

Holistic Principles in Resident Selection: An Introduction

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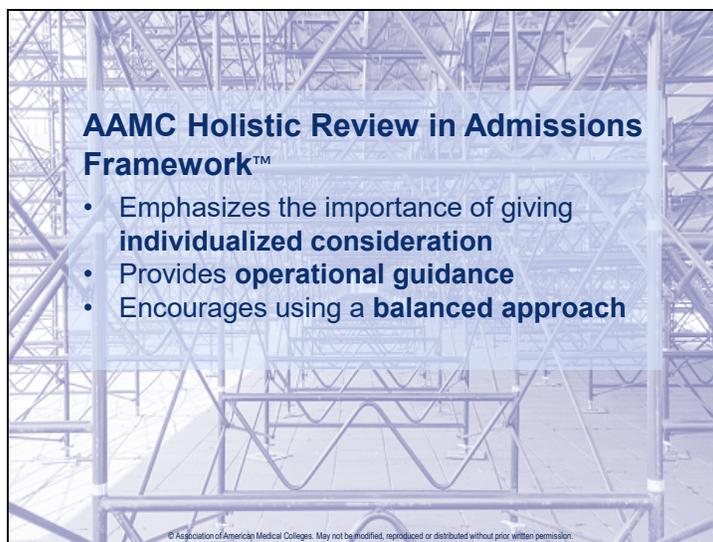
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Hello and welcome to Holistic Principles in Resident Selection: An Introduction.

- 1 Provide an overview of the Holistic Review Framework
- 2 Select and prioritize mission-centric criteria in resident selection

Today we are going to:

- Provide an overview of the holistic review framework and
- Introduce an activity to help you select and prioritize the mission-centric characteristics you seek in residents



The AAMC Holistic Review Framework™ and its component parts **provide the scaffolding** upon which you can build a **strategically sound** resident selection process.

The Framework **is a flexible and strategically focused way** to operationalize a holistic selection process.

One quick note: This framework was originally designed for medical school admissions. The AAMC has adapted it for residency selection, and that's the lens we'll use throughout this introductory module.

The framework incorporates three core principles at all stages of selection – screening, interviewing, and creating rank order lists.

These core principles

- Emphasize the importance of **giving individualized consideration** to every applicant
- Provide **operational guidance for developing mission-driven, diversity-oriented processes**; and
- **Encourage applying a balanced approach** to assess the experiences, attributes, competencies, and academic metrics of each candidate



DEFINITION

Holistic review is a **flexible, individualized way** of assessing an applicant's capabilities, by which **balanced consideration is given to experiences, attributes, competencies, and academic or scholarly metrics (EACM)** and, when considered in combination, how the individual **might contribute value to the institution's mission.**

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The first component of the framework is the definition.

The AAMC defines holistic review as:

- A **flexible, individualized** way of assessing an applicant's capabilities, by which
- **Balanced consideration is given to experiences, attributes, competencies, and academic or scholarly metrics – or E-A-C-M,** and
- When considered in combination, how the individual **might contribute value to the institution or program's mission and goals.**

Now we'll walk through each of the core principles, which expand upon the bolded concepts.



CORE PRINCIPLE 1
In a holistic recruitment and selection process, selection criteria are:

-  Broad-based
-  Linked to institutional mission and goals
-  Promote diversity and inclusion as essential to excellence

The three core principles are the second component of the framework.

The first principle establishes that, in a holistic selection process, the screening and selection criteria are:

- Broad-based
- Linked to institutional and program mission and goals, and
- Promote diversity and inclusion as essential to excellence



CORE PRINCIPLE 2

A balance of experiences, attributes, competencies, and metrics (EACM) are:

-  Used to assess applicants with the intent of creating a *richly diverse interview and selection pool*
-  *Applied equability* across the entire candidate pool
-  *Supported by performance data* that show certain Es, As, Cs, and Ms are linked to a likelihood of success as a resident

The second core principle highlights the importance of identifying a balance of experiences, attributes, competencies, and metrics (E-A-C-M):

- This brings holistic review into the screening stage and helps create a richly diverse interview pool aligned with institutional and program mission and goals
- The identified EACMs are applied equitably across the entire applicant pool, and
- They are grounded in local performance data linking specific experiences, attributes, competencies, and metrics with the likelihood of success



