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A Feasibility Assessment of Behavioral-based Interviewing to Improve Candidate Selection for a Pulmonary and Critical Care Medicine Fellowship Program

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Abstract

Traditional interviews for residency and fellowship training programs are an important component in the selection process, but can be of variable value due to a nonstandardized approach. We redesigned the candidate interview process for our large pulmonary and critical care medicine fellowship program in the United States using a behavioral-based interview (BBI) structure. The primary goal of this approach was to standardize the assessment of candidates within noncognitive domains with the goal of selecting those with the best fit for our institution's fellowship program. Eight faculty members attended two BBI workshops. The first workshop identified our program's "best fit" criteria using the framework of the Accreditation Council for Graduate Medical Education's six core competencies and additional behaviors that fit within our programs. BBI questions were then selected from a national database and refined based on the attributes deemed most important by our faculty. In the second workshop, faculty practiced the BBI format in mock interviews with third-year fellows. The interview process was further refined based on feedback from the interviewees, and then applied with fellowship candidates for the 2014 recruitment season. The 1-year pilot of behavioral-based interviewing allowed us to achieve consensus on the traits sought for our incoming fellows and to standardize the interview process for our program using the framework of the Accreditation Council for Graduate Medical Education core competencies. Although the effects of this change on the clinical performance of our fellows have not yet been assessed, this description of our development and implementation processes may be helpful for programs seeking to redesign their applicant interviews.

Keywords: interviewing; behavioral-based interviewing; recruitment

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The selection of successful fellows for pulmonary and critical care fellowship training remains challenging. Program directors and selection committees invest considerable time in the recruitment process, reviewing extensive academic data, selecting candidates, and conducting interviews.

Obtaining the necessary information to determine the best candidates for the program during the interview can be difficult. Traditional interviews often revisit academic performance, but provide little insight into the noncognitive domains that can influence a trainee's success. Poor performance in fellowship requires remediation, another sizeable investment of time by the program director and supporting faculty. Reflecting on differences between an "ideal" trainee and one with remediation needs can highlight key behavioral differences between the two. It is certainly within a program's best interest to avoid a "problem" trainee from the outset. A selection process that optimizes "fit" and thereby increases the likelihood of a candidate's success within a program is highly desirable.

This article describes our experience using behavioral-based interviewing, adapted from the field of business, for our fellowship interview process.

The Rationale for Behavioral-Based Interviewing

A combination of cognitive and noncognitive factors has previously been shown to be most predictive of clinical performance of physicians in training (1). The typical current paradigm of candidate selection consists of screening of academic metrics (training history, letters of reference, U.S. Medical Licensing Exam

scores, scholarly activity, academic awards) with a nonstandardized interview process for candidate selection that often has low interrater reliability (2).

In a study of over 500 psychiatry residents spanning 40 years, the traditional screening and interview process lacked power to predict a resident's success (3). In their review of residency interview studies, Stephenson-Famy and colleagues (4) found that just 11 of 34 studies attempting to correlate interview performance with trainee clinical performance showed even a moderate positive correlation.

The initial screening process to judge academic qualifications is dominated by metrics for cognitive domains (5), which provide an indication of medical knowledge, one of the six core competencies to assess trainee performance required by the Accreditation Council for Graduate Medical Education (ACGME). Criteria that demonstrate performance in the other five core competencies that focus on noncognitive domains are primarily assessed in the candidate interview, if at all.

However, behavioral domains, rather than cognitive domains, may be more predictive of a candidate's success during training (6, 7). A number of residency programs have used a standardized, behavioral-based interview (BBI) format, finding some predictive information for candidates' later success in their respective training programs (8–10). However, an evaluation of the interview process for candidate selection for *fellowship* training is lacking. One could suggest that the same process that yields information predictive of success in (postgraduate clinical training) residency could be applied to the fellowship selection process with similar results.

