Strategy Workshop:

Psychology on the MCAT



Introductions

- Clara Gillan
 - Sr. Content Developer
 - Veteran MCAT Tutor



- Worked with hundreds of students, written and reviewed thousands of MCAT questions
- Personally achieved a 42 MCAT (14's in each section).



Prepping for the MCAT

Content Review

Take diagnostic exam

Review sciences

Focus on areas of weakness

Strategy Development

Learn and perfect:

- Test Strategy
- Question Strategy

Practice!

- Full length sections
- Full length tests



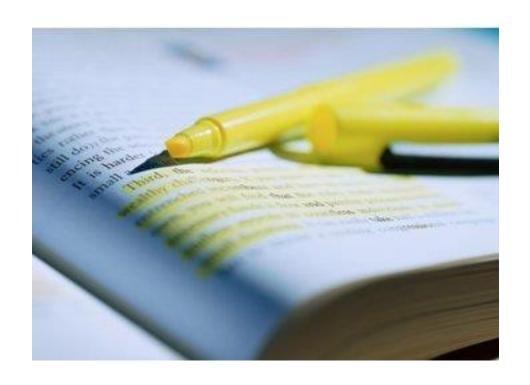
How to highlight

Read briskly, use highlighter to capture key points!

- What to look for:
 - Opinion

Points of contrast

Cause and effect!





Psychological, Social, and Biological Foundations of Behavior Passage 1

Researchers sought to connect maternal stress to low birthweight by examining a population of 130 low socioeconomic-status women from the Los Angeles metro area. Scientists hypothesized that maternal stress was linked to low birthweight due to hormonal and other physiological changes associated with stress, such as elevated catecholamine levels, decreased visceral blood flow, and elevated cortisol levels.

The study participants were all women seeking prenatal care at free clinics. Participants were enrolled only if they were over the age 18 and under 40, presented for their first appointment within the first two months of pregnancy, and continued prenatal visits throughout pregnancy. Women were interviewed at each prenatal appointment, at least five times each, and on average seven times throughout pregnancy. Researchers noted that at these free clinics there were no Spanish-speaking doctors, despite over half of study participants only speaking Spanish. Doctors also spent very little time with each patient and seemed too rushed to discuss health concerns fully with each patient.



An index of the latent variable stress was created through assessments of three different factors: environmental (event) stress, perceptions of stress, and affective responses to stress. The first was measured by asking the women to report on adverse life events that happened to friends and family (everything from mundane stressors like moving, to larger stressors like losing a job, to potential trauma like being a victim of a crime were included). Perceptions of stress were assessed through surveys about how the adverse life events were perceived, ranging from "not at all stressful" to "extremely stressful". Finally, affective response was measured through anxiety inventories.

Finally, patients were also extensively interviewed about their medical background, especially with respect to medical conditions that present serious risk during and after pregnancy and labor to generate a "medical risk" score. Birthweight was measured in grams as a continuous variable, rather than classifying the newborns in broad categories. This more specific data allowed the correlations developed below to be analyzed with a high degree of statistical significance.



Figure 1: Correlation matrix of study results

	Stress	Event distress	Perceived Stress	Anxiety	Medical Risk	Birthweight
Stress	1	0.44	0.84	0.80	0	-0.31
Event Distress		1	N/A	N/A	0	-0.18
Perceived Stress			1	N/A	0	-0.28
Anxiety				1	0	-0.29
Medical Risk					1	-0.15
Birthweight						1



Interpreting Figures on the MCAT

When reading the passage: When answering question:

- Mind your axes

- Who is the control?

- Units matter

- Deep dive on trends

- Sum up trends, move on

- Don't assume you need the figure



Figure 1: Correlation matrix of study results

	Stress	Event distress	Perceived Stress	Anxiety	Medical Risk	Birthweight
Stress	1	0.44	0.84	0.80	0	-0.31
Event Distress		1	N/A	N/A	0	-0.18
Perceived Stress			1	N/A	0	-0.28
Anxiety				1	0	-0.29
Medical Risk					1	-0.15
Birthweight						1



1. The research described in the passage, which takes into account numerical measures of birthweight, survey reports of anxiety, and reports of life events related to friends and family best fits under what model of public health analysis?

- A) Medical model
- B) Biopsychosocial model
- C) Psychosocial model
- D) Cohort study



- 2. Which of the following identifies a potential methodological flaw in the study?
- A) The study's sample size was far too small to allow for correlations with any statistical significance to be drawn.
- B) By only assessing maternal and not paternal stress, researchers missed out on key data that would be essential to assessing the effect of parental stress on fetal health.
- C) It is already well known that low birth weight correlates with preterm labor so the research findings are redundant.
- D) By only working with women who had already chosen to come in for prenatal care very early in their pregnancies and to receive very frequent prenatal checkups, the researchers were working with a sample that may be unrepresentative.



