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**The GRE Over the Entire Range of Scores Lacks Predictive Ability for PhD Outcomes
In the Biomedical Sciences**

Linda Sealy^{1,2*}, Christina Saunders³, Jeffrey Blume³ and Roger Chalkley^{1,2}

¹Office of the Dean of Basic Sciences, School of Medicine, Vanderbilt University,
Nashville, Tennessee, United States of America

²Department of Molecular Physiology and Biophysics, School of Medicine, Vanderbilt
University, Nashville, Tennessee, United States of America

³Department of Biostatistics, School of Medicine, Vanderbilt University,
Nashville, Tennessee, United States of America

*corresponding author

E-mail: linda.sealy@vanderbilt.edu (LS)

44 **Abstract**

45 The association between GRE scores and academic success in graduate programs is currently of
46 national interest. GRE scores are often assumed to be predictive of student success in graduate
47 school. However, we found no such association in admission data from Vanderbilt's Initiative
48 for Maximizing Student Diversity (IMSD), which recruited historically underrepresented
49 students for graduate study in the biomedical sciences at Vanderbilt University spanning a wide
50 range of GRE scores. This study avoids the typical biases of most GRE investigations of
51 performance where only high-achievers on the GRE were admitted. GRE scores, while collected
52 at admission, were not used or consulted for admission decisions and comprise the full range of
53 percentiles, from 1% to 91%. We report on the 29 students recruited to the Vanderbilt IMSD
54 from 2007-2011 who have completed the program at this date. While the data set is not large, the
55 predictive trends between GRE and long-term graduate outcomes (publications, first author
56 publications, time to degree, predoctoral fellowship awards, and faculty evaluations) are
57 remarkably null and there is sufficient precision to rule out even mild relationships between GRE
58 and these outcomes. Career outcomes are encouraging; many students are in postdocs, and the
59 rest are in stage-appropriate career environments for such a cohort, including tenure track
60 faculty, biotech and entrepreneurship careers.

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66 **Introduction**

67 Recently Moneta-Kohler et al. [1] published a detailed statistical analysis of the lack of
68 ability of the GRE to predict performance in graduate school in the biomedical research arena at
69 Vanderbilt. A similar study was published by Hall et al. [2] from the University of North
70 Carolina Chapel Hill. However, there was a limitation to the overall conclusions in that the
71 range of GRE scores did not cover scores lower than approximately 50%. In order to test if such
72 a limitation impacted the predictive ability of the GRE, we would need to admit students for
73 whom we had GRE information, but where the admitted students covered the entire range of
74 scores with no bias or cut-off (deliberate or otherwise) in the level of the score. This is a difficult
75 requirement, as admissions committees normally do not pursue applicants with very low GRE
76 scores, even if other aspects of the application might appear to be competitive. We are aware that
77 a fairly significant number of schools are electing to not use GRE scores at all in making
78 admissions decisions [3]. Other schools may be considering whether or not to require GRE
79 scores, but have not yet taken action. All of these schools surely might benefit if there were to
80 be an experiment in which we assayed the predictive ability of the GRE scores over the entire
81 range of scores.

82
83 We report that we have performed this natural experiment with GRE scores covering the
84 range from 1st to 91st percentile, in an approach where the scores, although submitted as part of
85 the application, were not considered in the selection of incoming graduate students. This came
86 about in the following way. In 2007 Vanderbilt was awarded an NIGMS-funded IMSD program
87 with the goal of increasing the number of students from underrepresented groups completing
88 PhDs in the biomedical sciences. This program was a redesign of our previous IMSD post

89 baccalaureate program in response to the NIH stipulation in 2006 that students in the program
90 had to be matriculated as graduate students, not post baccalaureates. We were aware that
91 increasing the number of historically underrepresented (UR) students in our PhD programs might
92 result in another school(s) not enrolling these students, and the overall pool of UR PhD trainees
93 would remain static. This was because at that time the pool of high qualified UR students, when
94 quantitative metrics (GRE, GPA) were a key driver of the assessment, was in insufficient supply.
95 The authors had already collected data over a ten-year period indicating that for
96 underrepresented students at least the GRE at the levels usually expected for admission offered
97 no guidance in terms of achievements of long term PhD training goals. Consequently, we
98 decided that removing the barrier of GRE scores to admission would actually lead to an overall
99 increase in historically underrepresented PhD trainees.

100

101 Therefore, in 2007 the Vanderbilt IMSD program adopted a fully holistic approach to
102 admissions. The GRE scores were recorded as a required part of the application process, but
103 they were essentially ignored by the IMSD admissions committee, which operated in a separate
104 fashion from our regular interdisciplinary graduate program (IGP) admission committee. This
105 resulted in a group of students who were eligible for IMSD support (as defined by NIGMS)
106 admitted with GRE scores over the full range (1-90% GRE-V and 11-91% GRE-Q). Details of
107 the fully holistic approach are presented below, but relied heavily on letters of recommendation,
108 personal statements and interviews. If these factors were strong, no GRE score was too low to be
109 admitted.

110

111 Over the next four years, 29 students, were admitted in this fashion, all of whom have
112 now completed the PhD graduation cycle, so we are able to evaluate the outcomes of admissions
113 strategies which cover the entire GRE range (including both very high and low scores), under
114 conditions in which the admissions process operated obliviously to the scores themselves. The
115 measures we have used to evaluate outcomes performance in biomedical research were also used
116 in our previous report [1] on the lack of predictive value of the GRE. These include: number of
117 first or other order author papers, receiving competitive fellowship awards, time to degree, a
118 detailed faculty evaluation at the time of graduation, and an initial review of career development
119 in scientific areas. Of the 29 URM students who participated in the IMSD program over this
120 time period, 27 have now graduated (25 PhD, 2 MS) with two students dropping out early as a
121 consequence of health problems. We present here the outcomes of the 25 PhD graduates and the
122 relationship of these outcomes to their GRE scores.

123

124 **Materials and Methods**

125 GRE (Quantitative and Verbal) scores and academic performance data from 25 IMSD students
126 who matriculated from 2007 to 2011 were collected and examined. Academic performance
127 outcomes of interest were: time elapsed in program (i.e., months to degree), number of
128 publications, number of first-author publications, fellowship status (any or F31), Vanderbilt
129 faculty ranking (10 = best, 50 = worst). Table 2 provides univariate summaries (e.g., mean,
130 median, standard deviation, inter-quartile range) of these variables. Figure 2 presents histograms
131 of the continuous outcome variables. Regression modeling was used to assess the degree of
132 association between GRE outcomes and academic outcomes. Specifically, Poisson regression
133 was used to model publication counts (accounting for length of time in the program), months to

134 degree, and faculty ranking. Logistic regression was used to model receipt of fellowship. For all
135 models, we report point estimates, model robust standard errors, and 95% confidence intervals
136 (CIs). We plot each performance measure as a function of GRE scores and include the fitted
137 regression line as well as a locally weighted scatterplot smoother (lowess) line to visually assess
138 linearity assumptions and model fit. Confidence intervals were plotted to demonstrate the degree
139 of precision afforded by the data at the 95% level. Any relationship between GRE scores and
140 outcomes would be captured in the slope of these regression lines. While it is not possible to
141 prove the null hypothesis that GRE scores and outcomes are not related, it is possible to provide
142 an upper bound on the largest potential association. The 95% CI provide this bound and
143 comprise the set of associations supported by the data. As we will see from the data, despite the
144 small sample size, these CIs do not support mild or strong associations between GRE scores and
145 outcomes. For a sensitivity analysis, we compared academic outcomes between the first quartile
146 and the fourth quartile of GRE scores. If any association were present, such an analysis should at
147 least yield exaggerated point estimates of the association effect. The research was approved by
148 Vanderbilt University IRB (151678). Consent was not given as data were analyzed
149 anonymously.

150

151 **Results**

152 In Fig 1 we report the range of GRE scores among the 27 URM students admitted into
153 the graduate program in the biomedical sciences at Vanderbilt from 2007 through 2011 and who
154 completed a PhD or MS degree. The admission decisions for these students during this time
155 period was determined by the IMSD admissions/advisory committee, and although the student's
156 GRE score was recorded in our databases, it has only been used for outcomes studies long after

157 the admissions event. The range of GRE scores among this group of students varies across the
158 spectrum for students who were admitted in response to a detailed analysis of the committee's
159 assessment of the likelihood of the student's success in research. The committee's assessment
160 was based primarily on the non-quantitative components of the application, including a close
161 reading of the letters of recommendation and the student's personal statement. The student's
162 transcript was evaluated, primarily to assess adequate coursework preparation for biomedical
163 PhD coursework. A wide range of GPAs were accepted. We sought to place the overall and
164 science GPAs in the context of the college or university and the life events of the applicant. For
165 example, students with extensive work and/or family responsibilities might reasonably be
166 expected to end up with lower GPAs due to time demands. The lowest GPA accepted among
167 this group of students was 1.8. Finally, all students were invited to campus for an interview visit
168 that was also given significant consideration.

169

170 **Fig 1. GRE Quantitative and Verbal Scores of IMSD Students Matriculating from 2007-11**

171 **who completed a PhD or Master's degree.** Top panel depicts GRE-Q% and lower panel depicts GRE-
172 V% for 27 students who completed either a PhD (blue symbols) or Master's degree (red symbols).

173

174 From the 27 students with GRE scores shown in Fig 1, 93% have graduated with the PhD
175 and 7% left with an MS degree. Of the 25 students who completed the PhD, 84% continued to
176 postdoctoral positions. Four students did not continue on to postdocs, choosing instead to move
177 to industry, consulting, medical school, or an academic faculty position. Overall, the outcomes of
178 this cadre of GRE-blind admitted students are strikingly parallel to those of students admitted
179 through the traditional route (using much higher GRE scores) over the same time period [4]. As
180 indicated in Fig 1, we have a wide range of GRE scores among this group. This unusual group

181 provided us with a means to test the predictive value of GRE scores over a much wider range
182 than most admissions committees will typically tolerate.

