



Testing Task Force

Final Report

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MEET THE TASK FORCE



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INTRODUCTION & TESTING TASK FORCE ACTIVITIES

AAMC PREview and Acuity Insights/Casper have been presented at national and regional conferences for several years. More recently, several presentations at the 2022 NAAHP conference in Denver set the stage for advisor concerns about the use of Situational Judgment Tests (SJTs) and the proliferation of additional tests in admissions processes. The follow-up thread on HLTHPROF 2.0 (June 23, 2022) seemed to coalesce these concerns and spurred the development of the NAAHP Testing Task Force (TTF).

This task force was convened in September 2022 and charged with two core directives:

- **Research:** Hold town halls, webinars, and/or surveys with membership and other stakeholders to gather information, questions, and concerns
- **Documentation:** The TTF will develop a position statement that reflects the representative voice of NAAHP members to be presented to NAAHP's Executive Committee for review and distribution to external stakeholders

The Testing Task Force used a variety of methods to inform this report, including the following:

- Survey to all NAAHP members (Advisor and Patron)
- Advisor Member Town Halls
- Patron Member Town Halls
- NAAHP Advisory Council
- SJT User Focus Groups
- Conversations with the AAMC PREview team
- Conversations with the Acuity Insights/Casper team

A preliminary version of this report was presented at each of the four regional meetings in 2023 for additional feedback, which has been incorporated into the findings and recommendations.

NAAHP ADVISOR & PATRON MEMBER CONCERNS

The Testing Task Force solicited input from members through an online survey and virtual listening sessions to capture as many voices as possible. Initially, the Testing Task Force asked Tony Wynne to send a survey to all NAAHP members on October 7, 2022. This instrument was followed by two Town Hall-style Listening Sessions for NAAHP Advisor Members on October 14 and 20, 2022, and two Listening Sessions for NAAHP Patron Members on October 28 and November 3, 2022. The Testing Task Force prepared guiding questions and allowed the listening sessions to proceed organically as conversations unfolded.

54 NAAHP members responded to the survey: 27 Advisor Members, 17 Patron Members, and 10 respondents who did not indicate membership type. For the Town Hall Listening Sessions, 56 Advisors attended: 25 on October 14 and 31 on October 20.

Advisor Member Concerns

Advisor concerns centered around 5 topics:

1. Technical Concerns

- Proctoring issues, in particular with AAMC PREview.
- Written and oral/video responses to Casper scenarios.

2. Transparency Concerns

- How and when SJT scores are used in the admissions process.
- Access to test scores by both students and advisors.
- Would SJTs be used in place of other written components of the application (e.g., committee letters or other letters of evaluation).

3. Ethical Concerns

- Many institutions cannot or do not articulate how they will use SJT scores in their admission processes and are collecting them for 'research only,' but strongly recommend or require that applicants take the SJT(s).
- Applicants may feel pressured to take the SJT, even if only 'recommended' by a school, because of the opacity of the admissions process.
- Schools that utilize Casper or PREview for research are placing the burden of the cost onto the applicants.

4. Concern that the SJTs are increasing the barriers to access

- The cost of Casper and PREview adds to an already expensive admissions process; additionally, some applicants must take both SJTs due to institutional requirements.
- The tests cause additional stress to applicants in terms of preparation, as well as the uncertainty of the meaning of scores and how they are utilized.
- There are race (and other demographic) differences between groups that can add more bias to an already biased admissions process.

5. Monetary Gain

- Casper and PREview state that test prep outside of their tutorials does not increase scores, yet this may change as scores become more widely available.
- Test prep is already available from private companies ranging from \$37 to \$9000.

Patron Member Concerns

32 Patron members joined the listening sessions: 12 on October 28 and 20 on November 3. Patron concerns centered around three topics:

1. Concern that the SJTs are increasing the barriers to access

- Cost to students.
- Demographic differences in scores.
- That different skills are needed in different areas of medicine and that a single score might not capture those differences.
- Different institutional and program missions may have different needs, and a single test might not capture those differences.

2. Concerns around the predictive value of SJTs

- MCAT and GPA are predictive of success in years 1 and 2 of medical school, but it is not clear that SJTs can predict success in M3 and M4 / clinical years.
- However, programs noted that there is a significant cost for remediation of professionalism in the clinical years and that SJTs might be a way to decrease that cost.
- PA programs expressed concern about the uncertain correlation between Casper and PANCE.

