

Selecting specialist registrars by station interview

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ABSTRACT – Appointments to the specialist registrar (SpR) grade depend almost entirely on performance at interview, yet standard panel interviews do not directly assess the competences required of a medical trainee. In this study, station interviews were used to select neurology SpRs. Eighteen candidates were assessed in three interviews, each involving three stations: a curriculum vitae (CV)-based interview, an interview with a simulated patient, and a discussion of scenarios based upon teaching, audit and research. Two or three assessors at each station ranked candidates independently before discussing the pooled rankings and reading written references. The CV-based interview rankings (resembling a traditional panel interview) correlated less well with the overall rankings ($r=0.54$) than did research ($r=0.83$), information giving ($r=0.75$), audit ($r=0.70$) or teaching presentation ($r=0.59$). Station interviews appear fairer (providing more time, more independent examiners, fresh starts at each station), although they require more planning and expense. Competency-based assessments should be more widely used in selecting medical trainees.

KEY WORDS: competency, interview, specialist registrar, station

Before Calman, the interview and application form comprised only part of the selection process for medical trainee appointments, the greater weight often being given to previous knowledge of the candidate, written references and third party verbal reports. With specialist registrar (SpR) appointments, however, interviewers' previous knowledge of a candidate must be suspended, conversations about the candidate with supervising consultants must not occur, and written references must be read only after initial selection. These changes greatly increase the importance of the interview, now the sole opportunity for assessing candidates. Interviews must therefore focus more upon the qualities and competencies required of a trainee. We describe our experience using station interviews to select neurology registrars.

Subjects and methods

We used a three-station interview; each station lasted 20 minutes with five minutes between stations.

Assessors scored and ranked the candidates independently, using proformas, prior to discussion. Candidates had been shortlisted using application forms and an agreed proforma, but we did not include these scores in the selection at interview.

- **Station 1** resembled the traditional panel interview, comprising discussion of the curriculum vitae (CV), including teaching, audit and research experience (66% of the station's score). The remainder of this station involved discussion either of an emergency clinical scenario or of a non-clinical management topic (33% of score).
- **Station 2** assessed patient-centred skills, through observing a consultation with a simulated (actor) patient. The candidate read a referral letter, then took the patient's history (10 minutes, 50% of the score). After three-minutes 'thinking time' (during which the examination was presumed to be normal), the candidate provided information to the patient and answered his/her questions (seven minutes, 50% of the score).
- **Station 3** explored the candidate's understanding of teaching, audit and research principles; the candidate's own experience of these was not discussed. First, the candidate gave a five-minute presentation on a teaching topic (prepared in the 20 minutes immediately beforehand) and discussed this with the examiners (33% of the score). The candidate then discussed scenarios concerning audit (33%) and research (33%). Example scenarios are given in Box 1.

Following the interviews, assessors submitted individual rankings to the deanery coordinator. They met to discuss overall rankings and to view the written references. Candidate scores for each domain were also made available.

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Box 1. Examples of teaching, audit and research scenarios.

- **Teaching presentation** (five minutes, three overheads). How would you plan, deliver and evaluate a tutorial for third-year medical students on upper and lower motor neurone syndromes?
- **Audit scenario.** Explain how you would plan and undertake a local audit of the quality of case note keeping in your unit.
- **Research scenario.** A patient with epilepsy requests that you prescribe a new medication. How would you assess the research evidence for this drug, and its appropriateness for this patient?

We held three interviews in 2004–5, each involving six SpR candidates (n=18) and two to three assessors at each of the three stations (n=24). We used pooled mean scores to derive rankings, both for overall score and for each of the six domains: CV-based interview, history taking, information giving, teaching presentation, audit, and research.

Results

The domain rankings correlated with the overall ranking as follows: CV-based interview (r=0.54) (Fig 1), history taking (0.53); information giving (0.75); teaching presentation (0.59), audit scenario (0.70), and research (0.83). The CV-based interview scores correlated relatively poorly with other domain scores: history taking (r=0.27), information giving (0.27), teaching presentation (0.09), research (0.33), and audit (0.17). Factor analysis suggested that three domain groupings explained 86.5% of the data variability. The first factor comprised the scores from research, audit and teaching presentation, the second involved history taking and information giving, while the third was almost exclusively the CV.

Discussion

The CV-based interview correlated relatively poorly with overall rankings, despite contributing >25% to the overall score, indicating that qualities other than those displayed in the CV-based interview determined the outcome. In particular, candidates’ performance on understanding a research scenario and on giving information to a simulated patient better predicted overall rankings. Perhaps surprisingly, history taking correlated only moderately (r=0.53) with the overall outcome; our data suggest that history taking appears to identify excellent and poor candidates, but cannot discriminate between intermediate ones.

Work from primary care has shown that trainees recruited through competency-based processes (assessment centres) performed significantly better in the job than those recruited through traditional recruitment processes.¹ Our interviews to date have emphasised assessment of specific scenarios and of patient centred skills, but other competencies relevant to trainees’ work might include undertaking a practical skill, an ‘inray’ exercise, or a group problem solving exercise. The application form provides an initial opportunity to inform selection, eg by including detailed personal statements, competency statements, and examples of managing specific situations.

Station interviews have advantages beyond being a more relevant assessment of prospective employees. They allow assessment of skills appropriate to the job role, and appear fairer than conventional panel interviews in giving candidates more time, a more independent assessment, and a fresh start at each station. The

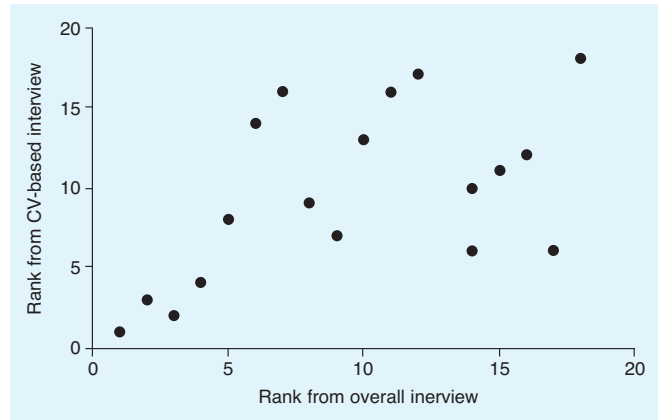


Fig 1. Correlation of CV-based interview ranking with overall interview ranking (1 to 18 from best to worst).

Key Points

Interviews are the only assessment method for appointment to specialist training: previous assessments, prior knowledge and even references currently play almost no part

Traditional CV-based interviews do not necessarily assess competencies required for specialist training

Competency-based assessments have clear advantages and should be used more widely in selecting medical trainees

overall assessment duration matches that of conventional panel interviews (six candidates, 3 hours). The main drawbacks of station interviews are the requirements for greater planning and expense (four adjacent rooms are needed); also, most clinician assessors require additional training to assess communication skills.

Competency assessments are clearly important in selecting medical trainees. The methodology is still evolving, but already the process allows a confidence that successful candidates have demonstrated core skills for entry to the training programme.

Reference

1 Patterson F, Ferguson E, Norfolk T, Lane P. A new selection system to recruit general practice registrars: preliminary findings from a validation study. *BMJ* 2005;330:711–4.