183

184 Fig 2 shows histograms of the data analyzed in this study: range and frequencies of GRE
185 scores, number of publications, number of first author publications, months to degree, and
186 faculty ranking. The faculty ranking is obtained upon the student's completion of their Ph.D. The
187 ranking is comprised of the sum of scores for each of ten questions, listed in Table 1. The
188 questions cover a range of areas that are often informally assessed as measures of developing
189 into a successful, independent scientist; many would fall into the area of the social/emotional
190 learning skillset. We ask the PhD faculty mentor to score their newly-minted PhD student from
191 one to five, with one being best. Thus, the top ranking possible is a 10, if the student received a
192 score of one for each of the ten questions. Student rankings ranged from 12 to 39 with a median
193 of 21.5. The other metrics are self-explanatory, with number of publications ranging from one to
194 thirteen (median= 4) and first author publications from one to six (median=2). Note that students
195 are expected to publish at least one first author paper as a requirement for the PhD in most of our
196 PhD granting programs. The time to degree for these students ranged from slightly more than 4
197 years, to just over 7 years (median = 5.66 years). In addition to the data shown in Fig 2, we also
198 included whether or not the student obtained an individual fellowship in a national competition
199 (F31, AHA, DOD, etc) as an additional metric (see Figs 6 and 7). Summary statistics of the data
200 for this study are presented in Table 2. The hypothesis we test is that GRE scores are associated
201 with future performance in a biomedical graduate program. This association will be measured by
202 the slope in a regression model, to be explained shortly.

203

204 **Fig 2. Histograms of outcomes data.** Frequencies of GRE scores (Q% and V%), number of publications,
205 months to degree, and faculty ranking are shown as indicated.

206

207 **Table 1. Faculty rating of student at exit.**

1. Ability to handle classwork needed for your PhD program
2. Drive and determination
3. Creativity and imagination in terms of experimental design and interpretation
4. Technical ability
5. Keeping up with the literature
6. Output – translating observations into a presentable paper
7. Ability to write creatively
8. Leadership in the lab and department
9. Trajectory
10. Overall assessment as a productive scientist

208 Faculty mentors were asked to score student upon PhD completion using a scale of 1-5 as follows:
209 1-outstanding; 2-excellent; 3-good; 4-fair; 5-poor. The faculty rating is the sum of the scores for 10
210 questions.

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218 **Table 2. Summary statistics of GRE data**

219

	N				
220	GRE-Quantitative	25	28	44	59 (45 ±21)
221	GRE-Verbal	25	22	43	60 (42 ±25)
	No. of publications	25	3.0	4.0	7.0 (4.9 ±2.5)
222	No. of first author pubs	25	1.0	2.0	2.0 (2.0 ±1.1)
	Any fellowship	25			
223	0			52%	(13)
	1			48%	(12)
224	F31 fellowship	25			
	0			68%	(17)
225	1			32%	(8)
	Other fellowship	25			
226	0			84%	(21)
	1			16%	(4)
227	Faculty ranking	20	17.8	21.5	30.5 (23.8 ± 8.1)
228	Months to degree	25	63.6	68.0	75.3 (68.8 ± 9.6)

228

229 *a b c* represent the lower quartile *a*, the median *b*, and the upper quartile *c* for continuous
 230 variables. $\bar{x} \pm s$ represents $\bar{X} \pm 1$ standard deviation. *N* is the number of non-missing values.
 231 Numbers after percents are frequencies.

232

233

234 **Lack of association between GRE scores and publications.**

235 We modeled the relationship between total number of publications and GRE scores using

236 Poisson regression in Fig 3 for GRE-Q (left panel) and GRE-V (right panel). Solid curves

237 show the fitted values from the regression models (dashed lines are 95% confidence intervals)

238 and the grey curves show lowess smoothers (locally weighted scatterplot smoother). Increasing

239 a student's GRE-Q score by 20 points increases their expected publication rate by just 3% (rate

240 ratio = 1.03 with 95% CI 0.85 to 1.26). For instance, students with GRE-Q scores of 40 and 60

241 are expected to have 4.79 and 4.94 publications, respectively. Interesting, increasing a student's

242 GRE-V score by 20 points decreases their expected publication rate by 4% (0.77, 1.19). For

243 instance, students with GRE-V scores of 40 and 60 are expected to have 4.83 and 4.62
244 publications, respectively.

245

246 **Fig 3. Associations between quantitative and verbal GRE scores and total number of**
247 **publications.** Solid curves show the fitted values from the Poisson regression models (dashed lines are 95%
248 confidence intervals) and the grey curves show lowess smoothers (locally weighted scatterplot smoother).

249

250 We do not judge these minor differences to be significant, although the same negative
251 correlation with GRE-V scores was also observed when the total number of first author
252 publications and GRE scores was modeled using Poisson regression in Fig 4. Increasing a
253 student's GRE-V score by 20 points decreases their expected publication rate by 13% (rate ratio
254 =0.87 with 95% CI 0.69 to 1.11). For instance, students with GRE-V scores of 40 and 60 are
255 expected to have 1.97 and 1.72 first author publications, respectively. Increasing a student's GRE-
256 Q score by 20 points increases their expected first author publication rate by 8% (rate ratio =
257 1.077 with 95% CI 0.88 to 1.32). For instance, students with GRE-Q scores of 40 and 60 are
258 expected to have 1.94 and 2.09 first author publications, respectively, which is essentially no
259 difference. We conclude that even when GRE scores below 20 percentile are in the mix,
260 productivity as measured by the key currency of the scientific enterprise, namely publications -
261 exhibits very little dependence, if any, on GRE scores.

262

263 **Fig 4. Associations between quantitative and verbal GRE scores and total number of first**
264 **author publications.** Solid curves show the fitted values from the Poisson regression models (dashed lines are
265 95% confidence intervals) and the grey curves show lowess smoothers (locally weighted scatterplot smoother).

266

267 **Lack of association between GRE scores and time to degree**

268 In Fig 5, months to degree is plotted vs either GRE-Q (left panel) or GRE-V (right
269 panel). Again, the solid curve shows the fitted values from the Poisson regression model
270 (dashed lines are 95% confidence intervals) and the grey curve shows a lowess smoother (locally
271 weighted scatterplot smoother). We observe only a very minor correlation between higher GRE
272 scores and shorter time to degree. Increasing either the GRE-Q or GRE-V by 20 percentage
273 points leads to a decrease in expected time to degree attainment of 3% (rate ratio = 0.97 with
274 95% CI 0.92 to 1.01) or 2% (rate ratio = 0.98 with 95% CI 0.93 to 1.03), respectively. This
275 means that students with GRE-Q scores of 40 and 60 are expected to take 69 months and 67
276 months to complete their degree, respectively. Likewise, students with GRE-V scores of 40 and
277 60 are expected to take 69 months and 68 months to complete their degree, respectively.

278

279 **Fig 5. Associations between quantitative and verbal GRE scores and months to degree.**

280 Solid curves show the fitted values from the Poisson regression models (dashed lines are 95% confidence intervals)
281 and the grey curves show lowess smoothers (locally weighted scatterplot smoother).

282

283 **Lack of association between GRE scores and fellowships.**

284 We are well aware that counting papers, either first author or total, has limitations –
285 especially since neither metric captures the quality and/or impact of the publications. Such
286 parameters are difficult to uniformly measure because they are often very field-specific, and
287 sometimes the impact of research is not fully appreciated for years to come. Therefore, we
288 sought to include individual fellowships obtained as one metric of student quality. We included
289 fellowships that are reviewed nationally by panels of experts, providing a comparison between

290 students in this cohort against students at similar stages of training from other institutions around
291 the country. Predoctoral fellowships obtained by this cohort are included in Table 3.

292

293 **Table 3: Individual Fellowships awarded to IMSD students**
294 **matriculating from 2007-2011**

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Fellowship type	number awarded
F31 Ruth L. Kirschstein National Research Service Award (NRSA) Predoctoral Fellowship	8
American Heart Association Predoctoral Fellowship	1
National Science Foundation Graduate Research Fellowship	1
UNCF Merck Graduate Science Research Dissertation Fellowship	1
Department of Defense Prostate Cancer Research Program Predoctoral Fellowship	1

296

297 Boxplots of GRE scores stratified by whether or not students received a fellowship are
298 shown in Fig 6. From bottom to top, the horizontal lines of a boxplot show the min, 25th
299 percentile, median, 75th percentile, and max values in a given group. In Fig 7 the predicted
300 probability of obtaining a fellowship as a function of GRE score is presented. Interestingly,
301 increasing a student's GRE-Q score by 20 points decreases their odds of receiving a fellowship
302 by 35% (odds ratio = 0.65 with 95% CI 0.27 to 1.58). For instance, the predicted probability of
303 receiving a fellowship for students with GRE-Q scores of 40 and 60 are 50% (95% CI 30% to
304 71%) and 40% (95% CI is 15% to 64%), respectively. Alternatively, increasing a student's GRE-
305 V score by 20 points increases their odds of receiving a fellowship by just 4% (odds ratio = 1.04

306 with 95% CI 0.55 to 1.98). The predicted probability of receiving a fellowship for students with
307 GRE-V scores of 40 vs. 60 are 48% (28%, 68%) and 49% (25%, 73%), respectively. We
308 conclude for this data set, that GRE scores have little value in predicting who will receive a
309 fellowship; in fact, for GRE-Q we observed a negative correlation.

310 **Fig 6. Boxplots of GRE scores stratified by whether or not the students received a**

311 **fellowship.** Data are for fellowships listed in Table 3. The raw data points are overlaid. From bottom to top, the
312 horizontal lines of a boxplot show the minimum GRE score, 25th percentile, median, 75th percentile, and max values
313 in a given group.

