seeking out tour guides for a variety of reasons ranging from interviews to campus visits. If your availability allows, you may sign up to give tours through the admissions office.

### STUDENT HOST PROGRAM

The Student Host Program is another aspect of the Recruitment and Outreach Committee where applicants invited to interview are given the opportunity to stay overnight with current medical students the night before their interviews. The candidates are usually from out of state or Illinois residents who do not have housing in the Chicago area. The Host Program allows applicants to discuss information and gain personal insights from their hosts regarding their experiences with medical education here at Loyola-Stritch.

Students are asked to sign up for hosting within the first few weeks of the fall semester and will be utilized from August through March. If a student agrees to host an applicant on a particular evening, the student will receive a meal ticket for hosting. Any assistance you can provide to the applicants is greatly appreciated, but hosts are not required to provide transportation or meals to guests.

# REVIEW COMMITTEE

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The Review Committee (RC) identifies applicants who show strong alignment with the SSOM mission in their application. Reviewers use a standardized rubric to evaluate a candidate's readiness for medical school, which determines who we select to bring in for interviews. All applications must receive at least one review from a faculty member. If the first review of an application meets a certain threshold in composite review scores, a second review is assigned. Second reviewers can be faculty, staff, or students. The review process reduces the size of our pool by about 90%, resulting in about 680 interview offers made from all completed applications.

## RC MEMBER RESPONSIBILITIES:

- Review applications from July through February
- Conduct holistic, mission-driven reviews based on clearly identified rubric categories
- Submit completed rubrics using a secure, online portal

## GETTING STARTED AS A NEW REVIEWER

Each application rubric is centered on a score of 3 on a scale of 1 to 5. A score of 3 represents the average, well-prepared applicant. We consider these candidates to be prepared for medical school but not having any specific alignment with Stritch. If we put all the average applications in a bucket and drew out any one at random, there would be no stronger appeal towards one candidate versus any other.

If you are a new reviewer, please review and save at least 5 files before finalizing your scores. Remember that every file that moves forward in our admissions process will receive at least two full reads.

Any institutional action, criminal history, or military action should be ignored, as it has already been screened by the Admissions staff if you are receiving it to review.

All reviewers have the option to do a cursory review for files they deem average overall. We allow this because we have so many files and we need to be able to efficiently use our resources to get eyes on all applications. A cursory read is one where you allow for pre-filled scores to remain unedited on every rubric item. Comments in final review score should also help reader understand that candidate is being passed on without changes to the rubric scores. Note that all Jesuit Value domains default to a '3'. A final score is required to finalize the review.

Remember that you have your “ask admissions” button for questions and your “remove from queue” button for any conflicts with files that you may encounter.

## GENERAL CONSIDERATIONS TO KEEP IN MIND

- Applying to medical school does not guarantee anyone admission and you don't owe anyone anything, ever. Not because they're “interesting,” not because they have high grades, not because they're a nice person.
- Reviewing is a filtration step and most applications that you read will NOT proceed to an interview, let alone an offer of acceptance. Of the approximately 10,000 completed applications for the 2020 admissions cycle, less than 600 were interviewed, about 400 were accepted, and 170 matriculated.
- Be prepared to ask yourself if you would like to have this person in your small group, in your class, or as your mentee. Also ask yourself if you would feel comfortable being treated or have a family member treated by this applicant if they became a physician.
- Rubric domains are populated using a statistical averaging model; if you feel the score is not a fair representation of your opinion of the candidate, you can modify the score and provide justification for the change in the comment box provided.

## BEST PRACTICES FOR REVIEW

Here are some 'best practices' for those of you who are new to the process of reviewing applications:

- 1.) Start with their AMCAS application, scroll past any demographic information, grades and MCAT information, and read their activities list first.
- 2.) Read their AMCAS essay.
- 3.) Move to their supplemental application and read their secondary essays. Try to avoid looking at their photo. By this time, you should have a decent idea of their character.
- 4.) Go back to the primary application and review their demographics, grades and MCAT information.
- 5.) Once you have done steps 1-4, then you can start the review process by opening the "Applicant Review" page.
- 6.) The easiest domains to start with are community service through campus service, peer and non-peer leadership and clinical experience. These are fairly easy to quantify from the primary application and you can include summary notes of their relevant experiences with each entry. For example, in the clinical experience section, you might write: "Volunteered at hospital, attended overseas service trip and shadowed 2 physicians for 200 hours." Statistical averaging model is being applied for these domains.
- 7.) Then review their grades for trends and leave any relevant comments regarding any concerns.
- 8.) Continue on to research, letters of recommendation and interpersonal excellence.
- 9.) Lastly, you can return to the "Jesuit Values" section at the top of the rubric and briefly re-review their AMCAS experiences, their AMCAS essays and their supplemental essays before scoring these sections.
- 10.) Give a final score in the reviewer summary. List any personal contingencies, exceptional strengths or diversities, and outstanding questions or concerns. Give a final score and write in a short summary before submitting the application.
- 11.) You can save your rubric scores and wait a day (at least overnight) before submitting your final, if you need time to process an application.
- 12.) If the candidate is a re-applicant, make sure to take note of the supplemental question that asks what is different about their application this year than from previous cycles.

## ADVICE FOR RUBRIC DOMAINS

### Community Service

- Community service experience is considered one of the big 3 domains when evaluating applicants, alongside clinical experience and academics, since service is such a foundational trait in our mission.
- Applicants will have a chance to address commitments related to serving the underserved in supplemental.
- Considering that most medical students go on to work with patients and that medicine is a service profession, most of the community service should be directly with other people – volunteering at a soup kitchen or as a tutor is distinctly different when compared to volunteering to do clerical work for a non-profit or raising money for a cause.
- Activities that are more "exotic" are not always better. A 1-week service trip to a foreign country is not better than a year volunteering at a local homeless shelter.
- Non-direct contact volunteer service or short-term community service experiences are fine, but should not be considered as significant as a long-term, sustained commitment in this category.
- Watch out for community service that is short-term or less than 100 hours.
- On the other hand, if the applicant has participated in many hours/years of community service but he or she has almost nothing substantive to say about it, this may also be cause for concern.
- We should also value community service outside of one's comfort zone. Medical school involves working with individuals from different cultural backgrounds and demographics and will probably take someone out of their comfort zone – anyone too sheltered is probably a liability.
- Service is an essential element for all successful applicants to SSOM. Committees should weigh this very heavily, along with the critical reflections and deep learning/growth demonstrated by an applicant. There may be valid contingencies as to why someone may not have a broad array of community service such as caring for a sick family member, heavy financial burden, etc. In these instances, the rubric items should still be scored accurately. Your overall final score can reflect taking an applicant's personal considerations into account and your comments that justify your final score will help decision-makers interpret your findings.



## Civic/Academic Service on Campus

- This type of service often differentiates candidates who are in undergraduate environments versus those who are not. Our goal is to give credit where applicants have earned it, and exceptional campus participation can have significant impact.
- While campus participation is a net positive, it should not happen at the expense of substantive community service or clinical experience and we should not rate candidates highly over others if their extracurricular activities are concentrated only on campus, especially if there is significant time away from their academic environments at the time of application.
- Regarding leadership, watch out for applicants who feel they need to be the leader in all or almost all of their campus groups. Those with high-strung personalities may be at risk for burnout. Leadership prompt in supplemental as well as recommendation letters will help you out here.
- Please consider the time commitment and personal circumstances for campus activities. For example, applicants who must work during college or have long commutes (usually due to financial hardship) will have less time for participation in extracurricular activities.

## Clinical Experience

- Most consider clinical experience as one of the big 3 domains alongside community service and academics.
- Applicants should have volunteer/work experience and shadowing, unless shadowing explicitly takes place through volunteering/working (for example, scribing).
- We should typically see a minimum of 30-40 hours of shadowing. There are exceptions to this depending on an applicant's access to practicing physicians, otherwise trust rubric score values in this area.
- Shadowing alone is not sufficient, as it is usually a passive experience, and applicants should also have the experience of working or volunteering in a healthcare setting and collaborating with other healthcare workers.
- Clinically related volunteering should involve working directly with patients. It is a reasonable consideration not to count activities such as fundraising for medically related causes or administrative volunteering/work for medical organizations as clinical experiences.

