Communications

The Personal Interview for Applicant Selection

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Gordon and Lincoln of the University of Washington have recently discussed the use of the interview in the selection of family practice residents and concluded that the "personal interview is a notoriously unreliable device for choosing among applicants, regardless of occupation." The authors went on to say that they had "abandoned the formal interview as a method of selecting residents."[1]

The purpose of this communication is to present a slightly different use and interpretation of the personal interview. The Department of Family Medicine at Bowman Gray School of Medicine is into only its second year. However, the faculty of the department have been asked to participate in the interviewing program of the Physician Assistant Training Program of the school. This is a seven-year-old program with many of the same problems of candidate selection as those mentioned by Gordon and Lincoln, including a large number of applicants. During the period reported in this paper, there were some 2,000 applicants for approximately 250 training slots.

Methods

For the Physician Assistant Program, the interviewers are asked to make one recommendation about the applicant based upon the interviewer's own subjective judgment, with full recognition by everyone that the result is a judgment, not a pronouncement.

The reaction to interviewed candidates was expressed formally in one of five different ways shown in Table 1.

Results

Contrary to the findings of Gordon and Lincoln "...that agreement among interviewers was essentially nil..." a study done of the recommendations of the interviewers of the physician assistant applicants found a significant level of agreement. The relative number of times each of these reactions was reported by each interviewer is shown in Table 2.

In order to investigate the relative agreement in ratings given by different pairs of interviewers to the same candidate, a series of two-dimensional graphs was used. The vertical dimension was scaled from 0.0 (X Reject) to 3.0 (X Accept) for one interviewer and the horizontal dimension was scaled in a similar manner for the second interviewer. The ratings assigned each candidate seen by both of the interviewers were then recorded on the graph. The following terms were used in analyzing the results:

1. Complete agreement: both interviewers reported the same rating.
2. General agreement: one interviewer used the rating "3.0" and the other used "2.0," or one reported "0.0" and the other assigned a "1.0."
3. No decision: one or both used this rating.
4. Absolute disagreement: one interviewer checked "accept" for the candidate and the other indicated "reject."
5. General disagreement: one of the following combinations was assigned: (a) reject − ? accept, (b) ? reject − ? accept, or (c) accept − ? reject.

The results obtained are shown in Table 3.

It can be seen that the amount of agreement is greater than expected; the amount of disagreement is far less than expected; and the x^2 is significant beyond any reasonable level of probability.*

The following additional points can be made regarding the value of the interview in selection of applicants.

1. The candidates who are acceptable to the interviewers, the faculty is convinced, are different from those who do more poorly in the interviews. The qualities which bring about this difference are qualities which are also important in being accepted as a clinician and include such things as mental acuity, which would correlate with test results; facile tongue, which would not correlate with test results; ability to project personal warmth and vitality, which would not correlate with test results, etc.

2. The best dialogues that the pro-

Table 1 Interviewer's Reaction to Candidates		
	Reaction	Assigned Value as a Rating
X	Accept	3.0
?	Accept, or the word "alternate"	2.0
?	Reject	1.0
X	Reject	0.0

*Further statistical documentation is available from the authors.

Table 2. Agreement Among Interviewers' Reactions

Interviewer:	A	B	C	D	E	F	Row Totals	Percent
Number of Interviews:	52	34	43	25	53	46	253	100
Rating:								
X Accept	11	17	21	6	18	28	101	39.9
? Accept	25	4	18	9	1	6	63	24.9
? (no decision)	1	1	0	3	15	0	20	07.9
? Reject	12	5	0	5	1	1	24	09.5
X Reject	3	7	4	2	18	11	45	17.8
Mean Rating	1.86	1.93	2.30	1.82	1.50	2.11	1.91	

gram's faculty have had about the ideals of this training program, where views are shared regarding personal values, professional requirements, etc, have occurred in preparing for and carrying out student selection. The same decisions have included faculty from other departments of the medical school as well as the physician assistant faculty. This interchange of views is highly constructive and desirable, and probably sufficiently valuable in its effect upon faculty attitudes and understanding to justify interviewing even if the results were known to be wholly unreliable.

3. The process of interviewing gives each member of the faculty a personal role in directing the future of the program. Having chosen the students, the faculty feels personal responsibility for training them. This personal involvement in selecting students is very important to the quality of the program because it relates to personal commitment to the goals of the program and to the students.

Discussion

The crux of the matter is whether the comparison that has been made is valid in light of the fact that far more recommendations to accept have been made than recommendations to reject. With more acceptances than rejections, there is a corresponding decline in the categories "general disagreement" and "absolute disagreement."

The following points support an assumption of validity for the technique that has been used:

A. Every interviewer was aware that only about one-half of all candidates being interviewed could be enrolled.

B. All interviewers were willing to recommend rejection and each did so on more than one occasion.

C. The large number of recommendations to accept, in itself, while partially attributable to early program screening of applicants, also represents a consensus of opinion among the interviewers.

Table 3. Relative Agreement in Ratings by Pairs of Interviewers

	Expected		Observed	
	Number	Percent	Number	Percent
Cases of Complete Agreement	103.5	21.0	147	29.8
Cases of General Agreement	103.5	21.0	125	25.4
Sub-total	207	42.0	272	55.2
Cases of Absolute Disagreement	51.8	10.5	48	09.7
Cases of General Disagreement	155.3	31.5	94	19.1
Sub-total	207.1	42.0	142	28.8
Cases of No Decision	78.9	16.0	79	16.0
Total Pairs	493	100	493	100

Even though many results of the personal application interview are wholly subjective and unreliable, other results are positive and useful. If the use of the interview is designed in a way such that the positive and useful outcomes of the interview are those used as criteria in applicant selection, then the personal interview can be a valuable part of the admissions process.

Reference

1. Gordon MJ, Lincoln JA: Family practice resident selection: Value of the interview. J Fam Pract 3:175-177, 1976