SERVING HIGH-RISK HISPANIC MEDICAL STUDENTS TO BE SUCCESSFUL

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National Hispanic Medical Association Conference
Objectives

At the end of this presentation participants will:

1. Learn how diversity impacts the medical education at the UCCSoM.

2. Understand our analysis of the opportunities to support our “high risk Hispanic students” performance.

3. Learn the strategies that were successful for improving student performance outcomes at our institution.
OUR COMMUNITY IS DIVERSE!

RACE & GENDER & INDENTITY

- 52% WOMEN
- 33% MEN
- 10% LGBT
- 98% HISPANIC & LATINO

STUDENT BODY

- 94% FULL-TIME
- 6% PART-TIME
- 36% FIRST GENERATION
- 28% RAISED IN A RURAL COMMUNITY
- 19% FROM A GROSS INCOME LESS THAN US$20,000/YEAR
UCC Enrollment By Student Level in Fall 2018

*Total enrollment in Fall 2018 n=487; Undergraduates are 136 and Graduate/First professionals are 361.
The 2012 LCME Accreditation process

Summary of MCAT Total and Section Scores
Percentile Ranks in Effect May 1, 2018 – April 30, 2019
N = 239,681

Mean = 500.5
Std. Deviation = 10.5

Matriculants National mean: 511.2  Residents in PR Matriculants mean: 499.6  UCC Matriculants mean: 497.4

Source: AAMC
MCAT Scores vs GPAs for Matriculants to U.S. Medical Schools by State of Legal Residence

2018-2019

Source: AAMC
Median Household Income (Year 2017) vs. MCAT Scores for Matriculants to U.S. Medical Schools by State of Legal Residence 2018-19

Puerto Rico Residents

Pearson's $r = 0.792$
$R^2 = 0.627$

Source: AAMC and US Census Bureau
SUCCESSFUL APPROACHES AT DIFFERENT LEVELS

Admissions
Student Support Services
Curriculum & Teaching and Learning
Changes at Admissions

Setting new standards at admissions

• Minimum MCAT score at 492
• Since 2012 minimum GPA at 3.0 and SGPA at 2.75
• Inclusion of diversity indicators
• Admissions Interview process
  • Since AY 2012-2013 transitioned to the new Multiple Mini Interview.
Source: AAMC
Note: Number of matriculants for Year 2018: 21,622. MCAT mean (SD): 511.2 (6.5)
Changes at Curriculum, Teaching and Learning

Curriculum

• Mapping of curricular content for all courses
• Alignment of courses objectives with USMLE Step 1 and Step 2 content outline
  • Identification of gaps and redundancies
• Identification of content areas of lower performance on previous National tests
• Review of teaching strategies, time allotted, placement of those topics in the curriculum continuum
## Teaching & Learning

### Comprehensive Faculty Development Plan

<table>
<thead>
<tr>
<th>Faculty Development needs assessment survey</th>
<th>Faculty workshops addressing:</th>
<th>Faculty showcase activity demonstrating and sharing innovative teaching strategies used by UCC as well as other medical schools.</th>
<th>Faculty access to commercial question bank.</th>
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<tbody>
<tr>
<td></td>
<td>Student-centered strategies</td>
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<td></td>
<td>• PBL, CBL, TBL</td>
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<td>Enhanced use of technology</td>
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<td></td>
<td>• Online Modules</td>
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<td>• Recording of lectures</td>
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<td></td>
<td>• Use of virtual patients</td>
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<td>• Test Item writing skills</td>
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Title V Grant provided funds for:

- Classrooms equipped with smart boards
- Additional small group rooms
- Renovation of testing facilities (Computers Laboratories) and MdCSTC
- Green screen for lecture recordings

- Promoted use of flipped classrooms to facilitate discussion of clinical cases, active learning exercises, and formative quizzes
More spaces for small group learning and Technology equipped classrooms
Multidisciplinary Clinical Skills Training Center
Changes at Student Support Services

Student Support Services

• In 2010 the university established a Peer Mentoring Program (PMP)
• The faculty mentoring and academic advising programs were revamped together with strong academic monitoring
• Since 2012 all students were provided with free access to a commercial test questions bank and comprehensive self assessment tests
• All tests administered in a renovated facility for web-based and digital tests
• In 2012 the university established a mental hygiene clinic with a psychology
PUTTING THE PIECES TOGETHER!
Graduation rate at 6 years

<table>
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<th>Graduation Year</th>
<th>Percent</th>
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<tr>
<td>2016</td>
<td>86</td>
</tr>
<tr>
<td>2017</td>
<td>94</td>
</tr>
<tr>
<td>2018</td>
<td>94</td>
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Beginning in 1/1/2014, the passing score increased to 192 (from 188); Beginning in 1/1/2010, the passing score for Step 1 increased to 188 (from 185); Beginning in May 2011, the NBME stop reporting the 2-digit scores
### UCC Match Results by Graduation Year

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<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td><strong>Cohort Match (%)</strong></td>
<td>94</td>
<td>100</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td><strong>Overall Match (%)</strong></td>
<td>86</td>
<td>94</td>
<td>94</td>
<td>81</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
<td>14</td>
<td>23</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td><strong>Family Medicine</strong></td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Ob-Gyn</strong></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Graduates in Primary Care (%)</strong></td>
<td>38</td>
<td>48</td>
<td>52</td>
<td>52</td>
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<tr>
<td><strong>Study Medical Specialty in PR (%)</strong></td>
<td>55</td>
<td>54</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td><strong>Study Medical Specialty in US (%)</strong></td>
<td>45</td>
<td>46</td>
<td>63</td>
<td>45</td>
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</table>
“A pessimist is one who makes difficulties of his opportunities and an optimist is one who makes opportunities of his difficulties”
Harry Truman

UCC high-risk Hispanic medical students can attest of a robust success story.

UCC demonstrated a strong commitment to produce excellent physicians from diverse backgrounds to enrich the healthcare workforce.