## Academics

- Many consider academics as one of the big 3 domains alongside clinical experience and community service.
- There are almost always a few students whose grades and MCATs are toward the lower ends of the school's ranges. However, poor grades or MCATs still make an applicant less competitive. This will be reflected in their rubric scores and you should weigh how much it should affect their final score. Your thoughts in this area are important to decision-makers.
- Grades and MCAT scores do not necessarily make someone well prepared. The extent to which an applicant demonstrated grit/resilience (through upward grade/score trends or post-baccalaureate/graduate work) matters to the committee.
- Subpar grades and MCATs are not strict exclusion criteria. At the same time, low grades or MCAT scores are not something to overlook or count as equivalent to average or high grades. Again, this should be reflected in your final score.
- It is important to note that the admissions staff screens all files that are below 3.0 cumulative undergrad BCPM GPA and below a 495 MCAT before pushing them forward to review committee. If a candidate has at least 18 BCPM post-bacc or graduate hours, that GPA overrides the undergraduate one for routing files. **If you have a file in your queue with a lower GPA or MCAT, we have already reviewed the file and consider it to be academically viable.**
- We look favorably on challenging course work and try to balance MCAT with GPA for overall consideration.

## Research

- The applicant should have conducted independent research to earn a score of 5. Many also give 5's for multiple national/international poster presentations or being a first, second, or third author on a publication.
- Adhere to the rubric for guidelines on scoring. If they haven't done research, it's a 1.
- Remember there are no "bad" scores. The final score is what matters most.

## Grades

- A's and B's are fine. A 3.6 will do just as well as a 4.0. You should avoid giving special consideration to individuals based on academic achievement alone; an honors program or thesis will not make up for poor extracurricular activities or challenging interpersonal qualities.
- It is reasonable to forgive a few Cs in the first few semesters and understand that adjusting to college and hitting those organic chemistry/biology courses in sophomore year can be challenging. That being said, Ds, Fs or withdrawals are not desirable grades for a candidate and the persistence of Cs or lower beyond sophomore year is a concern. Low grades concentrated in science courses can also indicate academic risk.
- Structured post-bacc programs with strong recommendation letters can make up for poor grades during an applicant's undergraduate career.

## MCAT

- It is likely that someone who scores above the 50<sup>th</sup> percentile (an overall MCAT score of 500 or higher) will probably have the same likelihood of success as someone with scores in the 90<sup>th</sup> percentile (an overall MCAT score of 514 or higher). It is imperative to check each sub-section score and consider that any section scored above the 50<sup>th</sup> percentile is a sign the candidate is within a reasonable academic range.
- While the MCAT may be just one standardized test, medical school has even more standardized tests, including USMLE Step Exam, which essentially determine a student's post-medical school future. That means the MCAT does have significance regarding the candidate's pattern of preparation and performance on standardized tests.
- Committees should apply greater scrutiny to grade trends for applicants with MCATs below the 40<sup>th</sup> percentile (an overall MCAT score of 497 or below). Trends can provide evidence of academic success.
- Again, great extracurricular activities do not cancel out a poor MCAT. Academic inconsistencies are a serious detriment to succeeding in medical school.
- A discrepancy between MCAT and GPA may be worth looking into more heavily.
- The MCAT is standardized and our only purely objective measure across the entire pool in that all applicants have taken the exam within the last 3 years. It is visible to every committee member except for one interviewer who receives a partial file on an applicant. It is important to weigh academic achievement, grade trends, and MCAT scores in context with the rest of the application.
- Score gaps can occur between different groups of applicants. For example, the average MCAT scores for underrepresented minorities or candidates from a lower socioeconomic background range from 493 to 502 (25<sup>th</sup> to 55<sup>th</sup> percentile), a 7 to 9 point score difference from the national average. Additionally, there can also be up to a 2.5 point score gap between men and women. When you're on the fence solely because of MCAT, give the higher score on the rubric and record your reservations in the comments. This gives the file a chance to continue through our process but cautions subsequent committees as the application moves forward.
- Old (two digit) MCAT scores are no longer valid but may appear in the candidate's file if taken over four years ago. The system populates the rubric with the highest of the new MCAT scores. If you would like more data on the new MCAT, visit <https://www.aamc.org/download/462316/data/mcatguide.pdf>