First described by Janz and colleagues (11), BBI focuses on behaviors important for success on the job, and has been used primarily in the business professions. The fundamental premise of BBI is the belief that "past behavior dictates future behavior" (11). Therefore, the interviewer assesses whether a candidate's past behaviors are aligned with the expectations of the job by using a series of focused questions that directs candidates to discuss their behavior during specific situations they encountered in the past.

As the traditional interview for residency selection has been shown to neither predict performance nor align with ACGME competencies (12–16), we redesigned our fellowship interview

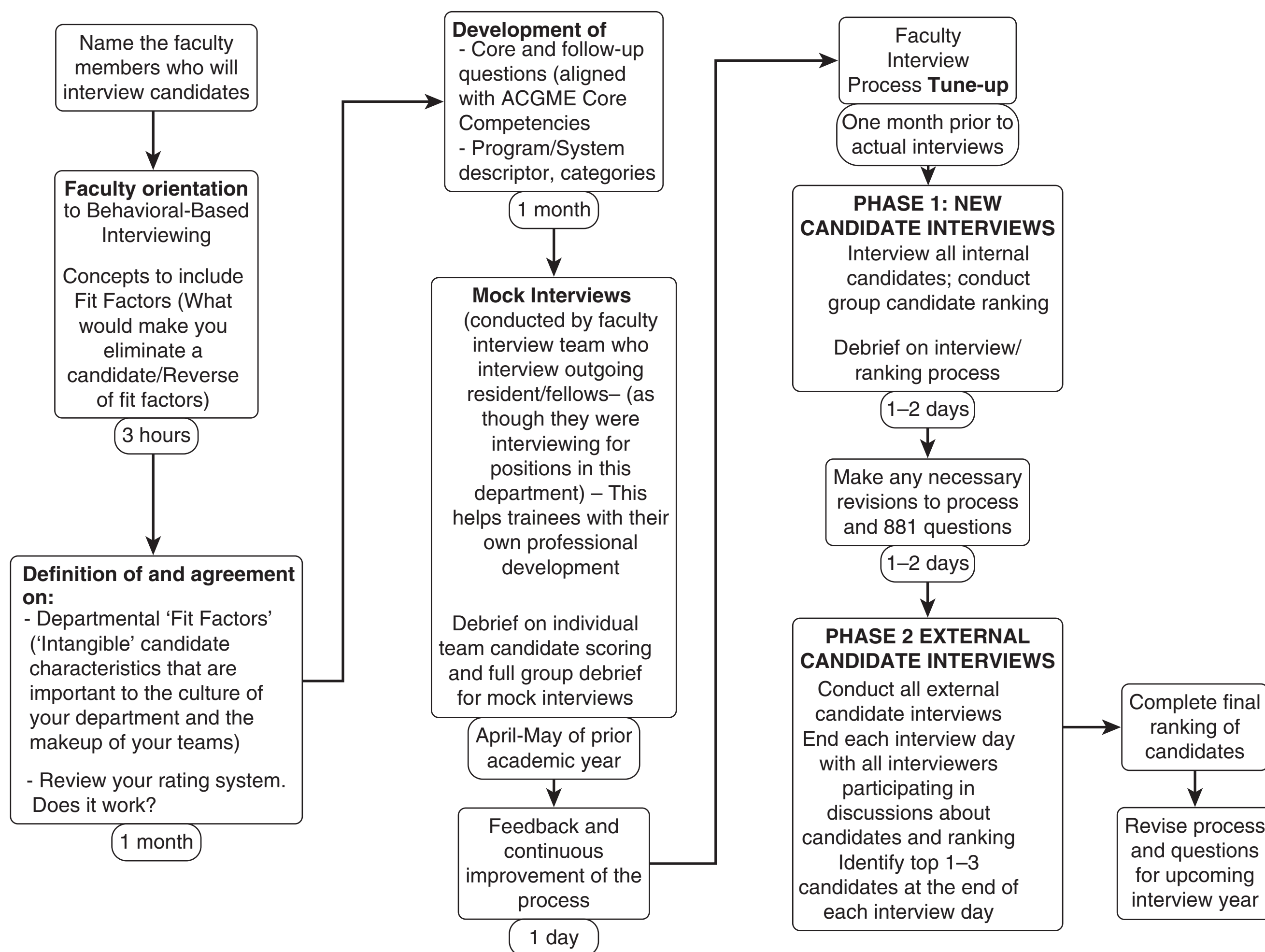

Figure 1. Timeline of the behavioral-based interview development process. ACGME = Accreditation Council for Graduate Medical Education.

process to use a BBI model with competency-based criteria for better evaluation of behavioral domains.

