

## SAAA Best Practice: Choosing The “Right” Resident

Alan Kulig, M.D.  
Baystate Medical Center  
Tuft University School of Medicine  
Springfield, MA

## Cognitive Simulation Training Use During Resident Applicant Interviews: Exploring A New Frontier Into Higher Order Thinking

Alan Kulig, M.D.  
Baystate Medical Center  
Tuft University School of Medicine  
Springfield, MA

## Disclosures

- No financial disclosures

## The Problem



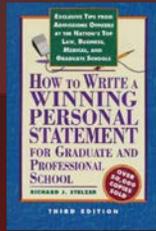
## Standard Application Metrics



## Measuring Success Is Not Always Linear



## Personal Statements Letters of Recommendation



## Dean's Letter



The Dean's Letter  
A regular communication to faculty, staff, and students

## National Board Scores



## Program Fit



## Cognitive, Behavioral and Emotional Intelligence



## Higher Order Cognitive Skills

- Sound Knowledge Base Application
- Good Judgment
- Situational Awareness
- Team Leadership / Triage
- Critical Thinking
- Analytical Decision Making
- Diplomacy / Advocacy
- Psychological Resilience



## Standard Application Metrics



## The Formal Interview



## Traditional Interview



## Other Interview Strategies

Multiple Mini-Interview Behavioral Interview



## Multiple Mini-Interview



## Behavioral Interview



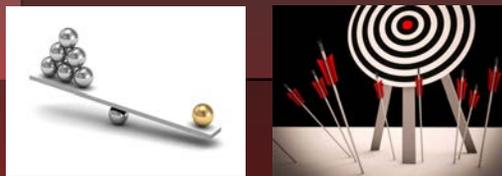
### Medical Students Are Doing Their Homework



### Blink and Gut Response



### Bias and Inaccurate



### Our Objective



### Necessity Is The Mother Of Invention - Plato



### Best Practice Simulation Training



## Team STEPPS 2-Challenge Rule



## The 2-Challenge Rule

- Definition: All health care providers are obligated to question medical decision making repeatedly when they witness a potential patient safety breach, using advocacy and inquiry



## Setting The Stage



## Simulation Scenario

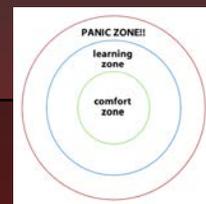
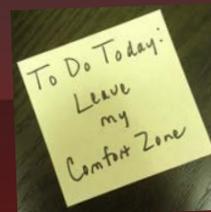
- 58 year old man for an elective inguinal hernia repair under GA

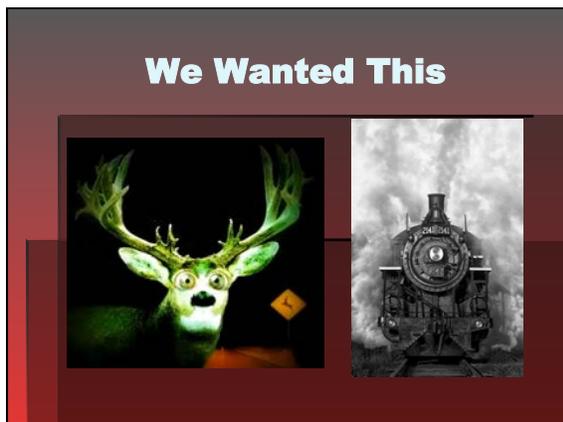


## Advocate “CAN CUSSS”

- Advocacy / Inquiry
- Consensus Build
- Alternatives
- Normalize
- Concerned
- Uncomfortable
- Safety
- Second Opinion
- Stop

## Our Primary Objective

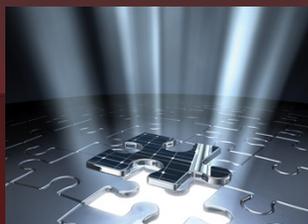




<u>HIGHLY DESIRABLE</u>	<u>DESIRABLE</u>
85% of > National Boards Top Quartile Dean's Ranking Excellent Letters / Statements Excellent Interview	70-84% National Boards 2 <sup>nd</sup> Quartile Dean's Ranking Very Good Letters / Statements Very Good Interview
<u>PROBABLY UNDESIRABLE</u>	<u>UNDESIRABLE</u>
60-69% National Board s 3 <sup>rd</sup> Quartile Dean's Ranking Mediocre Letters / Statements Mediocre Interview	59% or < National Boards 4 <sup>th</sup> Quartile Dean's Ranking Poor Letters / Statements Poor Interview

<u>HIGHLY DESIRABLE</u>	<u>DESIRABLE</u>
Excellent credentials Excellent simulation	Excellent credentials Satisfactory or poor simulation or Mediocre credentials Excellent or satisfactory simulation or Poor credentials Excellent simulation
<u>PROBABLY UNDESIRABLE</u>	<u>UNDESIRABLE</u>
Mediocre credentials Poor simulation or Poor credentials Satisfactory simulation	Poor credentials Poor simulation

## Best Fit



## REDCap Survey



## Survey Results



## Survey Results

- 70% of surveys completed
- 60% reported that the simulation did not affect their ranking of our residency program
- 32% ranked our program higher
- 8% ranked our program lower

## Survey Results

- The simulation added an additional layer of stress
- Some wondered how their performance would affect their rank status

## Survey Results

- 100% of respondents were confident or very confident that they would both speak up and know what to say if they encountered a patient safety breach
- 47% subsequently taught others principles of the 2-Challenge Rule
- 10% employed it clinically

## Survey Results

- 94% of respondents stated that they would apply principles learned about the 2-Challenge Rule to patient care experiences in the future.