## Interpersonal Excellence

- This is the icing on the cake, but not an area that would ever sway a reviewer on its own. Strong achievements here cannot replace poor grades or MCATs or lack of substantive community service and clinical experience.
- Please keep in mind that some of the more dazzling activities, such as participation in Division I sports or accomplishments in music, dance, and the arts, are not accessible to all families. If an applicant needed public assistance growing up or needed to work to help support their family, then they likely did not have the time or resources for extracurricular activities.
- This category is for anything you feel adds to an applicant's candidacy but doesn't fit neatly anywhere else on the rubric, such as entrepreneurship, impressive hobbies, previous career achievements, political activities, etc. For basic hobbies, a 3 makes sense.

## Letters of Recommendation

- Think critically regarding letters of recommendation. Ask yourself why the letter writer recommending the applicant. Is it because the candidate is interesting, has a charming personality, or has exceptional talent as an athlete or artist? How relevant is that to being a physician?
- Letters that focus on research talents or that the applicant wrote the best essay of the year also say very little about their interpersonal qualities. We need to hear about behavior, character, ability and potential.
- Often committee members discount letters from acquaintances and family friends, as these letters provide potentially biased information about the applicant's performance.
- Keep in mind that a professor at an undergraduate institution or a non-clinical volunteer supervisor has limited knowledge of the demands and skill set required for a physician. Because someone is a talented writer or artist, or has achieved popularity, does not mean that person has the skill set to become a physician.

## FINDING MISSION FIT IN PERSONAL STATEMENTS, EXPERIENCE DESCRIPTIONS AND SUPPLEMENTAL RESPONSES

This is the make-or-break category that separates the good, great and phenomenal. Essays are critical at trying to assess maturity, work ethic, resilience, and favorable personality traits. You should get a clear sense of why the candidate wants to become a physician. Beware of writing that is eloquent but obviously generic with phrases like 'helping people,' 'furthering discovery,' and 'changing lives.' If the essay could easily be applied to another candidate, it's probably a 3. The amount of reflection and specificity in their essays indicate whether a candidate is specifically interested in Stritch. An otherwise strong application with a generic or somewhat 'phoned in' essay is a red flag that we are a back-up school for the candidate. We wish to focus on candidates who are genuinely interested in us because of who they are and who we are.

## Self-awareness

- It is a good idea to reject arrogance, boasting about one's accomplishments, or outright bigoted, ignorant and false statements.
- Idealization of the medical profession suggests that an applicant has insufficient clinical experience and will probably, eventually be disappointed.
- Be wary of resiliency essays that discuss how an applicant overcame a challenge with his or her exceptional talents. Instead, favor ones that discuss facing personal setbacks and what the applicant learned from this experience.
- Any lack of emotional depth has serious implications. A physician who cannot admit that he or she is imperfect is an actual hazard to patients.
- Be wary of applicants who are talented writers but do not say anything substantive. Also, let the applicant show, rather than tell. Some applicants who say they are "humble" proceed to brag for paragraphs. These inconsistencies are telling.
- The candidate should provide a clear and convincing reason why they want to be a physician.
- The readers should expect thoughtfulness and maybe even some questioning of one's own trajectory from the candidate. There should also be evidence of emotional awareness, whether of oneself or others, since physicians will frequently encounter emotionally distressing situations and need to be able to sympathize with others, and cope with their own feelings.
- On the other hand, excessively over-emotional applicants are concerning, as they do not seem to have adequate coping skills and could be a serious liability in a stressful setting.
- The applicant also shouldn't make you feel guilty because their situation was so much worse than yours. This could indicate problems with empathy down the road.
- We should see evidence of the applicant's ability to confront and productively discuss difficult situations.

## Care and compassion

- Kindness counts for a lot, and is a characteristic worth favoring over individuals who consider medicine because it is a challenge or because they find it intellectually fascinating.

