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Holistic Admissions in Nursing: We Can Do This

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Abstract

Research shows that holistic admissions review practices can increase diversity across students without decreasing the workforce preparedness and academic success of students. Therefore, many disciplines have readily adopted the widespread use of holistic admissions review. Despite its proven effectiveness in addressing student diversity, nursing has been slow to implement holistic admissions review. The purpose of this study was to gain a better understanding of the barriers to implementing holistic admissions review in nursing and the feasibility of adopting holistic admissions review across nursing programs. A biphasic qualitative research study was conducted with nursing deans from across the United States. Qualitative data collection consisted of two phases of focus group discussions conducted over a 3-month period. The qualitative data were analyzed using content analysis. The categories and subcategories identified in Phase 1 informed the discussion in Phase 2. One overarching category from Phase 1 was identified, which was the lack of nursing schools' knowledge regarding holistic admissions review. Four subcategories also identified in Phase 1 included the need for better dissemination of evidence, the need for additional support from university leaders and administrators, the need for legal guidance to facilitate implementation of holistic admissions review, and ensuring appropriate resources to support the holistic admissions review process. Three categories emerged in Phase 2, which included everyone's buy-in is required, the need for a model, and a need for training. The adoption of holistic admissions review in nursing may be feasible. However, certain barriers need to be overcome so that nursing schools can successfully take on this process. Therefore, five recommendations have been developed to assist nursing schools in the implementation of holistic admissions review. These recommendations include increasing knowledge and understanding of holistic admissions review among nursing deans; obtaining buy-in and support for holistic admissions review and conducting a self-assessment of current admissions practices; providing nursing administrators, faculty, and staff with diversity training; and conducting further research to identify factors most critical for success in nursing. Although the transition to a holistic

admissions process requires some effort, arming ourselves with the appropriate tools will mitigate barriers during implementation.

Index words

Nursing admissions; Holistic admissions; Holistic review; Admissions

Universities are facing increased pressure to graduate students who will succeed in the workforce and meet changing labor market demands. This need is particularly urgent in the health professions. Growing health workforce shortages, a rapidly diversifying patient population, and transformative changes to the health care system have combined to create new challenges for universities with health professions schools. University leaders are increasingly concerned with preparing graduates who will be successful in the workforce while also satisfying the health needs of the communities they serve.

To achieve this goal, many universities have begun making changes not only to their curricula and learning environments but also to the practice used to select students for admissions. Many universities have begun to incorporate “holistic review” into the admissions process, with the goal of admitting a diverse body of students that will not only excel academically but also have the qualities needed for success in the current work environment.

The intent of holistic review is to increase the diversity of their student bodies. The need for diversity is particularly important in health professions, where lack of diversity may contribute to disparities. Minority providers currently provide care for many of the minority in the United States and in particular those in poor health (Edwards, Maldonado, & Engelgau, 2000; Terrell & Beaudreau, 2003; Komaromy et al., 1996; Marrast, Zallman, Woolhandler, Bor, & McCormick, 2014). In addition, research supports that patients who can identify with medical providers with similar racial, ethnic, and social economic backgrounds have better outcomes (Ferguson & Candib, 2002). Thus, there is a need to increase the diversity of students entering the health professions.

Urban Universities for HEALTH, a partnership of the Coalition of Urban Serving Universities (USU)/Association of Public and Land-grant Universities (APLU), the Association of American Medical Colleges (AAMC), and the National Institutes of Health (NIH), conducted a research study in 2013–2014 to improve evidence around preparing a culturally sensitive, diverse, and more prepared health workforce. The ultimate goal of diversifying the workforce is to improve health in underserved urban communities. The purpose of the survey was to determine the extent to which health profession schools have adopted holistic admissions review and its impact on diversity and student success.

Holistic admissions review is defined as a flexible, individualized way of assessing how an applicant will fare as a student and as a future professional and member of society (AAMC, 2014). Under a holistic admissions review process, the admissions team considers a student’s life experiences and personal qualities alongside traditional measures of academic achievement such as grades and test scores. A total of 104 universities across 45 states

participated in the study. Survey respondents included colleges of dentistry, medicine, nursing, pharmacy, and public health.

