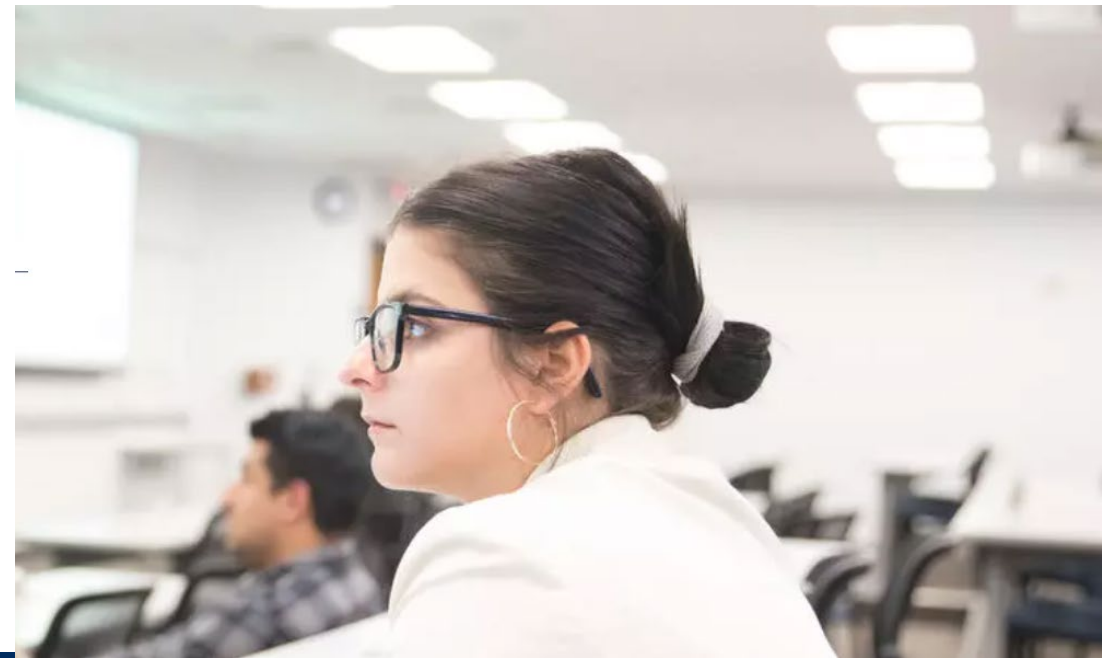




# MEDICAL EDUCATION READINESS PROGRAM

***Medical Education Readiness  
Program: Our Guided Approach to  
Foster Success in Medical School***  
*by Dr. Inna Lindner*



➔ ● **Student ramp to medical school**



## MEDICAL EDUCATION READINESS PROGRAM

# MEDICAL SCHOOLS





- Post-baccalaureate students
- Students who need to enhance their science foundation
- Students with low GPAs or MCAT
- Career changers
- Underrepresented minority students
- First-generation college students
- Students from disadvantaged backgrounds
- Students with non-traditional backgrounds
- Students who were not accepted into medical school





- 15-week postgraduate pre-matriculation program
- First class seated in August 2004 (for RUSM students), first class for AUC seated in April 2012
- Since 2020 COVID epidemic, MERP is offered 3 times a year in virtual environment
- Class size varies; typical class consists of approximately 90 - 160 students
- Students successfully completing MERP matriculate to the medical school that has granted them conditional acceptance: RUSM or AUC
- More than 4,000 MERP students have graduated from MERP and entered RUSM or AUC medical schools



**MERP COHORT AT RUSM (started med school Jan 2024)**



## DEEPEN STUDENT KNOWLEDGE

Build upon your existing knowledge, by focusing on the strong foundational principles and skills needed to thrive in medical school.



## PERFECT LEARNING STYLE

Receive individualized, expert coaching on effective study strategies and knowledge retention techniques.



## INCREASE CONFIDENCE

Enter medical school prepared for the significant workload you'll encounter there.



## BUILD STUDENT NETWORK OF SUPPORT

Establish a built-in support system of friends and study partners and start medical school together.

“

I learned how I study best, and key things that I can do to make sure that I do well on exams and know the material really well.

