USING ASSESSMENT CENTRES TO FACILITATE COLLABORATIVE, QUASI-STANDARDIZED, INDUSTRY-WIDE SELECTION: LESSONS LEARNED FROM MEDICAL SPECIALTY PLACEMENT IN THE UK

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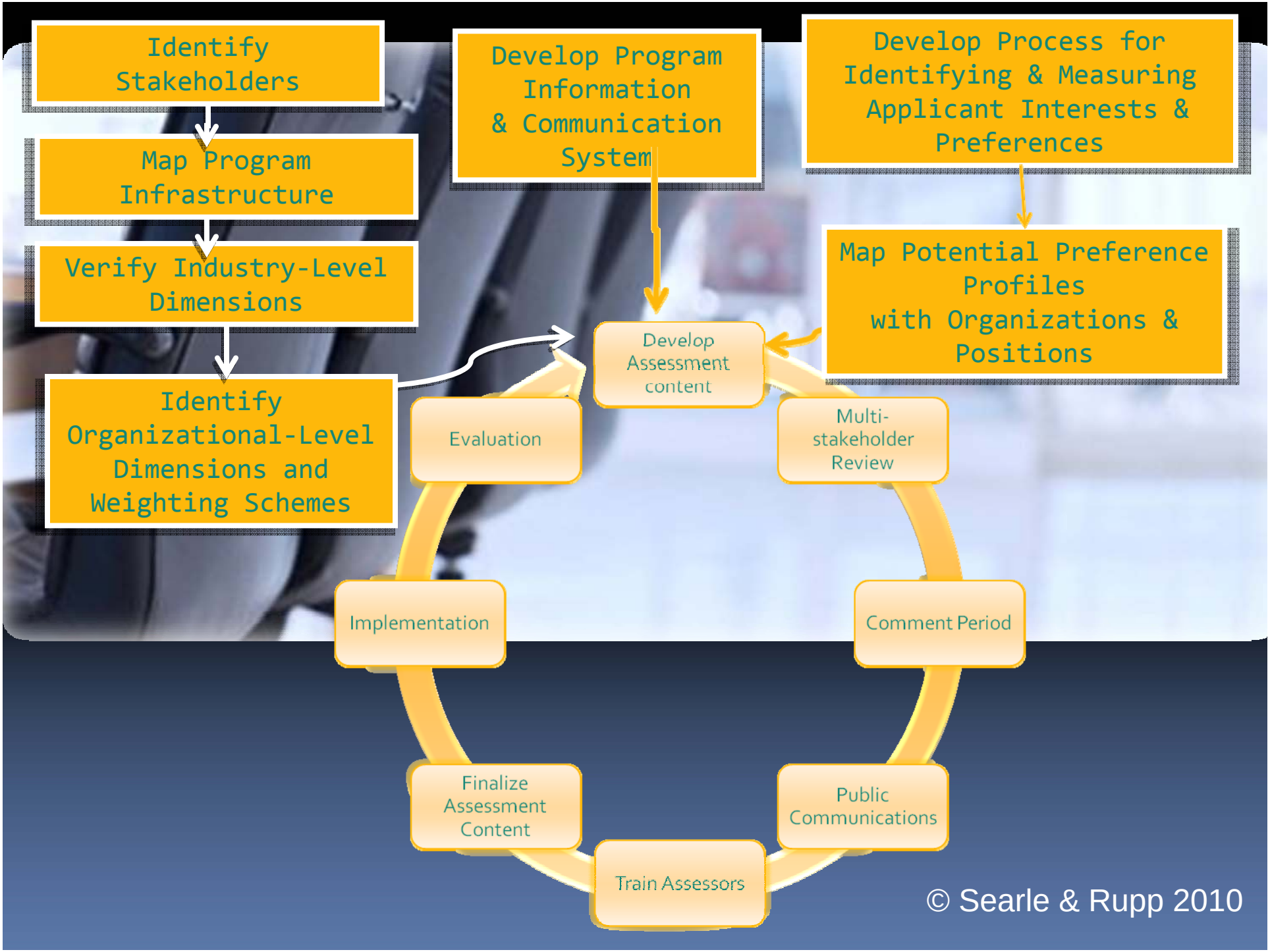
Overview

- Identify why this collaboration appropriate
- Show a model
- Present a case to illustrate this perspective
- Particular attention
  - Information and communication systems
  - Assessors
  - Dimensions
  - Exercises
  - Coaching
  - Practice effects

New Way of Thinking

- Assessment method
  - New level of analysis
- Collaboration by professional bodies - match individuals with jobs more efficiently and effectively.
- Type of jobs
  - well defined
  - do not differ substantially from organization to organization,
    - medical field (e.g., phlebotomist, emergency room medic)
    - academic jobs (e.g., professor of labour economics)
    - "standardized" professions (e.g., accounting).