Researchers reported that holistic admission processes have been adopted by 93% of dentistry schools, 91% of medical schools, 82% of public health schools, 78% of pharmacy schools, and 47% of nursing schools (Urban Universities for Health, 2014). Further analysis of the survey results showed that 72% of the schools utilizing holistic admissions review reported an increase in diversity of their incoming class. There was a statistically significant relationship between the use of many holistic admissions review practices and increased diversity. Standard student success metrics (e.g., average incoming grade point average [GPA], graduation rates, pass rates on required licensing examinations) remained unchanged or increased. Schools using holistic admissions review also reported positive changes to the learning environment, including increased community engagement, student cooperation and teamwork, and students' openness to perspectives different from their own.

Despite the growing body of evidence that supports a holistic admissions process and the increased adoption of holistic admissions processes' across academic health colleges (Institute of Medicine of the National Academies, 2004; Sullivan Commission, 2004), nursing has been slow to adopt holistic admissions review practices (Urban Universities for Health, 2014). The results of the Urban Universities for HEALTH survey demonstrate that schools using holistic admissions review have experienced increased student diversity without seeing any decline in student success outcomes. This relationship suggests that nursing schools may benefit from adapting their admissions practices to become more holistic. To gain a better understanding of the barriers to implementation and the feasibility of adopting holistic admissions more broadly in nursing schools, a subsequent biphasic qualitative research study was conducted with nursing deans from across the United States. The research questions that guided this study were, "What are the benefits and barriers to using holistic admissions review?" and "How can perceived barriers to holistic admissions review be addressed?"

Method

Participants

Participants in this study were nursing deans and their designees, recruited from the American Association of Colleges of Nursing (AACN) and deans recruited from member institutions of the USU/APLU. The study inclusion criteria included (a) nursing school deans who attended the USU summer meeting and/or nursing school deans and their designees who attended the AACN holistic admissions review spring session; (b) were English speaking; and (c) older than 18 years. Thus, this was a convenience sample linked with conference attendance.

Recruitment

The first author and university presidents sent e-mail invitations for focus groups to 180 nursing deans. Deans were also invited in-person during both the AACN and USU conference events where the focus groups for Phase 1 and Phase 2 were taking place. A total

of 41 deans and their designees, including 12 USU deans, attended and participated in focus group discussions. The University of Cincinnati Institutional Review Board (IRB) granted IRB approval for this study prior to initiation of research.

Data Collection Overview

Qualitative data collection consisted of focus group discussions over a 3-month period. Phase 1 included two focus group discussions that were held in March 2014. Phase 2 included one, 1-hour focus group that occurred in June 2014. Data from Phase 1 were analyzed by the research team and used to iteratively guide the Phase 2 focus group. Specifically, Phase 1 included nursing deans identifying the benefits and barriers for holistic admissions review adoption and identifying limitations that may be unique to nursing's academic processes. Phase 2 of the study addressed troubleshooting the challenges and limitations, previously identified by nursing deans, and determining solutions to assist with adoption of holistic admissions review across nursing education programs.

In the case of holistic admissions review, prior research is limited to the fields of medicine and dentistry, as such focus groups were chosen as a method to encourage debate, questions, experiences, and viewpoints regarding the feasibility and adoption of holistic admissions review in nursing (Doody, Slevin, & Taggart, 2013a). Focus groups are useful in exploratory research when little is known regarding the phenomena (Kitzinger & Barbour, 1999). Qualitative data generated through focus groups yielded an effective way to provide further understanding of the quantitative survey findings.

Phase 1 Data Collection

A research team composed of the authors held two sessions on holistic admissions review with 41 deans and their designees. The 1-hour focus group sessions provided a brief overview of holistic admissions review activities. The general structure of the sessions included a PowerPoint reporting preliminary findings from the original USU survey, then breakout focus groups. Participants attending the meetings were divided into two groups based on having self-identified as either participating in holistic admissions review or not currently practicing holistic admissions review in their nursing program. Each group was divided into three smaller groups for a total of six small groups. Each group rotated through three stations where group members were asked to respond to specific questions that were predefined by the research team in the focus group guide. Questions included the following: What are the barriers for holistic admissions review implementation? What strategies are needed to reduce barriers and implement holistic admissions review on your campus? Which components of holistic admissions review would be most beneficial for your program? What parts of holistic admissions review have been most effective and how are you measuring the impact? What impact has holistic admissions review had on your program? What have been the most important barriers for holistic admissions review and how have you addressed them?

A research team member facilitated each focus group station. Qualitative data were captured using the Jot! application on iPads. The Jot! application allowed for handwritten notes of answers to specific questions to be written on the iPad and reviewed after the session. After

the small focus groups, the group as a whole reconvened to recap and thank them for their attendance. The sessions were video recorded, so all data could be included in analysis. Data were transcribed into word documents for data analysis.