**Mahir Maruf**

April 2012 MERP Completion,  
2016 RUSM graduate

# Explore MERP





# MEDICAL EDUCATION READINESS PROGRAM

# MERP STUDENTS





## MERP WEEKLY

Weekly quizzes or exams

Lectures

Weekly academic success sessions

- Small group discussions
- Large group lectures

Faculty Open Labs

Anatomy workshop

Teaching fellow reviews

One-on-one appointments

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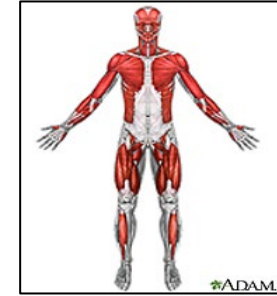


*All MERP faculty hold a PhD in their respective fields*

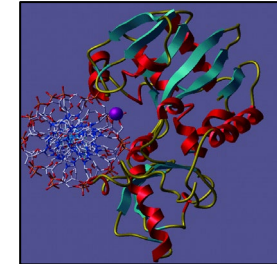
## **LECTURE-BASED FUNDAMENTAL SCIENCE COURSES**

- 48 hours of each subject per semester
- All lectures are recorded and can be viewed throughout the semester

**Medical  
Anatomy/Histology**



**Medical  
Physiology/Biophysics**



**Medical  
Microbiology/Immunology**



**Medical  
Biochemistry/Genetics**





MEDICAL EDUCATION  
READINESS PROGRAM

# SAMPLE LECTURE





# Lecture delivery *Lecture were held in person from 2005 to 2020*

Lectures and all supplemental activities are delivered **ONLINE** synchronously since COVID epidemic

- Attendance is mandatory and monitored
- All lectures are recorded
- Students are engaged during the lecture by responding to a series of polling questions
- Polling question results are discussed by faculty
- The faculty or the TAs answer questions in class via chat function
- Any unanswered question can be asked via email



Webex Meetings interface showing a lecture slide and a poll.

7. An image of a mast cell before degranulation (A) and after degranulation (B) is shown below. Which of the following would lead to the mast cell change from A to B? What leads to mast cell degranulation?

A. Recognition of the mast cell by the idiotype of IgE  
Incorrect: Mast cells do not recognize idiotype of IgE, they recognize Fc of IgE

B. Binding of IgE to the mast cell's Fc epsilon receptor  
Incorrect: Mast cells have IgE bound to them even prior to degranulation

C. Activation of mast cell with CD40 ligand and cytokines  
Incorrect: CD40 receptor is not involved in mast cell activation

\*D. Antigen capturing by IgE attached to the mast cell  
Correct: When Ag binds to IgE, which is already bound to the mast cell via FcR, then mast cell degranulates

E. Binding of the Fc epsilon receptor on the mast cell to antigens with numerous repetitive epitopes  
Incorrect: mast cells do not bind antigen directly to Fc receptors

Participants (34)

Search

Lindner, Inna Host

Aimee Ramirez

Alisha Sunny

Anesha Walker

Bishen Kafley

Brandi Ancrum

Caylee Gates

Cherish Flowers

Dalia Khoury

Polling

Poll results:

Questions	Results	Bar Graph
1. Please pick ...		
A. A	1/33	3%
B. B	13/33	39%
C. C	1/33	3%
D. D	9/33	27%
E. E	3/33	9%
No A...	6/33	18%

The poll has ended.  
Remaining time: 04:10  
Time limit: 07:00



## MERP WEEKLY

### Lectures

### Weekly academic success sessions

- Small group discussions
- Large group lectures

### Faculty Open Labs

### Anatomy workshop

### Teaching fellow reviews

### One-on-one appointments

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5:00 PM					



# Teaching fellows support main faculty

*MERP teaching fellows hold an MD and have recently graduated from RUSM or AUC*

## Responsibilities:

- ✓ Conduct lecture reviews, provide practice questions
- ✓ Hold office hours and meet with students individually
- ✓ Enhance non-cognitive skills
- ✓ Provide guidance with Anatomy Lab
- ✓ Assist in developing clinical correlations





## MERP WEEKLY

### Lectures

### Weekly academic success sessions

- Large group lectures
- Small group discussions

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## Academic success component – *unique to MERP*

In addition to main curriculum, MERP offers regularly scheduled sessions designed to improve student academic achievements by perfecting study skills.