The pulmonary and critical care medicine fellowship at our urban academic medical center in Detroit, Michigan is a 3-year program with 21 fellows. Each year, the program has 7 positions, for which approximately 300 candidates apply and 50 are interviewed.

In 2014, a team of eight pulmonary and critical care medicine clinical faculty members who served on the candidate selection committee, the institution's medical education instructional design expert, and a human resources BBI expert worked to design the BBI approach (Figure 1). The ACGME core competencies served as a framework for selecting the most important noncognitive qualities essential for success within our training program. We then used these competency-based criteria to determine "fit" among candidates. Our primary aim was to select candidates who "best fit" our pulmonary and critical care medicine fellowship program. This BBI process was approved by the Institutional Review Board of Henry Ford Hospital (Detroit, MI).

Faculty Training in Behavioral-based Interviewing

The eight faculty members of the candidate selection committee attended two BBI training workshops in 2013 led by the medical education instructional design expert and our human resources BBI expert. The first 3-hour-long workshop for faculty orientation introduced the concept and purposes of BBI. The rationale and basis for BBI was explained, whereby a candidate is asked to describe a past situation that demonstrates the desired behavior in a structured interview format.

Faculty members were grouped in pairs, and each was asked behavioral questions. They discussed their past experiences that demonstrated the desired behavior with their team member, which allowed the faculty to become familiar with the "storytelling" aspect of BBI. During this workshop, faculty were also trained on interviewing techniques, such as setting the tone for the interview, asking standardized questions without revisions, asking follow-up questions, understanding candidate interview scoring, and avoiding common

Pulmonary/Critical Care/ACGME Competency Focused-Behavioral Interviewing Guide **(Revised 03/21/2014)**

Interview Leader ____________ **Candidate's Name** ____________ **Interview Date** ________

1. Patient Care; Problem Solving-Critical Thinking/ Empathy

Rating Criteria (Behaviors to Listen for)

- *Quickly responds to and resolves any concern or complaint*
- *Goes the extra mile to ensure patient satisfaction and loyalty*
- *Solicits patient/family feedback and uses information to make improvements*
- *Continually emphasizes (or 'talks-up') the importance of patients/families*
- *Adapts approach or work processes to satisfy patients/families*
- *Genuinely likes people (warm and gregarious)*
- *Enjoys helping and assisting others*
- *Is courteous and kind when dealing with patients/families*

For the Interview Team: To be completed prior to the Interview.

Identify the "fit factors" (i.e., behaviors, character traits, what's missing or you need more of in your team) the hired candidate should possess. These "fit factors" can also be used later for reference checking purposes.

