

AOA Task Force Recommendations

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Process

The AOA task force was convened by Dr. Holly Humphrey and held its first meeting on 11/13/17. The charge was as follows:

The Alpha Omega Alpha (AOA) Task Force is charged with exploring the criteria for selection into AOA and making recommendations to ensure that this process is both fair and inclusive. Because the first step in student nomination for AOA is to identify the top 25% of the class based on scholastic achievement, propose a holistic framework for defining scholastic achievement based on a similar structure used by the PSOM admissions committees.

Deliberations and Student Input

The Task Force met five times and held two open meetings with students on 12/6/17 and 3/5/18. Additionally, student input was gathered in multiple ways: a Dean's Brown Bag was held with Dr. Humphrey; multiple Dean's Council meetings were dedicated, at least in part, to this subject; and a discussion of the preliminary recommendations occurred in a scheduled meeting of the Clinical Curriculum Review Committee. The task force chair met with the members of AOA from the class of 2018, and individual task force members met privately with students to discuss deliberations and recommendations.

Readings and Data Review

The Task Force sought to identify the degree and source of the disparity in AOA selection at Pritzker, analyze the impact of AOA selection on the residency match, and review data considered useful in guiding its recommendations. These resources included, but were not limited to:

- Pritzker School of Medicine Admissions Holistic Review Guidelines
- Boatright D, Ross D, O'Connor P et al. Racial Disparities in Medical Student Membership. JAMA Intern Med. 2017;177(5):659-665.
- Comparative data regarding Under-represented in Medicine (UiM and non- UiM selection for AOA eligibility and AOA at Pritzker)
- Comparative data regarding UiM and non- UiM selection for Gold Humanism Society
- National Resident Matching Program (NRMP) data regarding:
 - AOA by Specialty
 - Program Director Survey results
 - Characteristics of Matched Seniors

- Data regarding disparity in measured performance on clinical clerkships:
 - Overall grades
 - NBME scores
 - Clinical grades
 - Standardized clinical assessment

Background – AOA Selection

The AOA constitution states that “candidates whose scholastic qualifications place them in the upper twenty-five percent of their class shall be considered as eligible for nomination for election. From that number, one-sixth of the total number of the class expected to graduate may be nominated for membership.” The AOA constitution specifies the following: “Scholastic achievement should be the primary but not sole basis for nomination of a student. Leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, potential for achievement in medicine, and a record of service to the school and community at large shall be criteria in addition to the academic record.”

At Pritzker, AOA eligibility (i.e. the upper twenty-fifth percentile of students) has historically been based on performance in the third year. AOA-eligible students generally have achieved a grade of honors in most of their clerkships (receiving honors in all clerkships is not a requirement for AOA selection or a guarantee). The complete academic records of eligible students, including their CVs, are then reviewed by the AOA selection committee to determine the 1/6 of the class who will be selected for AOA membership. The AOA selection committee has been populated, primarily, by clerkship directors.

Findings

There is disparity between UiM and non- UiM students in selection to AOA at Pritzker. This disparity manifests itself in the number of UiM students included among our “AOA-eligible” students. Quantifying this disparity suggests that over the last four years (AOA classes 2015-2018) two UiM students were excluded from AOA eligibility each year. Disparity is not detectable in the final selection of AOA students from the panel of AOA-eligible students.

The “AOA eligibility gap” arises from disparities in measured clerkship performance. This disparity is present across clerkships. When considering the various ways that students are assessed on the clerkships, we found disparity in clinical grading and NBME exam performance but not in standardized clinical assessments or peer evaluations.

It is difficult to impossible to quantify the benefit to a student in the Match process of being selected to AOA. It is also impossible to predict the effect that abolishing Pritzker’s AOA chapter would have. Acknowledging the above facts, it is likely that there is a benefit in being selected to AOA for certain students applying to certain highly competitive residency programs. This benefit is probably at the interview selection stage.

Recommendations:

Recommendation #1: Retain Pritzker’s AOA Chapter

This recommendation was the subject of significant student input. Consideration was given to abolishing Pritzker’s AOA chapter and to putting the chapter on hiatus. The decision was made after

considering the perceived harms or benefits of each strategy. Retention of the Pritzker AOA chapter was based on the following considerations:

- Having an AOA chapter serves to focus our community's attention on the highest values of the medical profession ("Be worthy to serve the suffering") and support our tradition of celebrating excellence.
- It maintains our participation among the many medical schools (both overall and peer) that select students to AOA.
- AOA selection likely does benefit students who are selected.
- Retaining our chapter and implementing broad changes to our selection process identifies Pritzker as a school that values diversity, examines itself critically, and seeks to remedy its shortcomings, engaging in a process of continual quality improvement.
- Maintenance of a chapter gives us standing to affect changes in AOA nationally by openly publishing our changes in selection and encouraging conversation about UIM disparities in AOA.

