



# UNDER-REPRESENTED MINORITIES AND MEDICAL SCHOOL ADMISSIONS: PREFERENCE FACTORS THAT INFLUENCE THE DECISION TO MATRICULATE

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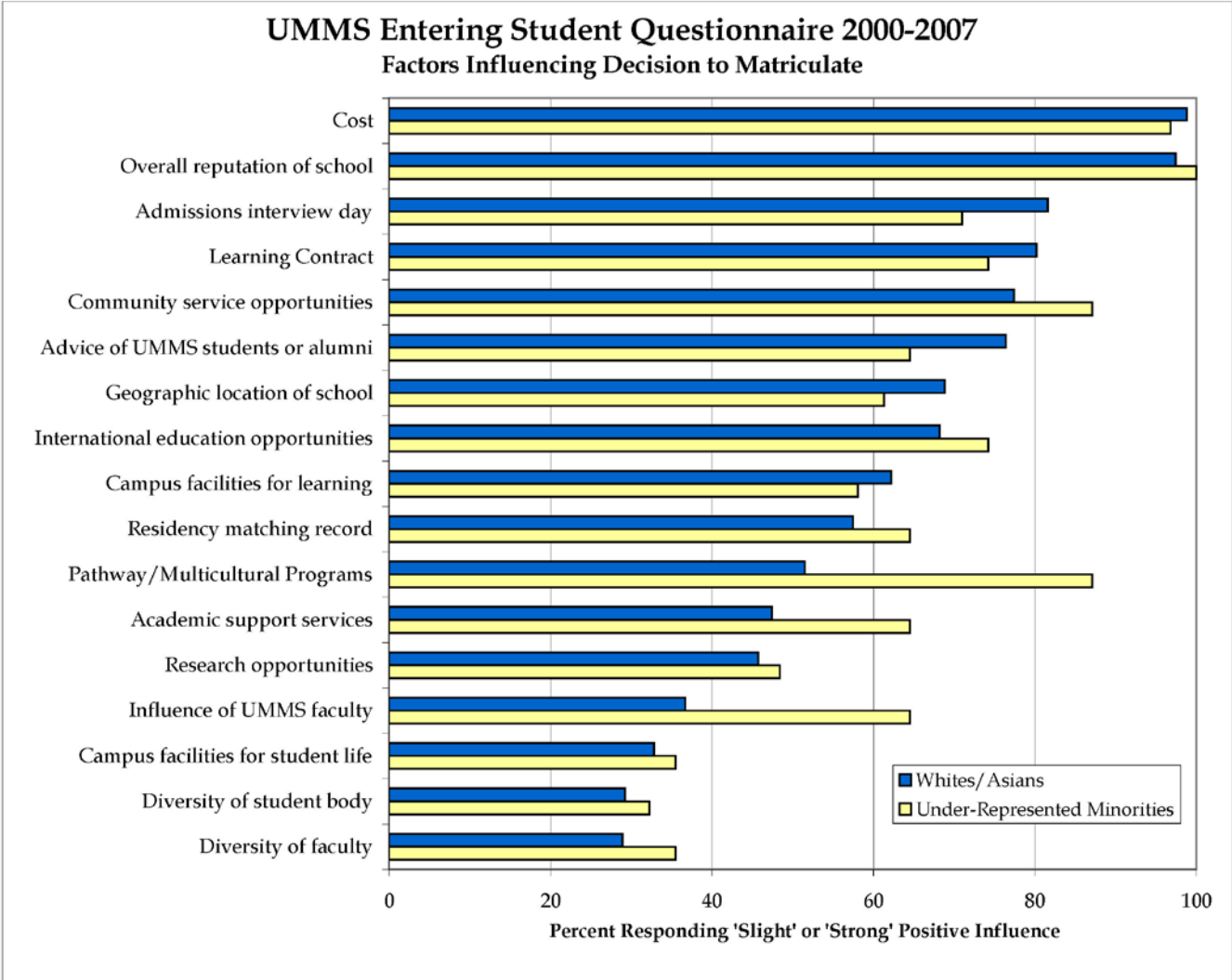


## Purpose:

Currently, the need for the recruitment and retention of qualified Under-Represented Minority (URM) students remains a pressing concern for U.S. medical schools. In response to this need, we analyzed admissions data at our medical school to determine which factors may positively or negatively influence the decision of an URM applicant to matriculate at our school, when compared to their White/ Asian counterparts.

## Methods:

Upon matriculation, all incoming students completed an institutional admission survey. Data was examined over an eight year period (2000-2007) to determine which top five factors out of seventeen, influenced students’ decision to matriculate at our school. Proportions of “slight/strong positive” and “slight/strong negative” ratings were collapsed and compared for each group: URM (n=31), White/ Asian (n=501).



Top 5 Positive Factors influencing students’ decision to matriculate at UMMS 2000-2007

Top 5 Factors	Whites/Asians		Under-Represented Minorities (URM)	
		% Positive		% Positive
1	Cost	99%	Overall Reputation of School	100%
2	Overall Reputation of School	97%	Cost	97%
3	Admission Day Interview	82%	Pathway on Serving Underserved and Multicultural Populations	87%
4	Learning Contract	80%	Community Service Opportunities	87%
5	Community Service Opportunities	77%	International Education Opportunities	74%
			Learning Contract	74%

## Results:

Results showed the two highest positive factors, “Cost” and “Overall Reputation of School” were the same for both groups, but the remaining differed. Whites/ Asians ranked: “Admissions Interview Day,” “Learning Contract,” and “Community Service Opportunities” as third, fourth, and fifth, respectively. The URM group ranked: “Pathway/Multicultural programs” and “Community Service Opportunities” third/fourth (tied), and then “International Ed. Opportunities” and “Learning Contract” were tied as their remaining top factors.

The top three highest rated negative factors, “Location,” “Diversity of Student Body,” and “Campus facilities for Student Life” were the same for both groups. “Campus facilities for Learning” and “Admission Interview Day” ranked fourth and fifth respectively for Whites/ Asians. For the URM group “Diversity of faculty,” “Research Opportunities,” “Campus facilities for learning,” and “Admission Interview Day” all tied for the remaining top negative factors.

## Conclusion:

Preliminary findings indicate programs that offer opportunities to help traditionally underserved populations may positively affect an URM’s decision to matriculate at a medical school. However, further study is warranted to corroborate these findings and determine how to enhance these programs.

Highlighted factors

### Learning Contract:

The Learning Contract allows students the ability to defer 2/3 of their tuition payment, and may even be deferred throughout residency/medical fellowship. There are various versions of repayment terms established by the General Court of the Commonwealth of Massachusetts.

### Pathway on Serving Underserved and Multicultural Populations

Students participate in Preclinical and Clinical Longitudinal Preceptorships with physicians serving underserved cross-cultural populations throughout their medical school career.

### International Education Opportunities

During their preclinical years, students are assigned to a cross-cultural family in a local community. Language and cultural immersion is provided in an international setting in the summer after their first year. Opportunities for students to study in remote locations, such as Africa, South and Central America, and India are offered during their 4th year of medical school.

### Community Service Opportunities

Medical students participate in internships and clerkships working directly with individuals with developmental disabilities or mental illness, challenging themselves to learn and speak another language, and understanding the valuable role a community provider plays when working with vulnerable groups.