314 **Fig 7. Predicted probability of obtaining a fellowship as a function of GRE scores.** Data are

315 for fellowships listed in Table 3. The raw data points are overlaid (0 = No fellowship, 1= Fellowship).

316

317 **Lack of association between GRE scores and faculty evaluation.**

318 At the completion of their doctoral training, each faculty mentor is asked to evaluate their
319 PhD student on each of ten questions provided in Table 1. The student is not aware that they are
320 or have been evaluated, and the evaluation is never shared with the student nor used for any other
321 purpose. It is important to note that a lower ranking indicates a better evaluation, with 10 being
322 the highest score possible and 50 the lowest score. Fig 8 (left panel) shows the association
323 between GRE-Q score and faculty ranking. As in the prior figures, solid curves show the fitted
324 values from the Poisson regression models (dashed lines are 95% confidence intervals) and the
325 grey lines show the lowess curves. Corresponding data for GRE-V score and faculty ranking are
326 presented in Fig 8, right panel. In each case the associations were small and actually negative
327 (that is, higher GRE scores were associated with lower faculty rankings). Increasing GRE-Q by

328 20 points increases (worsens) the expected ranking by 5% (rate ratio = 1.05 with 95% CI 0.92 to
329 1.19). For instance, for students with GRE-Q scores of 40 and 60, the expected rankings are
330 23.56 and 24.65. Likewise, increasing GRE-V by 20 points increases (worsens) the expected
331 ranking by 10% (rate ratio = 1.10 with 95% CI 1.003 to 1.217). For students with GRE-V scores
332 of 40 and 60, the expected rankings are 23.57 and 26.04.

333

334 **Fig 8. Associations between GRE scores and faculty ranking.** Solid curves show the fitted values
335 from the Poisson regression models (dashed lines are 95% confidence intervals) and the grey curves shows lowess
336 smoothers (locally weighted scatterplot smoother).

337

338 The data indicate that GRE scores across the entire range of values in this cohort are not
339 predictive of the outcome measures we assessed. We took one final approach – testing for
340 differences in performance measures between the lower and upper quartiles of the GRE scores.
341 To be clear, we compared students with very low scores (<25% GRE-Q or V) to students with
342 very high scores (>75% GRE-Q or V). Although this approach does not use all the data, it
343 would be expected to yield an upwardly biased estimate of the GRE outcome association. The
344 results of such an analysis are shown in Table 4 (for GRE-Q) and Table 5 (for GRE-V). For both
345 tables the first two columns show the mean and standard deviation (SD) of performance
346 measures (number of publications, number of first author publications, months to degree, and
347 faculty ranking) among students in the lower 25th percentile and the upper 25th percentile of
348 GRE score. The third and fourth columns show the difference in mean performance measures
349 between the lower and upper quartiles and the 95% confidence intervals. We see that the point
350 estimates are modest at best, and all confidence intervals include zero as expected. Therefore,
351 even when comparing very low scores, (a range that many graduate schools rarely admit

352 students) to high scores, we do not find evidence that a relationship exists even between the two
353 most likely classes of students.

354

355 **Table 4: Mean (SD) of variables in lower and upper quartiles of GRE-Q**
356 **and 95% CIs for their difference**

	Lower Q	Upper Q	Difference	95% CI
No. of publications	4.6 (2.2)	4.3 (2.1)	0.24	(-2.39, 2.86)
No. of first author pubs	1.7 (0.8)	1.5 (0.8)	0.21	(-0.77, 1.2)
Months to degree	75 (7.6)	69 (7)	5.95	(-2.97, 14.88)
Faculty ranking	21.5 (9.3)	27 (7.7)	-5.5	(-18.15, 7.15)

357 The first two columns show the mean and standard deviation (SD) of performance measures among students in the
358 lower 25th percentile and the upper 25th percentile. The third and fourth columns show the difference in mean
359 performance measures between the lower and upper quartiles and the 95% confidence intervals.

360

361 **Table 5: Mean (SD) of variables in lower and upper quartiles of GRE-V**
362 **and 95% CIs for their difference**

	Lower Q	Upper Q	Difference	95% CI
No. of publications	5.3 (3.5)	4.7 (2.3)	0.62	(-2.96, 4.2)
No. of first author pubs	2.7 (1.7)	1.7 (0.8)	1.05	(-0.6, 2.69)
Months to degree	72.2 (11.1)	67.4 (9.6)	4.86	(-7.8, 17.52)
Faculty ranking	20.8 (5.2)	27.2 (9.2)	-6.37	(-17.67, 4.93)

363 The first two columns show the mean and standard deviation (SD) of performance measures among students in the
364 lower 25th percentile and the upper 25th percentile. The third and fourth columns show the difference in mean
365 performance measures between the lower and upper quartiles and the 95% confidence intervals.

366

367 **Outcomes of the cohort to date**

368 For the 25 students in the cohort analyzed here, the final question we can ask is where are
369 they now? As mentioned earlier, most of the cohort moved on to a postdoctoral position upon
370 PhD completion at a range of research intensive institutions listed in Table 6. The students in

371 this cohort completed their PhDs between spring 2012 and summer 2017, so some have had time
372 to move to a position beyond the first postdoc. So far after completing their first postdoctoral
373 position, two individuals have moved on to Biopharma, one who is developing a start-up
374 company, one moved to an administrative position at NIH, and one is now a tenure-track
375 assistant professor. At of the time of this writing (June 2018), none of this cohort of 25 students
376 have left science.

377

378 **Table 6: Postdoctoral institutions for IMSD students upon PhD completion**

Harvard University
Mt Sinai Icahn School of Medicine
University of Texas Health Science Center
Northwestern University
Yale University
University of Florida
Vanderbilt University Medical Center
John Hopkins University
National Institutes of Health
Baylor College of Medicine
University of Colorado
Michigan State University
St Jude Children's Research Hospital
Case Western University
University of Washington

Charles R. Drew University of Medicine and Science

Vanderbilt University

Institutions where IMSD students who matriculated from 2007-2011 completed first postdocs

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383 Discussion

384 As a result of the admissions process adopted by the Vanderbilt IMSD program over a
385 decade ago, we now have a cohort of graduate students whose GRE scores spanned the entire
386 range from 1-91 percentile who have completed the PhD. This analysis includes 25 IMSD
387 students who matriculated into our biomedical research programs from 2007-2011 and
388 completed PhDs beginning in 2012 to summer 2017. We consistently observed only associations
389 between academic outcomes and GRE scores. Even when accounting for the variability in these
390 estimates (i.e., the width of the 95% CI) we see that the data support only very minor
391 associations, if any. This can be visualized by looking at the confidence bands for the regression
392 lines. For example, when modeling the number of first author publications as a function of
393 quantitative GRE score, we found the rate ratio (slope) was 1.004 (95% CI 0.994 to 1.014). This
394 implies that the average change in the number of first author publications is nearly zero even for
395 a large shift in the GRE quantitative percentile. However, the data support changes of
396 approximately [-1 to +1] publication. While not exactly zero, these limited data clearly support
397 the hypothesis that there is only a very minor relationship, if any, between publication and GRE
398 scores. In fact, for verbal scores we observed a very small negative relationship indicating (not
399 statistically significant from zero) that there is essentially no association in these data. Similar
400 findings can be observed for the other outcome metrics presented here, including first author

401 papers, fellowships obtained, time to degree, and faculty evaluations at exit. Importantly, we did
402 observe a statistically significant relationship in the opposite direction with GRE and ranking
403 (better ranked individuals tended to have poorer GRE scores). So while the overall sample size is
404 small, there appears to be enough precision or power in these data to detect strong associations if
405 they existed.

406

407 We have evaluated verbal and quantitative GRE scores separately in this study, but in
408 actuality a student's application contains both scores. Perhaps a very low score in one domain
409 (Q or V) may be offset by a high score in the other. In fact, most of the students in this cohort
410 had two reasonably comparable Q and V scores. Of the 25 students, only four had a percentile
411 spread between their two scores of greater than 30. In other words, they were generally either
412 poor test takers or strong ones. Furthermore, only six of the students who completed PhDs had
413 both GRE-Q and GRE-V scores above the 50th percentile, making it questionable whether the
414 other 19 would have gained admittance to a graduate program that adhered to higher
415 expectations for GRE performance. Five of the 25 students had neither GRE-Q or GRE-V
416 scores above the 30th percentile. We think it unlikely that they would be offered admission to
417 most graduate programs at the time or even to many programs today. Yet, among this group of
418 five is the student who garnered the best (lowest score) faculty evaluation. These outcomes
419 underscore the benefit of giving letters of recommendation, personal statements, and interviews
420 far more weight than GRE scores in making admissions decisions. Our GRE-tolerant approach
421 for increasing the number of students from historically underrepresented groups completing
422 PhDs has been highly successful.

423

424 The relationship between objective test scores and performance has been a subject of
425 debate for many years. Uncertainty surrounding their predictive ability must be weighed against
426 the cost imposed on applicants to take the test, and the advantages available to a subset of
427 applicants who can prepare extensively ahead of time and/or take the test multiple times to
428 obtain the desired high scores. However, the outcomes of the cohort presented here indicate that
429 non-quantitative measures (letters of recommendation, personal statements, interviews) are
430 capable of selecting successful PhD candidates, even when those candidates have extremely low
431 GRE scores. Subjective measures have their own drawbacks, and we sought to minimize these
432 by having multiple, experienced readers of graduate student applications. We attempted to
433 mediate individual biases by including multiple diverse viewpoints of each student's potential in
434 reaching a decision to offer admission. Admittedly, this process is time consuming, but the
435 decision of who to train as the next generation of PhD scientists is also arguably one of the most
436 important we make.

