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How do you choose a fellow to interview-tips on evaluation of applicants

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Objectives

- Differentiate fellow attributes to effectively select fellow applicants to interview.
- Discuss differences among subspecialties in applicant screening and selection
- Evaluate potential for implicit bias in review and selection of fellow applicants.

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Outline

- Factors valued by program directors in various medical specialties - what's in the literature
- AAMC Best Practices for conducting interviews
- Sample application evaluation tools
- Group activity: choose your final applicant to interview

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> J Med Educ. 1979 Jun;54(6):445-52. doi: 10.1097/00001888-197908000-00001.

Report on a survey of program directors regarding selection factors in graduate medical education

N E Wagoner, G T Gray

PMID: 448693   DOI: 10.1097/00001888-197908000-00001

TABLE 2
F-Ratios for Comparisons Between Three Variables and Nine Clusters of Items Ranked by Residency Program Directors*

Cluster of Items	Size of Program	Type of Program	Medical College Affiliation
Letters of recommendation	.56	1.61	.97
Interviews	15.46†	6.91†	.06
Cognitive clinical items	7.55‡	1.30	.09
Cognitive preclinical items	.45	.75	1.51
Selection committee recommendations	2.50	1.52	1.38
Quality of programs	.16	1.16	.06
Hometown and practice site location	7.27‡	10.14†	.54
Extracurricular activities	.18	8.09†	.22
Reality-testing	.25	1.89	.00

*The "size of program" variable indicates whether there was a relationship between number of residents in the program and program directors' ratings of items on the questionnaire. The "type of program" variable indicates whether there was differences in ratings among the four specialties: family medicine, internal medicine, pediatrics, and surgery. "Medical college affiliation" refers to whether the residency program was affiliated with a medical college.
† p < .001.
‡ p < .01.

* Respondents rated each item on a five point scale: five = critical, four = very important, three = important, two = some importance, one = unimportant or not considered.

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> Obstet Gynecol. 2012 Jan;119(1):119-24. doi: 10.1097/AOG.0b013e31823d7e32.

Factors used by program directors to select obstetrics and gynecology fellows

Kelly S Gibson, Tyler M Muffly, Emily Penick, Matthew D Barber

Affiliations + expand
PMID: 22183219   DOI: 10.1097/AOG.0b013e31823d7e32

Table 2. Fellowship Director Rating of Prematch and Educational Preparations

Table 3. Results of the Ratings Regarding Desired Applicant Subjective Characteristics Determined at an Interview

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> J Am Acad Orthop Surg Glob Res Rev. 2020 Nov 17;4(11):e20.00180. doi: 10.5435/JAAOSGlobal-D-20-00180.

Factors Considered in Ranking Orthopaedic Trauma Fellowship Applicants: A Survey of Program Directors

Kevin P Sandhu, Natasha M Simske, Porter Young, Nathaniel M Wilson, Lisa K Cannada, Paul S Whiting

Affiliations + expand
PMID: 33986218   DOI: 10.5435/JAAOSGlobal-D-20-00180

Bar chart demonstrating the factors ranked as most important by orthopaedic trauma fellowship program directors (PDs).

Bar chart demonstrating weighted score for each of the 12 factors, representing their relative importance to orthopaedic trauma fellowship program directors when ranking fellowship applicants.

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Factors Predicting Clinical Success

Predicting Quality of Clinical Performance From Cardiology Fellowship Applications

Michael W Cullen [1], Thomas J Beckman [2], Kristine M Baldwin [1], Gregory J Engstler [3], Jay Mandrekar [4], Christopher G Scott [4], Kyle W Klarich [1]

Affiliations + expand
PMID: 33472223 PMCID: PMC7819435 DOI: 10.14503/THIJ-18-6851
Free PMC article

Does Residency Selection Criteria Predict Performance in Orthopaedic Surgery Residency?

