Title: Integration of Behavioral Interviewing Practices in Residency Programs

Theme of Conference: Promoting the Professional Advancement of Behavioral Science Educators**.**

Presentation Format: Seminar

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Abstract: Selection criteria for family medicine residency programs have primarily focused on academic preparation and successful achievement of educational milestones in undergraduate medical education.[1,2] Emphasis is often placed on USMLE scores, grade point average, and membership in the national honor society for medical students, Alpha Omega Alpha.[1,6] The variation in the use of behavioral interviewing practices in the selection process for residency programs appears to lack inclusion of both the ACGME milestones and the academic preparation medical students receive in medical school. Undergraduate medical education has developed varied holistic approaches to the interviewing process, including but not limited to behavioral interviewing, for entry to medical school. In fact, medical students encounter various types of interviewing methods (one-on-one interviews, Multiple Mini-Interviews) to assess their professionalism, team work, and interpersonal and communication skills as a part of the selection process for medical school. Furthermore, medical students are receiving additional training in the development of these skills, both in the pre-clinical and clinical years. The inclusion of behavioral interviewing in the selection process for a residency program allows for an opportunity to assess the continuation of these skills at an advanced level. Additionally, behavioral interviewing provides an improved ability to establish the goodness-of-fit and ensure the success of both the applicant and residency program. Yet, there appears to be a limited availability of guidelines or best practices with regard to conducting behavioral interviewing for faculty members in residency

programs. A panel discussion comprised of members from various family medicine residency programs will review how behavioral interviewing techniques have been developed and implemented in each of their settings, with recommendations of best practices for the selection process including. Objectives will include: 1) Reviewing the implications for integration of behavioral interviewing in family medicine residency programs; 2) Identifying various behavioral interviewing practices, and exploring both the strengths and limitations of each practice; and 3) Discussing the evaluation of "successful outcomes" in using behavioral interviewing practices in the selection process.

Content of the Session:

The traditional residency selection process has relied on past academic data and situational interviewing practices as selection criteria.[1,2,6] The drawback of situational interviewing practices is that it focuses on hypothetical behavior oriented toward the future.[3] In contrast, a patterned behavior description interview, or behavioral interviewing, focuses on actual behavior that occurred in the past to evaluate potential predicators for success during residency training.[3,5] As concerns grow within residency programs about resident attrition and increasing pressure to utilize limited resources efficiently, behavioral-based interviewing practices have demonstrated improved reliability and validity, in comparison to traditional interviewing techniques, in predicting job performance.[1] Behavioral interviewing practices may be integrated into the selection process, using ACGME milestones and the interview itself as an opportunity to evaluate your program's success in the development of a distinct healthcare professional in the competitive field of medicine. Thus, the content of our session will explore how the use of behavioral interviewing practices in various residency programs have been developed, implemented, and evaluated as successful predictors in residency programs.[1,2,4] Panel discussants will address the use of individual and group interviewing practices as well as a systematic approach to behavioral interviewing in the selection process. Time will also be used to identify the strengths and limitations of each practice, potential challenges, such as the degree of support and access to resources, and strategies for overcoming these barriers.   Participants will leave with the knowledge necessary to develop, implement, and evaluate behavioral interviewing practices for the applicant selection process in their respective residencies.

Objectives:

1. Discuss implications for integration of behavioral interviewing in family residency programs.
2. Discuss current practices of behavioral interviewing in various family medicine residency programs.
3. Identify strategies for the implementation of effective behavioral interviewing practices in one's residency program.

References:

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Behavioral Interviewing
Strategies

System-based approach

As you consider integrating or highlighting behavioral interviewing strategies in your residency selection process, it might be helpful to spend some time collectively as a faculty to discuss how this approach will contribute to the overall selection process and, particularly, the impact of your residency program. We recommend not relying solely on medical knowledge, metrics (MCAT, GPA, USMLE Scores), etc. for your selection process. To increase diversity in healthcare, the trend in undergraduate medical education is to use a holistic approach. It may fare graduate medical education well to be consistent in this process for emerging physicians. Here is a reference to a blog post discussing a system-based approach to behavioral interviewing: http://blog.stfm.org/tag/kristine-diaz/.

Individual Behavioral Interviewing Strategies

Individual Behavioral Interviewing allows residency programs to identify potential red flags* of an applicant to predict future behavior and select the applicant you want for your program. The individual behavioral interview allows for a fairly consistent interview process and some flexibility in follow-up questions. A faculty member can gather information in multiple ACGME competency areas (Professionalism, Interpersonal and Communication Skills).