## Open Response Comments



## Comments

- “One of a kind – made you think on your toes”
- “Really unique and put me in a situation I could expect from residency”
- “A novel experience”
- “It was something different – made me think of the field in a different way”

## Comments

- “I learned how important it is to think on your feet and that some questions you cannot be prepared for”
- “Once in a lifetime wonderful experience and the lessons that I learned I will carry and practice during my medical career”
- “It pushed me out of my comfort zone and I appreciated that”

## Pilot Limitations



## Next Steps



## Scenario Change



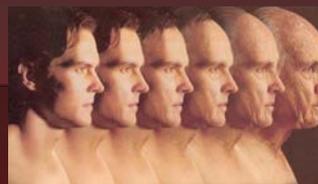
## Survey



## Reflective Practice



## Longitudinal Studies



## References

- Bliga F. Behavioral interviewing vs. traditional interviewing. *Recruiting Best Practices*. Posted May 23, 2011. <http://www.applicantstack.com/blog/2011/behavioral-interviewing-vs-traditional-interviewing>. Accessed June 17, 2015.
- Dore KL, Kreuger S, Ladhani M, Rolfson D, Kurtz D, Kulasegaram K, Cullimore AJ, Norman GR, Eva KW, Bates S, Reiter HI. The reliability and acceptability of the multiple mini-interview as a selection instrument for postgraduate admissions. *Acad Med*. 2010;85(10):S60-S63.
- Eva KW, Reiter HI, Trinh K, Wasi P, Rosenfeld J, Norman GR. Predictive validity of the multiple mini-interview for selecting medical trainees. *Med Educ*. 2009;43(8):767-775.
- Hansen K. Behavioral job interviewing strategies for job-seekers. *Quintessential Careers*. [http://www.quintcareers.com/behavioral\\_interviewing.html](http://www.quintcareers.com/behavioral_interviewing.html). Accessed June 17, 2015.

## References

- Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform*. 2009;42(2):377-381.
- Knight J. Acing the behavioral interview: Have a story for every skill. *TheLadders*. <http://www.theladders.com/career-advice/acing-behavioral-interview>. Accessed June 14, 2015.
- Kumar K, Roberts C, Rothnie I, duFresne C, Walton M. Experiences of the multiple mini-interview: A qualitative analysis. *Med Educ*. 2009; 43(4):360-367.
- Max BA, Gelfand B, Brooks MR, Beckerly R, Segal S. Have personal statements become impersonal? An evaluation of personal statements in anesthesiology residency applications. *J Clin Anesth*. 2010;22(5):346-351. doi: 10.1016/j.jclinane.2009.10.007.

## References

- Metro DG, Talarico JF, Patel RM, Wetmore AL. The resident application process and its correlation to future performance as a resident. *Anesth Analg*. 2005;100(2):502-505. doi: 10.1213/01.ane.0000154583.47236.5f.
- Prideaux D, Roberts C, Eva K, Centeno A, McCrorie P, McManus C, Patterson F, Powis D, Tekian A, Wilkinson D. Assessment for selection for the health care professions and specialty training: Consensus statement and recommendations for the Ottawa 2010 Conference. *Med Teach*. 2011;33(2):215-223.
- Stedman JM, Hatch JP, Schoenfeld LS. Letters of recommendation for the predoctoral internship in medical schools and other settings: do they enhance decision making in the selection process? *J Clin Psychol Med Settings*. 2009;16(4):339-345. doi: 10.1007/s10880-009-9170-y.

## References

- Sloth HE, Hueppchen NA, Bienstock JL. Can medical school performance predict residency performance? Resident selection and predictors of successful performance in obstetrics and gynecology. *J Grad Med Educ*. 2010;2(3):322-326. doi: 10.4300/JGME-D-09-00101.1.
- Strand EA, Moore E, Laube DW. Can a structured, behavior-based interview predict future resident success? *Am J Obstet Gynecol*. 2011;204(5):446.e1-446.e13.
- Two-challenge rule. *Pocket guide: TeamSTEPPS: Team strategies & tools to enhance performance and patient safety*. Rockville, MD: Agency for Healthcare Research & Quality; 2013. <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html#wochall>. Accessed June 14, 2015.
- Turner TS. *Behavioral interviewing guide: A practical, structured approach for conducting effective selection*. Victoria, BC, Canada: Trafford; 2004.

## The End