Tina Raman [1], Rami George Alrabaa [1], Amit Sood [1], Paul Maloof [1], Joseph Benevenia [1], Wayne Berberian [2]

Affiliations + expand
PMID: 25940336 PMCID: PMC4773357 DOI: 10.1007/s11999-015-4317-7
Free PMC article

- AOA
- Residency reputation
- Strength of comparative statements in LOR

- USMLE Step 2
- Number of honors in clerkships
- AOA membership

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Factors Predicting Clinical Success

Evaluation of house staff candidates for program fit: a cohort-based controlled study

Soo-Hoon Lee [1], Phillip H Phan [2][3], Sanjay V Desai [4]

Affiliations + expand
PMID: 36320029 PMCID: PMC9628087 DOI: 10.1186/s12909-022-03801-0
Free PMC article

Selecting house staff based on residency program values and objective may yield higher job performance because trainees benefit more from a better fit training program

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Defining "fit" in the context of residency selection

Fit is often reported as one of the most important factors in the residency selection process by program directors and applicants. However, there isn't a common definition of fit in the medical education literature. Programs should discuss the definition of fit in the context of their program's mission, goals, and learning environment.[1] For the purposes of clarity, in this guide, we identify two dimensions of fit:

Person-organization fit refers to compatibility between an applicant's personality, attitudes, work and learning style/preferences, and goals and the organization's culture.

Person-job fit refers to compatibility between an applicant's competencies, knowledge, skills, abilities, and other attributes and the competencies and characteristics required to learn and perform the job successfully.

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Best Practices for Conducting Residency Program Interviews

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Research consistently shows that structured interviews have higher levels of reliability, validity, and fairness, including smaller group differences,[2] than unstructured interviews.
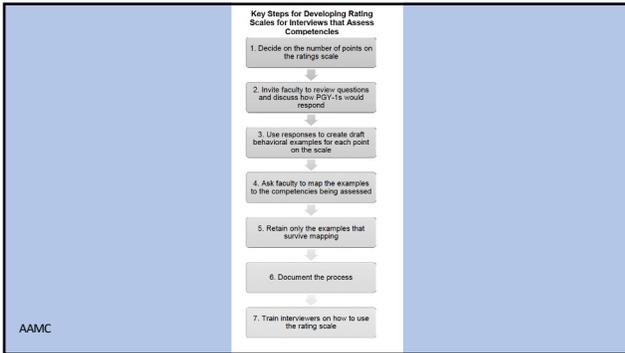
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Table 1. The Effects of Components of Structure on Reliability, Validity, Fairness, and Applicant Reactions

Content	Reliability	Validity	Fairness	Applicant Reactions
Ask questions that are job-related		+	+	+
Ask all applications questions that cover the same topics	+	+	+	
Limit probing questions	+	+	+	−
Use behavioral or situational questions	+	+	+	
Use a longer interview	+	+		−
Have no access to applicant information before or during interview	+		+	−
Have applicants not ask any questions	+			−
Evaluation				
Rate each answer or use multiple rating scales	+	+		
Use defined rating scales	+	+	+	
Take detailed notes	+	+	+	
Use multiple interviewers	+	+	+	−
Use the same interviewers for all applicants	+		−	
Have no discussion between interviews	−		+	
Train interviewers	+	+	+	+
Use formulas to create interview total scores	+	+	+	

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Key Steps for Developing Rating Scales for Interviews that Assess Competencies

1. Decide on the number of points on the ratings scale
2. Invite faculty to review questions and discuss how PGY-1s would respond
3. Use responses to create draft behavioral examples for each point on the scale
4. Ask faculty to map the examples to the competencies being assessed
5. Retain only the examples that survive mapping
6. Document the process
7. Train interviewers on how to use the rating scale

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Evaluating the Interview

- As soon as possible after the applicant leaves the room, review your notes.
- Fill in any important details you may have missed.
- Evaluate the applicant using the approach designed by your program—ideally, before the next interview begins.
- Ratings of the applicant should be supported by the notes.

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Be aware of your unconscious bias. Everyone holds unconscious biases about other people or groups of people based on attitudes, associations, and stereotypes. Interviewers can help mitigate their individual biases through:

Awareness of strong reactions for or against a particular applicant or type of applicant,

Basing scores on deliberate thinking and decision-making rather than on first impressions, and

Perspective taking

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- For more information, please see the AAMC's virtual seminar What You Don't Know: The Science of Unconscious Bias and What to Do about it in the Search and Recruitment Process *AAMC Reporter* article and an on unconscious bias in academic medicine
- What You Don't Know: The Science of Unconscious Bias and What to Do about it in the Search and Recruitment Process
- https://www.aamc.org/about-us/equity-diversity-inclusion/unconscious-bias-training.

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Dos and Don'ts for Evaluating Interviews

Do
- Stay objective—focus on facts, not opinions.
- Focus on the applicant's responses to interview questions.
- Focus on one question or dimension at a time.
- Focus on comparing applicants' responses with scale anchors (if your program uses a rating scale).

