

Identifying Red Flags in the Admissions Process

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Summary list of some Red Flags identified by the roundtable participants:

- Frequent visits, calls, and emails with the program
- Overly gratuitous
- Effusive thank you notes
- Crying/emotional instability
- Dominated interview conversation, needed to be redirected often during interview
- Said all of the correct things in a rehearsed fashion
- Immature
- Emotionally instable
- History of job hopping
- Sense of Privilege
- Cultural issues with female authority figures
- Demanding prior to interview
- Parent at the interview and initiating contact
- Decreased flexibility
- Wide variation in prior jobs
- Argued with an interviewer
- Talks too much
- Extreme anxiety
- Inability to prioritize
- Over-confident
- Failed a prerequisite several times
- Too much personal disclosure
- Too casual
- Arrogant
- Dress and demeanor are unprofessional
- Poor understanding of roll
- Academic dismissals/withdrawals
- Problems with parent alumni – negative interactions in the institution
- Lack of respect for interviewing process
- Stubborn
- Self-promoting behavior during the group interview

The Admissions Interview: Can we identify potential problems before we have to learn from our mistakes?

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Objectives

1. Identify and discuss non-cognitive factors from existing literature that are predictive of success or problems in medical education;
2. Utilize faculty discussion of experiences with problematic students to identify potential "red flags" in the admissions process;
3. Identify potential benefits and problems associated with reviewing applicant files and interview responses for noncognitive variables and "red flags".

Purpose of Admissions

- To select those candidates who are most likely to succeed in the PA program and become good PAs.
- To de-select those candidates who have personal characteristics that may negatively impact the learning environment and patient care.

NEW ENGLAND JOURNAL OF MEDICINE 2005; 353:2673-2682

Cognitive Factors

- Academic Performance
 - Grade Point Average
- Standardized Test Scores

MEDICAL EDUCATION 2007; 41: 369-377

The Importance of Non-Cognitive Factors

- Traditional criteria may not be predictive of success in non-traditional student populations
- Non-cognitive factors may be predictive of success or failure

MEDICAL EDUCATION 2005; 39: 75-82

Non-Cognitive Questionnaire

- Positive self-concept
- Realistic self-appraisal
- Understanding and ability to deal with racism
- Preference for long-term goals
- Availability of strong support person
- Successful leadership experience
- Knowledge acquired in a field

EDUCATIONAL AND PSYCHOLOGICAL MEASUREMENT 67: 635

Non-Cognitive Factors

- Attributes believed to be suited to a career in medicine:
 - Communication Skills
 - Empathy and prosocial behavior
 - Flexibility
 - Decision-making skills
 - Insight into team work
 - Honesty
 - Reflective manner
 - Insight about self
 - Insight about illness and medicine
 - Insight about stress management
 - "Would you want this candidate to be your health care provider?"

MEDICAL EDUCATION 2003;37:458-463; MEDICAL EDUCATION 2003;37:1064-1065

The "Other" Non-cognitive Factors

- Moodiness, distrust, reluctance, detachment, and independence
- Aggressiveness, competitiveness, intimidation, defensive, and self-promoting
- A tendency towards perfectionism
- A tendency for reliance upon others

MEDICAL EDUCATION 2007; 41: 362-368
TEACHING AND LEARNING IN MEDICINE 14(1), 34-42
MEDICAL EDUCATION 2006; 40: 1058-1064

Example

- A student with unprofessional behavior. He documented a physical exam on a patient that was not completed and denied responsibility.
- The admissions essay: "I flunked out of Notre Dame to prove to my dad that I wasn't as great as he thought I was - as he needed me to be"

Example

- Professionalism - abuse of staff, faculty, and other students
- Maturity was questioned at the time of the interview. It was identified that she was very "hyper" during the group interview. On questions about teamwork, she was unable to describe past collaborative learning experiences.

Example

- Student left the program during the middle of the second year following a professionalism dispute.
- Motivation and Knowledge of the profession was questioned by the interview team.
- The student's spouse 2 states away and expressed in the interview that she would be commuting.
- Expressed working in groups was frustrating.

Example

- Preceptor identified that the student had not taken history that was presented. Overconfident in clinic and difficulty identifying limitations
- Contradiction of strong religious and family values with actions

Activity

- Discuss students who have been difficult or shown undesirable behaviors.
- Identify an attribute or trait.
- Identify areas where this may have been seen during the admissions process.

P.S. - A cautionary note

- During interview, contradictions between individual interviews regarding the death and care of the person's father.
- During program, unprofessional behavior
- This person has won national awards for patient care and advocacy