Situation Judgment Tests and A Fresh Approach to Medical School Admissions
Activities and Objectives

1. Explain current literature on inadequacy of traditional admission measures;
2. Present current Literature on Situation Judgment tests
3. Consider whether current practices select for outcomes desirable to new medical education methods.

After which the attendee will
1. Assume the role of an applicant, taking an SJT
2. Learn how and why OU-HCOM implemented SJTS, data and lessons learned
3. How one might construct their own SJT
Australia and Japan use SJT for medical school admission criteria.

In 2016 the United Kingdom rolled-out a situational judgement test for GME (Foundation) admissions. 2 hour examination high percentage overall score.

Medical school admission research reveals situational judgement tests as a deliberate, validated, & superior to interview to choose subset of desirable professional attributes.

When used in *addition* to traditional academic attributes, GPA & admission testing, SJT scenarios help predict future performance on professional attributes.

Drawback is the narrow variation from best to worst performance.

In May 2016, the AAMC Admissions and Selection Research Team launched an online SJT field test study with MCAT examinees to learn more about the psychometric properties and applicant reactions to the SJT.

- SJT scores and academic metrics (e.g., MCAT scores, GPA), personality factors, and other admissions data, in addition to exploring group differences on SJT scores. They will continue this research with 8-9 schools.
**BACKGROUND**

- *Post Graduate Medical Competency* (3% variance in post graduate medical competency academic difficulty could be attributed to Previous Academic Success)
  1) BMJ 2002; 324:952.

- Previous Academic Success (at least one previous systemic Meta Analysis suggests more predictive of preclinical success than Post Graduate Medical Competency)
OUR WHY....

Changes in curriculum mandate a NEW medical student in manner of learning and performance
Many Goals | New Domains
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- **Self-Directed, Lifelong learner**
- **Competent in multiple domains:** Patient Care, Medical Knowledge, Professionalism, Procedures, Systems Based Practice, Practiced Based Learning
- **Caring/Empathy**
- **Quality Improvement and Patient Safety**
- **Population Health**
- **Information Technology Ability to use Big Data Sets**
- **Advocacy**
- **Leadership**

..other...
13 EPA AAMC vs
27 sub-competencies AOA
22 sub-competencies ACGME
20 Family Medicine EPA’s

What do we want?
What do we recruit for?
How do we get what America’s Healthcare needs mandate?
Tradition @OUHCOM

Mission and Vision

Traditional Admission
Novel Admissions: our study

Personality Traits
- Situation Judgment Testing
- Jefferson Empathy Survey
- Personality Qualities Assessment (*)

Specific “Skills”
- Tolerance for Ambiguity
- Groningen Reflective Ability Scale
- Consistent, Behaviorally oriented Questions across 8 interviews
- Emotional and Social Competency Inventory (*)

(*) not obtained in 2017-18 admissions cycle
Research Scenario

Demographics

- ~400 applicants per year at Cleveland site for “Primary care”
- Secondary Applications 178 reviewed to offer Supplementary
- “Supplementary” application, included surveys with opt-out
- N= 94 total supplemental application, committing to Family Medicine Residency
- N=78 completed all surveys
  - Females=66 Males=28
- TCC Class pending Aug 2, 2018
  - 4 male/ 4 female
  - 3 under-represented minorities
Constructing SJT (Situation judgment tests)

- Content
- Medical for Laypersons
- Realistic
- Should reflect a core value
- Ambiguous
- Allow for adequate discrimination of normal distribution

- Testing the test:
- Stakeholder Evaluation
- Values preferred varied based on training location: UME vs GME (honesty vs empathy) (conscientiousness vs judgment)
Methods

• Each stakeholder completed 4 SJT
• Rating from most preferred to least preferred
• N=21
• Inadequate power to detect significant differences: Bi-modal Mode UME/GME
Stakeholder Evaluation Results

Qualitative Reasoning over Q 1 versus Q 4

UME

• Honesty
• Conscientiousness

GME

• Empathy
• Judgement/Discrimination
SJT: TAKE HOME points

• Study Underpowered for statistical significance
• Differences noted: more surveys to address power
• Qualitative results re: core values spurred important conversations and led to individual differences
• Additional findings from Consistent Behaviorally oriented questions
ACTIVITY

You have 5 minutes to complete a scenario, (an SJT) Please rank your answers from Most Likely to Do 1.....Least Likely to Do 6
One Conflict and Empathy

You are working in your longitudinal integrated clinic (LIC) at the family medicine residency where you have been assigned. While you are waiting to be brought back for your placement with a team, an irate mother comes in with her child. She is claiming that she received the wrong vaccinations and received one vaccination twice in the same day. The baby’s thigh is red and puffy and the infant is crying uncontrollably. The mother spots your badge and your Ohio University Badge and begins to demand you help her. She is getting more upset and is raising her voice to you. What would you say to her?

_________ I will do all I can to help you with this issue. If you tell me your baby’s name and DOB, I will have the front desk check her in immediately. {By letting the mother know you will expedite their concern, you can help diffuse her anxiety and anger}

_________ Let me check with the doctor you mentioned in the situation. If you wait here, I will speak to them and be back in no time. {This is not fully honest, it does show willingness to help, and may lead to further escalation of the situation. By saying you are going to check with the colleague, you seem not to know what you’re doing, you are implying you also cannot help and will have to get back to them. You are trying to be helpful and promise a response}

_________ Maam, I can hear that you are really upset, but I need you to calm down so that I can help you. {This may further upset the person, as you are placing value judgement with the if, then statement (adding but really increases this). Try instead to use an even quiet and reassuring tone with reassuring words. Asking someone to calm down is a last resort}

_________ I’m just a student here, you’ll have to talk to the front desk staff. {This further shows that you lack personal touch, lack responsibility taking and want to shift the ownership to others. It also says to the mother that you don’t know what you are doing and may add to the aura of incompetence.}

_________ I’m sure there is a good explanation for all this. Give me your details, and I’ll go find out. {This response while trying again to be helpful, lacks personal response and also specifics. It further minimizes the emotional response and fact that there is a problem at all.}

_________ I’m studying to be a doctor. Let me see her leg, and make sure she is okay. {This is a cavalier attitude—may show caring and/or ownership and/or desire to help, however is unwise in the situation where there may have already been an error and you don’t know what you are doing}
CREATE your own SJT

Ambiguous Scenario
Determine the Core Value you wish to address
Stakeholders to rank Core Values of import
Resiliency, Empathy, Honesty, Discernment, Conscientiousness
(Based on Big 5 Research)
Ambiguous (non-perfect) answers along a continuum...
Validation is a journey
REFERENCES


2. Pilot study of the roles of personality, references, and personal statements in relation to performance over the five years of a medical BMJ 2003; 326 doi: http://dx.doi.org/10.1136/bmj.326.7386.429 (Published 22 February 2003) BMJ 2003;326:429


