



Evaluation of a multiple-mini-interview protocol used as a selection tool for entry to an undergraduate nursing programme

Andrew Perkins^{*}, Louise Burton¹, Beattie Dray², Karen Elcock³

Faculty of Health and Social Care Sciences, Kingston University and St George's University of London, Kingston Hill, Kingston upon Thames, KT2 7LB, United Kingdom

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SUMMARY

Whilst an individual's cognitive skills are essential for academic progress, the possession of non-cognitive skills, such as empathy and ethical judgement are attributes required and valued in those applying to join healthcare programmes and by the profession itself. Doubts have been expressed, however, whether final selection using traditional interviewing methods serve adequately to reveal these key competencies.

Kingston University and St George's University of London, therefore, have employed the Multiple-Mini-Interview (MMI) system for those applying to their BSc Nursing Programme. The MMI comprises a series of interview 'stations' where candidates respond to scenarios and are assessed on their display of required skills/competences.

890 candidates and 82 interviewers completed a short questionnaire to gauge their reaction to the concept. There were positive responses from candidates with 65% replying that it was "a better experience" compared with traditional interviews. Unsolicited comment was generally found to refer to restrictions on opportunities to express enthusiasm for nursing. Interviewers likewise responded positively with 71% noting "a better experience." Unsolicited feedback indicated that some would have preferred to have had greater opportunity to discuss nursing issues, with their interviewees.

It has been agreed that the MMI system of interviewing will be retained and further work will include the tracking of students through and into the workplace.

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Introduction

Whilst nursing and other healthcare education programmes desire, promote and value non-cognitive skills among their students, such as integrity, ethical judgement and an empathetic approach, it has not always been clear (Eva et al., 2004a) whether traditional interviewing methods reveal these traits (key competencies) and serve adequately, therefore, to predict candidates' suitability for the programme or subsequent performance in the work place. Significant defects, for example, of the one-to-one or even one-to-panel interview are highlighted by the relationship between cognitive skills and concept specificity (Perkins and Salomon, 1989). As a result, answers to interview questions which refer, specifically, to the programme and subsequent profession are sustained less by the 'character' of the individual candidate than by the context of the question to an extent, perhaps, that responses may, simply, have been 'learnt' and are, therefore, of limited value. An additional

defect concerns the problem of bias which may occur, for instance, where a 'fortunate' candidate is placed with an interviewer of 'like mind' or with one who can influence an interview panel, whereas an incompatible relationship can prove unfavourable (Mann, 1979). As part of a "halo effect" (Oppenheim, 1992) pg. 231, interview outcome, therefore, may be influenced more by general feelings of 'like or dislike' (on either side) than question content and answer. Where this manifests itself very early in an interaction, further insight is necessarily limited.

It was for these and other reasons (for example, possible cost effectiveness) that, in 2001, the Multiple Mini Interview (MMI) (Eva et al., 2004a) was introduced and has subsequently been developed for medical candidates applying to the Michael G. De Groote School of Medicine at McMaster University, Ontario, Canada. The MMI protocol is not currently in use as a selection tool by providers of nursing programmes in the U.K. However, the School of Nursing at Kingston University and St George's, University of London introduced this method of interviewing (coupled with assessment of numeracy and literacy) for candidates for their BSc Nursing Programme, in 2011 following its development by St. George's Hospital Medical School for those applying for medical courses.

The MMI Protocol

The MMI system of interviewing comprises a circuit with a number of interview 'stations.' These provide short, focussed interactions with

* Corresponding author. Tel.: +44 20 8417 5791.

E-mail addresses: a.perkins@sgul.kingston.ac.uk (A. Perkins), e.burton@sgul.kingston.ac.uk (L. Burton), b.dray@sgul.kingston.ac.uk (B. Dray), k.elcock@sgul.kingston.ac.uk (K. Elcock).

¹ Tel.: +44 20 8417 5736.

² Tel.: +44 20 8417 5703.

³ Tel.: +44 20 8417 5730.

different interviewers so that influence or bias on the part of an interviewer is 'buffered.' This is a "specific advantage" of the MMI (Eva et al., 2004a), and in addition, the arrangement makes it difficult for candidates to predict and, therefore, rehearse answers to questions, especially those that are context specific. Apart from a standard, opening (leading) question which may ask a candidate for a broad insight into their proposed profession or their rationale for choosing it, the stations concern candidates' responses to scenarios designed to investigate their capacity for interpersonal skills, empathy, ethical judgement, for example, and their overall communication skills. The scenarios are specifically designed so that there are no 'right' or 'wrong' answers. For example, a scenario might present a choice concerning one of three patients to be provided with a liver transplant. Responses require no specific medical knowledge but a reasoned and balanced argument as to which patient (for example, a middle aged, reforming alcoholic, an otherwise healthy 75 year old and a young cancer patient whose prognosis is as yet uncertain) should be the recipient. Another scenario might concern the 'giving of bad news.' For example, a pet which the candidate has been 'looking after' for a neighbour has died, whilst they were away. The candidate must tell the 'neighbour' (interviewer) what has happened. Here the interviewer is looking not only for a display of understanding and empathy but also for integrity. Each station, of which there can be five or more, may take a pre-set time of five or more minutes to complete. The time chosen will be the same for each.