CORE PRINCIPLE 3

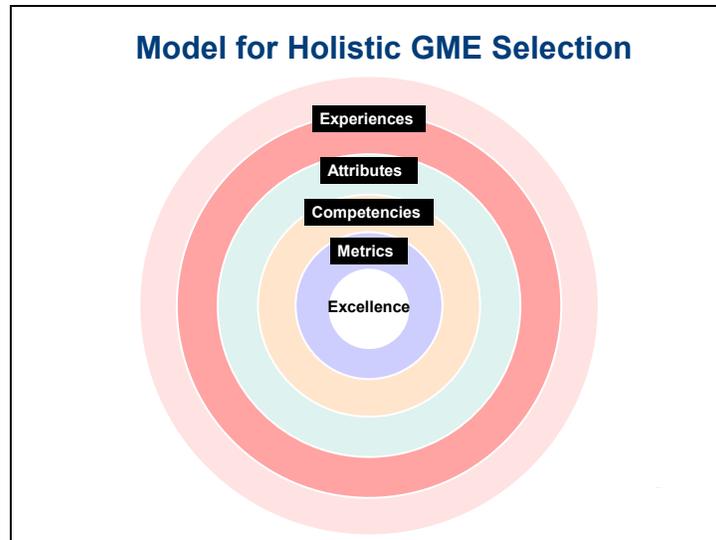
Screeners and reviewers:

 ***Give individualized consideration*** to how each applicant may contribute to the institution or program's learning environment and **practice of medicine**

 ***Weigh and balance*** the range of criteria needed to achieve the outcomes desired by the program or institution.

With the third core principle, we incorporate consideration of both individual applicants and the cohort as a whole. Screeners and reviewers:

- Give individualized consideration to how each applicant might contribute value to the program's learning environment and overall practice of medicine, and
- They weigh and balance the range of criteria needed to achieve the outcomes desired by the program or institution



The third component of the framework is the Model for Holistic GME Selection, also referred to as the Experiences – Attributes – Competencies – Metrics or (E-A-C-M) model.

We all know that diversity encompasses a wide range of factors. And within the holistic review framework, diversity cascades from institutional and program mission and goals; it's not a one-size-fits-all concept.

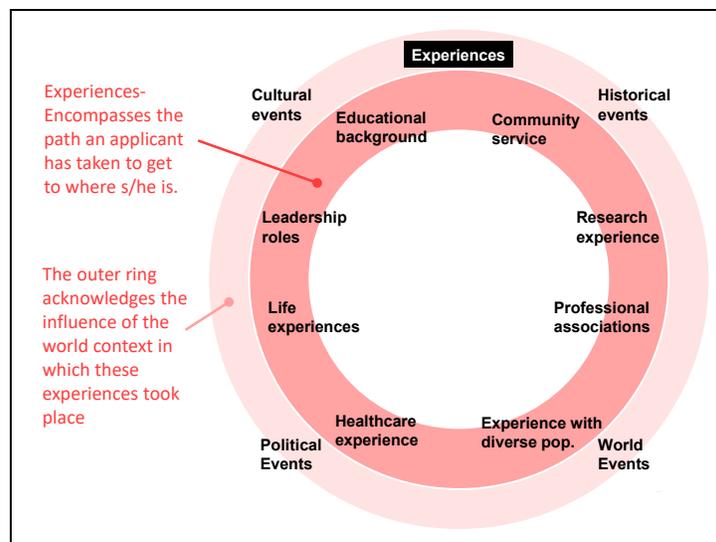
A key element of holistic selection is widening the lens through which we view applicants and recognizing and valuing different dimensions that each person brings with them, some visible and some invisible.

The Model for Holistic GME Selection provides a tool for visualizing many different dimensions of diversity.

It also helps remind us about context – about the lived experiences that have helped shape who an applicant is and the path they've taken.

Together, this model helps spark reflection and discussion about the value and perspective an applicant may bring both to the program and to the practice of medicine.