Phase 2 Data Collection

Data from Phase 1 of the study informed the development of the Phase 2 structured focus group agenda (Doody, Slevin, & Taggart, 2013b). In June, 26 nursing deans met in person at the AACN 2014 annual conference in Washington, DC and discussed the following holistic admissions review questions: What types of educational programming would be most useful within nursing to increase knowledge of holistic admission practices? Whose buy-in is most important to obtain on your campus? What actions would these leaders take that would facilitate adoption of holistic admissions review? What resources would we need to undertake expansion of holistic admissions review in the field of nursing? What are some strategies for integrating holistic admission practices into undergraduate, prelicensure bachelor of science in nursing programs? How can we best engage and partner with undergraduate admissions staff at the institution to support implementation of holistic admissions review? These questions were chosen by the research team to further explain the barriers of adopting holistic admissions review as identified by deans at the AACN conference in Phase 1 of data collection. These questions were also chosen to collectively elicit potential strategies for successful implementation of holistic admissions review in nursing.

Each small focus group discussion lasted 10 minutes. Focus groups were recorded using an iPad. The research team, acting as moderators, rotated to each table so that deans in each small group could discuss each question. This process was done to ensure that each group discussed all questions and in an attempt to fully saturate the topic of holistic admissions review. After the 1-hour focus groups, the session ended with a question/answer, wrap-up discussion that included closing statements from group participants. This process was completed to ensure participants had the opportunity to voice all questions, thoughts, and concerns (Vaughn, Schumm, & Sinagub, 1996). The research team transcribed comments on iPads in real-time.

Data Analysis

All data were systematically analyzed by the authors using content analysis (Graneheim & Lundman, 2004). Initial analysis included individual line-by-line coding of the data so that each team member was familiar with the data and initial codes were generated. Each team member individually generated initial codes and potential categories. Team members proposed and discussed categories until all authors reached consensus. An inductive coding process was utilized where teams met to compile and discuss all codes generated to clarify meaning. One overarching category and three subcategories emerged from the Phase 1 data, whereas three additional subcategories emerged from the Phase 2 data.

Phase 1 Results

The overarching category from the Phase 1 focus groups was that there was a lack of knowledge of holistic admissions review. During the first session at AACN, it became

apparent that the definition of holistic admissions review varied among and between participants. Participants entering the sessions were asked if they were currently utilizing holistic admissions review at their nursing programs. Many participants asked for a definition of holistic admissions review. Those that had an understanding of holistic admissions review often provided a different definition from the definition of holistic admissions review used in the study. As such, the researcher team convened after the first session to amend the presentation portion of the session to provide an explicit definition of holistic admissions review (as defined by this study). The definition was added to both the presentation and placed at each of the group stations so that participants could refer to the definition during focus group discussion.

Throughout the sessions, participants made it clear that more information was needed. Specifically, a request for more education regarding the definition of holistic admissions review was echoed by many present. As an example, one dean stated, "Nursing needs to educate ourselves. As deans, we haven't been educated."

Four subcategories that emerged from Phase 1 included the following: the need for better dissemination of evidence, the need for additional support from university leaders and administrators, the need for legal guidance to facilitate implementation of holistic admissions review, and ensuring appropriate resources to support the holistic admissions review process. Figure 1 outlines these four subcategories and the content and comments associated with them.

Phase 2 Results

Three categories emerged from Phase 2 data and were richly populated by qualitative findings. The categories include everyone's buy-in is required, the need for a model, and a need for training.

Everyone's Buy-In Is Required—Nursing deans have echoed the need for buy-in at all levels including health care stakeholders, administration, accrediting bodies, nursing faculty, and the community at large. Because the transition to a holistic admissions process is a large-scale change, nursing deans request the support of everyone involved.

Healthcare Stakeholder Buy-In: Before the adoption of a holistic admissions review process, nursing deans suggest that the mission-driven admissions process is reflective of the attributes that health care stakeholders desire. "Big health care employers, including the state hospital association, health care agencies, hospitals, clinics, health departments, surgery centers are all influential." "We need to know the attributes and experiences they expect will make better nurses" and include this in the college of nursing mission to guide the holistic admissions process. "Nursing schools don't have good mechanisms to understand what health employers need," "We need to identify the key attributes that make a successful nurse," and "We need to look at employer satisfaction." "Do any of the admissions criteria predict which nurses will stay in the profession?" What are the correlations of successes? We need to have processes that "help us better align expectations and curriculum with employer needs." This information is highly beneficial to guiding the admissions process. Nursing deans suggest "regular conversations with the CNO, nurse managers, and charge

nurses who have our students [new graduate nurses]” to determine “how students are doing” and “what are the learning gaps.” “We need to evaluate more outcomes related to employer satisfaction. If employers and nursing schools are on the same page as to what is needed from nurses, then we can look at these attributes during the admissions process.”

