THE RESEARCH AGENDA

Strategic Enrollment Management in Medical Education

By Katherine Ruger

This study provides a summary of how participating U.S. medical colleges are utilizing strategic enrollment management (SEM) principles to respond to enrollment challenges. Similar to undergraduate and graduate enrollment, medical college enrollment is affected by changing student populations, diversity challenges, increased competition, and perceptions of return on investment when alternative career options are available (*e.g.*, nurse practitioner and physician assistant studies programs). Despite varying levels of SEM implementation at a diverse group of medical colleges, SEM has shown great potential to improve communication among a college's departments. A holistic focus on the student lifecycle may lead to better enrollment outcomes and overall experience for medical students.

Strategic Enrollment Management (SEM) has its origins in the early 1970s, when a shift in traditional student enrollment demographics inspired a revised focus on recruitment, marketing, and admissions (AACRAO 2019). SEM now aligns fiscal, academic, cocurricular, and enrollment resources in order to advance an institutional mission and ensure the institution's sustainability. The goals of SEM are (1) increasing academic quality and student success, (2) achieving optimum enrollment, (3) delivering top-quality service, (4) optimizing financial opportunities, and (5) building campus collaboration (Black 2001).

Many publications and references to SEM focus on undergraduate and graduate programs and institutions. Higher education leaders increasingly are utilizing SEM to align institutional mission, vision, and values by shifting strategy as a result of the evaluation of market needs and expectations.

Similar to undergraduate and graduate enrollment, medical college enrollment is affected by changing student populations, diversity challenges, increased competition, and perceptions of return on investment when alternative career options are available (*e.g.*, nurse

practitioner and physician assistant studies programs). Because medical colleges are often stand-alone institutions or function independently within a larger college or university, SEM may not be as prevalent. This study provides a summary of how some U.S. medical colleges are utilizing SEM principles to respond to enrollment challenges.

Methods

The experiences and perceptions of enrollment leaders in medical education were qualitatively sampled in a phenomenological case study. For this study, the phenomenon is the application of SEM in medical education. Because the researcher has experienced the phenomenon, she bracketed herself out of the study by not discussing personal experiences; this helped prevent bias and maintain focus on participants' experiences. The qualitative method of grounded theory was used to generate themes derived from the systematic analysis of the data collected through participant interviews (Creswell 2013).

A four-question Qualtrics survey was developed and distributed to U.S. medical colleges via two listservs: DR-ED (an electronic discussion group for medical educators) and the American Association of Colleges of Osteopathic Medicine Council of Medical Admissions Officers. Both listservs are highly trafficked online forums for medical college personnel. Survey questions included (1) the name of the medical college, (2) the name/position of the respondent, (3) the respondent's e-mail address, and (4) do you employ strategic enrollment management (SEM) concepts at your institution (yes, no, I don't know). The following definition of SEM was also provided in the e-mail:

> *Strategic Enrollment Management (SEM) is not just a long-term recruitment or retention plan. It is a data-informed process that aligns an institution's fiscal, academic, co-curricular, and enrollment resources with its changing environment to accomplish the institution's mission and ensure the institution's long-term enrollment success and fiscal health. Goals of Strategic Enrollment Management (SEM) include (1) increasing academic quality and student success, (2) achieving optimum enrollment, (3) delivering top-quality service, (4) optimizing financial opportunities, (5) building campus collaboration* (AACRAO 2019).

After two weeks and one reminder e-mail, 33 responses were received, including nine in which respondents responded "Yes" to the question "Do you employ strategic enrollment management (SEM) concepts at your institution?" Because SEM was the phenomenon to be investigated, the researcher limited the sample to those who perceived that concepts of SEM were employed at their institution. Of the nine respondents, seven agreed to be interviewed. Interviews were conducted in 30-minute intervals, based on the availability of the respondents.

Interview questions focused on the respondent's understanding of SEM, how it was employed in the medical college, and what relationships currently existed within the institution to further enable SEM. Discussions also focused on the type of medical college (private or public, university-affiliated, stand-alone, etc.), organizational charts and reporting structures, and staff development programs. Targeted questions regarding SEM participation were also asked of the following units: marketing, admissions, financial aid, retention/success, data analysis, registrar services, and student programs and outcomes. The participants and the researcher engaged in casual and collegial dialogue, with each interview lasting 30 to 45 minutes. After the interviews were conducted, the conversations were transcribed; data were analyzed for common and disparate themes; and participants' perceptions and subjective feedback were summarized. All interviews were anonymized by removing all identifying information and then were coded using an alphanumeric character.