437
438 The "GRExit" movement is growing, and for those biomedical programs that remain
439 undecided, the data here may be helpful in arriving at a decision on whether or not to continue to
440 require GRE scores for admission. However these decisions turn out, we assert that our GRE-
441 tolerant approach (no score too low) undoubtedly opened doors of opportunity for PhD training
442 at Vanderbilt that may have otherwise remained closed for historically underrepresented students
443 with very low GRE scores. The increased diversity they bring to the community of PhD
444 biomedical scientists will be a benefit for decades to come.

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487 Supporting information

488 **Table S1.** (corresponds to Fig 3. Associations between quantitative and verbal GRE scores and
489 total number of publications)

490 Results from Poisson regression models looking at the association between GRE-Quantitative and number of
491 publications (Table 1a) and GRE-Verbal and number of publications (Table 1b). The columns show the estimated
492 rate ratios, model robust standard errors, 95% confidence intervals, and p-values.

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Table S2. (corresponds to Fig 4. Associations between quantitative and verbal GRE scores and total number of first author publications)

Results from Poisson regression models looking at the association between GRE-Quantitative and number of first author publications (Table 2a) and GRE-Verbal and number of first author publications (Table 2b). The columns show the estimated rate ratios, model robust standard errors, 95% confidence intervals, and p-values.

Table S3. (corresponds to Fig 5. Associations between quantitative and verbal GRE scores and months to degree)

Results from Poisson regression models looking at the association between GRE-Quantitative and number of months to degree (Table 3a) and GRE-Verbal and months to degree (Table 3b). The columns show the estimated rate ratios, model robust standard errors, 95% confidence intervals, and p-values.

Table S4. (corresponds to Fig 6. Boxplots of GRE scores stratified by whether or not the students received a fellowship)

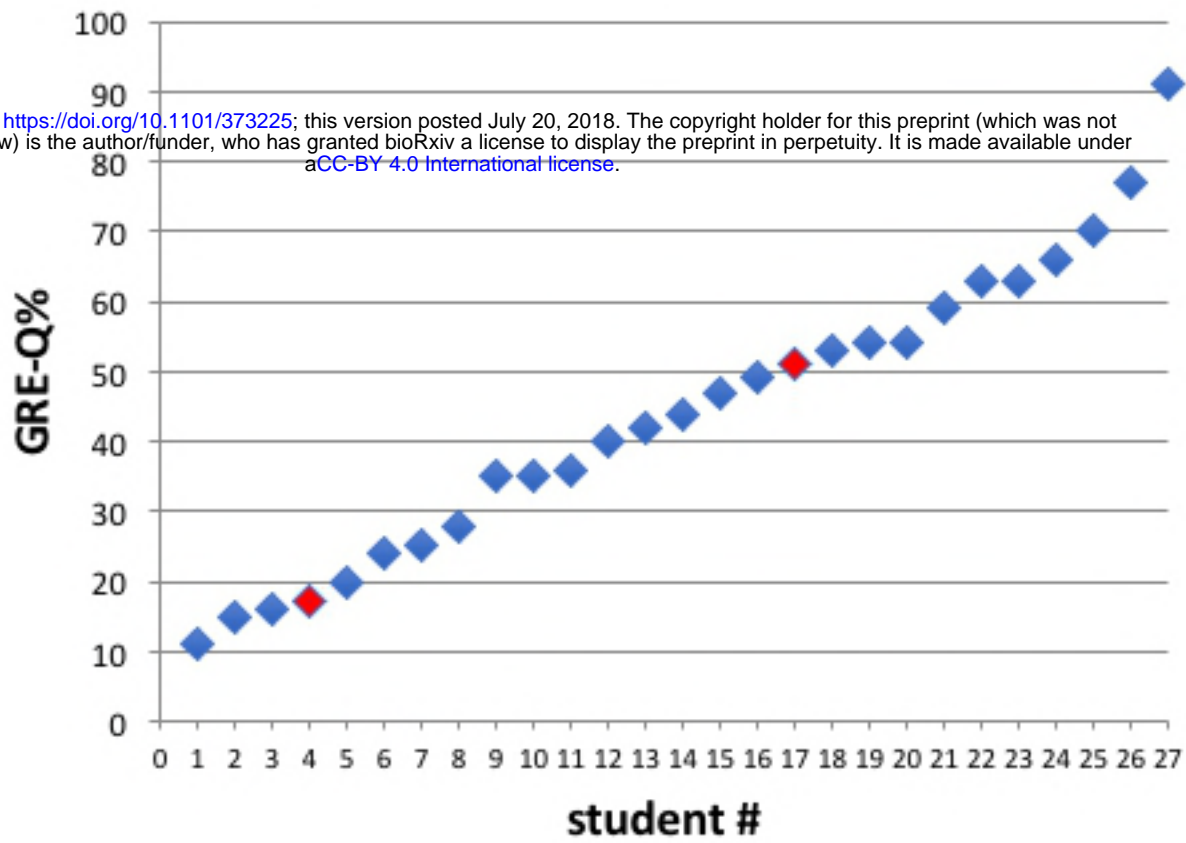
Results from logistic regression models looking at the association between GRE-Quantitative and receipt of fellowship (Table 4a) and GRE-Verbal and receipt of fellowship (Table 4b). The columns show the estimated odds ratios, model robust standard errors, 95% confidence intervals, and p-values.

Table S5. (corresponds to Fig 8. Associations between GRE scores and faculty ranking)

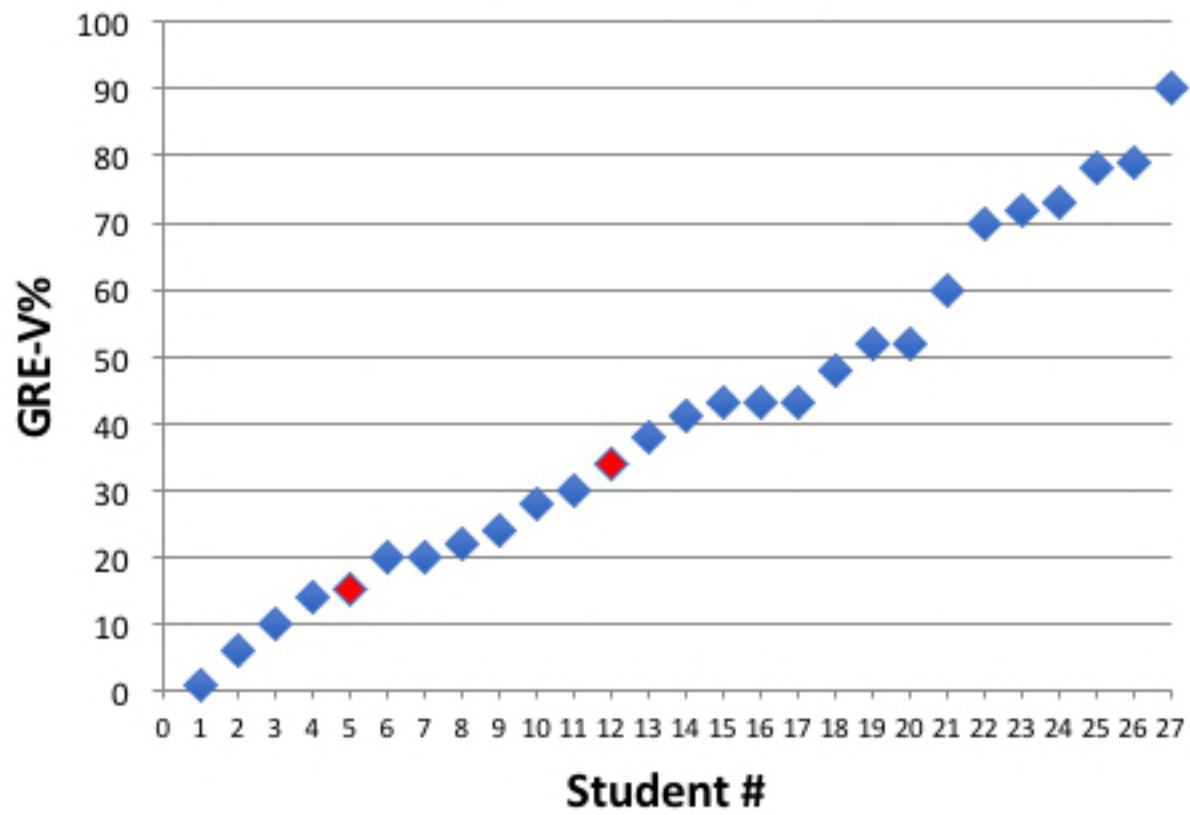
Results from Poisson regression models looking at the association between GRE-Quantitative and faculty ranking (Table 5a) and GRE-Verbal and faculty ranking (Table 5b). The columns show the estimated rate ratios, model robust standard errors, 95% confidence intervals, and p-values.