Sessions include:

- *Time management*
- *Test-taking strategies on USMLE- type questions*
- *Unit conversion skills*
- *Note-taking strategies*
- *Concept mapping*
- *Graph and data interpretation*





## Small group activities

- Students are divided into groups of ten or less
- Students meet with their group and a faculty member once a week
- Discussion of effective learning strategies, practice questions and medical terminology is integrated into sessions





# MERP WEEKLY

## Weekly academic success sessions

- **Small group discussions**
- **Large group lectures**

# Anatomy workshop

## Faculty Open Labs

## Teaching fellow reviews

## One-on-one appointments

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## Anatomy Workshops

- Students are highly encouraged to attend on-line weekly lab/workshop sessions
- Faculty will lead students through clinical correlations
- Discussions will focus on interpretations of a variety of medical imaging modalities, cross-sectional anatomy, and histological micrographs
- Participation in these sessions helps students make connections between typical anatomy and clinical applications

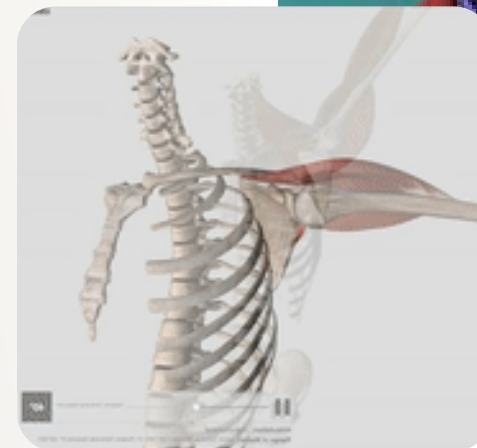




## Complete Anatomy app (used by RUSM and AUC)

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- Each lecture has 10-20 complete anatomy slides assigned to it
- Students should view the assigned slides weekly





## MERP WEEKLY

### Lectures

### Weekly academic success sessions

- Small group discussions
- Large group lectures

### Anatomy workshop

### Faculty support of students

- 1:1 appointments - 2-3 hours/week (*not on Weekly*)
- Weekend Open Labs (*not on Weekly*)
- Weekly Open Office Hours

### Teaching fellow reviews

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Weekly quizzes or exams

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## Assessments (13 out of 15 weeks)

- Weekly quizzes (10 total)
- Exams (3 total)
- Combine all subjects
- All quizzes and first two exams have post-assessment review
- Every question discussed
- Students can challenge any question

The screenshot shows a Zoom meeting interface. At the top, there's a header with "POST QUIZ REVIEW" and "meeting info". Below this, there's a row of participant tiles: Lindner, Inna; Peter Meyer (active); Afra Nawar (Unverified); Leshera Evans (Unverified); Mia Bryant (Unverified); and another participant. Below the tiles, it says "Viewing Peter Meyer's applications". The main content area shows a genetics problem with handwritten solutions. The problem is: "4. If a couple who are carriers for the same autosomal recessive disease (genotype: H,d) have three kids what is the probability that two will get the disease and one will be healthy?". The solutions are: "1. A x A x U" with a calculation  $\frac{1}{4} \times \frac{1}{4} \times \frac{3}{4} = \frac{3}{64}$ ; and "2.  $\frac{3!}{1! \times 2!} = \frac{3 \times 2 \times 1}{1 \times 2 \times 1} = 3$ " leading to  $\frac{9}{64}$ . A Punnett square is also shown for the cross Hh x Hh. The chat window on the right shows a discussion about the probability calculation.

52%

4. If a couple who are carriers for the same autosomal recessive disease (genotype: H,d) have three kids what is the probability that two will get the disease and one will be healthy?