Summary of Findings

Institutions included in this case study vary in their funding (public/private), class size, and implementation of SEM principles (*see* Table 1, on page 13).

Based on respondents' data, each institution had a varied understanding of SEM, but all had great interest in expanding their current SEM efforts. (Summaries each of the seven interviews follow.)

TABLE 1 ➤ Comparison of Institution Type and SEM Usage

Institution	Type	Class Size	Strategic Enrollment Plan	SEM Task Force/ Advisory Group	SEM Professional Development	Number of Individual Medical College Sites
A	Public	250	No; goals based on prior years	No	Not specifically	One
B	Private	268	Pending	No	No	Three
C	Public	115	No	No	No	One
D	Private	162	Pending	Yes	AACRAO	Two
E	Private	189	Yes	Yes	AACRAO	One
F	Private	115	"Yes, somewhat"	No	SEM Model Exposure	One
G	Private	168	No	"Debatable"	Not formally	One

Medical College A

Medical College A began a SEM planning process during a restructuring of its admissions department. The college reviewed the existing organizational chart, noticed the separation between admissions and student affairs, and promoted the assistant dean of admissions to associate dean of admissions and student affairs. Now, according to the associate dean, the two functions are synergistic within the college. The admissions functions at Medical College A included recruitment, application processing, interviewing, and on-boarding. Now, the overarching system includes financial aid services, registrar services, a committee on student progress, various learning specialists, and graduation functions. The combining of admissions and student affairs has allowed for an increase in communication throughout the college as well as a greater focus on SEM.

Marketing and communication functions fall within a separate department, but most marketing projects are initiated by the admissions team. Data analytics are available through the admissions software and the Office of Institutional Assessment and Accreditation, so both the admissions team and the institutional assessment teams have access to data sets.

Despite efforts to merge admissions and student affairs, neither a strategic enrollment plan nor a college strategic plan is in place at Medical College A. Enrollment goals are formulated on the basis of expertise and experiences gained during the prior year.

Medical College B

Medical College B includes the medical school as well as several other graduate and professional healthcare programs. The medical college had a vice president of enrollment management who was responsible for overseeing admissions and registrar services. In response to the various programs' rapid growth, admissions and registrar functions were separated. The separation inhibited process as well as policy consistency between the two functions. At present, a senior leadership transition is underway, providing opportunity to better embrace SEM principles. In an effort to collaborate across all programs, Medical College B is beginning to move toward a SEM model. Currently, the college is using eight different technological systems for data collection. According to the director, moving toward a SEM model would include technological platform alignment between functional units; a consistent hierarchy of data access; and reinvigoration of full team meetings with the leadership of financial aid, registrar services, marketing, student affairs, and admissions. "With technology updates throughout each program and a focus on the alignment of various platforms, the demand to move toward an organized and measured strategy is imminent." The focus on SEM would "enable the organi-

zation to strategically align resources, investments, and scholarship funding and help define how it recruits."

Medical College C

Medical College C has an organizational chart that was designed to embrace SEM principles. With a dean of enrollment management at the helm, admissions, recruitment, and financial aid functions are united. The dean of enrollment also serves on the Curriculum Oversight Committee and is chair of the college's pre-admission bridge program. The dean of enrollment also plays a large role in the college's Assessment and Evaluation Committee, assessing standardized test efficacy and academic metrics and identifying correlations in order to determine which data help predict academic performance. Involvement with the Assessment and Evaluation Committee "puts me in a position to think more strategically about enrollment," the dean stated. The data analysis "helps the institution to develop degree programs based on information from admissions, such as a certificate program offering guaranteed admission into the medical college." In terms of marketing, the department is split, but the college is looking at opportunities to better integrate it. The dean suggested that perhaps the college would realign recruitment under the marketing department and added that the registrar team is also a separate entity that doesn't interact with students or the enrollment management team until students are officially enrolled.

Medical College D

Medical College D's vice president of enrollment management (VPEM)—a new role within the organization—described "so many silos" and a "lack of decision making." Now, the VPEM is evaluating the student lifecycle from prospective student through alumni status. The VPEM has been reading about SEM for years and has been eager to apply the principles. The first step is to analyze data and trends. "Why are we requiring what we're requiring?" Fortunately, "the college has an institutional research department that provides data assessment services." The most recent survey involved matriculation and non-matriculation and asked students who did not enroll, "Where did you go, and why?" Currently, the VPEM of Medical College D oversees admissions, marketing, and alumni programs. When the researcher inquired further about the reporting structure, the VPEM clarified that enrollment management is "not so much about reporting structure, but about information sharing." Thus, the VPEM guides an enrollment management committee that includes representatives with expertise in research, student affairs, enrollment management, and curriculum. The committee assigns priorities, such as the evaluation of attrition rates, the definition of terms, the prioritization of projects, and the development of working groups.