Identify Stakeholders
Map Program Infrastructure
Verify Industry-Level Dimensions
Identify Organizational-Level Dimensions and Weighting Schemes
Develop Program Information & Communication System
Develop Process for Identifying & Measuring Applicant Interests & Preferences
Map Potential Preference Profiles with Organizations & Positions
Develop Assessment content
Multi-stakeholder Review
Comment Period
Public Communications
Train Assessors
Finalize Assessment Content
Implementation
Evaluation
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Case Study

- Context: UK Medical
- Post Graduate medical selection

Selection PG Medical Training

Selection PG Medical Training

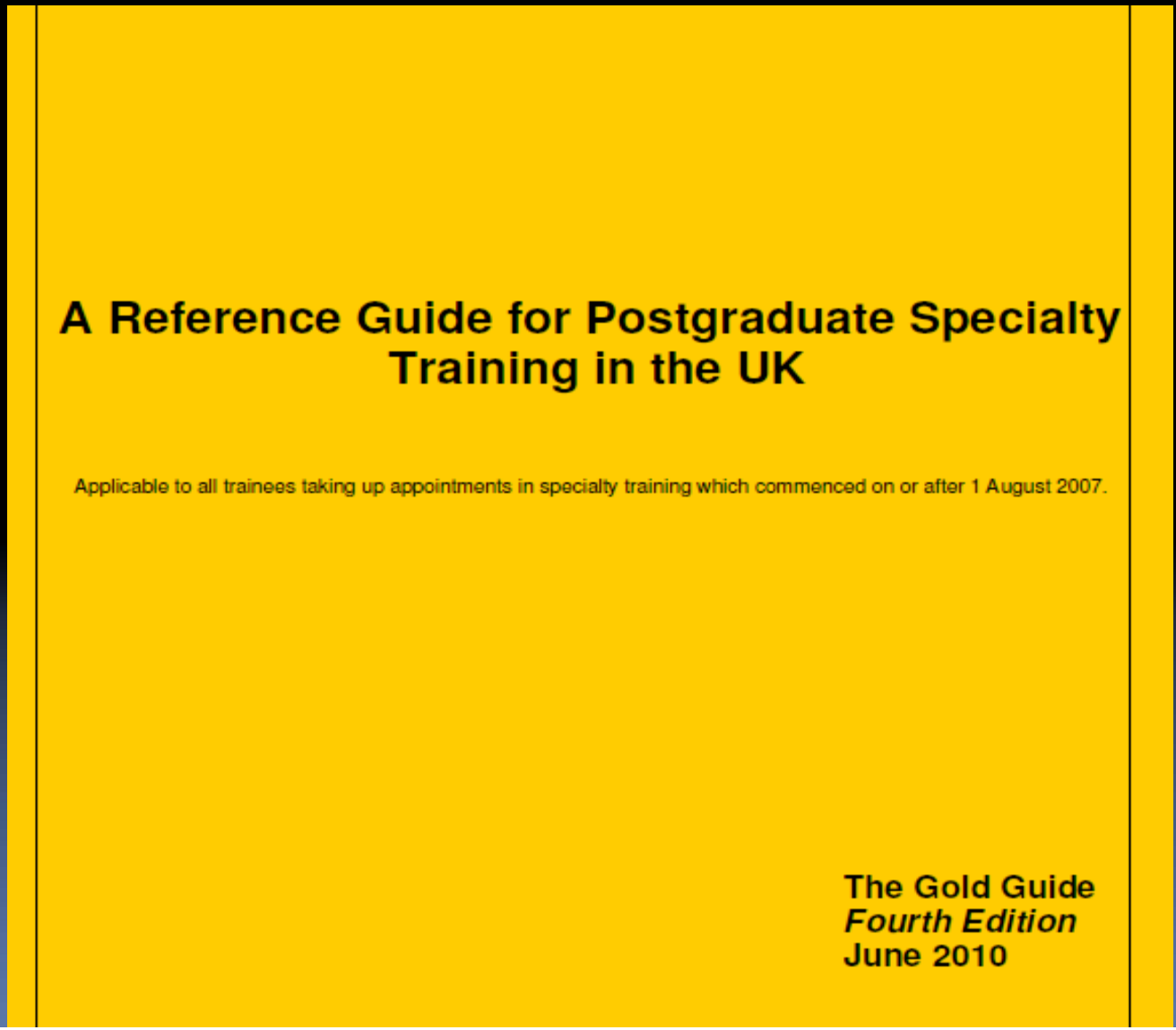
Basic Information Medical AC

- Purpose – selecting into post grad medical training
- Assessor – range of stake holder
- Training – ½ day – 1 day training + 'sitting with Nelly'
- No. of exercises varies
- Behavioural & clinical knowledge orientation
- No. applicants – 10, 000 - +200 applicants – dep on specialism

Adoption of ACs in Medicine

- Low utility
- Previous system not predictive of success
  - A/Cs utilised in key problem area:
    - 2000 General Practice.....
    - Modernising Medical Careers

Modernising Medical Careers



"Modernising Medical Careers" (MMC) Stakeholders

- National Health Service,
- General Medical Council,
- Royal medical colleges,
- Deaneries – Dept of Health
- Consultant grade doctors
- Other staff members
- Patients

Central Problems & Challenges

- Information and communication systems
- Assessors
- Dimensions
- Exercises
  - Coaching
    - Formal
    - informal
  - Practice effects

Information/Communication Systems

- Medical Training Application Service (MTAS)
- Online application process
  - Higher volumes of users than anticipated
  - Programming errors
    - Applications lost
    - Miscalculations in the shortlisting procedures
    - Confidential applicant data made public.
  - Cost of this failure £6.3 Million

Assessors

- Different stakeholders
  - Specialty consultant level doctors
    - Good, bad & plain ugly!
    - Training responsibilities, Familiarity local training context condition
    - Pairing doves & hawks
    - Recruitment & Retention in some area
  - Outside the medical community
    - Lay assessors
    - I/O Psychologists
  - Training for assessors