A. 27/64 30%  
B. 1/64  
C. 54/64  
D. 10/64  
\*E. 9/64

1. A x A x U  
 $\frac{1}{4} \times \frac{1}{4} \times \frac{3}{4} = \frac{3}{64}$

2.  $\frac{3!}{1! \times 2!} = \frac{3 \times 2 \times 1}{1 \times 2 \times 1} = 3$

Punnett square for Hh x Hh:

H	h
H	HH
h	Hh

3/4 H/U  
1/4 S/A

Chat

Everyone Direct

I got this right but for some reason I dont know when its 1/2 compared to 1/4 for punnett square

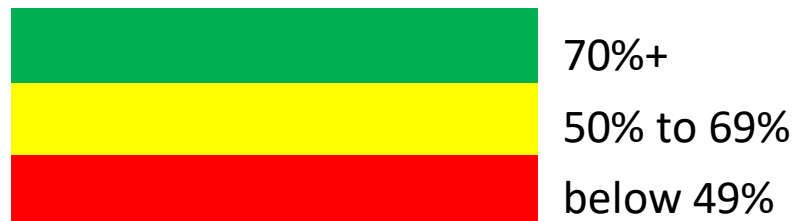
Mahmoud Talbeh Unverified 3:21 PM  
i did 3/4 x 3/4 accidentally

# Student Services





- MERP Care initiative identifies academically at-risk students for early intervention
- Non-academic personal barriers and academic barriers are identified
- Proactive outreach is provided following quizzes and examinations with individualized feedback for improvement.
- Students are categorized from red (low-performing) to yellow (mid-performing at-risk) to green (high performing low-risk).



- Each learner's progress is assessed, personalized recommendations for red-and yellow-categorized learners are provided.
- Appropriate referrals are made to the MERP counselor



## MERP initiatives

- **Modified prerequisites** – certain traditional prerequisites waived and replaced with more holistic evaluation
- **Opportunity to repeat** - Students failing MERP are given a second chance to repeat the program, have a much better success rate
- **Allowing struggling MED students to participate in MERP** – several iterations of “MED to MERP” cohorts have shown academic improvement in medical school upon return
- **EDAPT curriculum development** – Designing an engaging, comprehensive MERP curriculum to be delivered as a supplement to the current MERP curriculum or to be administered as a stand-alone course to international students

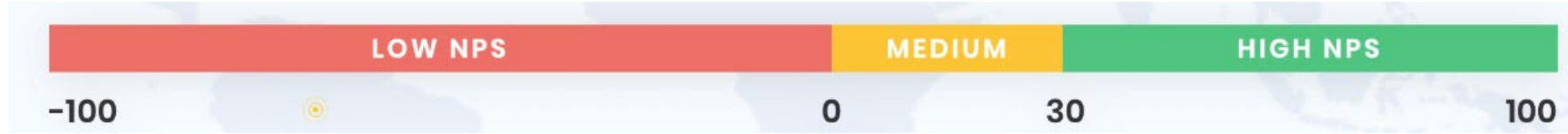
The logo consists of the word 'edapt' in a white, lowercase, sans-serif font, centered within a dark blue square.