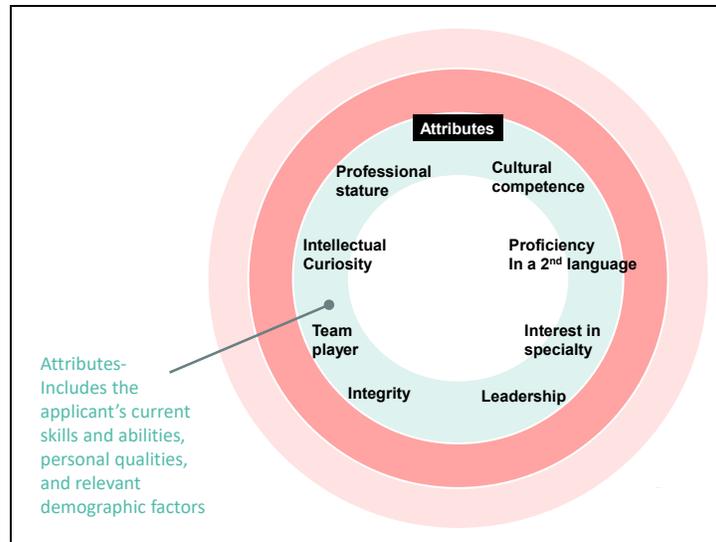
In the next few slides, we'll walk through each "ring" – Experiences, Attributes, Competencies, and Metrics.



Broadly speaking, **Experiences** are defined as the path that applicants have taken to get where they are and the context in which these experiences have taken place.

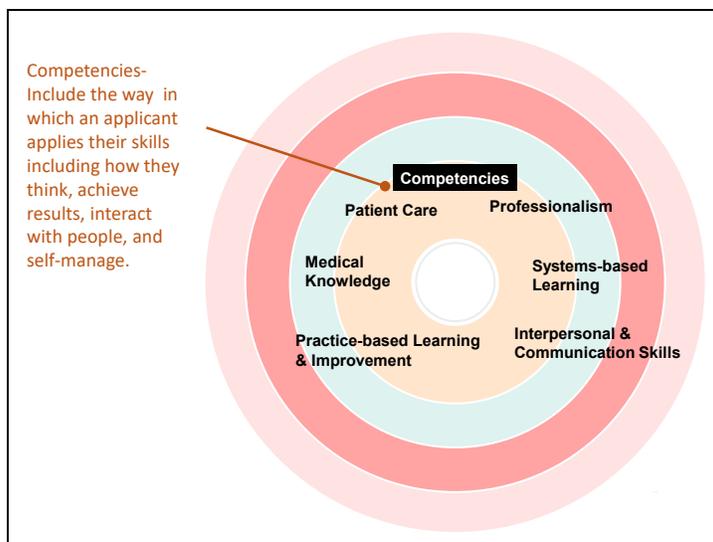
The inner ring includes person-level experiences - things like research, experience with diverse or underserved populations, and educational background.

The outer ring includes population-level experiences – the regional, national, and world context in which the individual-level experiences took place. These includes things like the current pandemic and other historical and social and cultural events.



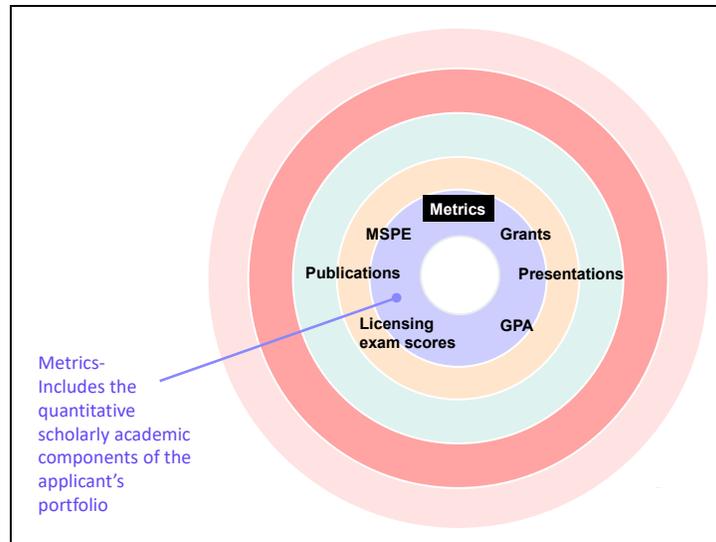
The greenish ring is **Attributes** - these include applicants' skills, abilities, personal qualities, and relevant demographic factors.

This might include things like intellectual curiosity, cultural humility, proficiency in more than one language, or demographic factors like ethnicity, gender identity, and socio-economic status.