    - Calibration – rigor & intensity

Dimensions

- Competency based
  - Different levels of engagement
  - Role of tradition
- When to select?

medical school specialty training permanent position

- What level?


Communication
Empathy
Professional Integrity
Coping with Pressure
Planning and Organization

Range of Possible Exercises

- Portfolio review
- Interview
- Dynamic case study – diagnosis from tech data
- Presentation
  - Prepared vs unprepared
  - Own research – prescribed topic
- Role play – with a relative, patient, feedback to junior colleague
- Written exercise – clinical knowledge assessment
- Scenarios – management situation
- Medical task – suturing
- Computer-based SJT
- Duration 10 min – 30 min

Coaching

- Formal
- Informal
  - Candidate behaviour

Coaching and Perf

- Coaching and impact Messick & Jungeblut (1981)
  - Continuum
    - Practice on sample items - intensive instruction aimed at dev ability & knowledge
- Knowledge type sit qu (practical know-how applied to partic context) vs. SJT Cullen et al (2006)
- Could be coached for success
- Impact varied depending on the scoring approach of each qu – discrepancy approach (compare response tp focal grp) worked best

Informal - Impact of Practice

- Practice effects in medical context Lievens et al (2005)
  - Within person practice effect +0.33 sd for knowledge & sj tests, +0.5 cog ability
  - 1st attempt test score best predictor academic perf
  - Biggest gain if identical forms of test (0.42sd * 1 – 1.89 * 7), smaller if parallel Kulik et al (1984)
  - Impact of repeated trials: + 0.23sd *1, + 0.74sd *7
  - Those with high ability showed more impact from such practice

Suggested Developments

- Matching people and positions
  - Applicant interests and preferences
- More collaboration between specialties
  - All Stakeholders represented
  - Protect test security
    - Delivery issues
    - Development issues
  - Reduce duplicated effort
  - Develop weighted dimensions

Thank you

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Searle, R. H. & Rupp, D. E., (in press). Using assessment centres to facilitate collaborative, quasi-standardized, industry-wide selection: lessons learned from medical specialty placement in the UK. In N. Povah & G. C. Thornton (Eds.), *Assessment and Development Centres: Strategies for Global Talent Management.* Surrey, UK: Grower.