GRE-Q% PhD+Masters

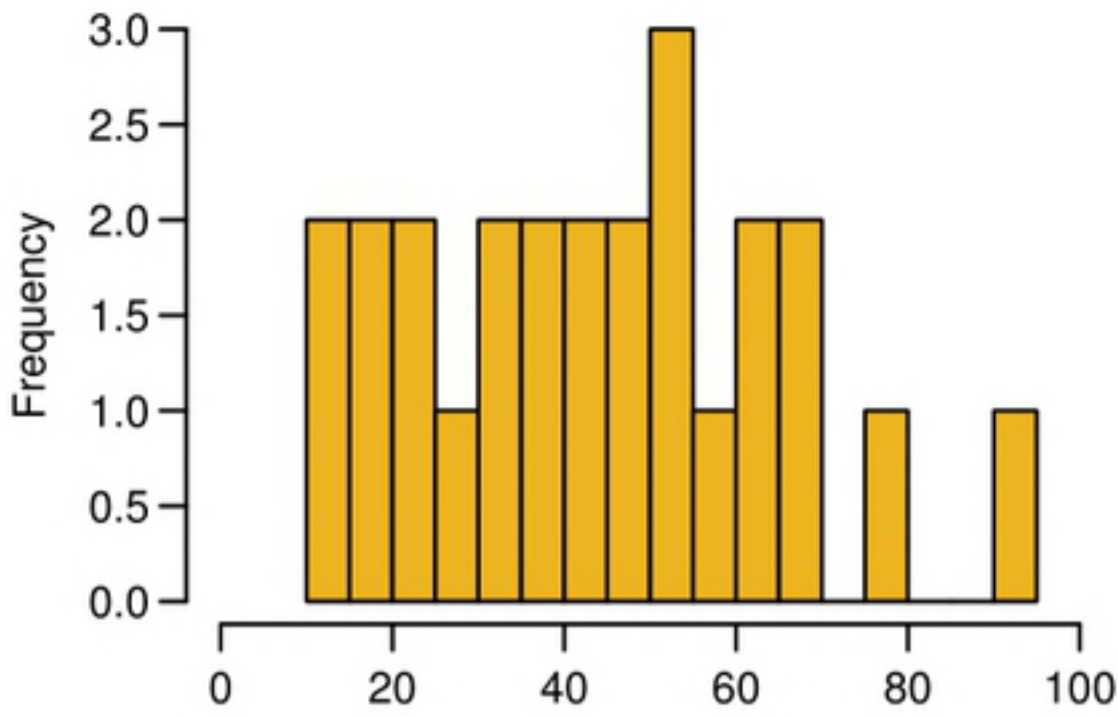
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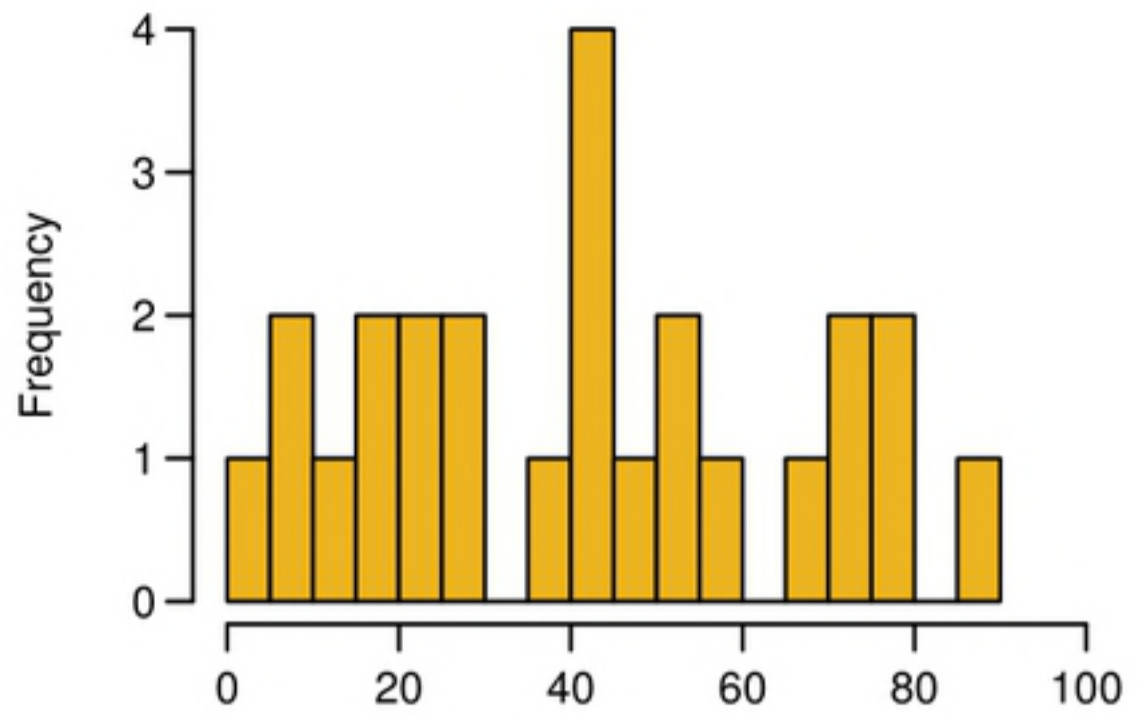
GRE-V% PhD+Masters