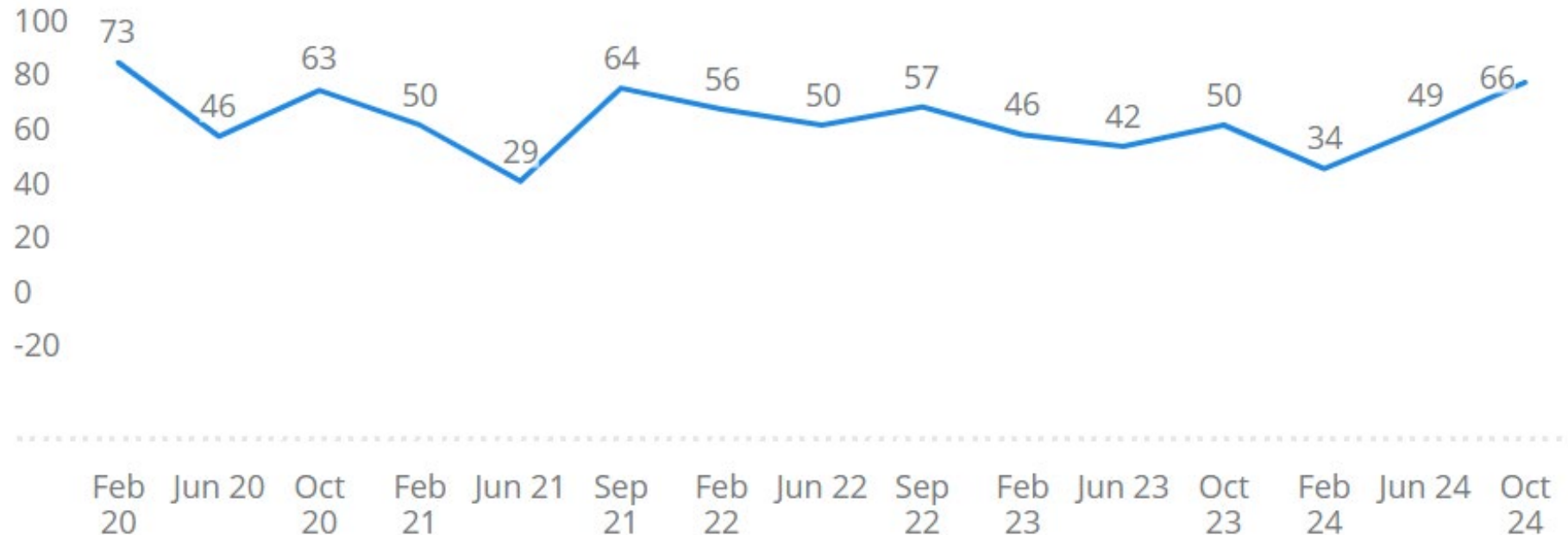
## ***Challenges in online environment***

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- **Difficulty in engaging students (some engaged, some distracted)**
- **Easy to quit the program**
- **Challenges for online MERP students to find adequate quiet study space – multi-generational family households, other distractions**
- **Absence of anatomy tactile experience (workshops, dry models, mannequins), difficult to learn fundamental anatomy virtually**
- **Difficulty in establishing personal connections between students and between faculty and students**
- **Challenges in establishing learning communities**
- **Difficulty in building a meaningful networks of support**



NPS ⓘ





# **Published peer-review work regarding MERP student success at RUSM**

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### LETTER TO THE EDITOR

## A pre-matriculation learning program that enables medical students with low prerequisite scores to succeed

Dear Sir

Selection of qualified medical school candidates from a large applicant pool is a challenging process that precludes potentially successful individuals from a career in medicine. Current quantitative measures and non-cognitive indicators do not accurately predict performance. Our group hypothesized that a post-baccalaureate Medical Education Review Program (MERP) would prepare its graduates for Ross University School of Medicine (RUSM) and that success in MERP would correlate with performance at RUSM. MERP, a 15-week basic science curriculum with non-cognitive skill building sessions and repeated assessments, provides an opportunity for the initially rejected applicants to improve their potential as medical students before matriculating to RUSM.

Performance of 896 students, who began RUSM after successfully completing MERP, was compared with 3324 directly admitted non-MERP students. Pre-admission criteria (prerequisite GPA (pGPA) and MCAT scores), performance at RUSM (attrition rates prior to semester two and five), and US Medical Licensing Examination (USMLE) Step 1 pass rates were compared for cohorts matriculating to RUSM between January 2007 and May 2010.

As expected, MERP students had lower average MCAT score ( $20.99 \pm 4.18$  for MERP and  $23.62 \pm 4.23$  for non-MERP,  $p < 0.001$ ) and average pGPA ( $2.67 \pm 0.38$  for MERP and  $3.14 \pm 0.42$  for non-MERP,  $p < 0.001$ ). Despite lower pre-admission credentials, MERP students were more likely to

matriculate to semester two. The attrition rate prior to semester two was 5.6% for MERP students, compared to 11.2% for non-MERP students ( $\chi^2(1, N=4220)=24.48, p < 0.001$ ). The rate of attrition prior to semester five was comparable for both groups. Students who achieved an overall score of 80% or above in MERP were significantly more likely than non-MERP students to reach semester two,  $\chi^2(1, N=3633)=38.411, p < 0.001$ , and semester five,  $\chi^2(1, N=3633)=30.806, p < 0.001$ . Of the 309 MERP top-performers, 100% reached semester two, while 94.2% reached semester five.