"Fit Factor" #1 ____________

"Fit Factor" #2 ____________

"Fit Factor" #3 ____________

"Fit Factor" #4 ____________

"Fit Factor" #5 ____________

Scoring Scale: 5 = excellent; 0 = poor

Competency/Behavioral Questions	BEST FITS	CANDIDATE RESPONSE (Interviewer notes)	SCORE 0–5
Please describe your most memorable experience when you solved an important or complex problem for a patient or patient's family? ***Follow-up prompters:*** ▪ *Why did the patient/family have the problem?* ▪ *What specific steps did you take to resolve the problem?* ▪ *What was the result or outcome of your efforts?* ***Prompters help you identify best fit behaviors:*** ▪ *What they value as a problem to be solved?* ▪ *Was their rationale for the process complete and accurate?* ▪ *What is his/her value system around results?*	*Listen for Behaviors:* **For Patient Care** ▪ *Patient privacy* ▪ *Respect/Empathy for patient and family* ▪ *Listening without interruption* ▪ *Able to understand non-verbal cues* ▪ *Transfer of care* ▪ *Responds with empathy, sensitivity, consideration* **For Problem Solving-Critical Thinking** ▪ *Identify, understand and synthesize complex information* ▪ *Understands limitations and seeks guidance* ▪ *Identifies barriers to cost-effective care* ▪ *Can reach sound conclusions based on facts* ▪ *Minimizes unnecessary diagnostics that do not change patient care or outcome* ▪ *Identifies barriers to cost-effective care*		

Figure 2. Example of our behavioral-based rating tool. ACGME = Accreditation Council for Graduate Medical Education.

interviewing errors, such as asking questions that are not allowed by the National Resident Matching Program.

Define Fit Factors and Develop Behavioral Questions

The program director and faculty members then discussed behavioral traits that were demonstrated by highly successful fellows in our program. We began by reflecting on the behaviors that were undesirable in a fellow and/or would cause a candidate to be eliminated from selection, as these were easily identified. These traits were classified as "reverse fit factors." We also discussed the traits of an "ideal" fellow in contrast with the undesirable behaviors, and identified the key characteristics of successful fellows within our program. These behaviors were identified as our program "fit factors."

After reaching a consensus on the three to five behaviors considered essential for success, we then selected characteristics (professionalism, leadership, communication skills, teamwork, and empathy) best suited to our program needs using the ACGME's six core competencies as a framework. The behavioral questions for each ACGME core competency were designed to align with specific tasks within patient care (procedural skills), communication (family meetings in the intensive care unit [ICU], empathic care in the outpatient clinic, informed consent), practice-based learning (improving from feedback), systems-based practice (team-based care), and professionalism (integrity in conduct). Given the largely clinical nature of our program, we believed that it was important to have BBI questions designed to elicit behaviors within the outpatient clinic and ICU settings that are reflective of the clinical environments in which our fellows primarily function. Our human resources BBI expert then selected a set of BBI questions (Healthcare Source, Woburn, MA) that correlated to the identified behaviors.

An important benefit of the BBI approach was collaboration among the BBI faculty team to identify the skills, knowledge, and attitudes essential for success within the fellowship program. Consensus was established among the candidate selection committee regarding the behaviors deemed essential for "best fit" within our program and what questions would elicit information about the desired behaviors. Program directors and core faculty are ideally suited to select those traits congruent with the ACGME core competencies that are of highest priority within their program. Once the specific behaviors are identified, BBI allows one to tailor questions specific to the needs and learning environment of any program.

Practice Interview Skills

The second BBI workshop was a day-long session comprised of mock interviews of our senior fellows followed by separate debrief sessions for faculty members and fellows. Fellows received a brief "interview job aid" (Table 1) the day before the mock interview. No information regarding interview format or behavioral questions was disclosed in the job aid. Interviews were conducted by the same faculty that participated in the initial BBI workshop. This allowed the faculty to practice the new interview style and receive feedback on their interviewing

Table 1. Pulmonary Critical Care Development Program interviewee job aid

Identifier: _______ **Today's Date**__________

Pulmonary Critical Care Development Program

Interviewee Job Aid

The purpose of this pre-assessment is to a) help you better understand this program's materials and to b) help our program better understand your needs for future professional development.

Instructions:

- Fill in your identifier and the date at the top of this page.
- *Think about an interview situation.*
- Answer each of the ten (10) questions being as descriptive and thoughtful as possible.
- If you do not know how to respond, please write **"***I do not know***"** in the space provided.

