The Behavioral Interview
A Method To Evaluate ACGME Competencies in Resident Selection

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Introduction

The selection of residents must identify knowledge, skills and behaviors that will lead to success in residency and professional life. Selection criteria often focus on academic achievement as evidenced by USMLE scores, grades, class rank and AOA status (1). These criteria may not determine success in the residency (2). Residents are now assessed throughout training for performance in all six ACGME competencies. The first opportunity to assess these competencies is at resident selection. In consultation with the Vanderbilt Owen Graduate School of Management, a structured behavioral interview was developed to assess four ACGME competencies in the resident candidate- Professionalism, Patient Care, Communication Skills and System Based Practice. The behavioral interview has been used extensively in the business community, the premise being that *past behavior determines future behavior (3).*

Methods

One hundred and six resident candidates were interviewed by faculty members of the Admissions Committee in two separate 30 minute interviews. Candidates were advised of the behavioral interview format when invited to interview and again on the interview day. The 12 members of the committee were trained to use the behavioral interview by our MBA consultants and consensus meetings were held on the interview day. Candidates were asked standardized questions pertaining to past behaviors. An example of a behavioral interview question (Professionalism): "Tell me about a time you disagreed with a superior- how did you handle it?"(Patient care): "Describe a patient who had a significant effect on you". An excellent answer fully discussed the past event (see STAR system) and demonstrated achievement of the competency scored from 1(Fails to demonstrate competency) to 5 (Demonstrates exceptional grasp of competency). Interview scores were one factor used in the selection of candidates for the residency.

Results

In a pilot project, the behavioral interview was adapted to assess four ACGME competencies in the resident candidate. Faculty required training to direct the interview but found the standardized questions objective and easy to score. Candidates did not find the interview stressful. A formal survey is in place to determine feedback from the resident candidates.

Discussion:

Selection of residents should include evidence of achievement not only in knowledge base but in specific behaviors and competencies. The behavioral interview under development in our residency program is an innovative tool to do so. Longitudinal evaluation of these residents during training will determine if they succeed predictably in all six ACGME competencies.

References

(1)Baker JD et al. *Selection of anesthesiology residents* Academic Medicine 1993;68: 161-163
(2)Blanchard J. *Board scores and resident performance: Is there a link?* Annals of Emergency Medicine 2000;36:64-67 (3)Motowidlo SJ et al. *Studies of the structured behavioral interview* J. of Applied Psychology 1992;77(5):571-587

Table:

STAR System
• **S**ituation or
• **T**ask described well
• **A**ction taken by the candidate
• **R**esult of the action