Evaluation (and assessment of suitability) concerns the marking of responses on a linear rating scale of, for example, 0 to 5 employing prescribed areas as evidence such as 'communication skills,' 'empathetic approach,' 'logical argument' and so on, and these accumulate over the number of stations until a final score is reached.

Adopting the MMI Protocol

Healthcare programmes have a responsibility for employing admission tools that are valid and reliable and selecting people with the required attributes. The MMI protocol has shown that short interviews have the ability to differentiate between candidates on a reproducible basis (Dodson et al., 2009) and that it could consistently measure and distinguish non-cognitive attributes (Lemay et al., 2007). Test reliability is, therefore, high with a higher predictive validity for performance than standard interviews have hitherto provided (Eva et al., 2004b, 2009). This is supported by Reiter et al. (2007) who suggest that MMIs were the only significant predictor of standards in clinical practice when assessed using objective, structured, clinical examinations (OSCEs) and the best predictor of outcome in legal and ethical, and clinical decision making examinations. It could be posited, therefore, that MMIs may also have a positive impact on attrition although it is acknowledged that the reasons for attrition are multifactorial, making it a complex phenomenon (Urwin et al., 2010).

The MMI scenarios were developed to espouse the new standards for undergraduate nursing programmes introduced by the Nursing and Midwifery Council (NMC). These "Standards for Competence" (NMC, 2010) specify four "domains" of "knowledge, skills and attitudes" expected to be achieved by a graduate on completion of a degree programme, namely, professional values, communication and interpersonal skills, nursing practice and decision making, and leadership, management and team working. Selection of candidates using MMIs as one of the admission tools, it is proposed, may assist in identifying those candidates who demonstrate the potential to achieve the NMC domains.

As an important, further, step in considering the adoption of the MMI protocol as part of the admission process, candidates were asked to complete a short questionnaire concerning their interview experience. The primary research question could be broadly stated, therefore, as 'did candidates find the MMI system of interviewing a generally favourable experience or not?' From this, an extra judgement could be made as to the merits or otherwise of repeating the process for the next intake of

students. In addition, a similar questionnaire was presented to interviewers in order to elicit generalised feedback from them.

Management of the MMI

Candidates for interview were pre-selected on the basis of supplied information, including current and/or predicted qualifications and on the day of interview, by assessment of their skills in numeracy and literacy. Interviewers (who had received group or individual training on the MMI protocol) comprised lecturing staff and tutors from the University, representatives from within the National Health Service (NHS) and members of service user groups.

A full explanation of the MMI process, including suggestions concerning interview preparation, were made available to applicants, both in paper form and 'on-line,' in advance of the interview day. In addition, the main areas of assessment focus were provided, including that of candidates' ability to display interpersonal and communication skills, compassion and integrity. On the interview day itself, candidates and interviewers were reminded (with accompanying 'briefing notes') of the logistics of the process and the standardisation of the candidate/interviewer relationship. Information relevant to successful candidates, other than their names, was not passed to interviewers in order to avoid bias created, for example, by their seeking 'preferred qualifications.'

Screened cubicles were employed as interview 'stations' and were used in rotation, in two series of five. Each interview was set for five minutes with the exception of the first which allowed an additional five minutes for the 'leading' question relating to the subject of nursing. Timing was controlled by a computer programme with audible notification of 'start' and 'end' times. At least two observers/facilitators were present at all times.

Candidates' responses were marked in a linear fashion on a scale of 0 to 5 with 0 being 'poor' and 5, 'excellent'. Points of guidance for each scenario were provided to interviewers to assist their marking. In addition, an impression of 'overall suitability' for the course and profession was noted with descriptors of either 'excellent,' 'acceptable' or 'unacceptable.' If candidates made one or more inappropriate remarks during the course of any of the station interviews then a 'red flag' option could be employed, indicating that the interviewer had very serious concerns regarding the candidate's suitability for the course and profession. There was also room for written comment on candidates' performances. At the end of the circuit and after candidates had left the room, marks were accumulated and a final score, out of a total of 30, was attributed to each and compared with 'overall suitability' descriptor decisions.

Management of the Evaluation Tool

On completion of the MMI, a total of 890 candidates, over a six month interview cycle, were asked to complete a short questionnaire (see Box 1) concerning their experience of the interview process compared with traditional interviews they may have experienced previously. Voluntary, informed consent was gained, the right to withdraw explained and an understanding given that no detriment would arise from participation (BERA, 2004). Questionnaires were completed anonymously and in confidence, in a separate room. They were asked to select one of three statements on an attitude continuum (Oppenheim, 1992), pg. 195 with provision for agreement, disagreement or a neutral response. Results were not intended to reveal subtle differences in opinion but merely to make quantitative data available through employing basic linearity so that responses were intended to be simple but true reflections on the experience. Exactly the same questionnaire (to answer the same but secondary research question from their point of view) was completed by 82 interviewers who remained in the interview room. Although interviewers were used on a rotational basis during the interview cycle, only their first completed questionnaire was used as

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