1. *What preparation and research can you do to be ready to answer questions about how you will 'fit' with the team?*
2. *Others who are seeking the same position have already been called for their interviews. What will differentiate you from them?*
3. *You just got asked, "What successes have you had in the past that could contribute to this department's initiatives?" What story will you tell?*
4. *Dr. Miller is your final interviewer. His questions are vague and he seems to be making incorrect assumptions about your training. How can you direct the conversation?*
5. *While being interviewed by a group of three, you notice that only one interviewer is paying attention to your answers. What strategy could you employ to include the others?*
6. *You are the first of Dr. Flynn's eight interviewees for today. What can you do to help her remember you as a viable candidate?*
7. *You had not planned on being asked this question. Your mind is blank. What can you do?*
8. *You just answered a question about yourself and the interviewer asks, "What else can you tell me about that situation?" She then asks: "What did you learn?" How can you effectively structure your response?*
9. *Dr. Phillips, the Department Chair, appears surprised at what you just said. What can you do to clarify your story?*
10. *You are at the end of the interview. There is additional information that you would like to relay. How would you convey that information before the close of the interview?*

skills before implementation of BBI for the 2014 recruitment season. It also allowed faculty to practice listening for specific behaviors within a candidate's story.

The mock interviews were held by the four panels of interviewers with our seven senior pulmonary fellows in the same manner as for new fellow candidates (30-min rotating interviews over a half-day). Each panel was assigned the previously selected BBI questions along with a scoring sheet. Interviewers were reminded that all questions were to be asked of each fellow, and no changes to the questions were to be made. Faculty assigned a score individually for each candidate immediately after each interview, without discussion with their team member. Faculty and fellows were debriefed after all the interviews were completed. Based on feedback from the fellow debrief (Table 2), the team refined the questions for the recruitment season.

Implement Behavioral-based Interviews

The eight-member candidate selection committee that underwent training served as interviewers throughout the entire recruitment season. The interviews were conducted as four panels of two faculty members per candidate interview, with the selected behavioral questions asked of each candidate. Eight candidates were interviewed per day. Two panels were assigned questions focused on behaviors in the outpatient clinical setting (empathy, communication), and two panels focused on behaviors in the ICU (teamwork, leadership, teaching, communication). Because each panel asked every candidate the same questions, comparison of responses among candidates was facilitated.

To help establish the validity of this approach, the first interview day was reserved for eight internal candidates whose skills, attitudes, and knowledge were already known to many of the interviewers. Because these candidates were well known to the selection committee, their "fit" within our program was also known. During the debrief after the internal candidate interviews, we found that some questions were not specific enough to elicit this known "fit," so additional revisions to the questions were made with the assistance of our human resources expert. Once these final refinements were made, there were no further changes to the questions for the remainder of the interview season.

All candidates interviewed with each of the four panels. At the conclusion of each panel interview, the candidate was independently scored by each interviewer using a Likert scale (0 = poor fit, 5 = excellent fit) without discussion between faculty interviewers (Figure 2). At the end of each interview day, a debrief session was conducted for discussion of all candidates by the faculty interviewers. Specific behavioral examples used to score each candidate were discussed by the group. Candidates received a final score based on the average score from the faculty interviewers reflecting all questions (Table 3), and candidates were then ranked according to their final scores. The top three candidates for each interview day were selected for inclusion on the preliminary match rank list. Three candidates per interview day were chosen to ensure that, at the conclusion of all interviews, there were at least three potential ranks for every available position. If a discrepancy of scores occurred among interviewers, the final rank for the interview day was assigned based on consensus.

By the conclusion of each interview day, multiple interviewers had assessed each candidate within the predefined core competencies, allowing us to develop a much more complete and balanced picture of each candidate, including those with whom we had previously worked. The top three candidates were usually readily apparent after tabulating total scores, despite some wide-ranging perspectives on a few candidates. Those candidates with a wide spread of scores were discussed in depth, and interviewers were asked to describe the behaviors they elicited that led to their individual score.

Most often, the discussion did not lead to a substantial change in overall score, but gave insight into the behaviors that an interviewer noted and the rationale for score spread. This often allowed us to recognize deficiencies in a particular competency that was being assessed. As we progressed through the interview season, the spread of scores on individual candidates declined. This suggests that experience with BBI and the multiple assessments may have improved interrater reliability of the interview (9).