Medical College E

Medical College E is evaluating its SEM division and reenvisioning collaboration opportunities. Recruitment and marketing, for example, used to be part of the associate vice president for enrollment management's (AVP) division but was moved to brand management, a division responsible for pre-application interactions. New to the role, the AVP told the researcher that the institution had experienced a 20 percent decrease in applications the previous year. The AVP currently oversees only admissions functions for the college. Registrar services are led by the AVP for student records. In order to better collaborate across functions, the AVP shared that a SEM Council had been formed at Medical College E. The council meets regularly to develop key performance indicators, identify data elements for reporting, lead a task force for enrollment planning, and identify reasonable outcomes. The college has various programs, necessitating eight different applications from national common application services (CAS). One recent initiative was updating the college's technology platform to include a customer relationship management software in order to consolidate all data into one system. This will facilitate data analytics and further objectives for the SEM council.

Medical College F

Medical College F's associate dean for admissions, enrollment management, and financial aid oversees all of these services. The relationship with communications

and marketing services is collaborative in that the teams work together to identify key messaging. The same is true of the registrar services and data assessment teams, though the enrollment management team utilizes admissions software for most data assessments relative to enrollment management functions. This is not inclusive of medical student performance data, only of application metrics. When asked whether the institution had a SEM plan, the associate dean responded, "Yes, somewhat" and clarified that the strategic enrollment plan flows from the strategic plan. An annual enrollment plan is developed from the college strategic plan, which outlines goals and themes of focus. For example, one goal referenced was "reducing student debt."

The associate dean clarified that student affairs was a separate entity. The student affairs division included academic advising, coaching, mentoring, and judicial processes. There was little evidence of substantive interaction with that division.

Medical College G

Medical College G has grown its enrollment management strategy over the years. Here, the admissions and student affairs functions fall under one associate dean of students. A few years ago, the college started an enrollment management committee, which, according to the associate dean, "quickly became a group of student affairs representatives solely working on matriculation issues, but not focusing on the continuum of the student experience." The associate dean clarified that the Division of Student Affairs did not include marketing: "They are placed with the advancement, financial aid, and registrar services teams." The associate dean added, "Admissions representatives learn to become marketing professionals" in that they create their own brochures, Web content, and social media strategies. They also lead focus groups with students and staff in order to develop new recruitment materials focusing on the question "what attracted you to this college?" The associate dean reported that there is not much interaction with the registrar team: "The admissions team just tells the registrar who is planning to matriculate, and the admissions team oftentimes helps the registrar team to communicate with the applicants." "There is also little interaction with financial aid, beyond the necessary steps it takes for students to secure funding and ensure that financial aid resources are offered to students, per accreditation standards," the associate dean added. When the associate dean joined the college, the institution "hadn't really tracked anything or reviewed historical data." The first priority was to answer the question "What are we going to do with the data?"

Most recently, the enrollment team instituted regular meetings with the medical college's institutional research team in order to analyze and determine how to attract prospective students based on where they are coming from, their academic profile, who the college is currently attracting, who interviews, and who matriculates. Then, the college focuses on evaluating how students perform during their first year of medical college, how they perform on board exams, and how they fare in residency placements. "We look at recruitment—what are we hearing from students?" "The college is just now trying to build the profile of who fits the profile," the associate dean said.

Summary

This qualitative study revealed three common themes: First, most colleges are in a growth stage of phasing in SEM concepts. All medical colleges are evolving in terms of how they define the elements and factors within the student lifecycle that are relevant to a SEM plan. Second, most are engaging in data and needs assessments, including the review of technological tools that contribute to SEM efforts as well as a review of what data are able to help determine their strategic enrollment efforts. Third, there is interplay between medical colleges' organizational charts and SEM planning.

SEM is described as a data-informed process that aligns an academic college's fiscal, academic, co-curricular, and enrollment resources with the ever-changing environment in order to accomplish the college's mission and ensure its enrollment success and fiscal health (AACRAO 2019). Evaluation of the interview results indicated that not one college seemed to have a fully formed strategic enrollment management model or plan inclusive of all aspects of the student experi-

ence. Factors essential to SEM—such as curricular and co-curricular scheduling, financial outcome considerations, class size determination, alumni engagement, and clinical placement for students or graduates—were not mentioned in any of the interviews.