- We tend to avoid applicants who portray themselves as a rescuer (there is mention of this in one of the rubric categories), as it is immature and simplistic.
- If the applicant only discusses himself or herself, this isn't very encouraging. Beware of the overuse of I.
- The applicant shouldn't say anything unkind or disparaging about other individuals.
- Look for specific ways the applicant has demonstrated the qualities of compassion and care for others.

### Service to the Underserved

- Look for applicants who can reach out beyond their comfort zones.
- Cultural awareness is important. The person does not have to be from a diverse background to have this, but needs to show sensitivity, respect and social consciousness. Acknowledgment, or better yet, advanced discussion of social disparities, whether from one's own experience or learning from a work or volunteer activities, is an asset.
- The applicant should have something substantive to say about their experiences volunteering or working with the underserved. Generalized statements such as, "Poor people have barriers to care," or "I interacted with minorities and uninsured people in this setting," are bland and lacking insight.
- Show caution to applicants who say that they would provide diversity to the school because of their demographics but give no further discussion of why. Reading comments such as, "I am X ethnicity and am enthusiastic about X culture," or "I grew up in Y neighborhood," with no substantive insights based on experiences, application to real-life settings, or participation in cultural organizations or activities, is a red-flag.

### CHALLENGES FOR REVIEWERS:

- Pace of review season
  - Review season is a marathon, not a sprint. Setting aside a little time every day or a block of time during the week will help keep your queue of applications moving.
- Consistency in using the rubric
  - Be consistent with yourself. It is recommended that you read at least 5 applications before you start to score. Remember you are now asked to justify all score edits with review rubric.
- Mitigating personal and unconscious bias
  - Unconscious bias, also called "implicit bias" or "hidden bias," is unsupported judgments in favor of or against a person or group compared to another that is outside of our conscious levels of awareness. Some researchers believe unconscious bias is part of our human tendency to want to organize our social world. Studies indicate that unconscious bias impacts decisions about hiring, school selection processes, promotions, etc. One such study is referred to here: <https://www.aamc.org/news-insights/insights/rooting-out-implicit-bias-admissions>

# INTERVIEW COMMITTEE

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The goal of our interviewing process is to provide each selected applicant with two structured interviews in order to determine the best possible fit for Loyola Stritch. All candidates that move from the review phase to interview have been vetted by two (or three) committee members in the review process and are therefore considered academically qualified. The interview assesses interpersonal skills and physician potential. This document will review the main objectives of the interview process as well as address things you should and should not do during the interview. We will also address some of the legal parameters of the interview and distinguish between what a useful and non-useful interview report may look like. Finally, we provide some question stems and sample questions.

One of the primary objectives of the interview day is to provide a positive experience for each candidate. We are recruiting! This is our only face-to-face interaction before an offer is made. Given that we reviewed over 10,000 completed prospective student applications in the previous admissions cycle, and only interviewed about 600 (app.6%) of these applicants, we are certainly bringing the best candidates in our pool to the interview day. The interview day can help create a positive impression that reveals to our applicants the appealing components of our program and institution. For most, this may be their first impression of Loyola, so presenting a welcoming and friendly environment is very important.

From an institutional perspective, the interview day provides us with the opportunity to get to know applicants in order to determine their fit for Stritch. Among the goals for each interviewer are to determine:

- a) whether the applicant has the potential to become a compassionate physician
- b) whether she or he will take advantage of academic and social opportunities within the medical school
- c) whether she or he will make contributions in service, leadership or in other aspects of life within our community
- d) to determine what sort of future colleague or classmate the applicant may become.

## SOME GUIDELINES FOR THE INTERVIEW

Here are some dos and don'ts every interviewer should apply during their interview time with applicants:

### Don't

- Belittle the applicant, their experiences, or their goals
- Complain about Chicago weather
- Put unnecessary pressure on the applicant or create a stressful interview setting
- Disparage other schools
- Ask 'off the wall' questions that are unrelated to their application
- Focus exclusively on the academic record
- Discuss previous interviews (or applicants)

### Do

- Reaffirm the applicant's goals and honestly convey how the applicant can successfully fulfill them at Stritch
- Remind the applicant that Chicago does in fact have four seasons and is a fabulous city
- Ask the applicant to clarify, explain, or elaborate when necessary in order to arrive at the best assessment
- Focus the interview on the applicant's experiences and explore them more deeply

## OFF-LIMIT AREAS OF DISCUSSION DURING INTERVIEWS

While the interview provides an opportunity to get to know the applicant, not every area is open for discussion. Because of legal restrictions on admissions, it is important to keep in mind that some questions may not be asked and some areas are off limits during the interview. Not only do we want to avoid any illegal questions, we also want to avoid offending an applicant or creating an uncomfortable interview environment that gives Loyola Stritch a poor reputation among advisors or applicants.