Our preliminary match list was derived using the top three candidates from each interview day. Candidates were then individually ranked by each interviewer. A final debriefing session was held to tabulate the final ranking for the match list, with

Table 2. Feedback from mock interviews

What Needs Improvement	What Worked
When every interviewer asks me the same question, I get hints of what they are looking for and better ways to respond…so by the time I am done, they all think I am a great candidate. That doesn't really give them a true picture of who I am. It more shows how I can read the situation and change my responses to fit the situation.	Being asked open-ended questions helped me to think about my answers.
When you ask me to tell you about a challenging situation, it is too broad. It would be better to have each group of interviewers focus on one specific area. For example: a challenging situation with (*1*) a patient or patient's family, (*2*) working with a difficult colleague, and (*3*) not knowing what to do in a particular situation.	Telling stories helps to illustrate what I mean.
I want to know about the program and the people in the program. If each group of interviewers focused on a different part I would get a better picture of the program.	Enjoyed being able to delve more into self; allowed me to connect better with interviewer.
Have things in mind to ask versus being scripted. When I felt that the interviewers were scripted, I felt less interested in the program.	
There were too many interviewers for 1 day; caused too much repetition.	
Make sure to use ice-breaker questions to get the candidate talking about him/herself.	
Let candidates finish sentences; don't interrupt.	

Table 3. Recruitment phase: representative sample of behavioral-based interview questions and rating criteria

ACGME Competencies/ Program Priorities	Behavioral Questions	"Best Fit" Behaviors to Listen for in Answer	Rating Criteria (*0 = Poor*; *5 = Excellent*)
Patient Care	1. Describe your most memorable experience when you solved an important or complex problem for a patient or patient's family.	• Patient privacy	• Quickly responds to and resolves any concern or complaint
Problem-solving/critical thinking, empathy	Follow-up prompters:	• Respect/empathy for patient/family	• Goes the extra mile to ensure patient satisfaction and loyalty
	• Why did the patient/family have the problem?	• Listening without interruption	• Solicits patient/family feedback and uses information to make improvements
	• What specific steps did you take to resolve the problem?	• Able to understand nonverbal cues	• Continually emphasizes (or talks up) the importance of patients/families
	• What was the result or outcome of your efforts?	• Transfer of care	• Adapts approach or work processes to satisfy patients/families
		• Responds with empathy, sensitivity, consideration	• Genuinely likes people (warm and gregarious)
		• Identify, understand and synthesize complex information	• Enjoys helping and assisting others
		• Understands limitations/ seeks guidance	• Is courteous and kind when dealing with patients/families
		• Identifies barriers to cost-effective care	
		• Can reach sound conclusions based on facts	
		• Minimizes unnecessary diagnostics that do not change patient care or outcome	
		• Identifies barriers to cost-effective care	
Professionalism	2. In everyone's life there are occasions when we are faced with having to decide between "doing the right thing" and doing the easiest thing (or what we'd really rather do). Describe the most recent time you did the right thing rather than what you really wanted to do.	• Completes tasks on time and without perpetual reminders	• Being straightforward and truthful
Integrity (attitude and character), reliable, altruistic, honest, ethical	Follow-up prompters:	• Adheres to policies and rules	• Going out of his/her way to do the right thing
	• How did you make the decision? What factors did you consider?	• Cultural, ethnic, etc., sensitivity	• Maintaining confidences
	• How did you feel about the decision?		• Carefully considers or is worried about how actions will impact others
	• What were the consequences of doing the right thing?		• Has a personal code of ethics
	• What would have happened if you had done what you really wanted to do?		• Strictly adheres to organizational policies and rules
			• Models a high standard of personal values
			Earns the trust of others
			• Treats others in a respectful and professional manner
			• Refuses to break rules and compromise values

(Continued)

Table 3. (*Continued*)