Nursing deans want evidence from health care stakeholders about employer needs. Suggestions for eliciting more information from stakeholders included having “a podcast with employers to determine what they want” and evaluating “more outcomes related to employer satisfaction.”

Administration Buy-In: Administration, at all levels, needs to be included throughout the transition from a less holistic approach to a more holistic admissions review approach. Nursing deans expressed that “at its heart this is a change initiative” and a “quality improvement exercise.” “Campus leadership, including the president and provost, the general counsel[s]” buy-in is needed to create a “permissive environment” for holistic admissions. The “admissions office and personnel,” “administration within the university the college of nursing and the academic health center must buy-in, before holistic admission practices can occur.”

Not only is leadership buy-in a crucial component of the change process, but communication from leadership must also be transparent. Leadership should “be willing to defend it [holistic admissions review]” and “communicate and demonstrate their support visibly.” To do this, administration will need to be provided with the existing data and evidence supporting the use of holistic admissions review. “We need to arm presidents/provosts with data,” and this approach “needs to be defensible, [and] backed by data.”

Accrediting Bodies and Nursing: Buy-in at every level is required for holistic admissions review to be successfully implemented nationally. “Large nursing or credentialing agencies need to embrace holistic admissions review, and nursing needs to have our own buy-in.” “We need enthusiasm from nurses, and we should harness outcomes from medicine to build enthusiasm.” In some states, there is a nursing education consortium that helps to better align expectations and curricula with employer’s needs.

Faculty Buy-In: Nursing deans’ comments reflected both the importance of momentum needed from faculty and the barrier of faculty workload affecting buy-in. Deans were unsure how labor intensive the process would be and how to integrate holistic admissions review with existing faculty responsibilities. “There is a huge faculty burden” and “there is always a huge pushback from faculty.” “We need to include faculty from the very beginning.” To assist with faculty-buy in, “you need faculty training.” “Once faculty senate and faculty buy-in are established and they are engaged and supportive, there is a high chance for success.”

Community Buy-In: Nursing deans posit that the public and the community’s buy-in is essential to this process. They articulated a need to communicate the benefits and purpose of holistic admissions review to change the public’s misperception that academic metrics are paramount to success in nursing. “How do we explain [this process] to parents?” “We need to communicate to students in high school that they need to start volunteering and getting

community service hours so they will be competitive holistic applicants.” “We should be partnering with high schools to develop these tracks that provide exposure.” “Often times pre-nursing students say ‘they care’ but don’t know what nursing is all about. It’s important to make sure they really care by asking them a question that shows they care.”

Need for a Model—Nursing deans and admissions personnel are requesting a systematic model, a “how to” guide, for the implementation of holistic admissions processes that includes best practices based on exemplars. A model contrived from exemplars would provide a process that everyone understands and allow schools to see how holistic admissions review processes were implemented “in a place that does it and does it well” and “allows you to observe someone like you.”

Included in the model would be information on processes, resources, and outcomes associated with holistic admissions review. For example, what interview processes were used? What types of interviews were conducted? What are some examples of interview questions? Who was on the interview committee? What type of training did the interview committee undergo? What did the interviewing scoring rubric assess? How much did the interview affect the applicant’s overall application score?

Deans report several “inconsistencies with interviews” in the past and are concerned with the amount of resources they will need to conduct interviews. Deans request an “algorithm to know how much to weigh interviews, essays, and other holistic admissions review measures.” In addition to interviews, deans convey other strategies that should be considered such as: “on-site essays,” “group interviews,” “mission directed questions,” and more emphasis on “multiple languages” and, in general, broader metrics. Given that nursing programs have multiple entry points, deans recommend the model “map out paths for the different entry points and look for opportunities to implement a holistic admissions review process.”

Better Understanding of Legal Guidelines—Nursing deans and their designees also express the need for information regarding legally sound practices for use of holistic admissions review and would like to see examples from other nursing schools that have already adopted a holistic admissions review process. The model would also combat misperceptions regarding legal risks and provide evidence demonstrating that holistic admissions review can work in nursing programs that have a similar structure and entry process.