3. Use of SJTs in residency selection

- Programs expressed a need to ensure that medical students are prepared to succeed in residency.
- But there is uncertainty around the correlation between SJT in med school admission and the SJT scores in residency selection.

We note that many of the Patron members who joined the listening sessions were not using SJTs but were curious to hear why other Patrons decided to use SJTs in their admission processes. We, therefore, decided to hold focus groups for SJT users or institutions who were using it or had decided to discontinue the use of SJTs. The Testing Task Force additionally presented to the NAAHP Advisory Council (AC) on January 19 and learned that other than the AAMC, none of the ACs were endorsing or holding a position on using SJTs in admissions.



SJT USER FOCUS GROUPS

The Testing Task Force wanted to create an opportunity for Health Professions Programs to openly share why and how they are using SJTs in their admission process. We developed a list of questions about the value of SJTs as well as the challenges and limitations while also allowing the conversations to proceed organically. This allowed us to address questions the Testing Task Force had for SJT users but also allowed the program representatives to ask each other questions and discuss their usage of SJTs as a group.

To include a wide variety of Health Professions Programs, institutions, and geographic areas, the Testing Task Force was intentional about casting a wide net. Invitations were sent through Health Professions Associations to member schools. TTF members also sent individual invitations to a wide array of programs that were listed as using Casper and/or PREview. The two focus groups took place in January and February 2023. They had a total attendance of 14 different programs from across the United States and one program in Canada. The types of programs represented included allopathic and osteopathic medicine, dentistry, occupational therapy, optometry, physical therapy, and veterinary medicine.

There are a variety of reasons why programs use SJTs. The themes that came from our conversations include:

- SJTs offer more granular information to further discriminate between qualified applicants.
- SJTs may offer early identification of future issues of professionalism and therefore reduce the cost of intervention.
- Review of applications is labor intensive, often involving many thousands of applications; SJTs offer a way to manage a large applicant pool.
- Offer the ability to “opt-in” applicants who might otherwise be overlooked.

Some of the concerns raised by SJT users and those programs who had discontinued their use were:

- SJTs seem to offer an additional barrier to admission, especially for URM.
- Concerns about introducing bias to the admissions process.
- A single score to summarize multiple behaviors is not helpful to the admission process.
- SJTs didn’t provide additional information not already available in other parts of the application or interview process.

TESTING TASK FORCE OVERALL FINDINGS, RECOMMENDATIONS, AND OPPORTUNITIES

Through the extensive information-gathering process undertaken by the Testing Task Force, we developed general findings, recommendations, and opportunities for NAAHP.

Findings

1. Currently, it seems clear that Situational Judgment Tests are unlikely to broadly replace other aspects of the application, such as letters of recommendation/committee letters, personal statements/activity lists, or even interviews. The closest correlation between SJTs and parts of the application process is Multiple Mini Interviews, but currently, no institution is willing to replace interviewing prospective students with an SJT.
2. Other than the AAMC, which administers the PREview exam, none of the AC members/Professional Associations that the TTF spoke to endorse the use of SJTs by their programs. All the Professional Associations, including AAMC, left the decision to utilize a Situational Judgment Test up to the individual program.
3. Many programs still utilize SJT scores for research and/or are uncertain how to fully utilize them. With very few exceptions, programs are not using SJT scores as a “weed out” tool. Both Casper and PREview discourage the use of SJT scores in this way.
4. There seems to be a potential disconnect between test developer recommendations for how/when to use SJTs and how schools utilize them. Acuity Insights/Casper states that their SJT was designed for use at the beginning of the process to help programs identify applicants who might wish to take a closer look. The AAMC originally anticipated that PREview scores would be utilized at the beginning of the process. However, it has since adjusted its recommendations to encourage programs to use SJT scores equitably for all students. This often means utilizing SJT scores at the end of the admission process. There is room for communication and transparency in how scores are used and when SJTs should be taken.
5. Acuity Insights (Casper) and AAMC PREview state that preparation for SJTs outside of the tutorials and reviews associated with each exam does not increase scores. However, multiple Casper and PREview prep courses have arisen, ranging in price from \$37 to \$9000.