GRE-Quantitative

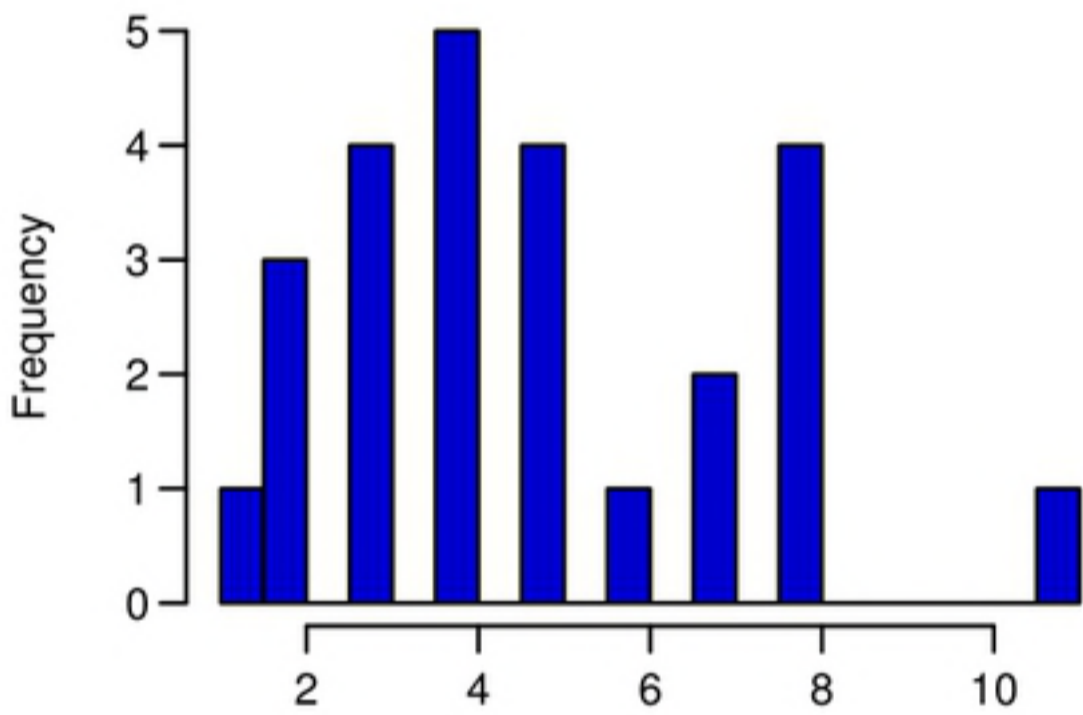


GRE-Verbal

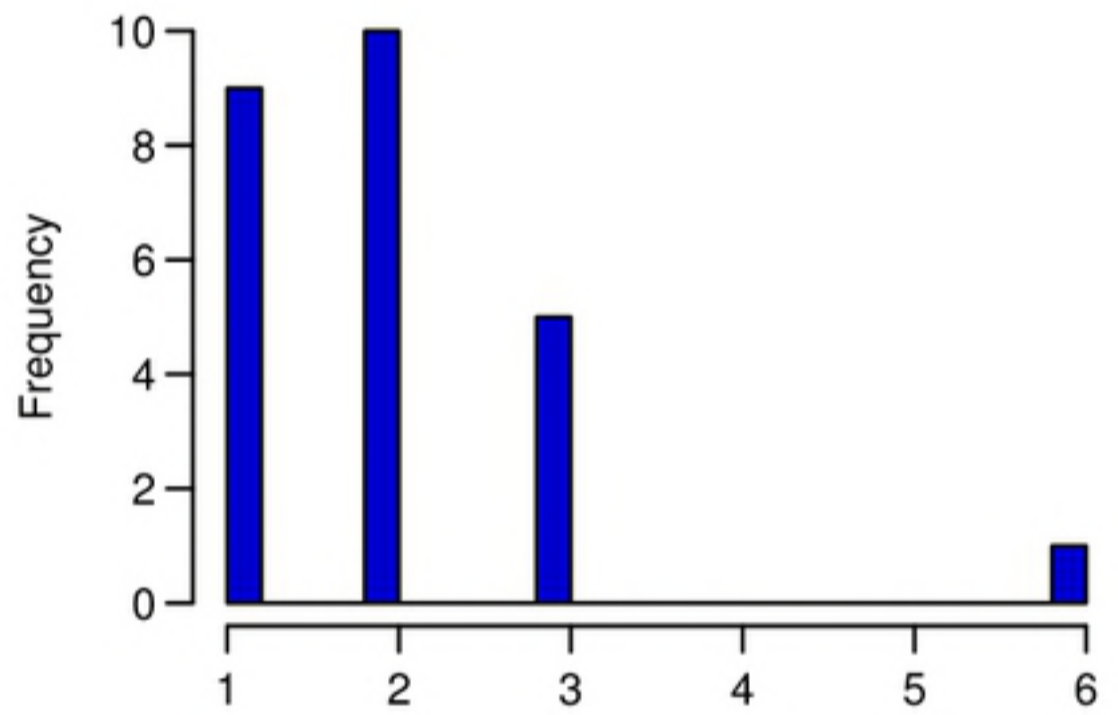


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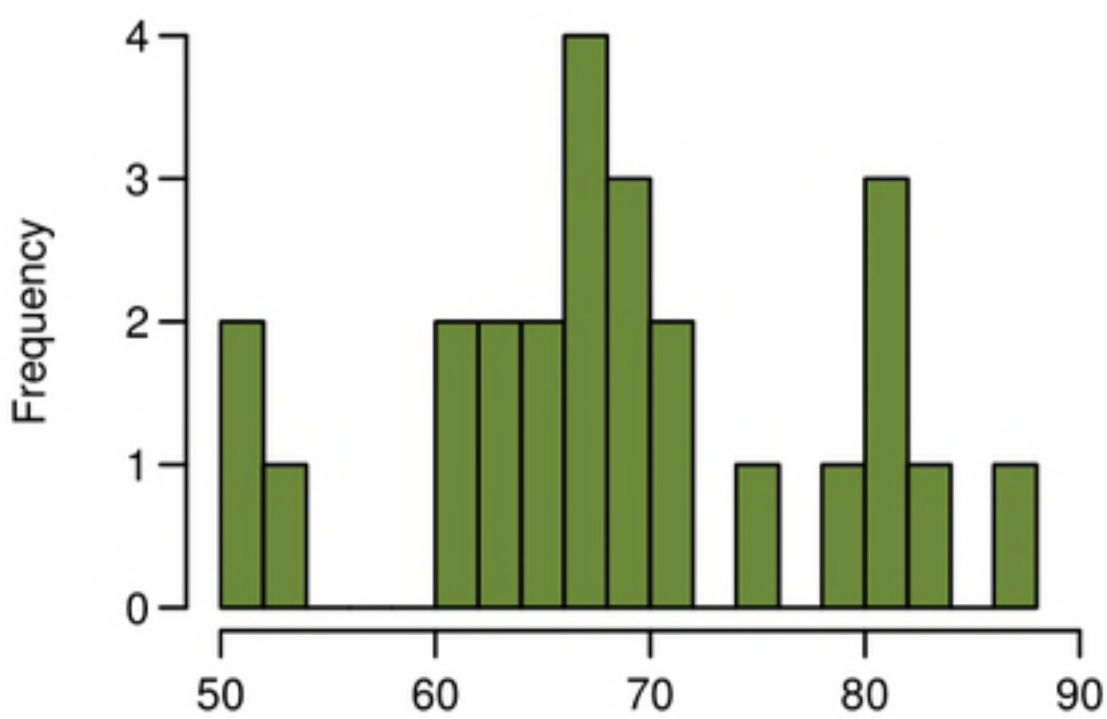
Number of publications



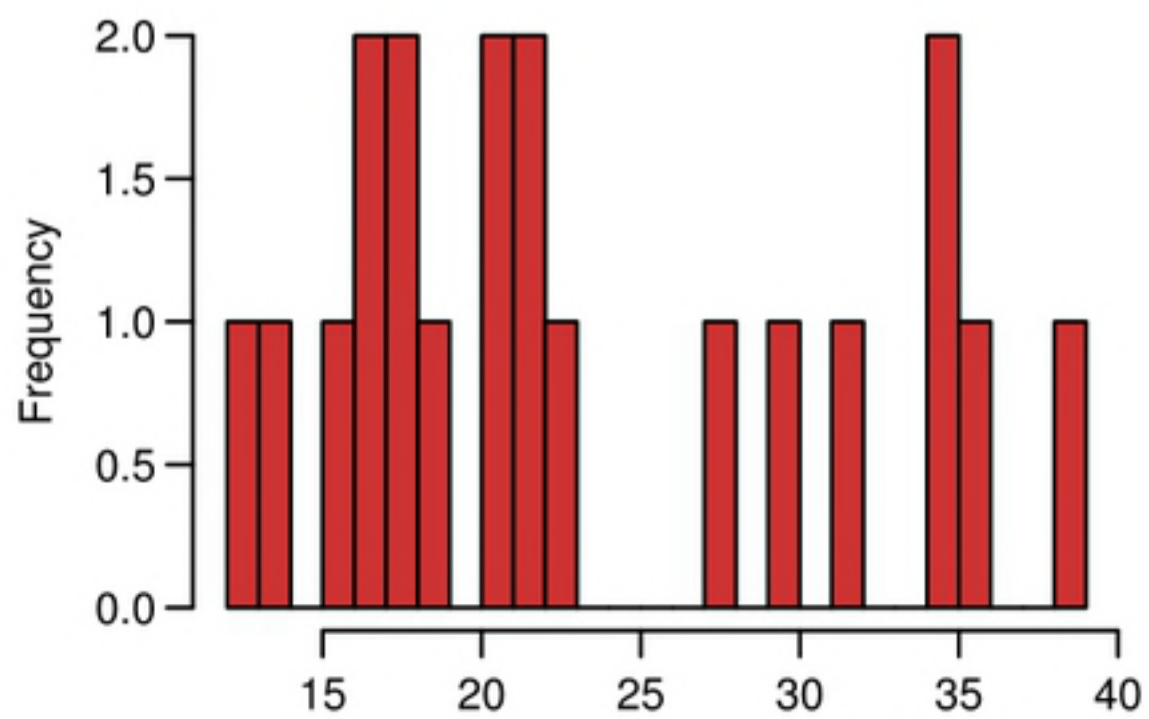
First author publications

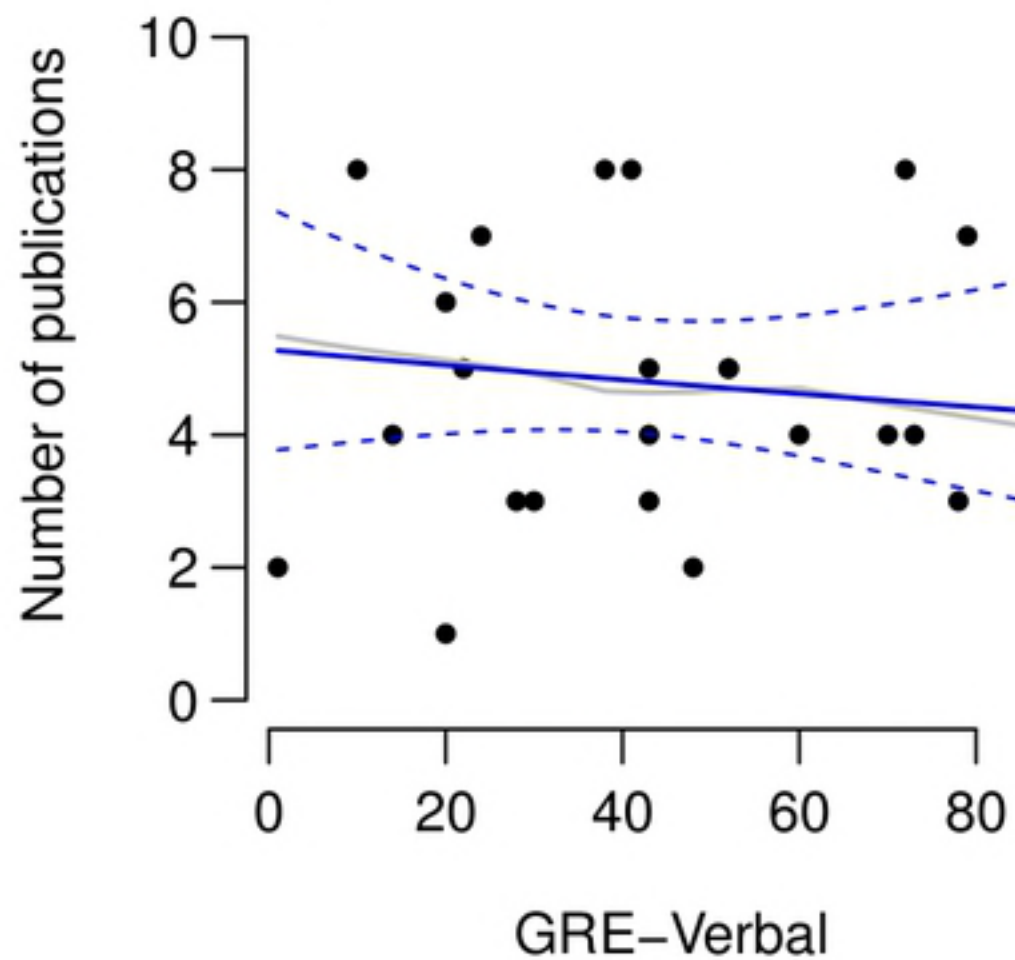
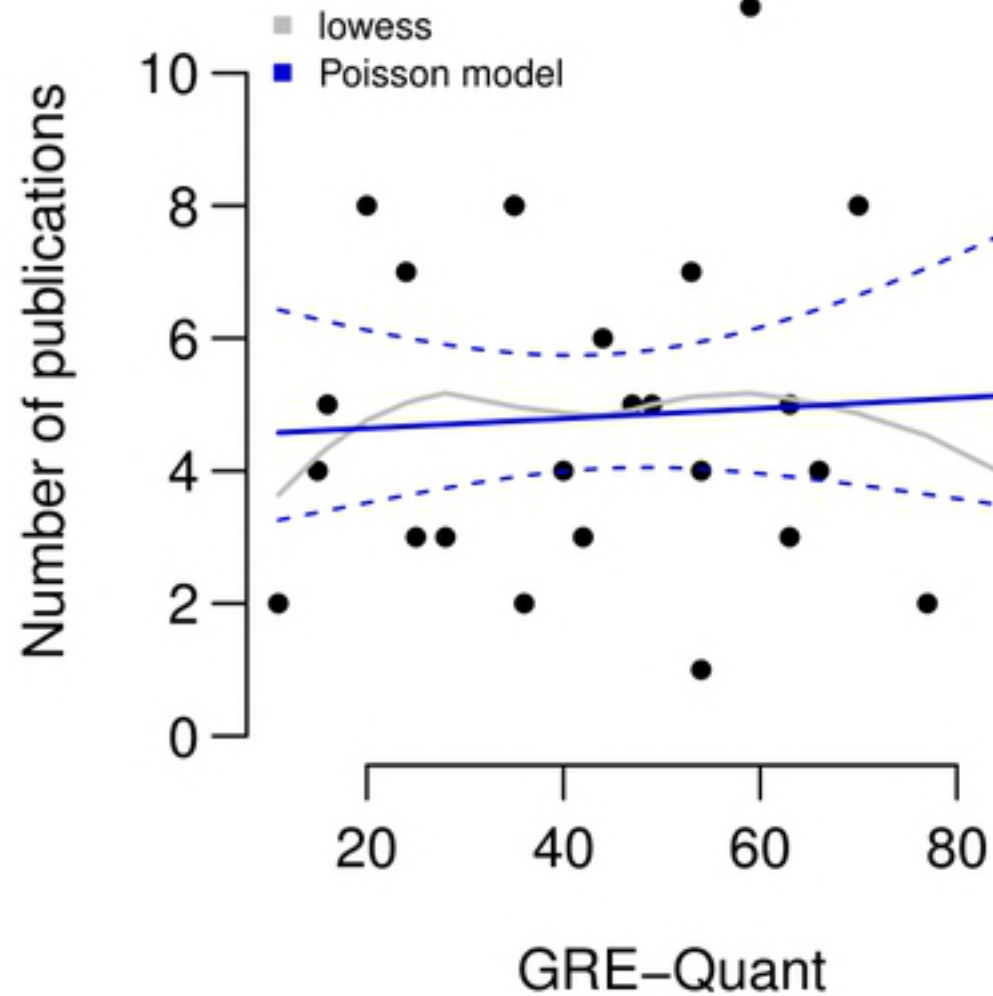


