

Matriculating Student Perceptions of Changes to the Admissions Interview Process at the University of Wisconsin Medical School: A Prospective, Controlled Comparison

Mark A. Albanese, PhD; Mikel Snow, PhD; Susan Skochelak, MD, MPH;
Kathryn Huggett, PhD; Philip M. Farrell, MD, PhD

ABSTRACT

Purpose: The purpose of this study was to assess whether changes in the admissions interview process improved matriculating students' perceptions of the quality of the admissions interview process.

Methods: We surveyed matriculating medical students for a 3-year period. Over this period, the admissions process and procedures went through a review and then a re-engineering. The survey provided 1 year of baseline data (while the review was undertaken), 1 year of data as recommendations from the review were progressively implemented, and 1 year of data on full implementation of recommendations.

Results: From baseline to full implementation, there were statistically significant increases ($p < .05$) in the percentage of matriculating students who found the University of Wisconsin (UW) Medical School interview process useful (31% increase), thorough (50% increase) and better than that of other medical schools (28% increase). There was also a statistically significant decrease in the percentage of matriculating students who found the UW Medical School interview process to be less impressive than other schools (29% decrease) and in need of improvement (45% decrease).

Educational Significance/Conclusions: Changes made in the UW Medical School's interview process yielded sig-

nificant increases in perceptions of the quality of the experience by matriculating students. Since interviewing is expensive for both the institution and the applicant, it should have a clear purpose. The manner in which interviews are conducted should be critically reviewed periodically to ensure that the interview continues to meet its intended needs.

INTRODUCTION

Michael J. Dunn asks, "Where have all the medical school applicants gone?"¹ He speculates on the competing interests that have drawn students to other careers. In an era of declining applicants to medical school, medical schools need to scrutinize how they do business so that exceptionally promising applicants select them rather than going elsewhere. While the medical school application process is, for the most part, uniform and impersonal, the admissions interview is the one part of the process that can enable a medical school to stand out from its peers.

Interviews for admission are conducted by all but a few US medical schools.^{2,3} Edwards et al³ cites four purposes for the admissions interview: (1) information gathering, (2) decision making, (3) verification, and (4) recruitment. They argue that the most important purpose is to gather non-academic information about candidates that would be difficult or impossible to obtain by other means. Interview methods vary dramatically. Edwards et al³ advocate using a Success Analysis of Medical Students (SAMS), which includes selecting interview content based upon a job analysis (the critical incidents technique is advocated for this purpose), standardizing the questions asked of each applicant, providing interviewers with sample answers to questions to help them give consistent ratings, and having the interview conducted by a board or panel of interviewers.

Authors are with the University of Wisconsin Medical School, Madison, Wis. Dr Albanese is professor, Population Health Sciences and director, Office of Medical Education Research and Development. Dr Snow is Associate Dean of Student Services. Doctor Skochelak is Senior Associate Dean for Academic Affairs. Dr Huggett is director, Medical Scholars Program. Doctor Farrell is Dean, UW Medical School and Vice Chancellor for Medical Affairs. He is also the Alfred Dorrance Daniels Professor on Disease of Children.

Not all interview processes follow such a rigorous protocol. Interviews have been classified as being structured like the SAMS model; being semi-structured—having some, but not all, elements of a structured model; or being unstructured.

For a profession in which the physician/patient relationship is often so intensely personal, it is somewhat extraordinary that among all the reasons given for conducting an admissions interview, demonstrating that the school values the personal interaction between human beings was not included. If the value of personal interaction is important, then the admissions process, including interviews, is not just a mechanical analysis of paper credentials and accomplishments, but a judgment of one's qualities as a human being and a future colleague. The interview can also be a means of demonstrating compassion for applicants whose records may be disadvantaged from temporary performance deficits that may be related to deaths in the family, illness, or other problems. The interview allows an institution to place a human touch on what is a high stress, high stakes decision process for all involved.

At the University of Wisconsin, students had been interviewed informally using an unstructured process for as long as anyone could remember. The purpose included getting to know promising applicants; providing applicants with an opportunity to see the school, campus, and community; and helping recruit the most promising applicants to the school. The process was not standardized, and, in many cases, applicants were left on their own to get around campus for their next appointment. When the dean began a series of breakfast meetings with first year medical students, they indicated that the admissions interview was not a good experience for many applicants. Some students believed that the time and money necessary to participate in the interview had not been well spent because of the interview's "laid back" and somewhat impersonal nature. In response, the dean began a nearly year-long review of the admissions process that led to a number of changes, most notably in the admissions interview.