There are certainly downsides to this decision that we recognize. The remedies to our process in selecting students to AOA will take some time and, in the short term, we will be continuing a selection process that is not perfect. AOA is, by definition, a normative evaluation system, in that it requires us to identify the top 1/6 of students. This is not in line with the pass/fail, competency-based evaluation system at Pritzker.

Recommendation #2: Clinical Evaluation System

The data that the Task Force reviewed suggest that aspects of the clinical evaluation system lead to disparities in grading. The source of this disparity is, to a great extent, clinical evaluations done by an unselected group of faculty and residents. This is, perhaps, not surprising given the lack of diversity in our faculty. Our data also suggest that when evaluations are done by a small group of trained evaluators, using standardized measures, bias is not detectable.

Recommendations:

- Pritzker should work with and bolster existing BSD efforts to diversify faculty.
- Clinical clerkships will revise their evaluation strategies so that clinical evaluations are unbiased. This will require that much of the clinical evaluation be done by trained evaluators, who have undergone implicit bias training, and who are using a standardized assessment tool. Ideally, this group of evaluators will be diverse.
- Set up a system, likely a yearly meeting of the Clinical Curriculum Review Committee (CCRC) or Curriculum Steering Committee (CSC), to review progress in the adoption of these changes and monitor disparities in assessment.

The consequence of this recommendation is that some important aspects of clinical performance will go un- or under-evaluated because they cannot be evaluated in this way.

Revising the assessments in the clinical clerkships will require dedicated faculty. The task for recommends 0.1-0.4 FTE/clerkship, in addition to the support already provided for clerkship directors, to support core faculty who will be involved in assessment within the clerkships.

Recommendation #3 Selection of AOA eligible students

There is broad agreement that using (even improved) clinical grades to select the top 25% of the class for AOA eligibility is inadequate. The AOA constitution calls on us to consider not only scholastic achievement but leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, potential for achievement in medicine, and record of service to the school and community at large. We plan to institute processes that will better recognize these skills to identify eligible students.

We recommend that selection of AOA-eligible students will be based on three criteria, equally rated: clerkship performance, peer assessment, and research/volunteer/institutional activities.

- Clerkship performance will be determined by clerkship grades.
- Peer assessment will be gathered by end of the year survey questions. These questions will ask MS3 students to anonymously nominate peers, with whom they have worked during clinical rotations, who have excelled in terms of mastery of the subject material, leadership capabilities, ethical standards, fairness in dealing with colleagues, demonstrated professionalism, and potential for achievement in medicine.
- Research, volunteerism, and institutional activities will be determined from student's submitted CVs.

Students' composite performance on all measures will dictate AOA eligibility.

Recommendation #4: Reconstitution of the AOA selection committee

The AOA selection committee should be reconstituted to reflect the selection of AOA eligible students. This committee, made up of faculty and staff, will be comprised in equal parts by clerkship directors and faculty and staff familiar with students' research, volunteer, and institutional activity. This committee will be charged with choosing 1/6 of the class as AOA from the AOA-eligible students.

Recommendation #5: Ongoing review

The process by which students are selected to AOA will be reviewed at least every other year to track progress toward our goal of achieving a process of selecting students to AOA that is fair and unbiased.

Appendix: Peer Assessment Questions

Alpha Omega Alpha (AOA) is a national medical honor society whose motto is "Be worthy to serve the suffering." AOA is dedicated to improve care by recognizing high educational achievement, honoring gifted teaching, encouraging the development of leaders in academia and the community, supporting the ideals of humanism, and promoting service to others.

As part of the Pritzker School of Medicine's attempt to decrease bias and disparity in the selection of students to AOA we have begun to incorporate peer assessment into the determination of AOA eligibility as peer assessment is able to measure dimensions of medical practice valued by professional peers throughout a medical career. Peer assessment will be considered along with traditional measures of accomplishment (academic performance and scholarly and institutional activity) in determining eligibility.

To that end we ask that you nominate students according to the following considerations.

Please consider only students with whom you have worked directly during your clinical rotations.

1. Nominate one student who excelled in their mastery of the medical knowledge.
2. Nominate one student who demonstrated exceptional leadership capabilities.
3. Nominate one student who you felt was a role model for professionalism and fairness in dealing with colleagues.
4. Nominate one student who best embodies the motto, "Be worthy to serve the suffering."