



TO INTERVIEW OR NOT TO INTERVIEW: WHOM IS THE QUESTION

Sheryl L. Geisler, MS, PA-C

Ryan White, MPH, PA-C

**Rutgers Physician Assistant Program
(formerly UMDNJ)**

THE PROBLEM:

- CASPA Stats (total 'mailed' applicants):

- '07 – '08 10,550
- '08 – '09 12,216
- '09 – '10 14,582
- '10 – '11 16,569
- '11 – '12 18,510
- '12 – '13 19,558

The 5 years since '07-'08: 85% increase in applications



LABOR/TIME COMMITMENT FOR INTERVIEWS

- Each session lasts half day
- Multiple 3-person teams plus “host”
 - Average 7-10 persons each session
- In ‘12 – ‘13 we scheduled 25 interview sessions
- Estimated total interview man hours: **890!**
- How to ensure interviewing those with best chance for success, best match for our program
 - Objective, evidence-based screening tool needed



LITERATURE EVIDENCE

- Cognitive measures
 - GPA (overall and science)
 - GRE
 - MCAT
- Non-cognitive measures
 - Autobiographical submission (ABS)
 - Personal statement/essay
 - Letters of recommendation/reference



COGNITIVE MEASURES

- Overall GPA & science GPA strongly correlate with graduate school performance¹⁻¹⁰
- Some also found a correlation between GPA and clinical performance^{1,5,7,11}
 - Correlation weakens over time after graduation
- To a lesser extent, standardized admissions testing (MCAT, GRE) also correlate with graduate school performance^{1,4,7,8,11}



GPA AS A PREDICTOR OF PRE-CLINICAL AND CLINICAL PERFORMANCE

	Pre-clinical	Clinical
Dore, et al.	Y	N/A
Kulatunga, et al.	Y	Y
Ferguson, et al.	Y	N
Ferguson, et al.	Y	Y
Mercer, et al.	Y	N
Siu	Y	Y
Peskun	Y	N



NON-COGNITIVE MEASURES

- Letters of reference do not correlate with graduate school performance^{5,11}
- Some studies have shown a correlation between ABS and clinical performance (but not didactic)^{3,5,10}
 - Horizontal vs. vertical scoring methods
 - Horizontal scoring improves validity and reliability of ABS as a screening tool³



ABS SCORING

- Vertical (traditional)
 - One person scores all essays from one applicant
- Horizontal
 - One person scores one essay from all applicants
- Horizontal scoring improves validity and reliability of the ABS as a screening tool³



ABS

- Off-site, non-proctored ABS ratings are higher than on-site, proctored ABS ratings⁶
- On-site ratings improve with more time⁶
- Validity (independence and veracity) of off-site ABS must be questioned
 - Ghostwriters
 - Influence of friends and family



ABS AS A PREDICTOR OF PRE-CLINICAL AND CLINICAL PERFORMANCE

	Pre-clinical	Clinical
Dore, et al.	Y*	Y*
Kulatunga, et al.	N	N
Ferguson, et al.	N/A	N/A
Ferguson, et al.	N	Y
Mercer, et al.	Y	N
Siu	N	N
Peskun	N	Y

*Using horizontal scoring method



ACADEMIC PREPARATION (SCORING)

- | | |
|-----------------------------|----------|
| ○ Overall GPA | 0-10 pts |
| ○ Science GPA | 0-12 |
| ○ GPA last 30 | 0-14 |
| ○ >24 credits science (Y/N) | 0-2 |
| ○ Science Prep | 0-5 |
| ○ Highest degree | 0-3 |

Maximum possible for academic prep: 46 pts

Scoring of this portion done by admissions coordinator:
cut-point for automatic rejection, no further screening required



PRIOR EXPERIENCE (SCORING)

- Direct Patient Contact Hrs 0-10 pts
- Community Service Hrs 0-10
- PA exposure/shadowing 0-10

Total possible: 30 pts

This calculation plus all remaining evaluation done
by a faculty member



REFERENCE LETTERS (SCORING)

- For each of the 3 submitted references
 - Appropriate choice 0-2 pts
 - Recommends w/o reservation (Y/N) 0-1
 - Overall impression 0-3

Total points possible for references: 18 pts



ABS SCORING

- Overall impression of essay 0-6 pts

Review of scoring (entire application):

Academic preparation 46 pts

Past experience 30

References 18

Essay 6

Total 100 pts



THE GOOD NEWS

- Process has become more objective
 - Concrete, constructive feedback for those not interviewed
- Allows for broader sharing of screening burden across faculty
- Improved consistency in quality of interviews
- Potentially useful over time to statistically evaluate our admissions process



THE BAD NEWS

- Risk that heavy academic preparation weighting screens out potentially attractive applicants
- Inconsistencies between faculty in approach to scoring
 - Scoring of hours for community service and direct health care experience varied widely
 - Smaller variations seen in essay/overall impression and reference evaluation



DIRECT PATIENT EXPERIENCE (HOURS)

- Applicant #1: 2012 (2), 1520, 1028 (2), 1000 (2)
- Applicant #2: 800 (5), 890, 840
- Applicant #3: 450, 440 (4), 400 (2)