This study's purpose was to assess whether changes in the admissions interview process improved matriculating students' perceptions of the quality of the interview process.

METHODS

Matriculating students were surveyed for a period of 3 years. The questionnaire sought information on their personal statement and experience with the UW Medical School's interview process. The dean distrib-

uted the surveys during breakfast meetings with 4 to 8 students at a time. He explained that each student should complete the questionnaire independently and anonymously; no identifying information was requested. The data were not reviewed until the end of each academic year to further minimize the potential for breaching confidentiality.

Over the 3-year period during which the surveys were administered, the admissions process went through a review and then a re-engineering. The survey provided 1 year of baseline data (while the review was undertaken), 1 year of data as recommendations from the review were progressively implemented, and 1 year of data on full implementation of recommendations.

Among various issues addressed, the survey asked for feedback about the interview process as well as an assessment of whether interview information should be used in rating and ranking candidates.

RESULTS

Over the 3-year period, the survey response rates of graduating classes were as follows: 2002: N=95 (66.4%), 2003: N=96 (67.1%), 2004: N=80 (55.9%). Table 1 shows the responses. The graduating class of 2002—the baseline group—completed the survey before changes were implemented. The 2003 graduating class experienced the transition and an improved interview process, but not full implementation of the recommendations. The 2004 class experienced full implementation of the recommendations, and interviewers used a modified form to more readily meet the admissions committee information needs.

From baseline to the operational implementation, there were statistically significant increases ($p < .05$) in the percentage of matriculating students who found the UW Medical School interview process useful (31% increase), thorough (50% increase), and better than that of other medical schools (28% increase). There was also a statistically significant decrease in the percentage of matriculating students who found the UW Medical School interview process less impressive than other schools (29% decrease) and in need of improvement (45% decrease). Although it was not statistically significant, the percentage of matriculating students who found the UW Medical School interview process enjoyable increased by about 5% from baseline to operational implementation.

Along with the increase in positive assessments of the UW Medical School interview process, the percentage of students who felt that the evaluation interviews should be used in rating and ranking candidates

Table 1. Survey results for first year medical students in graduating classes of 2002-2004

	Baseline 2002 N=95	Transition 2003 N=96	Operational 2004 N=80	Chi Square	Operational-baseline Difference
	% Yes Responses				
1. Did you find the UW Medical School Interview process:					
a. Useful?	52.6	61.5	83.8	19.27*	31.12
b. Thorough?	15.3	38.5	65.0	42.79*	49.71
c. Enjoyable?	74.7	72.9	80.0	1.25	5.26
d. Better than that of other schools?	21.1	30.2	48.8	15.54*	27.70
e. Less impressive than other schools?	40.0	25.0	11.3	18.68*	-28.75
f. In need of improvement?	66.3	47.9	21.3	35.58*	-45.07
2. Do you feel that we should use evaluation interviews in rating and ranking candidates?	56.8	96.9	82.5	46.52*	25.66

*p<.0001

rose by a statistically significant margin over this period (26%).

DISCUSSION

A medical school's admissions process is a critical part of operations. Ineffective processes can result in poor admission choices, the best applicants deciding to go elsewhere, and, for those who do matriculate, a poor start to their medical school experience. This study demonstrated that changes made by the UW Medical School in its interview process were readily detectable by students who matriculated. Table 2 contrasts the admissions interview process as it was (2002 graduating class and before) with how it was changed (2004 graduating class). Changes included better orientation, escorting students to their various appointments, structured interviews, and better-organized interactions with current students.

The intent was not to create a rigorous standardized assessment of personal qualities like that described by Patrick et al.⁴ Rather, it was to ensure that all students admitted have a realistic understanding of the demands a career in medicine presents, that they possess the interpersonal skills needed to interact effectively in a low-key collegial interchange about their goals and desires for a career in medicine, that they have dealt effectively with any challenges they have faced, and that they have an understanding that serving the needs of others is valued by the school and profession. It was also intended to give applicants an opportunity to learn about the medical school and its curriculum and to become famil-

iar with the campus. Clearly, matriculating students who experienced the new interview format rated it better than those who had experienced the old format.

