

## **Navigating the Shifting Landscape of Diversity in US Medical Schools: The Role of Holistic Admissions**

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### **Abstract**

In recent years, US medical schools have experienced a changing demographic and administrative environment. On the one hand, there has been a rising number of applicants who identify as Black, Hispanic, NHPI, or women, suggesting increased access to education for groups that are historically underrepresented. On the other hand, there has been an increase in the number of legal challenges to standard education practices, including the Supreme Court's ban on affirmative action in education institutions. To tackle these issues, many schools have adopted holistic admissions practices, evaluating applicants based on a wider range of attributes and experiences. This approach has yielded positive outcomes, including enhanced diversity of both medical school and residency programs. As the health education space continues to change, education stakeholders must continue to pursue new strategies to increase diversity in the workforce to better treat the population that they serve.

### **Introduction**

The past several years have seen the diversity of US medical schools in flux. In the face of an increasing number of applicants, the proportion of matriculants identifying as Hispanic, Black, NHPI, or Women has risen without a subsequent change in test scores or academic grades (Devitt, 2022). At the same time, political forces have moved against diversifying medical schools. In the summer, the United States Supreme Court ruled that affirmative action policies were unconstitutional under US law, thereby banning the practice in private and public education institutions. Previous bans of affirmative action at the state level led to decreased diversity in medical schools (Ly et al., 2022). This change, which takes away the autonomy of schools to develop their admissions criteria, forces schools to rewrite the script on one of the most fundamental components of education systems: who does and does not receive admission into a program.

Even before the repeal of affirmative action, there were notable barriers to advancing diversity in medical schools. Interviews with admissions leaders identified a lack of interest from leadership, pressure to overemphasize academic credentials, and influence from donors and alumni as central issues to committing to an admissions process that emphasizes a diverse student body (Ko et al., 2023). Other researchers have found that schools that face pressure to admit students based on MCAT scores to maintain high rankings also experience lower socioeconomic diversity (Terregino et al., 2020). These findings indicate that fixation on traditional credentialing systems

may be inadequate to capture the breadth of diversity that characterizes the broader US population.

Despite the existing barriers to increasing diversity through the admissions process, schools have innovated to promote a more diverse student body. A central strategy for accomplishing this goal is the implementation of holistic admissions practices. Defined by the Association of American Medical Colleges as “an admissions process that considers each applicant individually by balancing their academic metrics with experiences and attributes,” an estimated 90% of medical and dental schools report using holistic review (American Association of Medical Colleges, 2023a; Glazer et al., 2014). Broadly, institutions that participate in this practice are more likely to consider factors such as community engagement, openness to new ideas and perspectives, and capacity for cooperation and teamwork.

While the idea is broad, schools have operationalized these concepts through a number of frameworks. For example, the University of Illinois at Chicago Nursing School went beyond academic metrics to include time spent in another country, military or community service, caregiving for a family member, proficiency in a foreign language, residency in a rural or impoverished community, or being a member of a group historically underrepresented in the nursing profession, among others (Zerwic et al., 2018). Other schools have taken a more process-oriented approach by implementing a mission statement for admissions that includes diversity, requiring training related to diversity for admissions committees, rebalancing the weight of academic and non-academic criteria, and adding essay questions that allow applicants to highlight their personal alignment with the school’s mission (Artinian et al., 2017). Industry representatives have also played a part. For example, the Association of American Medical Colleges has developed a holistic review model and workshop that has set the standard for medical education institutions (American Association of Medical Colleges, 2023b).

There has been a substantial body of research indicating that these holistic admissions practices have yielded promising results. Schools that participated in the AAMC Holistic Review in Admissions Workshop saw an uptick in the percentage of their matriculants who identified as Black/African American, Hispanic, and first-generation college students (Grbic, 2019). Another study found that the implementation of holistic review, defined as an increase in value to lived experience and de-emphasizing USMLE scores, led to a 0.49 increase in the odds that a URM applicant would receive an interview. The promise of holistic review has also extended into the residency match space. The implementation of a holistic review in the residency application screening process led to an increase in the number of URM applicants invited to interview (11%) and interviewed (7.9%) (Gannon Sungar et al., 2021). Another study identified the effects of various holistic interventions, including the development of a shared mental model of strong characteristics for residents, the creation of a new scoring rubric, the inclusion of URM faculty and trainees into the admissions process, and anti-bias training for those involved in the recruitment process. They found that the implementation of these changes led to an increase in the percentage of URM interns from 11% in 2015 to 45% in 2019 (Marbin et al., 2021). Evidence also suggests that the implementation of holistic admissions practices has led to an increase in the retention of students in some institutions (Arredondo, 2015).

This increase in diversity naturally leads to greater diversity in the health workforce, bringing with it a host of benefits for patients, clinicians, and administrators alike. For one, historically underrepresented physicians are more likely to enter primary care, which has suffered from undersupply in recent years (Clayborne et al., 2021). URM physicians are also more likely to care for minority and non-English speaking patients, as well as accept Medicaid at their practices (Marrast et al., 2014). Additionally, racial concordance between a patient and provider has been linked to increased survival rates of newborns, improved healthcare use, lower healthcare expenditures, and improved physician ratings (Greenwood et al., 2020; Jetty et al., 2022; Takeshita et al., 2020). We can see that increasing physician diversity is not just an end in itself. Rather, it also helps to address the bottom line of healthcare: to help patients improve their health without breaking the bank.

The changing landscape of US medical school diversity reflects the complex dynamic between student, educator, and community interests with a legal system that has been unsupportive in recognition of how health workforce diversity benefits everyone and ensures national health and security efforts. In spite of these challenges, historically underrepresented students have continued to both apply and be accepted into medical schools, suggesting that this positive momentum is only increasing. Further, schools have been able to adapt to adverse circumstances through novel strategies such as holistic admissions. The significance of these events cannot be overstated, as there are notable short- and long-term benefits to a diverse health workforce. As the health workforce and education continue to change, medical educators, students, and advocates should continue to search for novel strategies to ensure that the health workforce is representative of the patients that they serve.

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