While it may be important to address some issues of sensitivity during the interview, it is always good practice to stay away from questions related the following areas:

- 1) Ethnicity
- 2) Religion
- 3) Sexual orientation or practices
- 4) Abortion
- 5) Marital status, family planning, birth control
- 6) Age
- 7) Physical, emotional and/or learning disability

Even if the applicant brings up one of these topics themselves, it is not worth engaging or following-up on the discussion but should be noted in the interview report.

If needed, though, there are subtle ways to turn the challenging inappropriate question into a legal one.

Inappropriate: Why are you 35 and single?

Appropriate: Who will you turn to as your support network during medical school?

Inappropriate: Your MCAT results are starred. Do you have a learning disability?

Appropriate: What strategies have you developed to manage a rigorous curriculum?

Inappropriate: I see you are newly married. When do you plan to have children?

Appropriate: What advice would you give to a patient who was having difficulty balancing the demands of a career and family life?

Inappropriate: You listed Hispanic on your application. Why don't you speak Spanish?

Appropriate: What attitudes, skills, and behaviors are critical to cross-cultural connection with patients?

Inappropriate: You have a misdemeanor on your application. Can you explain that please?

Appropriate: What have you learned from the mistakes you have made in life?

Any applicant with a criminal history or institutional action has already been cleared by our admissions staff. Subsequent committees are advised not to consider these issues in their assessments.

Additionally, the issue of racial appearance should never be addressed during an interview or at any point with an applicant. For the admissions process, race is self-identified. An applicant may come from a bi-racial background, may have grown up in a multi-racial or multi-ethnic environment, or may simply appear different from perceived racial stereotypes. Whatever the situation, it is not the place of any interviewer to question the self-identified race of the applicant or to bring it up for discussion in any way.

Likewise, comments about gender presentation are also inappropriate. Students identifying as female may dress and/or present themselves in a more masculine manner. Students identifying as male may wear more feminine colors or wear feminine accessories. The interviewer should not question the applicant's gender or gender presentation.

## INTERVIEW TYPES

Interviews will either include the candidate's full application materials or a portion of the applicant's file. If you are given complete access to the candidate's application prior to interview, your interview is considered a 'Full File' interview. When you receive a truncated candidate file you are conducting the 'Partial File' interview. The distinction of the interviews is important. We try to provide the opportunity for more conversational interactions among our interviewers and candidates with the Partial File interview (which does not contain GPA data, MCAT scores, transcripts, or letters of recommendation). The Full File interview is inclusive of many different components of review and will reveal more specific details about the candidate that will provide the interviewer with a much more complete picture of the applicant prior to interview.



## INTERVIEW EVALUATIONS

The interview reports are one of the most essential pieces of information within an applicant's file. The purpose of the report is to help the other committee members better understand the applicant's readiness for medical school, their ability to work with patients, and their 'overall fit' for the culture and resources provided at Stritch School of Medicine. The report completes the applicant's file by providing a much better understanding of the applicant than a letter of recommendation or a personal essay alone could provide. For this reason, completing the interview report in a timely manner and providing helpful feedback about the candidate is essential.

## COMPLETING THE INTERVIEW REPORT

After completing the interview, it is vital to fill out the interview report as soon as possible so that you remember the details of your conversation with the applicant. This also ensures that the applicant's decision is not delayed.

To complete the report, you need to do 3 things:

First, you need to rate the applicant in each of the various categories using a 1 to 5 Likert scale. Do not be afraid to use the entire scale when you are completing this process. Acceptable students typically fall in a range of scores from 3 to 5, whereas unacceptable or problematic categories fall in the 1 to 2 range. You also need to provide an overall score for each candidate based upon the same score range.