Comparing the USMLE step 1 scores revealed that MERP and non-MERP students did not differ significantly on the probability of passing the Step 1 on their first attempt,  $\chi^2(1, N=2405)=1.228, p=0.268$ . Although MERP students averaged below their non-MERP counterparts ( $211.1 \pm 17.4$  and  $214.8 \pm 19.5, p < 0.001$  for MERP and non-MERP, respectively), this effect size ( $d=0.20$ ) was less than the pre-existing differences between the two groups on MCAT ( $d=0.72$ ) and pGPA ( $d=1.04$ ).

Our data suggests that previous academic performance and career background may underestimate true capacity of an individual as a medical student. Achievements in MERP or similar programs can help predict academic success of potential candidates in medical school.

Inna Lindner, David Sacks, Maria Sheakley, Charles Seidel, Bruce C. Wahlig, Jose D. Rojas, Mary T. Coleman, DeVry Medical International, Ross University School of Medicine, Miramar, FL, USA. E-mail: [ilindner@devrymedical.org](mailto:ilindner@devrymedical.org)

### References

- Donnon T, Paolucci EO, Violato C. 2007. The predictive validity of the MCAT for medical school performance and medical board licensing examinations: A meta-analysis of the published research. *Acad Med* 82(1):100–106.
- West C, Sadoski M. 2011. Do study strategies predict academic performance in medical school? *Med Educ* 45(7):696–703.



[Downloaded free from <http://www.educationforhealth.net> on Tuesday, August 14, 2018, IP: 107.221.48.119]

## Education for Health 2018

### Brief Communication

# Enhancing Medical Student Diversity through a Premedical Program: A Caribbean School Case Study

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### ABSTRACT

**Background:** Physicians with backgrounds underrepresented in medicine (URiM) are more likely to practice in underserved communities. Recruitment into and assistance during medical education has the potential to increase the number of URiM physicians. This study analyzes URiM students' academic performance at a well-established Caribbean school with and without prior successful completion of the Medical Education Readiness Program (MERP). **Methods:** A retrospective analysis of premedical school requirements and achievements in medical school were performed for URiM students enrolled in Ross University School of Medicine between 2006 and 2012, through either MERP or direct admission. For MERP and non-MERP students, an independent sample two-tailed Student *t*-test was used to compare prerequisite Grade Point Average (p GPA), Medical College Admission Test (MCAT), and The United States Medical Licensing Examination (USMLE) Step 1 scores. Chi-square analysis was performed to compare the attrition rates for MERP and non-MERP URiM students in the first years of medical schools well as USMLE Step 1 pass rates. **Results:** A total of 1299 students entering medical school directly ( $n = 981$ ) or through MERP ( $n = 318$ ) were evaluated. The mean MCAT (19.6 for MERP vs. 21.6 for non-MERP,  $P < 0.001$ ) and prerequisite GPA (2.8 for MERP vs. 3.1 for non-MERP,  $P < 0.001$ ) were significantly lower for the MERP students. A similar percentage of MERP and non-MERP students reached the 2<sup>nd</sup> year (83.0% and 80.9% respectively,  $P = 0.407$ ) and 3<sup>rd</sup> year (80.5% and 79.0% respectively,  $P = 0.565$ ) of medical school. USMLE Step 1 pass rates for MERP (90.6%) and non-MERP (92.3%) as well as USMLE Step 1 mean scores (208.9 and 210.0 for MERP and non-MERP, respectively) were also comparable. **Discussion:** MERP-like programs can help URiM students with lower undergraduate scores succeed in medical school.

**Keywords:** Diversity, pipeline programs, premedical education, student achievement, Underrepresented minorities



The MERP route is something that we, as students, think should be more of a standard as opposed to the exception to the rule. It's a great way to build up your foundation so when you get into medical school, it's not the fire-hose effect with all the information.

MERP is the way to go.

**Shannon Stegall**  
2013 MERP Completion,  
2017 AUC graduate

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- ✓ **MERP prepares students for success in medical school**
- ✓ **Students completing the program can use performance in MERP as a predictor of performance in medical school**
- ✓ **Top performers in MERP outperform directly admitted students**