OVERALL RECOMMENDATIONS

- 1) Test developers are obligated to ensure that their tests are utilized appropriately by Health Professions Programs in their admission process.**
- 2) Test developers should reconsider the testing calendar in consultation with Advisors and Health Professions Programs to make data available earlier in the application cycle.**
- 3) Programs that utilize SJTs are obligated to ensure that they and their admission committees understand how to interpret and utilize SJT scores equitably.**
- 4) Advisors have an obligation to provide information and guidance about SJTs as an additional application requirement to their students/advisees.**
- 5) Utilizing SJTs for “Research” vs. as a component of admission.**
 - If Health Professions Programs recommend or require SJTs of applicants for “research purposes,” then programs should bear the burden of the cost of tests and scores, not applicants.
 - If Health Professions Programs recommend or require SJTs of applicants but are not actively utilizing them in the admission process, then programs should bear the burden of the costs, not applicants.
 - With PREview scores now available to all MD programs in AMCAS, regardless of whether the school requests or utilizes them, there are additional ethical considerations. AAMC states that schools that do not require or recommend the PREview exam must “turn off” PREview scores for applicants in their pool. After the application cycle is completed, more information is needed about what schools may do with PREview scores from their applicant pool.
 - There are questions about the validity of longitudinal research on SJTs if the format of the exam(s) changes yearly.

OVERALL RECOMMENDATIONS (CON'T)

6. Release of scores to students and advisors.

- The scores released to students and advisors should be identical to those released to Health Professions Programs. For Casper, this means releasing the Z score and the quartile.
- SJT scores should be released to advisors (like MCAT scores) to better assist students in navigating their results.
 - i) AAMC PREview – release of scores is now visible to advisors in AIS as of the April 2023 update.
 - ii) Acuity/Casper – is open to releasing scores to advisors. They are currently in conversation with Liaison to see if there is a way to do this through the CAS system. Otherwise, a score release system is needed from Acuity Insights. A way to incorporate the report of Casper scores in the AIS system for MD programs that utilize Casper is encouraged so that all the applicant information is available in one place.

7. Transparency – All Health Professions Programs need to clearly communicate the following:

- If a situational judgment test is required or recommended and which SJT must be taken.
- The final deadline by which an SJT must be taken for the applicant to be considered.
- How and at what stage is the SJT used in admission decisions.
- AC/Associations should include this information in Program Directories.

8. Transparency – All Testing Services need to clearly communicate the following:

- Testing dates and fees.
- Registration information, cancellation, and rescheduling policies.
- Whether a test can be “carried over” from one year to another and for how long or whether applicants must retake the SJT if applying in a future year.
- Applicant and Advisor toolkits should be created and made available. These resources should be easy to find, navigate, and utilize.

OVERALL RECOMMENDATIONS (CON'T)

- Preparatory information or tutorials for SJTs should be easy to find and utilize. There should be clear statements in multiple places on websites that these tutorials and preparatory information is sufficient to take the SJT. Any data about a lack of increase in scores or no differential to test scores from additional courses/preparation should be included. Alternatively, suppose data shows (with further usage) that test preparation helps improve scores. In that case, that information should also be shared widely.
- Proctoring information and computing requirements should be listed on the website before students register, including specific information about the physical location and/or room setup.
- Accommodations need to be addressed in a reasonable timeframe that does not increase obstacles for students. Acuity (Casper) currently quotes 7 business days to respond to accommodation requests. AAMC quotes a 60-day window for responding to accommodation requests for both MCAT and PREview. The AAMC accommodations are also typically stricter than most university accommodations policies, and students are not guaranteed to receive accommodations for MCAT or PREview despite utilizing testing accommodations at their undergraduate institutions or for ACT/SAT exams. More transparency on what qualifies students for accommodation and a faster turnaround time on accommodation applications would reduce barriers and overall stress for students with disabilities.

Recommendations for NAAHP

9. Both AAMC and Acuity Insights have requested advisor insights to help develop and disseminate tools for advisors/applicants regarding their respective SJTs. The Testing Task Force created a simple form for interested advisors to sign up at the Regional AAHP conferences. The information has been passed to both AAMC and Acuity Insights. The TTF recommends including SJT assistance in the NAAHP volunteer options when sending out new requests for Advisor volunteers.

10) It was clear during the Testing Task Force Listening Sessions for Patron Members and during the SJT User Focus Group that there is a desire by Health Professions Programs to have a space to confer with each other around topics such as SJTs – use, why, how, when, etc. NAAHP has the potential to play a role as a neutral party to bring together Health Professions Programs from different fields and allow spaces to connect and discuss relevant topics. This could be created and highlighted as a perk of NAAHP membership for potential Patron Members.



**Thank
You**



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