Months to degree

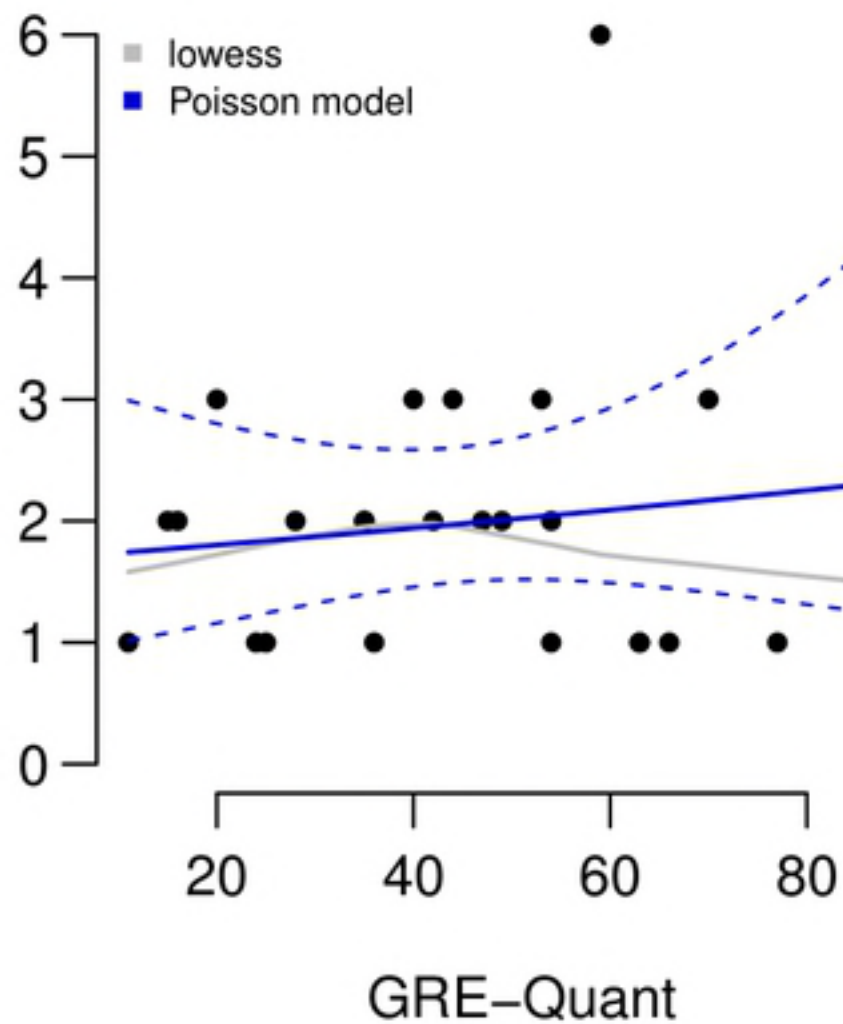


Faculty ranking

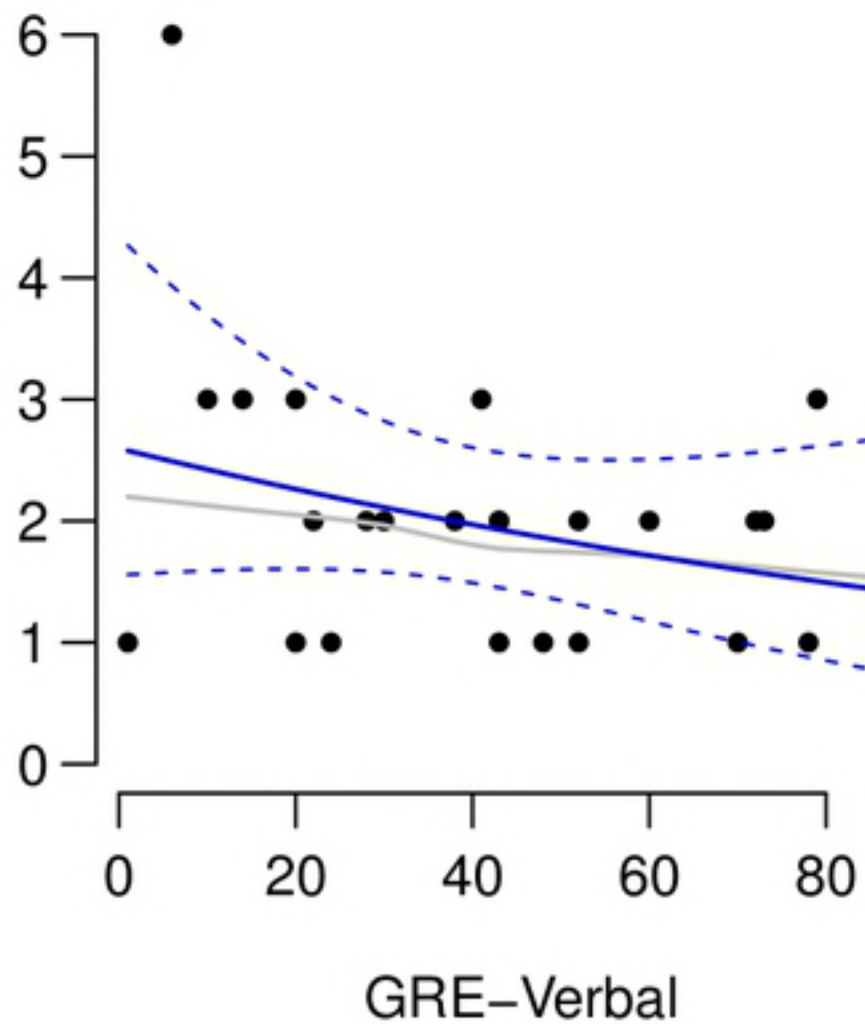


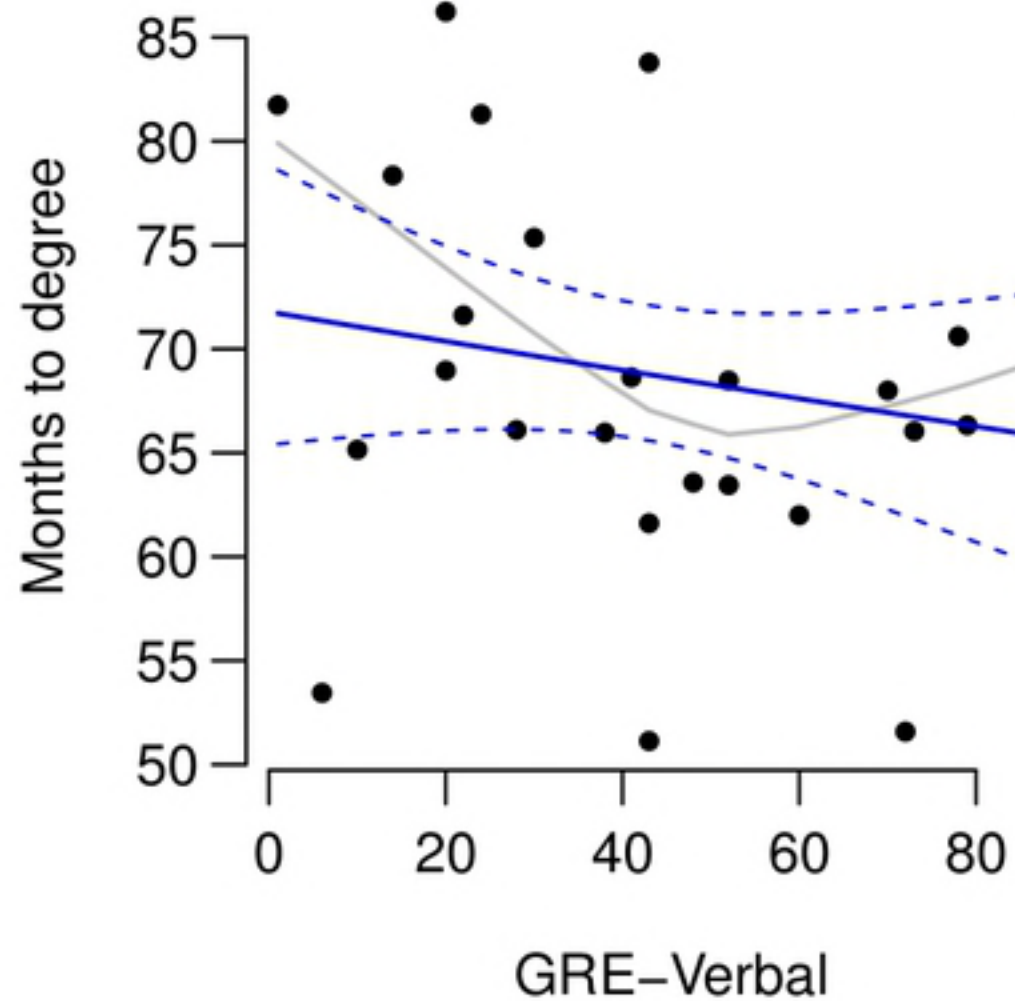
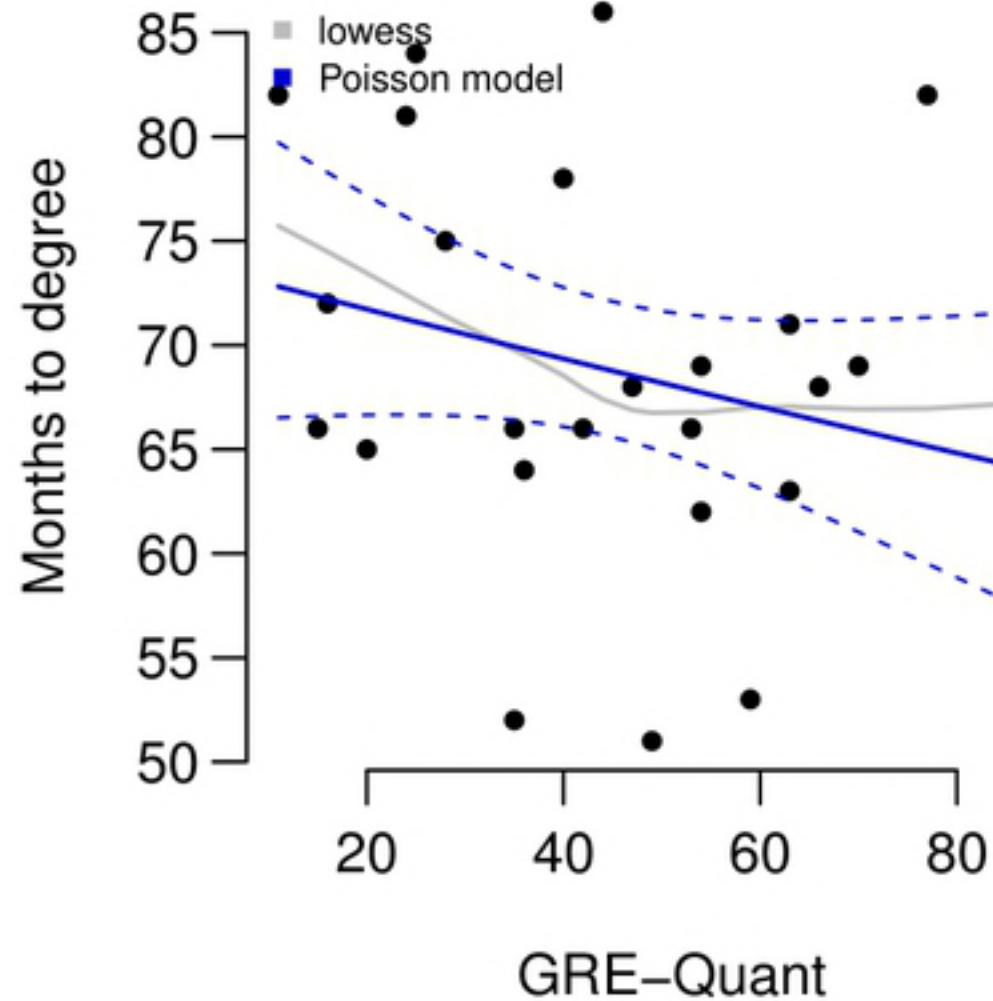