Need for Training—Nursing deans requested mentorship and training from schools that have successfully implemented holistic admissions practices. “Training and resources need to be used so that everyone is on the same page and aligned.” When asked how educational programming could be best delivered, results were mixed. Participants recommend subject matter experts deliver the trainings in person, whereas others recommended the use of technology. Nursing deans agreed that it is essential that training be delivered in a “nonthreatening” way that is “transparent.” Recommendations for training included a peer-learning experience where faculty are paired with other faculty who have experience with

holistic admissions; use of a train-the-trainer model where “2–3 faculty go learn and then present back to the rest of the faculty”; and others requested Webcast/podcast/Webinars.

Fear of Reprisals—Some participants conveyed a sense of apprehension toward the holistic admissions review process. Deans expressed concern that university presidents care only how the institution’s reputation compares with others. Participants were also concerned about public perceptions and potential backlash if the schools turned away students that are metrically “qualified” according to GPA or test scores, but lack other qualifications that schools seeks in nursing applicants. The solution proposed by deans was to disseminate evidence supporting holistic admissions review more broadly. “We need to arm presidents and provosts with data”; “presidents are concerned with how they compare to others.” In general, deans described a sense of uneasiness regarding acceptance, comparison, and potential retaliation if they were to implement holistic admissions review practices.

Limitations

The limitations of the study mostly involved sampling. Participants were recruited through a convenience sample of nursing deans and their designees. In addition, the research team did not actively recruit other faculties and persons involved with the nursing and university admissions process. As such, the viewpoints from this study represent primarily a leadership perspective.

Another study limitation is that first author is also a nursing school dean. In an effort to decrease potential bias, a heterogeneous research team worked together to develop focus group questions. The entire research team also worked closely during data collection and data analysis to further decrease the potential for bias. The research team arrived at 100% agreement on each of the themes during thematic analysis.

Discussion and Recommendations

We now have data demonstrating that holistic admissions review has been successful for other health professions. At the same time, holistic admissions review has been applied unevenly across health professions, with nursing lagging behind other fields. By speaking with nursing deans, we identified a number of explanations including the following: the need for a common definition and framework for holistic admissions review, better dissemination of evidence, the need for buy-in at all levels, and the need for additional resources to implement holistic admissions review in nursing (including a toolkit and training). There was a large variation in the understanding of holistic admissions review across deans, and it was clear that evidence regarding outcomes is not reaching nursing deans. Adding to deans’ hesitancy is the lack of leadership buy in, lack of access to legal guidelines, and the lack of a model to guide the process.

The good news is that holistic admissions review in nursing is feasible. We found that overall nursing deans are interested in adopting holistic admissions review. However, there are significant challenges and barriers specific to nursing, and all nursing programs may not be in a position to take on holistic admissions review. For those nursing programs that are ready to adopt holistic admissions review, nursing programs need concrete strategies for

implementing the practice. As a result, we have drafted a series of recommendations that will help nursing schools take on this process and set themselves up for success.

Recommendation 1: Increase Knowledge and Understanding of Holistic Admissions Review Among Nursing Deans

On the basis of the findings from this study, there is consensus from nursing deans and their designees that there is an overall lack of knowledge regarding holistic admissions, including outcomes of holistic admissions, and the process for implementing holistic admissions in nursing. These findings suggest the need to better disseminate evidence, to increase trust in the process, and to facilitate understanding. We recommend the creation of a toolkit, adapted from the tools and resources developed by AAMC and American Dental Education Association, which could guide nursing schools through the holistic admissions process. Researchers conducting this study recommend that AAMC and ADEA resources be adapted for specific needs of nursing schools and that resources provide an in-depth flexible definition of holistic admissions review that exists on a spectrum because holistic admissions review is not a one-size-fits-all solution.

Recommendation 2: Work to Obtain Buy-In and Support for Holistic Admissions Review

Given prevailing attitudes toward holistic admissions review, there is a great deal of work that needs to be done to achieve support from university leaders, administrators, and faculty. Using data to educate key stakeholders will be an important component of this process. In addition to existing data from this study and others that support use of holistic admissions review, nursing deans should regularly collect data on community health and employer needs. This will allow nursing schools to obtain buy-in from other local stakeholders such as community organizations and health systems. To facilitate this process of obtaining local data, nursing schools may consider forming partnerships with their Academic Health Centers (if applicable), local employers, and community members, including alumni and community nurses. Partnerships could be developed in a number of different ways, for example, forming a community advisory board or convening a local meeting or summit to discuss specific workforce needs.

