Unique Evaluation Measures to Recruit
The Medical Student of the Future

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Innovation Identified

The recruitment process sets forth goals to reliably predict academic, clinical, and examination success in physician trainees. Medical schools prefer a choice of measures for evaluation and selection of candidates that is objective, yet the selection process still relies on subjective measures to a large degree and/or cognitive measures such as entrance examination scores, science and overall GPA.

As The Ohio University Heritage College of Osteopathic Medicine embarks on recruitment for a novel 3-year accelerated UME-GME connected program with embedded Primary Care clinical skills, population health, quality improvement, and community engagement, the program seeks to build and validate a population health, quality improvement, and community health emphasis. While traditional recruitment techniques are being evaluated to compare to more objective measures, several specialist, social/emotional intelligence scales, and a combination of traditional interviews and those with situation judgement tests are being evaluated to compare to more traditional recruitment techniques.

Need/Gap Addressed

While successful examination results predict future examination success, the entrance examinations do not predict all of the variability in academic failure. 9-23% variance in pre-clinical academic difficulty could be attributed to Previous Academic success (1) (One large meta-analysis that examined over 100 studies and found that while previous academic success did help to predict future academic success, there was not enough evidence to attribute the differences to previous academic success alone.)

The cognitive tests alone also do not predict professionalism and clinical success and further study needs to be completed to create more objective measures for medical student selection. In one pilot study, the amount of information contained in the personal statement and personality factors, mostly conscientiousness was most predictive of clinical performance success whereas, personal, academic references were not helpful in predicting clinical performance of medical students (2)

While only 3% variance in post-graduate medical competency academic difficulty could be attributed to previous academic success (1) We propose to add the following measures to our admission criteria rubric: Brief Kolb Learning Inventory, Jefferson Empathy Scale, Emotional Intelligence Scale ECSi, and Scenario/Situation Judgement Testing (SJT) in areas of Empathy, Honesty, Teamwork and Perseverance and Perspective Taking.

Resources Needed and Potential Barriers

Web Admit Application modifications by Information Technicians and Survey creation software to create universal application survey with all questions from various scales and surveys

Institutional license for various scales:
- Jefferson Empathy Scale
- Personality Quality Assessment Scale
- ECSi Survey Emotional/Social Intelligence
- Maslach Burnout Inventory

Creation annually of Situation Judgement Tests.

Potential barriers include: Inadequate resources to pay for source scales, inadequate Information technology systems to customize scales for one’s institutions, inadequate expertise to create the situation judgement tests.

Other potential hazards and barriers include: Negative perception of applicants, failure to complete the application because it is longer or more difficult than other applicant choices. Utilization of individuals other than applicant in completion of the survey which may lead to inaccurate or misleading data.

Timeline Proposed

A new Objective Applicant Assessment Strategy may take between 6 and 12 months. Individual Applicant Interview Assessments and Situation Judgement tests (SJT) were created and will be completed by each individual who will interview at each site (our medical campus and two residency campuses.) A values based survey including ranking SJT and further eliciting reasoning for positive and negative attribution of answers of invested stakeholders is required. All materials must then be cleared through the individual institutions who will participate. A minimum of 120 days is required to assure time for stakeholder evaluation, re-evaluation and approval of sources.

Scales that require institutional licensure require a minimum of 60-90 days to secure and have approved. If these scales and surveys are purchased, one will need to consider budget cycles. If the institution does not have the budget to purchase scales, grants may need to be secured which will further add time.

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