First author publications

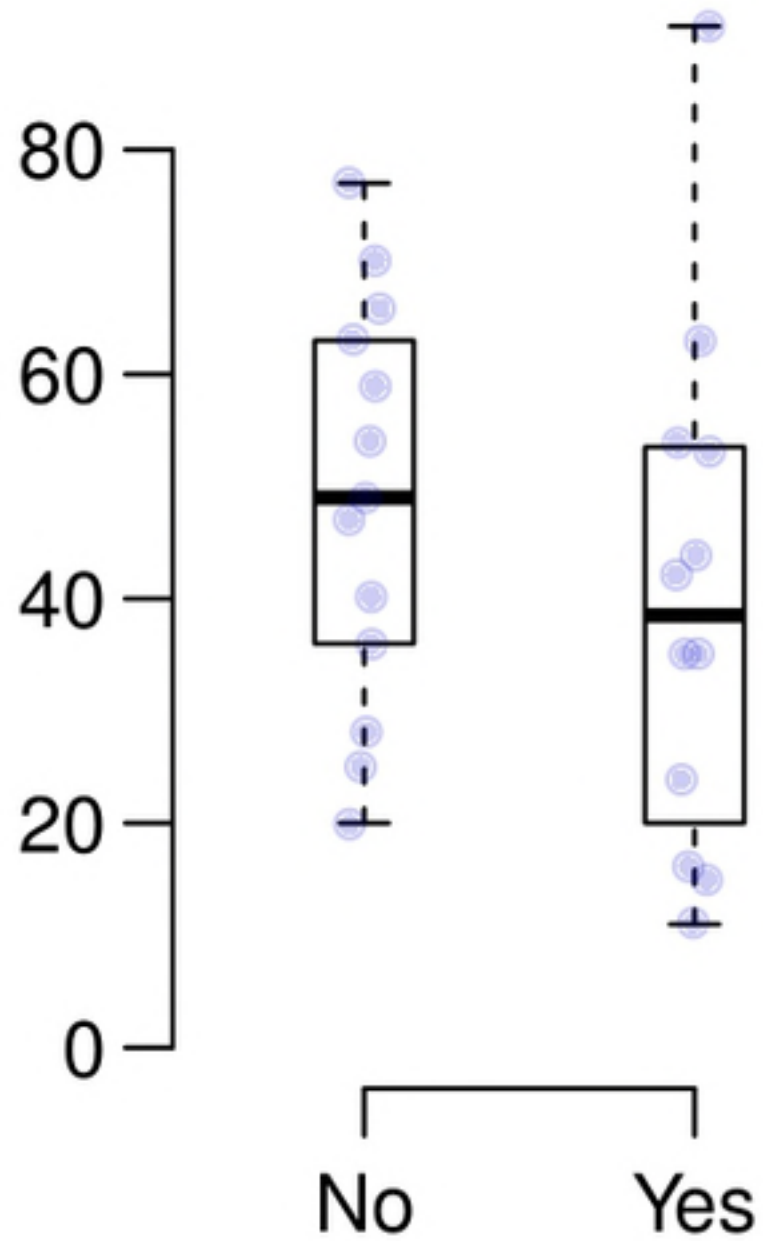


First author publications



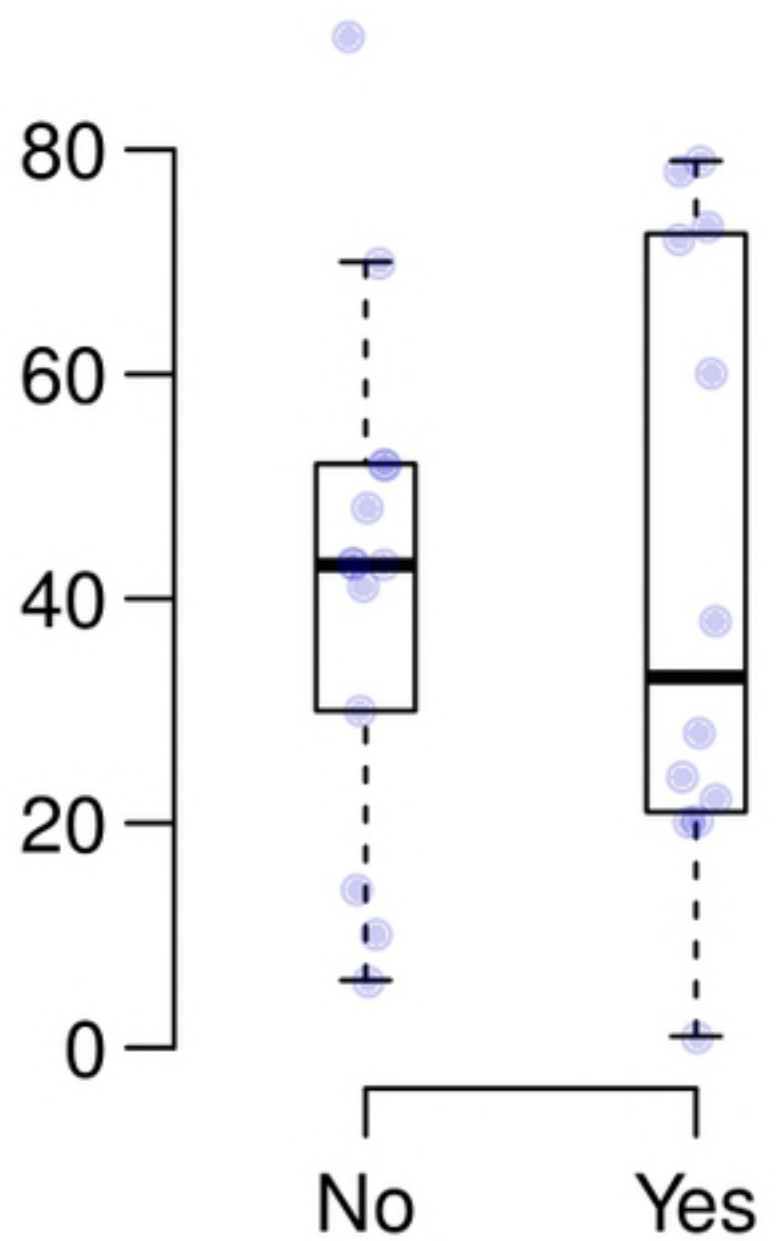


GRE-Quant



Fellowship

GRE-Verbal



Fellowship

