Medical Xpress

MCAT predicts differently for students who test with extra time

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Among applicants to U.S. medical schools, those with disabilities who obtained extra test administration time for the Medical College Admission Test in use from 1991 to January 2015 had no significant difference in rate of medical school admission but had lower rates of passing the United States Medical Licensing Examination Step examinations and of medical school graduation, according to a study in the June 9 issue of *JAMA*, a theme issue on the Americans with Disabilities Act.

Individuals with documented mental and physical disabilities may receive testing accommodations on the Medical College Admission Test (MCAT) and other admissions tests in accordance with professional testing standards and federal law. Testing accommodations (such as extra testing time) are alterations to standard test administration procedures designed to enable test takers to show their proficiencies rather than the extent of their disabilities. Whether such accommodations are associated with MCAT scores, medical school admission, and medical school performance has been unclear, according to background information in the article.

Cynthia A. Searcy, Ph.D., of the Association of American Medical Colleges, Washington, D.C., and colleagues investigated the comparability of MCAT scores in relation to medical school admission and subsequent performance for individuals who had scores obtained with standard vs extra time. The study included applicants to U.S. medical schools for the 2011-2013 entering classes who reported MCAT

scores obtained with standard time (n = 133,962) vs extra time (n = 435), and of students admitted to U.S. medical schools from 2000-2004 who reported MCAT scores obtained with standard time (n = 76,262) vs extra time (n = 449).

Acceptance rates were not significantly different for applicants who had MCAT scores obtained with standard vs extra time (45 percent vs 44 percent). Students who tested with extra time passed the United States Medical Licensing Examination (USMLE) Step examinations on first attempt at significantly lower rates: Step 1, 82% vs 94%; Step 2 CK, 86% vs 95%; Step 2 CS, 92% vs 97%. They also graduated from medical school at lower rates at different times: 4 years, 67 percent vs 86 percent; 5 years, 82 percent vs 94 percent; 6 years, 85 percent vs 96 percent; 7 years, 88 percent vs 96 percent; and 8 years, 88 percent vs 97 percent. These differences remained after controlling for MCAT scores and undergraduate grade point averages.

More than 10 percent of students who tested with extra time did not graduate within the time frame of the study, compared with approximately 3 percent of students who tested with standard time.

The recently redesigned MCAT increases "the amount of time per question . . . to reduce potential time barriers that may make it difficult for examinees to demonstrate their proficiency. Providing more working time may decrease the need for extra testing time and reduce the differences in predictive meaning between scores obtained under standard vs. extra time conditions."

"The poorer performance on the USMLE Step examinations, and the longer time needed to graduate from medical school for individuals who have received extra testing time on the MCAT, also suggest that medical schools should examine their learning environments and support systems for individuals with disabilities. Medical school educators and

administrators need a better understanding of potential barriers to medical education for students with disabilities in order to develop evidence-based policies, procedures, and resources," the authors write.

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