COMMUNITY SERVICE (HOURS)

- Applicant #1: 895, 875, 695, 566, 300, 227,150
- Applicant #2: 140 (2),130, 50 (2),10 (2)
- Applicant #3: 1100 (4), 1000 (2), 100



ESSAY/OVERALL IMPRESSION (SCORES)

- Applicant #1: 5 (5), 4 (2)
- Applicant #2: 5 (4), 4 (2), 3
- Applicant #3: 4 (3), 3 (2), 2 (2)



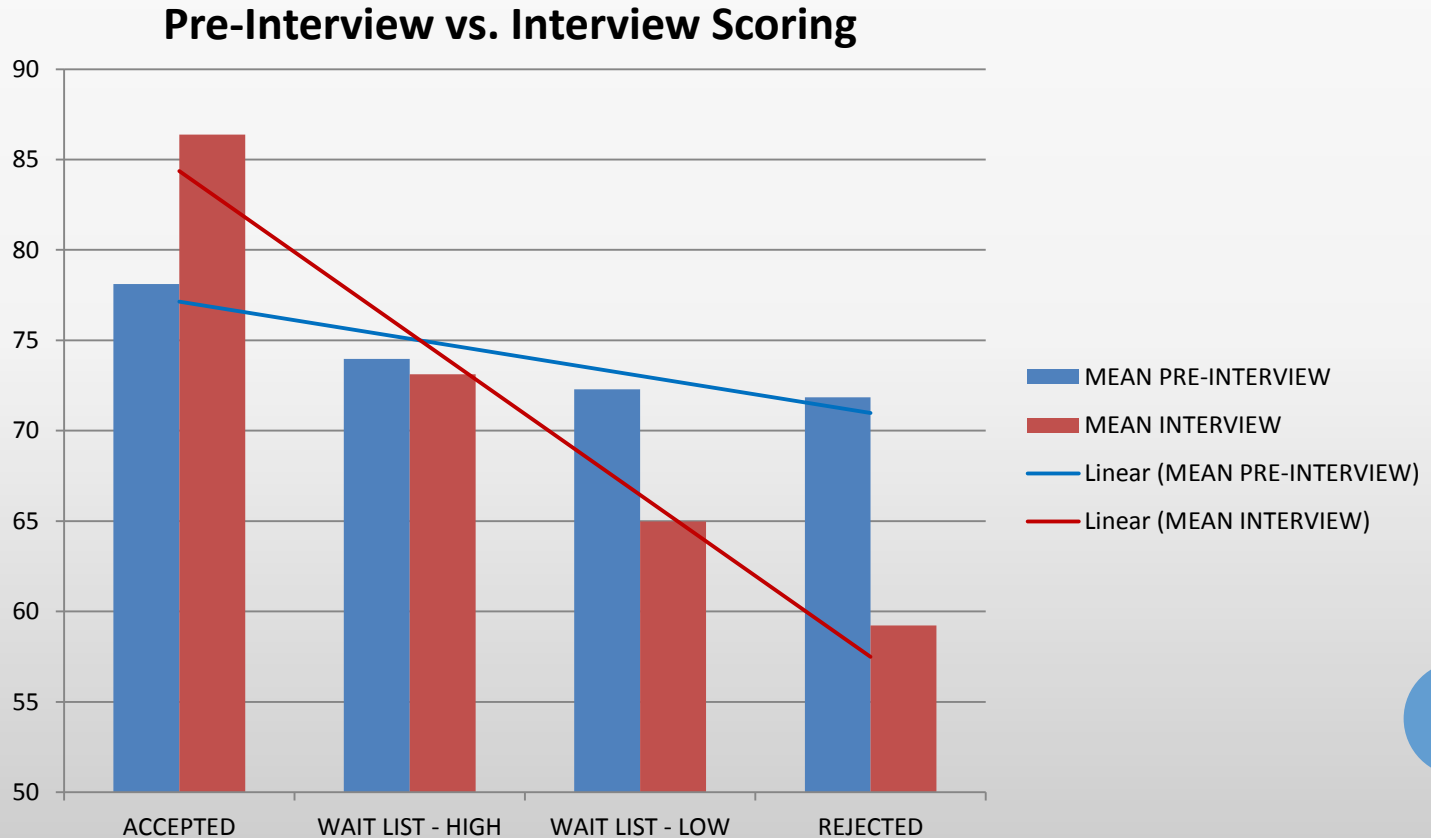
FINAL INTERVIEW DECISION

- Applicant #1: 6 “yes”; 1 “no” (65-76)
- Applicant #2: 3 “yes”; 4 “no” (63-67)
- Applicant #3: 2 “yes”; 5 “no” (61-76)



SOME OTHER THINGS WE'VE NOTICED

- An association exists between pre-interview screening score & interview score



SOME OTHER THINGS WE'VE NOTICED

- Fewer interviews for faculty
 - Nearly 30% decrease in applicants interviewed
- Faculty aren't relying solely on the pre-interview score when deciding
 - Scores range 52-91 among applicants invited for an interview '12-'13



QUESTIONS
&
DISCUSSION



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