However, some faculty members may feel uncomfortable with questions deemed too personal. It might be helpful for faculty members to identify their interviewing strengths (e.g. Medical Knowledge vs interpersonal skills).

Use of the *STAR* (**S**ituation, **T**ask, **A**ction, **R**esults) approach provides your residency program with a structured approach to individual behavioral interviewing. The STAR Process includes the following: 1) Training of interviewers; 2) Inter-rater reliability; 3) Buy-in from Faculty; and 4) Evaluations congruent with interview questions.

Faculty and residents should be trained annually in the use of STAR prior to the interview season. A standard set of questions should be created for your residency program for faculty and residents to use during individual interviews. Your evaluation process should be revised to match interview questions posed to applicants. Be sure to include an open-ended comment section for additional feedback from interviewers.

Resource used for this STAR approach: Easdown, L.J., Castro, P.L., Shinkle, E.P., Small, L., & Algren, J. (2005). The behavioral interview, a method to evaluate ACGME Competencies in resident selection: a pilot project. *JEPM, 7* (1), 1-10.

No Asshole Rule by Robert I. Sutton

St. Vincent's Family Medicine Residency

Emotional Intelligence:
Tell me about a time you experienced conflict with a supervisor.
Tell me about a difficult patient encounter.
Tell me about a rewarding patient encounter you have had.
Tell us about your most interesting and/or challenging patient.
Tell us about at time you have had to overcome a situation that you are proud of.

Knowledge/Medical Experience:
What are you looking for in a residency?
Tell me about a time that you encountered a medical situation/problem that you did not know about. How did you go about finding an answer for this problem?
Describe your inpatient medicine experience? Did you function independently (like a resident) writing notes and orders? How many patients did you care for on your inpatient ward rotations?
Describe your pediatric experience (inpatient or outpatient)?
Describe your OB/GYN experience. How many pelvis exams did you do? How many deliveries? How independent were you?
Describe your outpatient family medicine rotation. Did you have your own continuity panel?
Have you had to deal with end of life issues while taking care of a patient?

Behavioral Science Coordinator Questions:
Tell me what draws you to Family Medicine?
Tell me about a challenging situation you have encountered – either personal or professional.
Tell me about a time when you needed to ask for help from a peer.
Tell me about a time that you worked as part of a team.
Tell me about your typical coping skills – day to day and bigger life stressors. Please give examples.

St. Vincent's Family Medicine Residency

Evaluation of Candidate Interview

Please evaluate this candidate's interpersonal skills.

5. Outstanding

4. Excellent

3. Average

2. Fair

1. Poor

Please evaluate this candidate's work ethic and professionalism.

5. Outstanding

4. Excellent

3. Average

2. Fair

1. Poor

Please evaluate this candidate's practical experience (inpatient medicine, pediatrics, maternity care, etc), including consideration of medical school rotations and approach to knowledge deficits.

5. Outstanding

4. Excellent

3. Average

2. Fair

1. Poor

Considering direct observation and/or interview evaluation, please rank this candidate's ability to receive and utilize feedback.

5. Outstanding

4. Excellent

3. Average

2. Fair

1. Poor

Please evaluate this candidate's awareness of self and social situations.

5. Outstanding

4. Excellent

3. Average

2. Fair

1. Poor

Is there any reason you feel this applicant should not be considered as part of the incoming resident class?

(required response)

Is there any outstanding reason you feel this applicant should be strongly considered as part of the incoming resident class?

(required response)

Please make any additional comments below.

Residents should be included in the use of behavioral interviewing strategies as a means of residency training, professional development and to be consistent with the selection process at your residency program.

The use of a structured interviewing and evaluative process will anchor the principles of behavioral interviewing for novices in this type of training. The BAR (**B**ackground, **A**ction, **R**esponse) approach provides a structure for the resident in the evaluation of the individual interview. Residents will use a question and evaluate the applicant based on the applicant's ability to talk about the situation, identity what s/he did, and how s/he responded to this situation. Residents should be trained in how to use open-ended questions to elicit more information and expand the conversation with the applicant. Additionally, residents should be trained in observable behaviors (body language, animation, eye contact, and voice tone) to evaluate interpersonal and communication skills and professionalism. Lastly, a connection should be made in training with the BAR approach and the applicant's behavior with the ACGME milestones.

Behavioral Question asked by Resident

Tell me about a time when you were criticized for the care you provided for a patient. How did you deal with that?