ACGME Competencies/ Program Priorities	Behavioral Questions	"Best Fit" Behaviors to Listen for in Answer	Rating Criteria (*0 = Poor*; *5 = Excellent*)
Professionalism	3. Tell me the most challenging problem or issue you have faced as a member of a team.	• Behaves as a team member/understands roles of team members	• Making criteria for improving work process and procedures
Leadership, teamwork	Follow-up prompters:	• Recognizes boundaries and role within team structure	• Evidence of improving processes or procedures
	• How did you approach the problem	• Collaborative decision-making	• Going above and beyond to help or assist other team members or patients/families
	• What was your contribution to the effort of the group	• Able to direct and lead others (colleagues and medical students on a team)	• Collaborating with other units or departments
	• How successful was the team	• Delegates efficiently and effectively where appropriate • Provides appropriate and safe ICU care	• Generating innovative solutions to problems or issues
Patient care, practice-based learning, system-based practice, medical knowledge	4. Explain how feedback from colleagues and faculty members fits into learning settings. Give me an example of feedback you received that was hard to hear but ultimately benefited you.	• Understands limitations and seeks guidance	• Uses input from others for personal improvement
Learner	Follow-up prompters:	• Accepts feedback and acts on it	• Values continuous learning
	• When you learn a new process or procedure, how frequently do you prefer receiving feedback?	• Seeks input and responds appropriately (nursing)	• Willing to hear differing opinions
	• Describe a time when you were not following standard procedures and received feedback. How did you respond?	• Understands, adopts technology effectively	• Knows how to give constructive feedback
	• How do you know when you don't have enough information and have to ask for help?	• Learn basic diagnostic procedures and techniques	
Patient care	5. Describe the steps you take to determine patient/family needs and expectations.	• Patient privacy	• Quickly responds to and resolves any concern or complaint
Communication skills	Follow-up prompters:	• Respect for patient/family	• Goes the extra mile to ensure patient satisfaction and loyalty
	• How do you know if you are meeting their expectations?	• Listening without interruption	• Solicits patient/family feedback
	• What lets you know if you have met their needs?	• Able to understand non-verbal cues	• Continually emphasizes (or talks up) the importance of patients/families
	• Give an example of when you had to give someone bad news. Walk me through what you did and said in this situation.	• Transfer of care	• Adapts approach or work processes to satisfy patients/families
		• Responds with empathy, sensitivity, consideration	• Genuinely likes people (warm and gregarious) • Enjoys helping and assisting others • Is courteous and kind when dealing with patients/families

Definition of abbreviations: ACGME = Accreditation Council for Graduate Medical Education; ICU = intensive care unit.

additional review of academic metrics used by the program director in initial screening and adjustment of ranks if necessary.

Remaining Questions

Several important questions about BBI for fellowship applicant ranking remain. We do not know how applicants felt about the interview process compared with their experiences at other programs. Because the interview day serves in part to "sell" the program to applicants, an experience that feels unwelcoming may be distasteful to some. Our excellent results from the match after using BBI suggest that that was not the case, but we have not attempted to systematically survey applicants on their experience. Most importantly, we do not know whether our BBI best fit structure will yield improved trainee performance and fewer remediation needs.

In their use of BBI for applicants to their obstetrics–gynecology residency program, Strand and associates (17) found that an applicant's leadership score predicted leadership performance, but the total BBI score showed no correlation to clinical performance. This may indicate that BBI may be more helpful in revealing information about specific traits than foreseeing overall performance. We are continuing to use BBI and to assess its effect over time.

Conclusions

This BBI approach to interviewing candidates proved feasible for our pulmonary and critical care fellowship program. We were able to develop a standardized interview process based on the traits we deemed indicative of a successful fellow within our program using a framework of the ACGME core competencies and implement BBI with minimal additional time commitment from the candidate selection committee. Using standardized questions, multiple trained interviewers, and behavioral interview rating scales improved our ability to assess fit within our program. Continued implementation of this interview process will allow us to obtain data on correlates with performance within our fellowship program. ■

Author disclosures are available with the text of this article at www.atsjournals.org.

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