The orange ring is **Competencies** – these are the ways in which an applicant applies their knowledge, skills, and abilities.

For residency selection, we’ve layered in the ACGME competencies, though you may also have specialty-specific competencies that you’ll want to consider.



The purple ring is **Metrics**.

These include the quantitative scholarly and academic components of an applicant's portfolio – things such as MSPE, publications, and Step scores.

Holistic Review

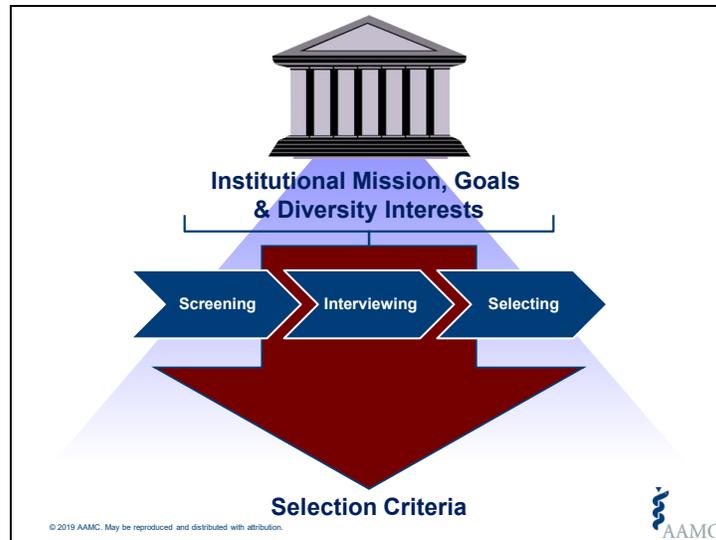
- 1. Mission-driven
- 2. Strategically focused
- 3. Acknowledges diversity as essential to institutional excellence
- 4. Informed by local data



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In short, a holistic selection process:

- Is mission-driven
- Is strategically focused
- Acknowledges diversity as a driver of institutional excellence and
- Is informed by the qualitative and quantitative **data each institution collects as indicators of “success”**



In a holistic selection process, you **should be able to draw a straight line between your program’s unique mission and the criteria you use to screen, interview, and select the residents you want in your program and the professionals you would like to see in the field.**

Misconceptions



A holistic selection process

- Is not “making up for previous injustices”
- Is not a quota system
- Does not lower standards, it expands them
- Does not ignore academic metrics; rather, considers metrics in the context of an applicant’s entire portfolio

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We’ve examined what holistic review is, but think it is also important to explicitly state what it isn’t. A holistic selection process:

- Is not making up for previous injustices
- It’s also not a quota system
- It doesn’t lower standards – it expands them and grounds them in your program’s mission and goals
- Finally, a holistic selection process does not ignore academic metrics. It considers those metrics in the context of an applicant’s full portfolio



Goal: To engage you in thinking about how you might strategically apply the AAMC's Holistic Review Framework to

- **Widen the lens** through which we assess residents in support of your mission and
- Further **leverage the benefits of diversity and inclusion**

The goal of this introductory module and subsequent activities is to engage you in thinking about **how your program might strategically apply the holistic review framework in order to:**

- **Widen the lens through which you view potential residents**
- Further diversify your specialty and the healthcare workforce overall in support of your mission and goals

Let's look at the first activity which will help you to identify and prioritize your selection criteria.

Applicant Criteria Identification and Prioritization

Purpose: A critical part of a holistic selection process is identifying Experiences, Attributes, Competencies, and Metrics (EACMs) that are grounded in your mission and promote diversity and inclusion. Developing a shared understanding of how these criteria are prioritized facilitates recruitment, helps orient reviewers and interviewers, and informs the development of evaluation rubrics.

This activity will help you to “widen the lens” through which you assess residents by identifying and ranking the mission-driven EACMs that would add value to your program.

Directions: For each applicant criterion:

Part 1

1. Determine if each example in the following charts should be included, edited, or eliminated from your resident selection process.
2. Add any criteria that would be important to the accomplishment of your institution’s mission and program goals.