CANDIDATE NAME: _____   SCORE: _____

COMMENTS & NOTES:

Below Expectation	Slightly Below Expectation	Meets Expectation	Slightly Above Expectation	Exceeds Expectation
1	2	3	4	5
• Never made a mistake • Reluctant to admit mistake • Looking and turning away		• Uses BAR • Responds w/ PT in mind • Seeks advice w/complex decisions • Verbalizes some empathy		• Understands why the error occurred and how to avoid. • Presents appropriate and insightful response • Is animated, changes tone, expresses concern

Group Behavioral Interviewing Strategies

Group behavioral interviewing allows residency programs the ability to increase the number of applicants interviewed with a limited of faculty available. Additionally, group behavioral interviewing allows a residency program to evaluate how an individual works in a team, responds to novel situations, and flexibility in a potentially stressful situation. However, it should be noted that the literature indicated that the anxiety level of group interviews is comparable to the level of anxiety for one-on-one interviews. These strategies can be used in conjunction with individual interviews.

Different group behavioral interviewing strategies may be used depending on the interest of the faculty at your residency program and the availability of faculty for this type of interviewing approach. Fables, Multi-Mini Interviews (MMI), Emotional Intelligence-focused questions, and Fishbowl activities are strategies that can be used in a group setting.

Fables, such as Friedman's Fables, may be used to stimulate reflection, professionalism, and interpersonal and communication skills. In using this strategy, allow time for the fable to be read, discussion and follow up questions to expand the interaction. As facilitator, your tone is crucial and sets the nature of the task. Use one applicant's response as a platform to solicit answers from the group. Additionally, use open ended questions to expand the discussion, such as, "Has anyone experienced something similar?" or"How did you handle it?"

Multi-Mini Interviews (MMI) allows for multiple brief, focused encounters with applicants. While the MMI has been mainly used in medical school admission process, there is some literature in the use of MMI in residency programs. There are resources to help understand the logistics of MMI as well as examples (example and another example) on YouTube.

Resource: Hofmeister, Lockyer, & Crutcher. (2008). The Acceptability of the Multiple Mini Interview for Resident Selection. Fam Med, 40(10), 734-40.

The Fishbowl strategy uses two concentric circles with applicants sitting inside the circle and faculty sitting on the outside circle as observers (see image below). This strategy serves as an opportunity to observe the applicants in various roles in a group setting, personality, decision-making skills, and ability to work in a team. Additionally, this strategy serves as a great opportunity to evaluate non-cognitive characteristics of applicants.

Discussion of clinical encounters or ranking of ethical situations (most problematic ethical situation vs least ethical situation) may be used for this strategy. One faculty member should serve as the facilitator for this activity both to provide the

instructions and to facilitate group discussion. Applicants will review/rank encounters/ethical situations independently followed by a group discussion. As a facilitator, open-ended questions should used to prompt discussion and engage everyone. The task should remain ambiguous as possible to allow for more creativity and thought-provoking response.
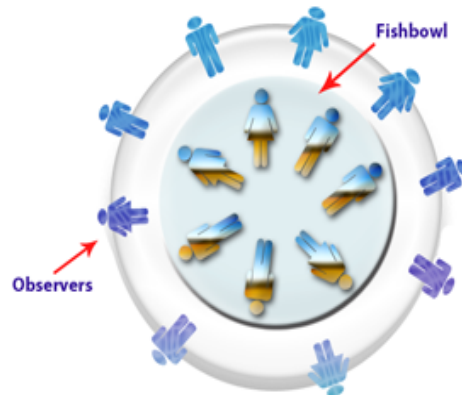
Example of Fishbowl Structure

We have identified emotional intelligence (EQ) focused questions in individual behavioral interviewing. This style of interviewing can also take place within the context of a group interview. Yet, the group is consisted mostly of faculty members interviewing one applicant. This setting may stimulate multiple reactions from applicants. It is helpful to develop a list of emotional intelligence focused questions assessing cognitive style, communication, self-awareness, self-management, social awareness and relationships. Listed below is a suggestion of open-ended questions used for this strategy. You can use this list of questions individually and as a group strategy to heighten the evaluation of EQ for your residency program.

- Cognitive Style
  - "How do you make decisions?"
- Communication
  - "How do you ensure you've been understood?"
- Self Awareness
  - "Describe a time when you needed help, and how you went about getting it."
- Self Management
  - "How can you tell when your stress level is too high? What do you do?"
- Social Awareness
  - "How do others' moods affect you?"
- Relationships
  - "If you heard someone did not care for you, what would you do?"

Summary

In closing, behavioral interviewing serves as an opportunity for a residency program to assess an advanced skill development of resident applicants in ACGME competencies, non-cognitive skills and performance based skills. Most importantly, these strategies listed serve as an opportunity for your residency program to select the applicant who is the best fit for your program.

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