For example, Medical College A described its SEM approach as merging admissions and student affairs in order to create synergistic functions—a great step toward achieving SEM. To expand on this merger, the college's overarching SEM model includes financial aid, registrar services, academic teams, and graduation coordination, but there was no mention of any interactions with the business/finance units in order to determine fiscal health, no reference to career placement resources, and no connection to alumni relations strategies. Medical College A also did not have a defined enrollment plan or specific goals for its enrollment team.

The second theme related to the evaluation of existing technology and data resources. All medical colleges emphasized the importance of access to data in order to make informed decisions. For example, Medical College A depends primarily on admissions data as well as outcome data available through the Office of Institutional Assessment and Accreditation in order to better inform admissions processes and predict student success. Given the multiple programs it offers and the varied systems from which data derive, Medical College B was still negotiating for data access. Medical College C described an assessment and evaluation committee for which the dean of enrollment serves as chairperson. This seems to allow the dean to ensure a close relationship between data analytics and enrollment management. Medical College D described its first priority as analyzing data and trends and evaluating how those trends may impact the way in which the college moves forward with a new SEM plan. Medical College E formed a SEM council to identify data elements for reporting and for determination of key performance indicators. Medical College F relies heavily on admissions data in order to inform admissions efforts but has not quite made the connection to student performance or outcomes. Finally, Medical College G stated that the first priority for its new enrollment team was to determine what do to with the data. Regardless of each college's status related to data access, all seemed to be working toward a more data-informed culture.

A point of inquiry of the research—and the third theme identified—was whether the medical college's organizational chart had an impact on the functions of SEM. As the interviewee from Medical College D said, enrollment management is "not so much about reporting structure, but about information sharing." Medical colleges are moving forward with SEM whether the organizational chart and reporting structures were formulated based on SEM or simply as a result of developing a SEM task force in partnership with several non-reporting units. The SEM task forces and advisory groups seemed to have a positive impact on collaboration and enabled the colleges to begin to look at the student lifecycle holistically. Analysis of the effectiveness of SEM-focused organizational charts as compared to task force/advisory group models may be a future research opportunity.

Finally, a college strategic plan that supports SEM may help inform a comprehensive SEM plan. The timing of the study made it possible for the researcher to add the goal of developing a SEM plan to the college's strategic plan as it was in development. This will help ensure that the college moves forward with SEM planning and formulates a team charged with developing and implementing the plan.

A limitation to the study was that the researcher interviewed only those participants who replied "yes" to the initial SEM survey; this may not have accurately represented how many medical colleges throughout the country utilize SEM. Future studies may include a broader network of institutions, perhaps identified via listservs associated with the American Association of Medical Colleges (AAMC). Future studies also may include institutions from both the "yes" and the "no" responses. The next iteration also may inquire as to the respondent's definition of SEM.

The professional role of the researcher may have been advantageous to gaining participation by professional colleagues as well as to knowing which questions to ask given the unique structure of medical colleges.

Implications for Practice

The findings of this study help identify areas of professional development in SEM for medical colleges. The researcher will use the findings as well as a targeted environmental scan of the unique medical student experience from prospect to alumni status to build a comprehensive SEM model focused on medical education. This will include conducting a market analysis of the future of graduate medical education (GME) in order to determine proper class size (in comparison to competing medical schools) and to project how GME access may impact residency match rates and eventual employment, both of which are essential to a positive institutional reputation and medical student experience. Students complete clinical rotations—often at various locations—during the third and fourth year of medical school. The SEM model would take into account the unique structure of a respective medical college's clinical rotation platform and outline opportunities for recruitment and retention based on clinical options and student preferences.

An essential component to integrating the SEM process at medical colleges is creation of a strategic enrollment plan guiding council according to the format outlined in *Strategic Enrollment Planning: A Dynamic Collaboration* (Sanborne 2016). Council members would include representatives from pre-college programming, recruitment, admissions, financial aid, student affairs, academic affairs, and alumni relations as well as institutional data analytics. For example, the council may dictate the goals of the student experience during pre-matriculation, year one, year two, alumni experience, etc. and then develop an operational strategy to achieve the goal(s). This cross-functional collaborative approach would ensure the development of a comprehensive college-wide plan while assessing the physical and human resource capacity of the college. It would also help guide priorities in accordance with the student experience and student expectations.

Despite varying levels of SEM implementation at a diverse group of medical colleges, SEM has shown great potential to improve communication among a college's departments. A holistic focus on the student lifecycle may lead to better enrollment outcomes and overall experience for medical students.

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About the Author

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