Recommendation 3: Conduct a Self-Assessment of Current Admissions Practices

We recommend nursing schools assess their own current admissions processes to determine where they are in the process and areas for improvement. Holistic admissions review exists on a continuum, and schools may choose to implement some practices over others. Nonacademic criteria that may be included as part of a holistic admissions process include first-generation college student, experience with disadvantaged populations, origin in a geographic area specifically targeted by the school, and/or an applicant from a medically underserved region (Urban Universities for Health, 2014). The Urban Universities for Health study shows that schools using more practices associated with a holistic admissions review process reported better outcomes. Self-assessments should be aligned with each school's mission and specific needs. An honest and transparent self-assessment will provide deans with the information they need to effect change.

Recommendation 4: Provide Nursing Administrators, Faculty, and Staff With Diversity Training

We recommend that schools develop a training program for their faculty and staff to increase awareness of the importance of diversity and inclusion in the student body and future health care environment, reduce unconscious bias, and understand the evidence supporting holistic admissions review practices. A faculty council may be developed to oversee admissions and obtain feedback from faculty and staff. Training programs developed in other health professions such as medicine and dentistry may be used as foundations for nursing-specific training. All training should be reflective of each school's unique mission, culture, and local context.

Recommendation 5: Conduct Further Research to Identify Factors Most Critical for Success in Nursing

The current research contributes to a body of evidence supporting the use of holistic admissions review, but ongoing research is still needed. In particular, there is a lack of data on which student attributes predict future success in nursing and admissions outcomes specific to nursing. Each school may value different qualities in students depending on their missions, geographic context, and local workforce needs, but additional research within the nursing profession will provide valuable data to inform education and practice.

Holistic admission processes allow schools of nursing a flexible, tailored process for assessing potential nursing candidates as part of their specific cohort. Research shows that holistic admission practices can increase diversity across students without decreasing standardized scores and program GPA. Although many disciplines have adopted the widespread use of holistic admissions nursing is behind. There is a self-reported lack of knowledge regarding holistic admissions review across nursing. Despite barriers that are specific to nursing, nursing deans would like to know more about the holistic admissions review process, including implementation and data surrounding the outcomes of holistic admissions review. Although the transition to a holistic admissions process requires some effort, arming ourselves with the appropriate tools will enable the implementation process to be feasible for most nursing schools. A toolkit for nursing along with proper training and data will ensure that *we can do this*.

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Sub-category	Content	Comments
Need for better dissemination of evidence.	Nursing deans felt the new data from the study regarding academic success of students admitted through holistic admissions review was extremely important. They also requested specific information regarding which characteristics of holistic admissions review are producing positive outcomes. Deans were very interested in the evidence that holistic admissions review did not negatively impact NCLEX examination outcomes.	<i>"NCLEX is the end all be all and it needs to be looked at."</i> <i>"We can't afford nor is it the right thing to do bring up graduates that can't pass the NCLEX."</i> <i>"The elephant in the room is NCLEX."</i>
Need for additional support from university leaders and administrators.	Data suggests that the acceptance and success of holistic admissions review is contingent upon significant and consistent support from administration and leadership of participating universities.	There is a "public perception of GPA being everything" and it's going to require a culture change from both the public and academia to recognize and accept that it is not. Buy-in from the president, provost and admissions staff to change the "entire university admission" process. <i>"Faculty and administrative development on the topic"</i> and best practices for "increasing collaboration between faculty and admissions."
Legal guidelines for implementation of holistic admissions review.	The Supreme Court approved the use of "holistic admissions review" as defined in the study in 2003, and the Departments of Education and Justice provide guidelines for institutions. However, deans were unsure how to implement holistic admissions review without running afoul of the law.	<i>"Legal arguments need to be addressed"</i> and deans requested an overview of legal best practices from programs already instituting holistic admissions review.
Resources supporting holistic admissions review.	Concerns regarding holistic admissions review included an increase in faculty time, resources, staffing, and support funding.	<i>"What resources are needed?"</i> <i>"What is the time commitment? At what point does the process start?"</i> <i>"(K-12)? After the students have been admitted, what resources are needed to ensure their success?"</i> A tool to "identify the appropriate type and number of resources." The tool would also assist the programs to "establish a rubric to evaluate the student interrater reliability" and to safeguard against litigation.

Figure 1.
Subcategories and associated content and comments from Phase 1 data.