Second, you need to provide commentary with your overall score that helps committee members understand why you gave the rating you did. You can also provide commentary that explains your rationale for scoring within each subsection of the rubric.

The rubric includes the following categories for assessment:

- Interpersonal Skills: Ability to work effectively as a team member; ability to adapt to new and changing environments; ability to inspire confidence in others; ability to express ideas with clarity and creativity
- Insight and Reflection: Ability to engage in an in-depth conversation around a range of topics; ability to pursue topics based on intellectual curiosity; ability to reflect on their own intellectual and personal growth
- Jesuit Value of Self-Awareness: Ability to represent Loyola University Chicago Stritch School of Medicine in a positive way; ability to recognize her or his own shortcomings; ability to show humbleness, selflessness, confidence, and capability; Ability to understand and reflect upon their strengths and weaknesses in a positive way
- Compassion and Care: Ability to demonstrate respect and appreciation for others, in particular those from backgrounds or cultures different from their own; ability to be 'community minded'; ability to apply ethical thought and action toward solving problems to help others; experiences that demonstrate empathy.
- Commitment to Social Justice and the Underserved: Ability to demonstrate experience with social justice or underserved communities; ability to articulate ethical commitment to serving others and creating sustainable, positive change; ability to meaningfully reflect on social justice issues.
- Motivation for Medicine: Ability to show a mature and well-explored commitment to a career in medicine, which includes dedication to science, service, and the potential for leadership.

At the end of the six areas for assessment, you will provide a final recommendation for the selection committee. This is a scale of 1 to 5.

- 1 – Would rather have an empty seat.
- 2 – Well-prepared, but significant concerns.
- 3 – Well-prepared, average applicant with nothing compelling. These are solid candidates that lack spark with no priority for acceptance.
- 4 – Well-prepared and have something compelling to add to the SSOM community and a cohort of learners. Great candidates with spark and a high priority for acceptance.
- 5 – Exceptionally prepared with more than one compelling element that make them a great fit for SSOM. Recruit right away.

## FAST FACTS ABOUT INTERVIEW DAY

- Interview season begins late August and ends late February.
- We conduct about 1,200 individual interviews per season.
- We interview less than 10% of completed applications.
- We provide one partial file and one full file interview.
- Each interview is about 45 minutes long.
- Financial aid information is provided during each interview day.
- Due to Covid-19 considerations, all interviews will be virtual for the 2021 interview cycle. Additional information and training materials will be provided in separate online training module.

## SELECTION COMMITTEE

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The selection committee provides a valuable quality control phase of the admissions process. Selection committee members provide 3 of 7 final scores for each candidate, therefore, the assessments of the selection committee are heavily weighted within the total consideration of the candidate.

All in all, selection committee:

- Provides “quality control” following review and interview
- Affects final outcome up to 30% of the time
- Provides an important, comprehensive view of the candidate

The scoring in selection is cursory, providing only a final score based on the candidate’s overall application and feedback from the reviewers and interviewers. The assessment includes:

- Examination of the rubric summaries of review and interview
- Review of the applicant’s full file
- A final score and rationale for the final score
- Determination of whether the file should be flagged for additional discussion by the EAC before an offer is made

Selectors are given the opportunity to flag a file for any question or concern deemed important to the selector, including the following:

- Inappropriate comments in interview or review report(s)
- Duplicate committee members for interview and review
- Missing information
- Discrepant scores (such as a final score of a 2 and a 5 from interviewers)
- Character concerns indicated by applicant writing or a committee report
- Significant academic concerns
- Resiliency issues related to stress and coping skills
- Preparation deficits (i.e. not enough service, exposure to medicine, science coursework, etc.)
- Concerns about fit
- Error in rubric score (i.e. a reviewer marked an applicant down for a low GPA, but failed to consider recent post-bacc coursework with a stronger GPA.)

## FAST FACTS ABOUT SELECTION

- The entire file is accessible to all voters.
- Score compilation is important, but not the sole determining factor.
- Multiple perspectives are taken into consideration from committee members.
- There are 12-17 different committee members involved in every decision.