Part 2

3. Rank how the EACMs contribute to your decision to invite a resident for an interview.

Experiences

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Educational background				
Community service/volunteer experience				
Leadership roles				
Experience with diverse populations				
Research experience				
Life experiences				
Distance traveled				
Professional associations				
Healthcare experience				
Experience living in a medically underserved area				

Attributes

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Professional stature				
Cultural competence/humility				
Integrity				
Intellectual curiosity				
Proficiency in language(s) spoken by patient population				
Team-minded / team player				
Leadership				
Interest in the desired specialty				

Competencies

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Interpersonal and Communication Skills (ICS)				
Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds				
Communicate effectively with physicians, other health professionals, and health related agencies				
Work effectively as a member or leader of a health care team or other professional group				
Act in a consultative role to other physicians and health professionals				
Maintain comprehensive, timely, and legible medical records, if applicable.				

Examples from ACGME

Competencies (Continued)

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Professionalism (P)				
Compassion, integrity, and respect for others				
Responsiveness to patient needs that supersedes self-interest				
Respect for patient privacy and autonomy				
Accountability to patients, society and the profession				
Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation				

Examples from ACGME

Competencies (Continued)

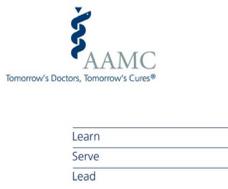
① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Practice-Based Learning and Improvement (PBLI)				
Identify strengths, deficiencies, and limits in one's knowledge and expertise (self-assessment and reflection)				
Set learning and improvement goals				
Identify and perform appropriate learning activities				
Incorporate formative evaluation feedback into daily practice				
Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (evidence-based medicine)				
Use information technology to optimize learning				
Participate in the education of patients, families, students, residents and other health professionals				

Examples from ACGM

Metrics

Note: If these metrics are not available to you, please edit, delete, and/or add any alternatives.

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Publications				
Scholarly Presentations				
USMLE Step 1 score				
USMLE Step 1 pass on first attempt				
USMLE Step 2CK score				
USMLE Step 2CK pass on first attempt				
USMLE Step 2CS				
USMLE Step 2CS pass on first attempt				
Alpha Omega Alpha				
Gold Humanism Honor Society				
Grants				
Medical school GPA				
Performance in core clerkships				
Clerkship performance in desired specialty				
Honors in curriculum				
MSPE				
Letters of recommendation				



**Application of Holistic Principles
in Resident Selection**



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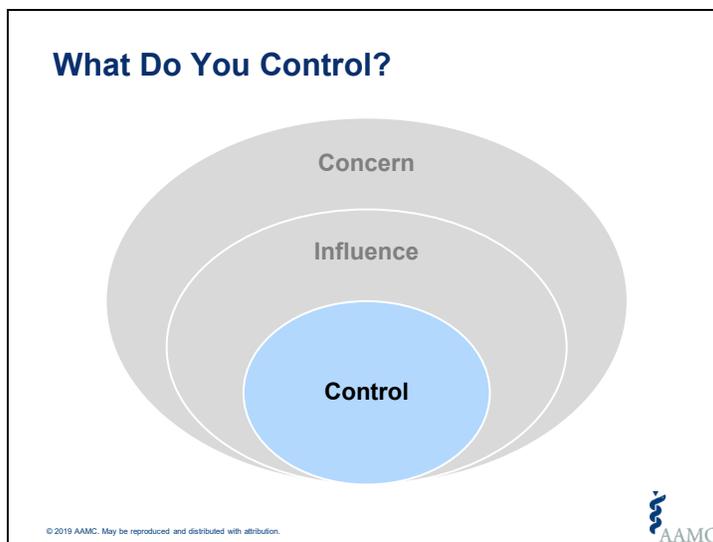
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Hello and welcome to Application of Holistic Principles in Resident Selection.

- 1 Introduce elements of the resident selection process that you can control and those you can influence
- 2 Define and assess mission-centric criteria in resident selection

In this module we will:

- Provide an overview of the Control – Influence – Concern model and
- Introduce an activity to help you to define and assess mission-centric criteria in resident selection



When we think about the Control – Influence – Concern model, Concern is almost always the largest, most encompassing piece, followed by Influence, and then “Control” which is almost always the smallest piece.

Sometimes that translates into a feeling of overall lack of control – increasing numbers of applicants, decreasing windows of time to make thoughtful decisions, competing pressures and priorities, too few resources, and so on.