Don't
- "Fill in" parts of the answer based on your own interpretations of the applicant's response.
- Judge an applicant based on anything outside the scoring rubric (for example, personal appearance or your "chemistry").
- Compare responses of one applicant with those of other applicants during the interview.

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Evaluation Tools

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Evaluation Tools

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Evaluation Tools

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Applicant Examples (completely fictitious)

You have one interview slot left to fill and the two following candidates. As a group, discuss which candidate you will choose to interview, and what elements of each application helped you make that decision.

Once you've selected, add in each application "twist" individually. Discuss whether any of these changes will alter your selection.

Best practices to help this session run smoothly:
- Honor the timeline of the small group discussion
- Assume positive intent
- Communicate respectfully in order for all voices to be considered
- Maintain a collaborative team mindset as we are all here to support our trainees
- Be attentive to participation: share the air

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Applicant Examples (completely fictitious)

You have one interview slot left to fill and the two following candidates. As a group, discuss which candidate you will choose to interview, and what elements of each application helped you make that decision. Once you've selected, add in each application "twist" individually. Discuss whether any of these changes will alter your selection.

Candidate #1
USMLE step 1 232
ITE 50%ile
Residency program: good reputation (not top 10), 1 excellent former fellow from this program
Personal statement about the utility of this subspecialty in medical mission work
Has an MS in bioethics
Volunteer work during undergrad, worked at free clinic in medical school
Eagle scout
Letter of recommendation with personal anecdotes from faculty within this subspecialty that you don't know

Twist #1: personal email from a trusted colleague that this candidate is great and really wants to go to your program
Twist #2: personal statement about being the first in their family to go to college
Twist #3: one of the letters is short and very generic, from someone you don't know

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Applicant Examples (completely fictitious)

You have one interview slot left to fill and the two following candidates. As a group, discuss which candidate you will choose to interview, and what elements of each application helped you make that decision. Once you've selected, add in each application "twist" individually. Discuss whether any of these changes will alter your selection.

Candidate #2
USMLE step 1 245
ITE 90%ile
Residency program: excellent reputation (top 10), never had a fellow from this program before
Personal statement about how they loved the rotation in this subspecialty and would like to pursue an academic career after fellowship
Resident rep of your state society of anesthesiologists
Prior to medical school, worked in business consulting for 2 years
Letters of recommendation mostly average, PD letter with superlative "one of the best residents, will very likely be elected chief resident for the coming year"

Twist #1: switch "excellent reputation" residency program to a program you have heard little about
Twist #2: personal statement about volunteering as a <fill in the blank with something you personally resonate with: fosters dogs, women's rights court advocate, etc.>
Twist #3: personal statement about their experience playing college varsity squash (different if it's another sport like soccer or football?)

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Applicant Examples (completely fictitious)

You have one interview slot left to fill and the two following candidates. As a group, discuss which candidate you will choose to interview, and what elements of each application helped you make that decision. Once you've selected, add in each application "twist" individually. Discuss whether any of these changes will alter your selection.

Candidate #3
USMLE step 1 220
ITE 29%ile
Residency program: excellent reputation (top 10), excellent fellows from this program before
Personal statement about being first in their family to complete college
Presented case report poster at state anesthesia resident conference during residency
Prior to medical school, managed an auto parts store for 2 years
Letters of recommendation outstanding, PD letter with superlative "one of the best residents we've ever had"

Twist #1: switch outstanding letters to just average - some anecdotes but no superlatives
Twist #2: same letters but one notes this resident had a "unique bedside manner" earlier in training that has been addressed and improved
Twist #3: change residency program to one you don't know much about, you've had one fellow from this program before that did not perform well

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Applicant Examples (completely fictitious)

You have one interview slot left to fill and the two following candidates. As a group, discuss which candidate you will choose to interview, and what elements of each application helped you make that decision. Once you've selected, add in each application "twist" individually. Discuss whether any of these changes will alter your selection.

Candidate #4
USMLE step 1 265
ITE 99%ile
Residency program: excellent reputation (top 10), you haven't had fellows from this program before
Personal statement about interest in your subspecialty since their rotation
No research experience during residency
Letters of recommendation average

Twist #1: has a number of publications co-authored with an academic physician parent
Twist #2: email from trusted colleague that this resident really wants to train at your program
Twist #3: personal statement about experience and interest in sailing

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