- 3. According to the study results, which of the following women would be most likely to give birth to a low birthweight baby?
- A) A first-time mother who was many years younger than the average age in the study
- B) An unmarried woman with several medical risk factors but almost no event distress
- C) A woman who reports a high level of anxiety and perceived stress but a low medical risk
- D) A Latina woman with strong social networks and a large amount of event distress but low anxiety



4. Assessing a latent variable like stress through a series of surveys that create numerical results is an example of:

- A) operationalization.
- B) ethnocentrism.
- C) medical bias.
- D) external validity.



- 5. The study found that medical risk was not correlated with stress, despite the natural assumption that a woman who has many risk factors would be expected to experience stress about those factors. This lack of correlation may best be explained by:
- A) the unusually robust health of study participants.
- B) the fact that the women in the study were too focused on their high level of distressing life events to worry about their own medical risk factors.
- C) the mothers' unawareness of their risk factors.
- D) cultural differences between the doctors and patients.



Top 3 Tips for Managing the MCAT

Move through the test in order

Stick with your first answer, unless you can PROVE it wrong

Create a love/hate relationship with the clock



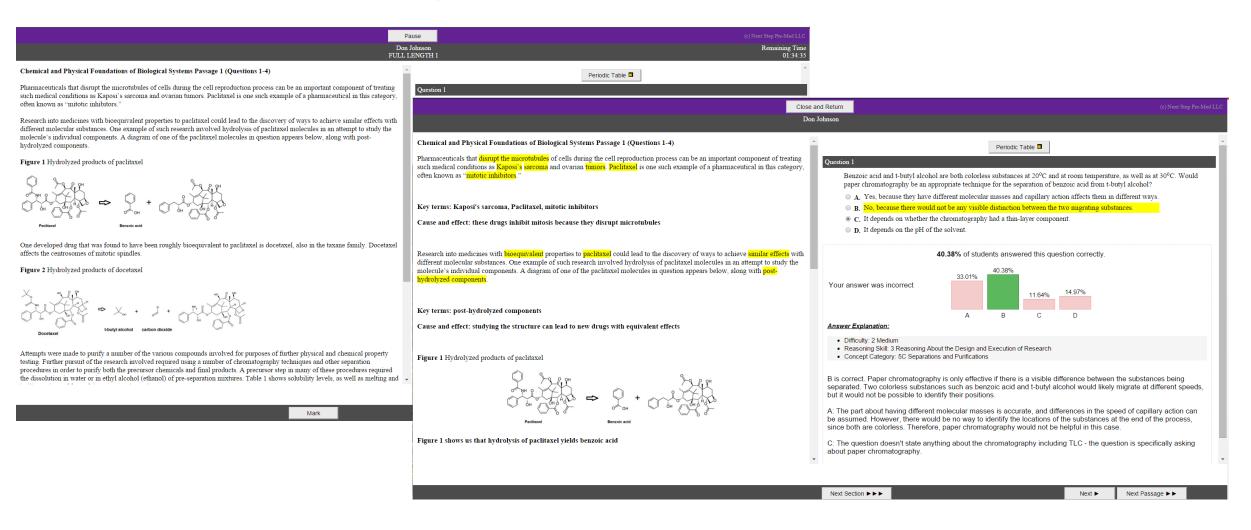
Questions?



How Can Next Step Help?



Realistic MCAT Testing Platform



Free Half Length Diagnostic

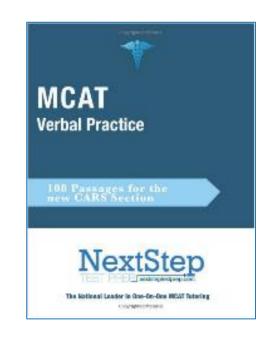
Five Full Length Practice Tests



Best Selling MCAT Books



Most Full length Practice Sections



Most extensive verbal review available



One on One Tutoring

Superior Quality

Unbeatable Value

Customized Study Plans

Next Step Test Prep

16 Hours Tutoring \$1,899

24 Hours Tutoring \$2,649

Review Kaplan

MCAT Class \$2,499 MCAT Class \$2,299

48 Hours \$7,200- 15 Hours

Tutoring \$14,400 Tutoring

\$Z,Z99

\$3,499

Anywhere you are, anytime you need it



Is tutoring right for you?













Thank you for listening!

Contact us if you have any questions about the MCAT



https://www.facebook.com/nextsteptestprepmcat

@NextStepPrep

MCAT@NextStepTestPrep.com www.nextsteptestprep.com 888-530-NEXT

