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RESEARCH NOTES

Effect of application score strategy on interviews offered to postgraduate year 1 pharmacy residency applicants

Milena M. McLaughlin*, Jill S. Borchert, Corey Wilson, Ashley O. Jensen, Jacob P. Gettig

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ABSTRACT

Objectives: Residency programs may need to spend a large amount of time on the application review process in order to invite the best candidates for interviews. By using a different scoring strategy, this process could be made more efficient while still resulting in selection of the most appropriate candidates to interview. The objective of this study was to explore hypothetical scoring strategies for past residency applicants and to determine the percentage of these applicants that would have received an interview offer compared with the program's standard scoring strategy.

Methods: Two years of residency applications to a postgraduate year 1 (PGY1) program providing the majority of clinical experience in ambulatory care were analyzed. Four models were explored: 1) standard model (original method); 2) simplified model (derived from statistical methods); 3) intuition model (criteria thought to best exemplify program success); and 4) objective model (criteria easy to objectively record, e.g., grade point average). All 3 new models were compared with the standard model to determine the percentage of candidates who would have received an interview if their applications had been scored according to the new model.

Results: A total of 110 applications were reviewed (42 interviews offered). After a multivariable analysis, academics, leadership, interest in ambulatory care, and professionalism were included in the simplified model, which predicted 81% of the interviews offered through the standard model. The intuition and objective models predicted 71% and 48% of interviews offered through the standard model, respectively.

Conclusion: Models scoring only 4 of the initial 12 criteria would have likely predicted 71% to 81% of initial interview offers. Residency programs should consider periodically reviewing their application review processes to determine areas for improved efficiency.

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Residency program directors (RPDs) and preceptors may find it challenging to differentiate which residency candidates are offered an interview, because many candidates submit impressive applications with remarkable letters of recommendation. Residency programs usually attempt to identify factors that predict positive on-site interview experiences.¹ This may increase the likelihood of matching residents who fit well within a program. In addition, the disparity between the number of residency applicants and

available positions increases the need for a program to optimize its application review process to ensure that interviews are extended to the candidates who possess the characteristics deemed to be necessary for program success. By re-evaluating past applications through different lenses and scoring strategies, the application review process could be made more efficient while still resulting in selection of the most appropriate candidates to interview.

The importance of developing an efficient and accurate resident selection process has been previously documented.² Some programs have incorporated preliminary telephone interviews to better understand which candidates most warrant an on-site interview.³ Programs may also use a scoring rubric that each reviewer completes independently; the candidate scores are then averaged and the top-scoring candidates are invited to an in-person on-site interview.¹

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* **Correspondence:** Milena M. McLaughlin, PharmD, MSc, Assistant Professor of Pharmacy Practice, Midwestern University Chicago College of Pharmacy, 555 31st St., Downers Grove, IL 60515.

E-mail address: mmclau@midwestern.edu (M.M. McLaughlin).

One program has completed the on-site interview process via Skype or FaceTime with the use of behavioral-based interview questions.⁴ Other health care disciplines also have completed the on-site interview process via Skype.⁵ Of the application criteria used to determine which candidates to interview, PGY1 RPDs have stated that the letter of intent, rotations, work experience, grade point average (GPA), leadership experience, and overall impression from letters of recommendation and the candidate's curriculum vitae were the most important.^{3,6} Despite knowing the most crucial elements of the application, it is time consuming to review applications.

Objective

We sought to find a method by which an individual residency program may modify their application scoring criteria to expedite the application review process. The objective of the present study was to explore hypothetical scoring strategies of past residency applicants to the PGY1 Pharmacy Residency Program at Midwestern University Chicago College of Pharmacy and to determine the percentage of those applicants that would have received an interview offer compared with the program's standard scoring strategy.

Methods

Setting

The PGY1 Pharmacy Residency Program at Midwestern University Chicago College of Pharmacy provides the majority of clinical experiences in ambulatory care for 2 residents. In addition, the program focuses on developing residents' academic skills through its Teaching and Learning Curriculum. Annually, 2 Residency Advisory Committee (RAC) members and the RPD assess each application for 12 items and criteria.

Application materials

Application materials from candidates who applied to the Midwestern University Chicago College of Pharmacy PGY1 Pharmacy Residency Program in 2013 and 2014 were downloaded from the Pharmacy Online Residency Centralized Application System (PhORCAS). Applications for the "scramble" were not included in the analysis. All analyses were completed after the 2013 and 2014 interview cycles (i.e., none of the analyses reported here affected the outcome of whether a candidate received an interview offer). Applicant demographics, pharmacy school characteristics (e.g., school region, established vs. new, public vs. private), and application scores were collected. An established pharmacy school was defined as having their first class graduate more than 20 years ago, a definition consistent with a study by Morton et al. regarding pharmacy residency match predictors.⁷ This study was exempted from full review by the Midwestern University Institutional Review Board.

Application scoring for the standard model

Application scores included GPA, overall academics, leadership, research, strength of rotations, work experience,

interest in teaching, interest in ambulatory care, 3 letters of recommendation, and professionalism. Each letter of recommendation was considered as a separate criteria score. GPA was scored on a scale of 0 to 3 with specific ranges based on a percentage of GPA earned from the school-specific scale: $\geq 95\% = 3$ points; $> 90\%$ to $95\% = 2$ points; 80% to $90\% = 1$ point; $< 80\% = 0$ points. For example, a GPA of 3.75 on a 4.0 scale is 92.5% of the scale, earning 2 points and a GPA of 4.5 on a 5.0 scale is 90% of the scale, earning 1 point. Pass grades in a pass or fail system were given a score of 2 points. Other application criteria were scored on a scale of 1 to 3 points with a score of 3 indicating outstanding, 2 indicating average, and 1 indicating poor (total possible score = 36 points). Overall academics was rated on this scale, with a higher score given for those with strong grades (i.e., A or B) in courses related to clinical sciences (e.g., therapeutics, evidence-based medicine). Interest in ambulatory care and teaching were assessed through reading applications with a focus on the letter of intent, ambulatory care or academic advanced practice experience, work experience, and letters of recommendation. All standard-model application scores used in the analyses were from the PGY1 RPD for consistency of scoring.

Application scoring models

The original model, that is, the standard model, and 3 new models of application scoring were used in this study. The standard model included GPA, academics, leadership, research, strength of rotations, work experience, interest in teaching, interest in ambulatory care, 3 letters of recommendation, and professionalism. The criteria that were significantly different between applicants who were and were not offered an interview were considered for inclusion in the multivariable analysis to develop a simplified model. The third model, the intuition model, generated application scores based on academics, leadership, interest in teaching, and interest in ambulatory care. These criteria were deemed by the authors to best exemplify characteristics necessary to be successful in our program. The fourth model, the objective model, included GPA, number of leadership positions, number of posters and presentations, and overall recommendation scores from 3 letters of recommendation. In this model, qualitative comments from the letter writer were not considered and the overall final recommendation from the letter writer was given a score on a scale of 0 to 3 (3 = highly recommend; 2 = recommend; 1 = recommend with reservation; 0 = do not recommend). The number of leadership positions and research posters and presentations were taken from the applicant's curriculum vitae. These criteria were considered by the authors to best exemplify objective scoring that would be available and easy to record for all candidates.

Statistical analysis

Objective and intuition models

For the objective and intuition models, the new application score was tallied based on the prespecified criteria for that particular model. It was then determined which candidates would receive an interview based on the total application score for each model. To assess these models, the percentages of correctly identified interview offers based on the actual

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