Our enthusiasm for the findings must be tempered by limitations in the study's methods. The use of historical controls and consecutively admitted classes for data raises the possibility that the improved admissions interview ratings are an artifact of the types of students who were admitted through the new process and not necessarily due to an improvement in that process. This weakness is particularly challenging because one of the goals of changing the admissions process is to admit students who have more altruistic and humanistic qualities. Such individuals may also be more positive in their outlook on all experiences, including the medical school interview. However, this may not make much difference in real terms for matriculating students. As long as they are more positive about the interview than students have been in the past, the goal of changing the interview so it is viewed more positively has been met. A more problematic weakness is the exclusion of the opinions of applicants who were not admitted. If they viewed the new process as more biased than our earlier procedures, this would be important information. While this issue cannot be addressed with current data, it is something we need to consider further.

Surveying students through an anonymous, confidential questionnaire also did not provide an opportunity for demographic analysis of the data. The subsequent dean-student interviews, however, yielded additional information and impressions. Several women

Table 2. Summary of interview procedural changes

	Class of 2002	Class of 2004
Timing of interview day	Variable	Fridays
Number of interviews per applicant	1 faculty	1 faculty and 1 student
Interview type	Unstructured	Semi-structured
Interviewer training	None	Workshops
Tours of facilities	Variable, only of basic science building	2, one of basic science building and one of the hospital
School overview session	30 minutes	90 minutes
Lunch with current students	None	5 to 6 current students have lunch with the 20 applicants visiting each Friday
Overnight housing	None	Applicant can spend Thursday night with a current student

and minority students made intriguing observations. They commented about the importance of interpersonal experiences, i.e., interviews, during their visits to US medical schools. Additionally, almost all of the women mentioned the added value of interviews as a supplement to personal statements. The students especially appreciated one-to-one interactions with students of the same gender. They were critical of schools that use group-interviewing techniques, i.e., multiple faculty members interviewing one student in what was described as an “interrogation session.” Thus, while a panel interview may help standardize the interview process and provide multiple perspectives in rating student performance, there are potential negative side effects. This information seems especially relevant to the current challenge of diversifying medical student populations.

For a discipline such as medicine, where human interaction is considered paramount, it seems intuitive that there should be a human touch to the medical school admission process. The interview and accompanying campus visit offers the most logical opportunity. However, it raises the question of what form that human touch should take. Should it be a warm, fuzzy opportunity to gather important information about applicants in a standard environment? Is it a way to recruit the most promising applicants? Or is it simply a way for prospective students to see the medical school campus and meet a few people? Perhaps it should be a less friendly inquisition into the applicants’ potential for the practice of medicine. Some medical schools probably try to include all of these things. Perhaps the major issue to resolve in establishing an admission interview process is to determine how information obtained during the interview will be used. Will it be factored into the final decision regarding admitting a

student? If so, will it simply be as a “go/no go” statement or a rating that is weighted with other data to produce a decision?

These are important issues surrounding the admissions process and interview that need to be addressed on a continuing basis. Relying upon historical practice means the process can fall into decay. Since interviewing is expensive for both the institution and the applicant, its purpose should be clear. The manner in which interviews are conducted also should be critically reviewed periodically to ensure that it continues to meet its intended needs. In this way, especially when the number of applicants falls, a medical school is prepared to attract those applicants it most desires.

REFERENCES

1. Dunn MJ. Where have all the applicants gone—and will they come back? *Wisc Med J.* 2002;101(1):55,59.
2. Edwards JC, Johnson EK, Molidor JB. The interview in the admission process. *Acad Med.* 1990;65:167-177.
3. Patrick LE, Altmair EM, Kuperman S, Ugolini K. A structured interview for medical school admission, Phase 1: initial procedures and results. *Acad Med.* 2001;76:55-71.
4. Puryear JB, Lewis LA. Description of the interview process in selecting students for admission to U.S. medical schools. *J Med Educ.* 1981;56:881-885.



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the Society take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article contact the *WMJ* Managing Editor at 866.442.3800 or e-mail wmj@wismed.org.

© 2003 Wisconsin Medical Society