

Will Behavioral-Based Interviewing Improve Resident Selection and Decrease Attrition?

One of my most important tasks in my job as an associate program director is assisting in the selection of new residency candidates. The resident interview is a cornerstone in this process. However, having participated in resident interviews for many years (as interviewee and interviewer), I have had concerns about its *true* utility. This is especially important in surgery, where there is sizable resident attrition (22% to 27%).

Increasing stipulations for continued accreditation, having public report cards of physicians, and the increasing scrutiny of hospitals make it even more imperative that residency programs select trainees who display behaviors that are essential to success in residency. Stephenson-Famy et al¹ performed a comprehensive analysis of the published data on the use of interviews in resident candidate selection across a variety of specialties. Their results demonstrated that a wide range of interview techniques and strategies are utilized in the interview process. These interview strategies primarily attempt to assess cognitive and psychomotor skills.²

One of the challenges programs face during interviews is the assessment of noncognitive skills, such as communication, honesty, reliability, and teamwork.^{3,4} The use of behavioral-based interviewing (BBI) is a strategy that has been proposed to help select candidates who have the right cultural fit.

BBI allows candidates to use past experiences to provide examples of how they possess characteristics desirable to the residency program. If peer interviewers deem candidates to be a poor fit for the residency and the institution, they are deselected, and not included in the rank list. Data from the nursing literature indicate that BBI is associated with decreased employee turnover, decreased length of stay, and improved patient satisfaction scores.

In the review by Stephenson-Famy et al,¹ a small subset of the published studies included a component

of BBI. My institution is now integrating BBI across all departments for the hiring of new employees. Our department of surgery was the first residency to participate in the program. Human resources provided comprehensive training to our faculty and residents on the technique. All resident interviewers included the use of BBI. To assess our initial effort, we sent out an anonymous survey to all interviewees. Encouragingly, 70% of the respondents reported that they found BBI helpful in understanding the culture of our organization.

It will take some time to determine the true impact of this approach in our residency and other residency programs that implement BBI. There will be a need for longitudinal follow-up of the residents who were evaluated using this technique. Furthermore, the increased use of BBI may lead to some challenges, but they can be averted by ensuring that interviewers receive the adequate training in the technique and feedback on their proficiency. Another issue is how to use BBI to enhance diversity rather than limit diversity.

This year we will again be conducting behavioral-based interviewing and will try to learn more about the process. It will take time and ongoing research in this area to assess its *true* impact.

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References

1. Stephenson-Famy A, Houmard BS, Oberoi S, Manyak A, Chiang S, Kim S. Use of the interview in resident candidate selection: a review of the literature. *J Grad Med Educ.* 2015;7(4):539–548.
2. Keck JW, Arnold L, Willoughby L, Calkins V. Efficacy of cognitive/noncognitive measures in predicting resident-physician performance. *J Med Educ.* 1979;54(10):759–765.
3. LaGrasso JR, Kennedy DA, Hoehn JG, Ashruf S, Przybyla AM. Selection criteria for the integrated model of plastic surgery residency. *Plast Reconstr Surg.* 2008;121(3):121e–125e.
4. Wagoner NE, Gray GT. Report on a survey of program directors regarding selection factors in graduate medical education. *J Med Educ.* 1979;54(6):445–452.

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