It can be helpful to pause and reflect – So let’s take a minute to walk through some aspects of the selection process that actually are within your or your program’s control.



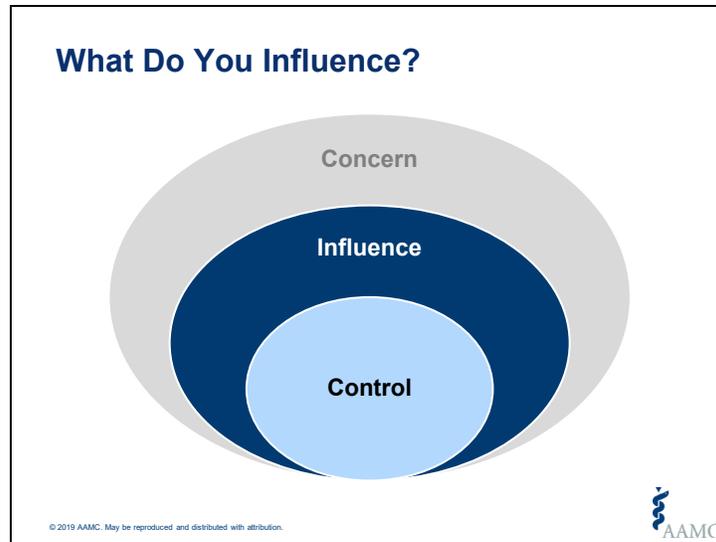
You and other program staff have control over:

- **Your recruitment and other program materials:** What do they communicate about the kind of person you are looking for?
- **All of your interactions with applicants:** This could include applicants calling or emailing your program office ... how are their questions and concerns handled? And who is handling them?
- **Whom you invite to interview applicants and how you prepare them:**
 - Do current residents interview applicants?
 - Do you invite physicians from other departments with whom your residents work closely to interview?
 - Do you invite other healthcare professionals and/or non-clinical staff?
 - Do you train interviewers on what you're looking for you? On the interview process? On unconscious bias?
 - What parts of the applicant's portfolio do interviewers have access to?
- **The type of interview process you use:** Is it semi- or highly structured? Do you have one-on-one or group interviews?
- Who else are applicants interacting with during interview day?
- **Where the interviews take place:** Are they held in individual interviewers' offices? In conference rooms? Think about the pictures on the walls, the names of different conference rooms, other institutional artifacts on display, both in the interview space and in the spaces applicants will be passing through. What is being communicated?



- The tools you use to assess applicants, including screening and interview rubrics
- Your screening and selection criteria
- Who and where you actively recruit
- Who you invite to interview for your program
- And who you decide to rank and in what order

You control all of these factors.



We have influence over a slightly larger portion of the pie, including:



- Who applies to your program(s)
- How your program is perceived
- How applicants experience your program during interviews and visits (again, think about the things that you can control such as the photos on the wall, who interviews, who they meet on-campus, etc.)
- And, how current and past residents describe their experience ... how would you describe the morale of the residents in your programs?

While you can't control these factors, you may have more influence – and influence over more aspects – than is sometimes obvious.

Applying Holistic Review to Resident Selection

Purpose: Developing shared definitions of the criteria you identified in Activity 1 helps orient reviewers and interviewers and informs the development of evaluation rubrics; it can also help mitigate the influence of unconscious bias. This activity will help you to define your high-priority criteria and assess if your recruitment materials and selection processes reflect your priorities.

Directions:

1. Review your rankings from Activity 1 and select two “very important” criteria for each of the four domains in the EACM model. Clearly define each of those criteria.
2. Look at your current recruitment materials and selection filters to determine if these will reveal the priority criteria that you have identified.
3. Determine what you could add or change to assist you in finding the EACMs you are looking for.

Part 1: Resident Selection Criteria

EXPERIENCES	1. <i>Criterion:</i>
	Definition: <i>How do you define it?</i>
	Assess: <i>What evidence will satisfy this requirement? Do my current recruitment and selection materials allow me to assess this criterion? What, if any, changes are needed?</i>
	2. <i>Criterion:</i>
	Definition: <i>How do you define it?</i>
	Assess: <i>What evidence will satisfy this requirement? Do my current recruitment and selection materials allow me to assess this criterion? What, if any, changes are needed?</i>

Notes:
