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Admission Criteria: A Focus on Using the Interview

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A thesis

presented to

the faculty of the Department of Allied Health Sciences

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Science in Allied Health

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by

Vanessa Jones

December 2019

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Dr. Susan Epps, Committee Chair

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Dr. Tabitha Fair, Committee Member

Keywords: Allied Health, Interviews, Selective Admissions

## ABSTRACT

### Admission Criteria: A Focus on Using the Interview

by

Vanessa Jones

The growing number of candidates for allied health programs and the continued quest for identification of ideal candidates increases the pressure for allied health programs to continually improve their selection process. Despite past and recent research and the significant amount of literature on admission criteria for selective allied health programs, there is limited research on faculty perceptions of the interview as part of the admission criteria.

For this study, interviews were conducted with fifteen allied health faculty members who teach in a program with selective admissions. The interviews consisted of seven open-ended questions and were audio-recorded, then transcribed through Temi.com. The transcriptions were analyzed for common themes.

The participants agreed that an interview is an important component of the selective admissions criteria particularly for assessing the candidate's ability to communicate and interact with others.

## DEDICATION

This research study is dedicated to my loving husband and children. To Justin, because of your love, inspiration and encouragement, I finally completed my thesis. Ella and Eli thank you both for your patience and for letting me experience the kind of love that people freely die for.

“The beautiful thing about learning is that no one can take it away from you”

-B.B. King

“Education is the most powerful weapon which you can use to change the world”

-Nelson Mandela

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## CHAPTER 1

### INTRODUCTION

Each year, allied health division faculty members are expected to select, accept, retain, and graduate a group of diverse, skilled individuals for their future professions (Collins, 2013; Weege, 2009). With the increasing pressure to recruit and retain skilled students, higher education programs attempt to admit only those applicants best suited to complete the rigorous academic curriculum (Thomas, 2012). Upon graduation, these individuals must go through a licensing process and be able to contribute as healthcare providers to their profession and workforce (Poole et al., 2007). Faculty are influenced by the students, the administration, the state system, community, industry, and the accrediting bodies to admit the most skilled future allied health professionals. The selection of the most qualified candidates for the selective allied health programs remains a top priority, therefore, ensuring the admissions criteria used each year will assist with choosing the top candidates for admission into the programs. (Alzahrani, Thomson, Bauman, & Shuman, 2005; Collins, 2013; Foley & Hijazi, 2013; Weege, 2009).

#### **Allied Health Programs**

“Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for the diagnosis, evaluation and treatment of acute and chronic diseases; promote disease prevention and wellness for optimum health, and apply administration and management skills to support health care systems in a variety of settings” (ASAHP, 2015, para. 3). This research study will focus on the following selective admissions allied health programs: dental hygiene, physical therapy assistant, occupational therapy assistant, dental assisting, radiologic technology, and surgical technology.

## **Dental Hygiene**

Dental hygiene programs offer students the opportunity to become licensed professionals who work in conjunction with “the dentist to meet the oral health needs of patients” (ADA, 2019a, para. 1).

Dental hygienists receive their education through academic programs at community colleges, technical colleges, dental schools or universities. The majority of the programs take at least two years to complete, with graduates receiving associate degrees. Receipt of this degree allows a hygienist to take licensure examinations (national and state or regional), become licensed and to work in a dental office. Program admission requirements vary depending on the specific school. Dental hygiene education programs offer clinical education in the form of supervised patient care experiences (ADA, 2019b, para. 1).

## **Physical Therapy Assistant**

“Physical therapist assistants (PTAs) provide physical therapy services under the direction and supervision of a licensed physical therapist. PTAs help people of all ages who have medical problems, or other health-related conditions that limit their ability to move and perform functional activities in their daily lives” (APTA, 2019, para. 1).

The purpose of PTA education is to graduate knowledgeable, competent, self-assured, adaptable, and service-oriented patient/client care providers. PTA education prepares the graduate to perform selected components of intervention and data collection and assess the patient’s/client’s safety and response to the interventions provided under the direction and supervision of the physical therapist in an ethical, legal, safe, and effective manner. Additionally, graduates of PTA programs must be prepared to communicate with other

members of the health care deliver team; interact with members of the patient's/client's family and caregivers; and work cooperatively with other health care providers (APTA, 2019, para. 2).

### **Occupational Therapy Assistant**

“Occupational therapy assistants play a vital role in helping patients heal while working under the supervision of an occupational therapist” (AAHS, n.d., para. 1).

An associate's degree from an ACOTE accredited program is required to become an occupational therapy assistant (OTA). Students will be required to perform level I and II fieldwork during the program in order to meet program requirements. The final step is to take the National Board of Certification in Occupational Therapy exam to become licensed (Nau, 2019, para. 2).

### **Dental Assistant**

“Dental assistants greatly increase the efficiency of the dentist in the delivery of quality oral health care and are valuable members of the dental care team” (ADA, 2019c, para. 1).

It takes a relatively short period of time to become a dental assistant. Dental assistants receive their formal education through academic programs at community colleges, vocational schools, technical institutes, universities, or dental schools. Graduates of these programs receive certificates and can become certified by passing an examination that evaluates their knowledge (ADA, 2019c, para. 1).

### **Radiologic Technology**

“Registered radiologic technologists (R.T.s) are medical personnel who perform diagnostic imaging examinations and administer radiation therapy” (ASRT, 2019, para. 1).

“Registered radiologic technologists must earn an associate or more advanced degree from an

accredited hospital-based program or academic institution, and pass a national certification examination” (ASRT, 2019, para. 2).

### **Surgical Technology**

“Surgical technologists, also called operating room technicians, assist with operations. They prepare operating rooms, arrange equipment, and help doctors do surgeries” (BLS, 2019, para. 1). “Surgical technologists typically need a postsecondary non-degree award or an associate’s degree” (BLS, 2019, para. 3).

### **Cognitive and Non-Cognitive Elements of Admission Criteria**

Healthcare providers must be able to communicate effectively with their patients, therefore, they must have both cognitive and non-cognitive skills when treating each patient (Collins, 2013; Weege, 2009). Merriam-Webster (2018a) defines cognitive skills as “relating to, being, or involving conscious intellectual activity (such as thinking, reasoning, or remembering) (para. 1). In comparison, Gutman and Schoon (2013) described non-cognitive skills as “a variety of behaviours, personality characteristics, and attitudes with academic skills, aptitudes, and attainment” (p. 7).

While the non-cognitive skills are imperative for quality practice, most admissions criteria focus on the cognitive skills such as GPA and entrance exam scores. According to Platt, Turocy, and McGlumphy (2001), the selection criteria for entrance can vary among institutions. The common admissions criteria among the allied health programs include class rank, overall preadmission GPA, standardized test scores, and personal interviews (Platt et al., 2001). “The interview is a common selection tool used in both medical and dental school admissions. Schools generally use interviews to assess applicants’ characteristics such as motivation, self-appraisal, maturity, and interpersonal skills, among others, as well as the interviewer’s overall

reaction to the candidate” (Poole et al., 2007, p. 665). Due to certain rules and regulations mandated by the institution or state office, many programs are expected to admit candidates based only on the use of objective criteria (Foley & Hijazi, 2013). There is concern about using subjective elements such as an interview for guiding the selection process of allied health programs even though this process allows educators to evaluate the applicant’s ability to communicate effectively prior to being admitted (Foley & Hijazi, 2013). As a result, many institutions are removing all subjective admissions criteria, including the traditional standard interview (Axelson & Kreiter, 2009; Glazer 2016).

There is a minimal amount of research and literature pertaining to the interview as part of the admissions criteria and the students’ overall success (Alzahrani et al., 2005; Glazer et al., 2016; Weege, 2009). While there are studies on the relationship of the admissions criteria and student success, there is minimal research to support interviews as a measure of student success (Alzahrani et al., 2005; Glazer et al., 2016). Previous research has shown student success depends equally on academic qualifications and non-cognitive skills such as communication, motivation, and empathy which aid health professionals in providing quality care (Glazer et al., 2016). “Schools must ensure the methods used to admit students take into consideration qualities that predict both academic and career success” (Glazer et al., 2016, p. 1).

Collins (2013) and Foley and Hijazi (2013) suggested there is a need for a more transparent and fair method to selecting future students. The need for further research on the program admission criteria, specifically the interview, is crucial for both the program and students’ success (Poole et al., 2007). Such research could possibly assist allied health educators in choosing the best candidates for their programs (Foley & Hijazi, 2013).

### **Statement of the Problem**

Despite past and recent research and the significant amount of literature on admission criteria for selective allied health programs, there is limited research on faculty perceptions of the interview as part of the admission criteria.

### **Purpose of the Study**

The purpose of this study was to investigate the perceptions of allied health faculty in the dental hygiene, physical therapy assistant, occupational therapy assistant, dental assisting, radiologic technology, and surgical technology programs regarding interviews as part of the selective admissions criteria.

### **Research Question**

The following research question guided this study:

How do the faculty in the selective allied health programs perceive an interview as part of the admissions process?

### **Significance of the Study**

The growing number of candidates for allied health programs and the continued quest for identification of ideal candidates increases the pressure on these programs to continually improve their selection process (Foley & Hijazi, 2013; Weege, 2009). There is a demand in the allied health professions for admission criteria that enables the admission committee to screen candidates and identify those with desirable traits such as communication skills (Collins, 2013; Weege, 2009). This study investigated how allied health faculty view the interview as part of selection admission criteria. The results of this study can be used to inform allied health program faculty members about other faculty's perceptions concerning how the interview affects



the student and future clinician; and to also change legislation and processes for the selective admissions process for allied health programs.

### **Delimitations**

Delimitations in research refers to choices the researcher can make for the study that are controlled by the researcher (Cottrell & McKenzie, 2011). For this study, the researcher will focus on the selective allied health programs of dental hygiene, physical therapy assistant, occupational therapy assistant, dental assisting, radiologic technology, and surgical technology in the Technical College System of Georgia.

### **Limitations**

Limitations in research occurs due to the lack of adequate information on certain subjects due to variables within the study (Cottrell & McKenzie, 2011). Recent changes were made to the selective admission criteria for the Technical College System of Georgia which specified all criteria must be objective. One limitation in this research study is that the systems in Georgia operate differently, therefore, the researcher only gathered information from one system. “The Technical College System of Georgia (TCSG) consists of 22 colleges offering technical education, custom business and industry training, and adult education programs” (Georgia Gov, n.d., para. 1). “The University System of Georgia (USG) is composed of 26 higher education institutions including four research universities, four comprehensive universities, nine state universities and nine state colleges” (USG, 2019, para. 2). This is considered to be a limitation because the researcher will be limited on the information gathered.

### **Assumptions**

According to Poole et al. (2007), there are common assumptions, also known as truths, existing in every research study. For this research the researcher assumes the participants will

answer all questions honestly. The researcher also assumes the participants will understand how cognitive and non-cognitive criteria are used in the admission process.

### **Operational Definitions**

For the purpose of this study, the following definitions are used:

**Cognitive:** “Of, relating to, being, or involving, conscious intellectual activity (such as thinking, reasoning, or remembering)” (Merriam-Webster, n.d., para. 1). “Cognitive skills and knowledge involve the ability to acquire factual information, often the kind of knowledge that can easily be tested. So cognition should be distinguished from social, emotional, and creative development and ability” (Merriam-Webster, n.d. a, para. 3).

**Non-cognitive:** “Not relating to or based on conscious intellectual activity” (Merriam-Webster, n.d. b, para. 1). “Non-cognitive is concerned with the act or process of knowing, perceiving, memory, judgment, and reasoning” (Dictionary, 2019, para. 1).

## CHAPTER 2

### LITERATURE REVIEW

#### **Selective Admissions**

“The process of selecting students into health professional education programs has become increasingly competitive” (Oranye, 2016, p. 1). The admission criteria used by faculty members within the allied health programs are essential to selecting the most qualified candidates who will pass their board examinations to obtain licensure and become healthcare professionals upon program graduation (Foley & Hijazi, 2013). Traditionally, allied health programs have relied heavily on pre-admission grade point average; criteria such as the admission interview was added to ensure the selection of candidates who can succeed both academically and clinically to become licensed healthcare professionals (Foley & Hijazi, 2013; Oranye, 2016; Weege, 2009). “The interview is an essential component of the selection process in most U.S. medical schools, colleges, and universities” (Edwards, Johnson, & Molidor, 1990, p. 167), however, “there is no consensus on which admission criteria are likely to predict success” (Creech, Cooper, Aplin-Kalish, Maynard, & Baker, 2018, p. 49). “The admission committees of these programs have to continuously re-examine their selection criteria and procedures to ensure that the best qualified candidates are selected” (Oranye, 2016, p. 1).

It is imperative that students who are admitted meet the demands of the programs and programs with a selective admissions process have screening factors used to identify or predict whether or not a student will be successful (Weege, 2009). Studies on the effectiveness of the admission process, specifically the interview portion, from various allied health programs have produced inconsistent results (Foley & Hijazi, 2013; Weege, 2009). Some researchers affirmed the interview allows the panel to accurately reflect on a student’s ability to be a successful

clinician and effective communicator; others have shown inconsistencies stating that while the interview assists the panel in choosing the most qualified students, the process did not provide practical value for the allied health students (Goho & Blackman, 2006; Timer & Clauson, 2011).

### **Selective Admission Processes in Allied Health Programs**

Several researchers (Ingrassia, 2016; Salvatori, 2001; Storey, 2008; Weege, 2009) discussed the need for selective processes because there are more qualified applicants applying to the allied health programs than there are program slots available. In allied health education programs, the number of applicants can far outweigh the available spaces (Ingrassia, 2016). Prior to applying to a selective allied health program, students should review the admissions process. The number of applicants each year can vary, therefore, students need to understand the criteria for admissions. Students who are not accepted into the program may have met the admissions criteria but due to the limited number of spots available they did not get in to the program. Reviewing the admissions criteria and focusing on any area needing improvement may make the student a stronger candidate when they apply again.

### **Grade Point Average**

“The use of admission grade point average (GPA) as a predictor is not without concern. The relationship between admission GPA and clinical, rather than academic, performance is less conclusive” (Timer & Clauson, 2011 p, 602). Creech’s et al. (2018) research found that undergraduate and nursing GPAs were excellent predictors of nursing students’ success prior to and during their higher education degrees. They also concluded that candidates who have a higher GPA have a greater chance for success in the program. There is evidence to suggest that the overall GPA along with the science GPA are two of the best predictors of success in allied health programs (Rudy, Singleton, Lewis, & Quick, 2017). Ingrassia (2016) concluded that the

GPA of science and math courses were better predictors of success than the over overall GPA. Although there is support for the correlation between the GPA and success in an allied health program, Edwards et al. (1990) argued that a candidate's GPA could not guarantee the student will be an effective communicator when treating patients.

### **Standardized Testing**

Along with GPA, “the use of standardized testing as an admission criterion also has been researched in allied health programs” (Ingrassia, 2016, p. 506). Many allied health programs use the standardized Test of Essential Academic Skills (TEAS). “This exam is designed specifically to assess a student's preparedness entering the health science fields” (ATI, 2019, para. 1).

Another type of entrance exam is the Health Education Systems, Inc. (HESI). “The HESI test items are critical thinking questions that are used to measure students' knowledge of nursing content and their ability to apply concepts to clinical problems” (Zweighaft, 2013, p. S10).

“When standardized preadmission examinations are used to predict early academic success, it is essential for allied health programs to establish institutional benchmarks” (Bremner, Blake, Long, & Yanosky, 2014, p. 539) Research has shown the use of standardized testing reduces some of the inconclusiveness associated with other cognitive variables (Ingrassia, 2016).

Bremner et al. (2014) stated “the TEAS score is not intended to be used as the sole criterion for admission nor non-admission decisions, but rather as one of several measures” (p. 538).

According to Creech et al. (2018), standardized tests such as the GRE can only predict up to 8% of the variance in the grade point average, therefore, will not be the best predictor for academic ability. However, several studies have indicated standard examinations such as the American College Testing (ACT), Scholastic Assessment Test (SAT), GRE, HESI and TEAS are all predictors for student's success (Rudy et al., 2017). Allied health programs need to have a set

standard for the exam scores to ensure the candidates have retained information regarding their future professions (Bremner et al., 2014; Ingrassia, 2016; Rudy et al., 2017).

### **Reference Letters**

Although they are much more subjective, letters of recommendation can serve as an endorsement from one or more individuals in a specific field (Kimple et al., 2016).

“Historically, letters of recommendation for residency have been narrative letters of recommendation. Typically, applicants submit three letters of recommendations from various mentors, chairs or faculty members with whom they have had a positive experience” (Kimple et al., 2016, p. 2). Timer and Clauson (2011) discussed that personal statements and reference letters have been shown to include motivation for the chosen field, the applicant’s philosophies of life, critical thinking skills and dealing with interpersonal conflict. Kimple et al. (2016) states “letters of recommendation serve as a unique tool to assess interpersonal skills and clinical judgment if used objectively” (p. 2).

While many authors add value to recommendation letters, they can also bring negative attention to an applicant. Nehler (2018) states “everyone writing recommendation letters has an inherent bias, in that applicants can choose to select people who will best advocate for them” (p. 267-68). He also adds that “if the applicant is a superstar in all aspects, a letter of recommendation pointing that out is a bit redundant” (Nehler, 2018, p. 268).

### **Personal Essay**

While personal essays are another form of subjective material, they can still serve as a component of selective admissions. “Personal statements may include motivation for, or prior experience in, the chosen field, methods of problem solving or dealing with interpersonal conflict, or applicants’ philosophies of life” (Timer & Clauson, 2011, p. 602). According to

Timer and Clauson (2011), the personal essay focused on motivation has been shown to be a good predictor of clinical success. Payne, Appel, Smith and Hoofnagle (2006) found that reference letters were a positive element to success in the allied health program.

## **Interviews**

“A vast array of literature shows that proper communication between the patient and the healthcare provider is essential for a successful and sustainable response to patients’ treatment” (Cubaka, Schriver, Cotton, Nyirazinyoye, & Kallestrup, 2018, p. 2). The interview for selective admissions programs is an important evaluation tool in determining how successful a student and future clinician will be when communicating with patients (Edwards et al., 1990). “The quality of the interview process (QotIP) is determined by how conducive the interview process is to gathering high-quality information from the respondent” (Perales, Baffour, and Mitrou, 2015, p. 3). According to Perales et al. (2015), “QotIP will be high when the interaction between the interviewer and interviewee is characterized by trust, mutual understanding and mutual cooperation; conversely it will be low when the opposite holds true” (p. 3). “Noncognitive variables, such as a candidate’s ability to communicate, solve problems, and think critically, is difficult to judge without the interview process” (Ingrassia, 2016, p. 507).

Conducting an interview is especially important for allied health programs in which clinical success is vital. Students, faculty, and licensed clinicians interview patients and they form impressions essential to the assessment of each patient’s condition through history-taking (Edwards et al., 1990). “Interviewing patients requires directive techniques required for optimal patient care” (Edwards et al., 1990, p. 167).

“Although interviews can be viewed as not providing additional value due to biased effects, many programs continue to encompass interviews as part of the admissions process”

(Hagerty, 2012, p. 30). Despite disagreements on the value of the use of interviews, interviews are commonly used for the selection process into allied health programs (Hagerty, 2012). According to Goho and Blackman, (2006) 46% to 95% of allied health programs used the interview as part of their admission criteria. Researchers in favor of using interviews state that interviews allow for the observation of candidate's interpersonal skills such as empathy and motivation. "The use of the interview method has presented issues and concerns among students and faculty" (Hagerty, 2012, p. 32). One concern has been that the interviewers may have inherent biases which could influence the selection of a candidate (Esen et al., 2006; Hagerty, 2012). Interviews can be time consuming which could be another concern (Esen et al., 2006).

Although some researchers have concerns about the interview portion, they have been found to be one of the most widely used methods in allied health programs to assess personality traits of future candidates (Esen et al., 2006). Authors have indicated education and interpersonal skills assessments in interviews are an integral part of allied health education, and interpersonal skills should be mastered prior to earning licensures and credentials (Basco, Lancaster, Gilbert, Carey, & Blue, 2008). The interview can allow both the interviewer and interviewee to determine whether or not the student will be a cohesive fit for the competitive program.

### **Relationship of Interviews to Clinical Success**

"One fundamental component of the selection process among most medical schools, colleges, and universities in the U.S. is the interview process. A survey by Puryear and Lewis revealed that 99% of all U.S. medical schools use the interview in their admission processes" (Edwards et al., 1990, p. 167). "The interview serves four major purposes: information gathering, decision making, verification, and recruitment" (Edwards et al., 1990, p. 168). The



interview can be categorized as one-on-one, group, board or panel, and combination (Edwards et al., 1990; Goho & Blackman, 2006; Timer & Clausen, 2011). “Admissions to health professions training programs are high stake decisions. The panel or board interview is commonly used to aid this decision” (Pau et al., 2013, p. 1027). Healthcare professionals use both noncognitive and cognitive skills; the interview can assist the panel in assessing the noncognitive or soft skills of future students. Noonan, Sedlacek, and Suthakaran (2005) suggested relying solely on GPA could warrant a variety of problems resulting from potential grade inflation. The grade point average does not measure noncognitive skills, however, there are overwhelming results that show these skills can be assessed by an interview and also be an incomparable predictor of both academic performance and clinical success (Creech et al., 2018; Ingrassia, 2016; Pau et al., 2013; Timer & Clauson, 2011). “At one time, admission interviews were almost consistently ranked as the most important tool of all selection criteria, particularly in medicine” (Timer & Clauson, 2011, p. 602).

Multiple-mini interviews (MMI) are being employed in nursing, midwifery, and allied health professional students’ admissions processes internationally having first been conceived in a medical student selection context. In an MMI, applicants are required to respond to scenarios at a series of stations in a timed circuit. Each scenario is designed to assess pre-defined values and or attributes, referred to as domains (Callwood et al., 2018, p. 57).

“The MMI format is based on the Objective Structured Clinical Examination (OSCE)” (Burgess, Roberts, Sureshkumar, & Mossman, 2018, p. 2). As an assessment methodology for healthcare student selection, MMI models vary significantly between universities from length of time at each station to numbers of stations and number of interviewers” (Callwood et al., 2018, p.

57). According to Pau et al. (2013), the multiple-mini interviews (MMI) performance test is capable of testing non-cognitive attributes, such as professionalism and communication skills. Ochs and Adams (2008) concluded that the use of GPA in selective admissions processes is the best predictor for student success; however, they also suggested that the interview could add great worth if used correctly. Timer and Clauson (2011) suggested the interview can be used objectively but the process to use this method is timely. Interviewers and interviewees must not have contact or affiliation prior to the interview; this is difficult because interviewers may serve as student advisors (Timer & Clauson, 2011). “The MMI process permitted applicants to provide additional information, thereby giving them an opportunity to demonstrate their ability” (Ingrassia, 2016, p. 508).

Another type of interview is the behavioral interview. “The behavioral interview offers opportunities for candidates to ask questions specific to individual programs, the ability to assess an applicant’s verbal and/or social skills, and assessment of the applicant’s knowledge of the profession” (Jones & Forister, 2011, p. 37). “Although the behavioral interview format resulted in more applicants with perfect scores, the results were more proportional in the MMI format” (Ingrassia, 2016, p. 508). Ingrassia (2016) concluded the MMI was a reliable process for predicting students’ noncognitive traits and success. Several researchers showed there was a direct relationship between the allied health programs admission interviews and clinical performance (Creech et al., 2018; Ingrassia, 2016; & Noonan et al., 2005). Foley and Hijazi (2013), also concluded that multiple-mini interviews can assist with assessing the interviewees abilities such as communication skills, commitment, experience, core qualities, previous work history and manual dexterity. Edwards et al. (1990) stated that interviews fall into four categories ranging from one-on-one consisting of one interviewer and several candidates to a

board or panel interview consisting of several interviewers and one candidate. According to Edwards et al. (1990), 74% of U.S. medical schools use the one-on-one interview. The Association of American Medical Colleges (2019) statistics show 77% of medical colleges use the one-on-one or group interview.

### **Non-cognitive Traits for Allied Health Professionals**

Hagerty (2012) argues that “to provide a comprehensive assessment of applicants, admission committees should consider cognitive and noncognitive skills” (p. 30). Cognitive skills that need to be assessed are GPA, core completion and aptitude test scores. Measures used to assess noncognitive skills are panel or face-to-face interviews and personality assessment tools. “The use of cognitive skills is very well advanced; however, the common noncognitive traits and measures to assess the noncognitive skills of students in allied health programs are lacking” (Hagerty, 2012, p. 30).

“With emphasis of an interdisciplinary health workforce, there has been a shift for medical schools and allied health programs to identify admission criteria that predicts clinical performance” (Hagerty, 2012, p. 24). Researchers agree assessments of both cognitive and noncognitive characteristics are essential for the admissions process (Joyner et al., 2007; Storey, 2008; Weege, 2009). “Interviews have been instituted by many health science programs to assess noncognitive factors in an attempt to identify applicants who understand the commitment they are making and the kind of life changes that will be necessary and who have personal characteristics that are essential to success in clinical rotations and in the profession” (Rosenberg et al., 2007, p. 414). Empathy and self-awareness are characteristics indicative of emotional intelligence and could also be assessed through the interview (Eva et al., 2012; Rosenberg et al., 2007; Weege, 2009).

Interviews were mentioned as being the most frequently used assessment of noncognitive behaviors (Edwards et al., 1990; Goho & Blackman, 2006; Joyner et al., 2007; Weege, 2009). According to Collins (2013), “the interview is a highly used selection component for higher education as well as employment” (p 29). Joyner et al. (2007) debated the interview is more important for admissions than the Pharmacy College Admissions Test and GPA. Joyner et al. (2007), stated “admissions interviews are now an accreditation requirement for colleges and schools of pharmacy” (para. 22).

### **Summary**

There is a need for a process to select the most qualified candidates because there are more qualified applicants applying to the allied health programs than there are program slots available (Ingrassia, 2016; Salvatori, 2001; Storey, 2008; Weege, 2009). Each year the educators within allied health programs are under scrutiny to accept the most qualified students into their programs. Factors of selection include grade point average, standardized testing, reference letters, observation hours, personal essays and the use of interviews. Along with these factors, some educators may also have the applicants go through an interview. The interview provides the interviewers with an opportunity to scale non-cognitive traits and characteristics such as empathy, compassion, critical thinking skills, maturity, and self-awareness. While cognitive skills are important, relying solely on these skills removes the ability for educators to know whether or not the student will be successful clinically. The various authors cited in this literature review had varying opinions on the best method is for program admissions and most agreed there should be further research completed in this area (Bremner et al., 2014; Callwood et al., 2018; Creech et al., 2018; Humphrey et al., 2008; Ingrassia, 2016; Kimple et al., 2016; Noonan et al., 2005; Pau et al., 2013; Timer & Clauson, 2011; Weege, 2009).

CHAPTER 3  
METHODOLOGY

**Overview**

Ultimately, it is the duty of the admission committee to recognize the most qualified applicants for their allied health program (Kay, Bennett, Allison, & Coombes, 2010).

According to Kay et al., (2010), traditionally, standardized exam scores and the cumulative grade point average (GPA) of prerequisite courses, along with other examples of achievement such as core courses completed and the admission interview results served as acceptable elements of criteria for the admission criteria. It is crucial for allied health programs to produce students who can pass their board examinations, obtain licensure, and be competent professionals (Kay et al., 2010; Foley & Hijazi, 2013). Those working in allied health programs must ascertain the admission criteria that best recognizes students who will successfully become licensed allied health professionals (Weege, 2009).

The institutions within the USG system are accredited by Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and the allied health programs also have accrediting bodies (USG, 2018). For example, the dental hygiene programs are accredited by Commission on Dental Accreditation (CODA) (ADA, 2018). According to the ADA (2018),

Accreditation is the ultimate source of consumer protection for prospective students. It is often a prerequisite for governmental funding. Graduation from an accredited program is almost always stipulated by state law and is an eligibility requirement for licensure and/or certification examinations. In short, accreditation of a school or program is a student's most important source of independent validation that the program has at least enough educational value to be "approved" by a credible (expertise-based), independent (free of

outside influence), reliable (consistently applied standards) organization that has the U.S. Department of Education's approval (para. 1).

The purpose of this qualitative study was to investigate allied health faculty perceptions of the interview as part of the selective admissions criteria. This study contributes to the body of knowledge pertaining to the relationship between selective admission criteria and student success in the program (Alzahrani, Thomson, Bauman, & Shuman, 2007; Kay et al., 2010; Weege, 2009).

### **Population**

The population for this study consisted of allied health faculty within the Technical College System of Georgia (TCSG). The TCSG comprises 22 colleges and many of these institutions have accredited allied health programs (TCSG, 2018). Within the 22 colleges, there are 57 accredited allied health programs (TCSG, 2018). The allied health programs included dental hygiene, physical therapy assistant, occupational therapy assistant, dental assisting, radiologic technology, and surgical technology.

### **Research Design**

The primary goal of qualitative research is to acquire participants' perceptions and meanings in their own words (Ruona, 2005). This was a qualitative study using interviews with 15 program directors and faculty within the TCSG. Depending on the location of the faculty member, the interview was either completed face-to-face or by phone. Given the nature of the qualitative research, the researcher made efforts to limit biased questions. The study focused on the admission criteria, specifically the interview portion, as part of selective admissions process.

### **Research Question**

The following research question guided this study:

How do the faculty in the selective allied health programs perceive an interview as part of the admissions process?

### **Pilot Study**

I developed seven open-ended questions [Appendix A] to address perceptions of the selective admissions process, specifically the use of interviews. I used these questions in the pilot study with the dean of allied health at Lanier Technical College as a pilot study. Prior to beginning, I completed the cover letter, consent form and a draft of interview questions. I then reached out to the participant assisting me to set-up a day and time for the pilot study. We began the pilot study by reviewing the cover letter and informed consent. Then I conducted the interview which consisted of seven questions and was recorded to mimic how the actual research study would be completed. The pilot interviewee suggested that I change the wording of some of the questions to avoid redundancy. I reviewed the changes [Appendix B] with my committee prior to beginning the study.

### **Informed Consent Considerations**

Research should, as closely as possible, be based on the participant's freely volunteered informed consent (Corti, Day, & Backhouse, 2000). "The informed consent process for clinical research requires good communication of study risks and benefits by the consent administrator so that potential research participants can decide whether or not to participate" (Nusbaum et al., 2017, p. 1). The informed consent for this project was obtained prior to completing the research [Appendix C]. Each participant was provided the informed consent through email. I contacted each participant by phone two to three days after the email was sent to verify they understood the informed consent and to ask if they had any questions. I asked the participants to complete all signatures on the informed consent, scan it, and email it back to me.

### **Data Collection Procedures**

After obtaining Institutional Review Board (IRB) approval, I emailed the cover letter and consent form to potential participants and gave them two weeks to respond with an agreement for participation. Once the informed consent was returned to me, I began setting up days and times for the interviews to occur through email. Then I conducted 15 interviews with faculty and directors employed by the TCSG. Eight of the interviews were over the phone and seven were face-to-face. I recorded each of the interviews on my cell phone and then transferred them to OneDrive. The recordings were transcribed through an online resource called Temi.com. I saved each of the transcriptions on OneDrive as well. In addition, I used an excel spreadsheet to keep the participant's name, program, college, and pseudonym organized.

### **Data Analysis Procedures**

Data analysis is used to examine patterns, themes, or meanings related to what the researcher has reported (Ruona, 2005). The purpose of this is to “actively engage the data, begin your analysis, and record your insights about what you see in the data” (Ruona, 2005, p. 256). The goal of qualitative analysis is to create meaning by relating how themes and ideas are connected to one another and to ideas obtained from literature and previous research (Ruona, 2005). I analyzed the transcripts for common themes by taking each question and breaking down the answers to find commonalities.

### **Summary**

In this chapter, I presented the methodology for this qualitative purposive sample study to investigate allied health faculty perceptions of the interview as part of selective admissions criteria.



## CHAPTER 4

### RESULTS

#### **Data Collection**

The purpose of this study was to investigate the perceptions of allied health faculty in the dental hygiene, dental assisting, physical therapy assistant, occupational therapy assistant, radiography technologist, and surgical technology programs of interviews as part of the selective admissions criteria. Many allied health programs have selective admission processes, yet they are not allowed by administration and the Technical College System of Georgia (TCSG) to use the interview or any other subjective criteria to assess non-cognitive skills. Information collected for this study was completed through one-on-one individual interviews with 15 allied health faculty members from TCSG. Two of the participants were male and thirteen were female. Their experience with working in a selective admissions program ranged from less than one year to 19 years. Each of the participants was currently working in an allied health program with selective admissions.

I recruited the participants through email. In the email, I explained my research study and the time commitment. I explained the interviews would be audio recorded and that any identifier such as the interviewee, allied health programs, or college would not be used in the thesis.

Once I received confirmation that a faculty member was willing to participate, I scheduled the interview. Prior to beginning the interview, I provided the participant with the informed consent and then reviewed the procedure for the interview. I reminded each participant that the interview would be audio-recorded and the recording would be saved to ETSU OneDrive.

After each of the interviews, I uploaded them to Temi.com for transcription. Temi.com is an automatic transcription service. It relies on automatic speech recognition to process audio files. When I received the transcription, I compared each interview with its transcription to ensure the transcripts were verbatim.

### **Findings**

The main focus of this study was to answer the research question: How do faculty in the selective allied health programs perceive an interview as part of the admissions process? In addition to answering the research question, I also asked the participants questions about the criteria used in their programs, their experience with and opinion of selective admissions and the interview and whether or not it is a predictor of student success both didactically and clinically, and if they had any further comments concerning the selective admissions process, or specifically the use of interviews.

#### **Criteria used for Selective Admissions**

The faculty interviewed for this study require a variety of criteria for selective admissions into their programs. One area of consistency was that each of the faculty members discussed how TCSG removed all subjective criteria from the admissions process. These participants discussed both their past and current criteria. Harriett commented that “in the past my program was allowed to use the interview process and GPA from selected pre-requisite courses.” Currently, her program can no longer use the interview but she did state that she “uses the GPA from certain pre-requisite courses and also turning the application in on time.” Don said “Of course in the past we were able to use interviews but not anymore. So now it is strictly GPA for pre-requisite classes and the TEAS test score.” Ellen discussed how

initially when I started teaching in [year] we were allowed to interview. We also did a science-based GPA, and we had to have a letter or paper from them saying why they wanted to be a [profession]. Then things changed a bit. Now we are no longer allowed to do anything except have them fill out their personal data sheet and have them transfer grades. We go by GPA only and then half is the Accuplacer score and the English incentive structure.

Diana said that “in the past we used interviews, overall GPA, science GPA, letters of recommendation, and a personal essay. Now that we can only use objective material, we use the science course GPA, TEAS exam, certifications, or employment in a [allied health] office.” Fran said, “Previously, my program could use interviews, GPA, and experience within the field.” The program she currently works in only uses “science GPA and certifications.” Jane said, “Up until three years ago we had an interview with the student. We had to drop that a couple years ago. So now we go by the cumulative GPA for the subjects under our program and they take the TEAS exam.”

Eight of the participants only discussed the selective admissions criteria their programs currently use and did not mention previous requirements. Lena said her program uses “the GPA of only certain classes and the PSB-HOAE (health occupation aptitude exam) exam.” Gwyneth said her program uses “GPA of anatomy and physiology, English, math, and psychology courses, an entrance exam, and must have a 3.0 GPA.” Glenn discussed how

the criteria that we currently have is purely of objective nature. We have different categories based on grade point average. We take the grade point average and we break it down between the science classes that’s required as core classes, which is 20 credit hours. And the remaining 18 credit hours with the non-science core is factored in

separately at a lower percentage. We also require the TEAS test as a balancing act for those students that have taken potentially easier teachers to improve their GPA. Then we also factor in the process for following directions if they submit an incomplete application or do not follow rules for the application. We allow extra credit for certifications of either state or federally approved programs.

Darma stated, “Our program uses the GPA for pre-requisite courses at 60% and the TEAS exam at 40%.” Martha said her “program criteria had to deal with GPA predominantly and the TEAS exam.” Halle mentioned requirements for two programs because she has worked in both. In the first program they “only look[ed] at the GPA for the six pre-requisite courses.” For the second program, “we follow a rubric but they get points based on their GPA, and their science score and then they get points if they are certified [in a similar profession].” Stevie said, “The criteria that we are using now is mainly GPA, completion of core classes, and shadowing hours.” Jenny said, “It’s going to primarily be their grades in four of their core classes and we are also going to look at their total GPA.”

Anita was unable to answer this question because “that is more of the director than the clinical coordinator but we did have a meeting recently that I had to get involved because we needed a tie breaker.”

### **Experiences with Selective Admissions Criteria**

The participants’ experience in selective admissions ranged from having a lack of experience to having a significant amount of experience with selective admissions. Some of the faculty interviewed had limited experience with the interview whereas other faculty had several years of experience interviewing applicants. The reasoning for the range in experience with selective admissions and the interview was due to the years of being in education. The

participants experience in education and the selective admissions process ranged from one to 19 years. Anita stated, “Well, like I just kind of said, the clinical coordinator does not get involved with admissions unless there is a need for a tie breaker for the number of students we are accepting. When this occurs, it is a big thing for our program to do.” Fran’s experience was limited in her current program because the program director and committee make all of the decisions concerning the admissions process. Stevie said, “I haven’t had a lot of experience in my working life with it because it [subjective material] was taken away from TCSG about the time I started full-time.” Jenny’s experience was limited because “this will be our first class with selective admissions.” Lena stated that “her experience has been somewhat positive with GPA but it does lack when it comes to hands on skills.”

Many of the faculty mentioned both their previous and current experiences with selective admissions. They suggested the importance of soft skills and professionalism for the applicants and how these skills need to be graded prior to admittance. Harriett stated, “We occasionally have some problems with professionalism and written communication yet, up until the interviews were removed there were little issues with soft skills on a professional scale.” Halle said, “When I initially started working in the program, we were allowed to also have applicant’s complete [program] and then have them answer essay questions. Now we are not allowed to use those things. So it has changed as far as the applicants we get into the program.” Jane stated, “I believe that when we were able to interview students we had a much higher caliber student and now that we just go by the GPA and score on the TEAS, we have had more students not complete the program.”

Although the majority of the faculty members interviewed agreed that the interview is an integral portion of the selective admissions process, there were some who understood why

interviews were removed. Darma explained that “interviews were used in the past and I have found little to no benefit of them. People can fake empathy and work ethic for twenty minutes and those are the major components of what we do in the allied health profession.” Gwyneth said, “They [interviews] have their place but have to be done correctly and fairly.” She also discussed how “people can really be great with books but those interpersonal skills or soft skills, they’re lacking on. They don’t have that emotional aspect or the humanistic kind of thing.”

Other participants discussed the importance of interviews for student retention.

Diana said, “We have very good students academically who have struggled with the technical part or soft skills of the program.” Ellen said

I understand the meaning of how they want to get objective about their applicants so there’s no prejudice but that I also see it as a really being detriment to not be able to speak with people and observe behavior in an interview, and have some kind of bearing on whether or not this is a student we can evaluate to be successful in the outcome of the program.

Don, Glenn, and Martha had participated with and without interviews and discussed the importance of selective admissions processes. Don said, “You know it’s good to screen students as well as we can at least academically now. It used to be with an interview but now academically so we get some pretty sharp students. It helps to make a committed selection because they really feel like they have done something and are more committed.” Glenn explained that “in the past we have used interviews as part of the process. We no longer do because that was determined to be subjective. My experience with selective admissions is I have participated with interviews. I have performed the math involved for selecting the applicants and the entire process all the way through.” Martha said, “In the technical school system there is not

much capability because of money. I also think interviews are extremely valuable if there is a rubric that allows them to be scored. I can't do interviews and that becomes a limitation in regards to the soft skills that are required of a student."

### **Opinions Concerning Various Portions of Selective Admissions Criteria**

When I asked the participants their opinion of the various portions of the selective admissions criteria and process, there was a variety of answers. Some of the participants did not elaborate or they avoided answering the question. Anita said, "We are concerned with being a health science program that more credit should be given to those that have experience in the field." Lena added that "the process is lengthy because you have to get the GPA of all applicants to add with their PSB-HOAE (health occupation aptitude exam) score. So it does take two to three days to collect all of their information." Jenny said "I haven't spent a lot of time looking at everyone else's criteria but I know there are a lot of restrictions."

Soft skills, interviews, and performance in clinicals were discussed by many of the participants. Harriett noted how

GPA and the completion of paperwork gives you some academic predictions of outcome but really nothing about soft skills or interaction with prospective patients or teamwork. In healthcare, teamwork is a large part of what we do. I have found that admissions exams really do not give a valid predictor of success in the program or ability to pass a national board exam. Having GPA gives us an idea of how they've done with traditional instruction but no idea on how they may perform clinically. Programs use clinical reasoning and critical thinking skills. We don't just think outside the box, we have to throw the box away and know there are no black and white answers. My faculty and

advisory committee agree that we all miss the interview because that gave us a feel for the prospective students before they came into the program.

Don said, “You can have somebody that is an excellent student academically but they’re just not cut out to do [this program]. They need to understand what they are getting into with the hands on, blood, lifting and yelling. The good, the bad and the ugly. So it is good to have the interview factor.” Glenn agreed, saying,

My opinion is very, very strong. I believe we should be able to do interviews. We are not allowed currently to require interviews or require observation hours prior to coming into the program. I believe it is a valuable part of the admissions to determine the most qualified applicants for us to evaluate more than them being able to pass a test. I believe that you have to look into the personality and the ability of the person to interact with a committee in a professional manner and when that portion is taken away, all we are getting are strong qualified applicants to pass a test. But we do not know how they are going to be able to interact with their patients down the road.

Martha said, “One concern is that with not having interviews there is no way to assess someone’s soft skills prior to coming into school and then you have students apply and try to complete programs they know nothing about.” Halle said, “I feel like we are going off people’s GPA which can be good thing for the classroom but not necessarily for clinic. We are looking at their GPA but we have no idea really how they’ll communicate with patients or how their hands-on skills would be.” Stevie said “I personally feel like it is a good process. The interview is the most human part of the process. It gives you a chance to compare people, not just on paper but as a person. You are able to see them interact with other people.” Gwyneth discussed how “you can have people that are very, very book smart but you’re in the healthcare field so you have to



have those soft skills. You have to be able to know how to communicate with people and to react in an appropriate manner with people. You can't get that by a test score or see how that person reacts to other people." Fran said "I think GPA and exams show a student who can be successful academically but I don't think it screens the student that will be successful clinically."

Three of the participants discussed extra credit and how they add points to the applicant's application for other licensures. Glenn explained that "we can give extra credit for [profession specific] certifications." Diana mentioned "students who come more prepared by working in a dental office will have an idea of what an office is like and if they have a CDA, it tells me that they have put in the time and work to have a good foundation." Halle said "We tried to implement for the [my program] that they had to first go through the [program] hoping that would help them in the program but there are so many other things taken away that we pretty much only have GPA to go off of."

Two of the participants were concerned with the rigor of the programs and those applicants who apply for a selective admissions program after taking courses over numerous times. Ellen indicated that "one of the biggest things that concerns me is the students that have these fantastic GPAs but they're only taking one class a semester and they get in here and they crash and burn." Diana said, "I think the heaviest weight goes to their science GPA. The grid that I've made comes out to 60% of their score because we rarely lose a student to academics. I believe we have only lost one student in the last three to four years due to academics. I think it helps to not bring in people who can't take the rigor of the program."

Jane's opinion was more focused on GPA and the TEAS exam. She said "I think we should look at a cumulative GPA. I don't mind the TEAS test, I'm just not sure it's the best test out there to get a well-rounded score. I've had students with a lower GPA and score off the

charts on the TEAS and vice versa.” Darma also mentioned the TEAS exam and stated, “The TEAS exam is a good gauge to see if the student is going to do well on standardized testing, or if they are going to have trouble.”

### **Should the Interview be Included?**

The participants discussed whether or not the interviews should be included in the selective admissions process thoroughly. Diana, Gwyneth, Don, Jane, Martha, Lena, Ellen, Harriett, Stevie, Jenny, Halle, Glenn and Fran all discussed the importance of the interview and how it should be used as part of the selective admissions criteria and process. Harriett went on to say,

My personal feeling and my professional feeling is that they should be included. It was not our choice for them to be removed, it was a state decision with TCSG. What we were told, the reason why was because one program somewhere in the state that used the interview process was being sued and lost the lawsuit because of the interview process.

We used a diverse cultural and ethnic panel from outside our program.

Don said, “It is good to have because attrition goes way up.” Martha stated “I believe interviews are predictors in regards to soft skills and those soft skills become extremely valuable in a clinical setting.” Jane thought “the interview should be included because the way a student presents themselves and how they can speak, shows professionalism versus someone who is not polished. I think it’s very important and I’m sad that we are not able to do them anymore.” Lena also preferred an interview.

I would love for us to do an interview process. I do believe you could get more perspective of how a student would perform in the lab or clinical setting. It would also help with work ethics. That’s really the only way we know how to judge a person. The

PSB-HOAE does have a section that somewhat tells us how a student would work in a clinical setting but it's still so hard to tell anything about a person's work ethic or how they would perform in a clinical setting.

Gwyneth agreed but also expressed some concerns.

I do think they should be included but you have to be careful and you have to make it fair and equitable and the same questions have to be asked across the board to every student.

There has to be a way to gauge reactions and responses like in a rubric to make it fair. I know that is a reason that they were done away with is because people were worried about being less subjective. I think there is a way that you could interview potential students and as long as you're asking the same questions across the board to score their answers with a definitively.

Fran said, "I think the interview process is very important and yes, it should be included in the selection process. It helps to choose the student that has a passion and that is driven. They may have great grades but you don't know their background. They may jump from program to program and still not know what they want to do. So I think the interview is very important.

Ellen mentioned that "it is helpful. I don't think it should be a very large percentage of it but I think the bottom line is, we want people to enter the program that will be successful. It is not just about the GPA; it is about the whole person." Glenn said,

I believe that even though we are no longer allowed to do interviews, that it is a very important process that should be part of every program. One thing that we do since we're not allowed to do interviews to determine admissions into the program, after we admit the 15 students into our program, we still interview them. They've already been accepted and then we interview. A lot of people would say that's a waste of time but I do not

because it gives us the opportunity to get to know the people coming into our program better and even though we can't interview the applicants, we're not going to take the applicants ability to interview us because an interview is a two-way process. Putting the applicants in front of a panel will be their only opportunity to practice this and also lets us get to know them better. It lets them interview us to see if we are the right program for them because they're sharing of information that occurs and the interview process is not there to show favoritism. The interview process should be there to help us identify the student who was qualified but who may not be best qualified on paper to come into the program. We're trying to interview to identify the student that has dynamic quality that we recognize as already being professionals in the [field]. The type of applicant that will come in and might not make straight A's throughout the program, but is the type of person with a dynamic personality that we know you can build a practice around.

Stevie concurred, stating

I personally do feel like they should be included. I was a student in the program that had competitive admission interviews as part of the process to get in and it was in no way demeaning to me. I honestly felt honored to participate. Was I nervous, yes, but it gave me insight into the program. On the instructor side, it gives us a chance to compare the candidates in a way that's not just on paper and to see their strengths. It gives you a better way to weed out so you get the best people for the profession with the attitudes and behaviors, type of empathy and compassion. You can't judge that on paper. You get a better picture of who they are face to face and learn what their goal is.

Diana explained her experience with rating interviews.

I have found the interview process to be very beneficial. We had a ranking sheet and asked questions and ranked their answers on a scale from one to ten. Then the interview as a whole got a score. You find out if people are listening to the questions you are asking them and how much support they have. There is so much more material you can find out in the interview that is not listed in the four criteria. Our interview process was objective because of the ranking sheet, but that is no longer used. It's not just about their grades, they have got to be able to deal with patients, have compassion and be ethically sound. I had a student with a 4.0 GPA from a prestigious state college who during the interview process she stated something along the lines of I'm obviously very smart so I should be here. The student felt entitled and I wondered if the student was teachable because of her arrogance. I feel it is a disadvantage to not have an interview process. We have lost a full half of the class due to interviews being removed; six unable to get the skills, one to academics, and one for personal reasons. Last year a student left due to competency whom also stated she did not want the help and now she has gotten back into the program again due to her grades. And my hands are tied.

Jenny and Halle discussed how they believe the interview is an important component of the selective admissions process and compared that process to interviewing for a job. Jenny stated,

I would like to see an interview process used for some of the programs. I think it is beneficial for allied health programs. We would never hire a faculty member and not have an interview for them. There are a lot of things you can gain through the interview process that you are not going to get from just their GPA. And I think we need to trust the faculty and know that we've hired quality educators and that they're going to do a fair job

in the interview process. I believe the interview process is a good way to determine whether or not the students have soft skills they need to be successful as an allied health professional.

Halle also noted that she could see both sides though.

I get both sides. I feel like some colleges could use the interview process to weed out people they don't like on a personal basis but then I also think that when you interview someone you get to see how they respond to and treat others. That would help on the patient side of things or accepting someone who is ethical. You could ask questions that are geared toward ethics or what they saw as their personal experience or how much experience they have in the [profession]. There are a lot of things that come from the interview process that I feel like we've lost. I do get that they removed them for a reason because it was being abused. So I see both sides. Still in the end, I wish we had the interview process to help in the selection process.

Although most of the participants agreed that the interview should be included in the selective admissions criteria and process, there were two participants with a different opinion. Anita stated, "According to the new standards they are biased. I do believe there are advantages but according to new criteria it is more unbiased to not have an interview." Darma said "I think anybody can fake it for twenty minutes in an interview and that is not necessarily a key indicator as to whether it is a student or perspective student would perform well in the field."

### **Predictor of Student Success**

Although the fifteen participants interviewed no longer interview as part of their selective admission process, each of them discussed the importance of interviewing and whether they believe it is a predictor of both didactic and clinical courses. Glenn, Lena, Halle, and Jane all

stated they believed the interview is a predictor of both didactic and clinical courses. Glenn argued that

if you are not well educated didactically, then you may not be able to carry that forward clinically. The interview is a very good indicator when looking at someone's ability to be a social person and to communicate with patients and to educate their patients. We need students who can pass a test, use their hands and be able to interact with their patients. They have to be able to put them at ease to facilitate comfort, to educate them because no matter how good they can do their job, it really doesn't matter unless they can teach the patient about their home care.

Lena stated, "I do believe that it would help with student success because we would know how a student would be able to work as far as work ethic and we would know a little more about how they could perform in a lab where students with a higher GPA may struggle." Halle mentioned that

didactically you can see a little of their comprehension or how they articulate the questions. As far as clinically, I don't know that it gives a whole lot on their skills but it definitely gives you a little insight on how they'll handle a patient, and communicate with patients, coworkers, or a boss. As an employee you are going to have to go through an interview process and you're going to have to perfect those skills to be hire and be competitive when you're going out looking for a job.

Jane added her comments about completion rates dropping since eliminating the interview.

Well we don't get to do it but from the past I can tell you that when we did interviews we graduated all of the students because we [faculty within the program] were good predictors of how their outcome was going to be. Now that we can't do it, we are seeing

our completion rates dropping and actual student performance in class is dropping and in lab because having a high GPA and high TEAS exam does not predict that you are going to be able to work in a stressful environment.

While four of the participants agreed that the interview was a good predictor for didactic and clinical courses, eight of them, Anita, Harriett, Don, Martha, Stevie, Jenny, Diana and Fran, either did not give an answer or said no to the didactic portion but did agree the interview is a good predictor. During the interview Anita said, "I do not believe that the interview process has an outcome on the didactic but I think in the clinical aspect it probably may have a little advantage because you have people that are more health oriented and that kind of comes out in an interview." Harriett said "it really helped give us an idea about how the student would be able to communicate and how they were able to make decisions and work with others. That's something you can't see from a GPA. After we had to suspend interviews, the next few cohorts were a little rocky with both work ethics and the field of work performance evaluation. Don explained that he believes

...this is an area of debate. Some people may say they make no difference while others are very adamant it makes a difference. It's not fool proof because there are some people who can interview really well and then once they're in the program we are like whoa what have we done. So it's not perfect but I think it's an added tool that's good to have when you're allowed to use it. So I think overall it is a good thing.

Martha said, "It is a good predictor in regards to soft skills and those skills become extremely valuable in clinicals. Didactically you can get away with not having the best soft skills to some extent or at least until you get into more clinical courses and you have practical lab exams and



your grade is dependent on how you interact with others.” Stevie discussed how she thinks the interview may or may not be beneficial

clinically, that’s hard to say until you get them working in the clinic. I do think you can see predictability, empathy, compassion, desire to help people, desire for a career in healthcare versus just a career they looked up and thought oh, I can make a lot of money. It is lucrative at times but I feel like you need to be in it for reasons other than money. They need to understand people and caring for them. You can pick up on those things in an interview but not on paper.

Jenny said, “If I were to use it, I know that one of the biggest struggles for our student’s is their soft skills and I know we’ve had complaints from offices in that the students are not talking to the patients. We’ve had complaints from offices that they can’t communicate well with their patients. So I know this is a problem.” Diana explained her views of the interview as a predictor of clinical success saying,

I thought it was a good predictor more so for clinic rather than class material. In the interview you get a sense of their determination, work ethic and openness to constructive criticism. In the ranking process of the application, if a student takes a science course multiple times to get a better grade, I rank them differently than a student who took it once. My admissions office allows me to average the points for the duplicated classes. Someone who has a great GPA, who has taken one class at a time can struggle because they are not used to five classes at a time.

Fran stated,

I think it is a good predictor. Many times when interviewing students, they may not be the top didactically but they wanted this so bad that they may have been an average

student prior in other classes because of possibly being immature and doesn't really care but they change completely when in the program. They have close contact with such a small group so they are motivated to get better grades and they're able to do it and still learn what they need but sometimes are better clinically.

The remaining three participants either stated the interview may assist in the didactic and clinical courses or that did not see any benefit to using the interview as part of the selective admissions criteria. Ellen said that she

thinks it affects both somewhat in that attitude is everything. What we found, there is a different kind of student today and an entitlement attitude. It is very challenging for academia, and I understand the paradigm shifted and we need to have more ways to communicate. I don't think that necessarily means people know how to communicate because everything is digital. A lot of people are getting to the age where they want to come into a program like this, they're good computer and digitally wise communicating with each other, but when it comes to interpersonal communication, I think there is a lot to learn.

Gwyneth said, "We do not use it, so I wouldn't be able to answer that one." Darma stated, "We did use it in the past and I've found it really does not make a difference. We've had students who interviewed well and floundered clinically and didactically. So I don't know that it's a significant indicator."

#### **Further Comments about Selective Admissions and the Use of Interviews**

Anita, Darma, Halle and Jenny did not have further comments concerning selective admissions or the use of interviews. Some participants began their answer with no but then added comments to their response. Lena stated, "No, but I would like to know if y'all perform

interviews, how you went around talking to your dean about it and if you decide to go in that area you can give me feedback.” Ellen also said she didn’t have further comments but then went on to explain,

I’ve had comments made by certain ethnic groups, that they are very upset that most of the applicants that are successful are of a certain race and there should be a broader spectrum of different cultures represented. The bottom line is the people that have the GPA’s get in. Sometimes I think you can tell from talking to someone that they may have different circumstances they are trying to overcome and might be a very good candidate given the opportunity to enter the program. It is not just about GPA, it is about their enthusiasm and their ability to work hard.

The remaining participants went into more detail about their thoughts on selective admissions. Harriett would love to go back to using the interview

because I think it did give us a good feel for those very important soft skills and it helped us to get to know the prospective students before they were actually accepted into the cohort. I do believe if interviews were going to be used they need to be standardized with standard questions and there should be a scoring rubric. Keep out all biases to keep a neutral interview panel. I am glad somebody is looking at this and doing a research project on it and would love to be able to see the results.

Don lamented that

it took the state like 30 years to initially put the procedure in place and only recently told people they couldn’t do it but it’d be nice if they could have some type of state mandated criteria to go by so that we could start doing it again. I think it is an important part of the process as a screening tool. It’s for the student’s sake as well as everybody else. Some

people just aren't cut out to do [this program]. It can prevent people from getting into a program and taking someone else's spot that would have thrived.

Fran said, "I understand the reason schools are unsure about using it because it can be a liability for students saying discrimination but it's very, very important in selecting a successful student."

Jane stated "I question the attorney and what's the motivation behind the attorney because there are other technical schools that have the interview process still that I know of. So I don't understand why we can't." Gwyneth wanted to see a combination of interviewing and didactic scoring.

I would love to know if someone can come up with one that would be great, that could be used across the board, have a combination of interview and the scoring from didactic courses before getting into the program. You want student success, the best way to measure that success is to incorporate both and to judge and score both. I think you will get a more well-rounded, more successful student because they'll be able to think outside the box. You can give me a strong C student and I'm fine with that C student that can make a patient comfortable, do what needs to be done and act professional.

Diana stated that

the Regent schools are still requiring an interview, however, TCSG is not allowing us to do it. It's an interesting observation and I hope it goes back eventually to where we can. They are afraid of bias and that it won't be fair. If we can prove that it's beneficial to our retention and graduation rates and to producing really good, ethical professionals, maybe they'll let us bring it back if we can come up with something to make it objective. We have several on our advisory board who wrote TCSG and it didn't go anywhere.

Glenn believed in including interviews but acknowledged that they might not be best for all programs.

I feel strongly that interviews should be part of some programs, however, not all programs are the same. All programs are different so it should be up to the program to determine what would work best for them. As I said previously, to identify a student based on grades, even though their grades are acceptable will never get into the program if it's purely based on didactic characteristics. By not allowing interviews, we are potentially discriminating against students based purely on grades, denying the opportunity for that person with a dynamic characteristic to become a great [professional].

Stevie said, "I wish they'd let [us] have them back. I think it can make our life easier." Martha concurred saying, "There is value in them and I think that there needs to be data regarding the value."

### **Summary**

While some of the participants didn't have experience with interviews as part of selective admissions, those who did said the interviews could be beneficial but recognized that someone could, in Darma's words, "turn it on for 20 minutes." They discussed how the interview is the most humanistic portion of the selective admissions process and that the interview allows the interviewers the opportunity to see how the student can interact with a panel of people. During the interviews most of the participants said they would like to implement the interview back into their admissions process.

The participants also discussed the caliber of student they are admitting and said that although they have higher incoming GPAs, the students' communication and soft skills aren't as

strong, and they have a hard time keeping up with the program specific courses and with implementing clinicals into their schedules. If they could interview, they could address those issues during the interview.

The participants expressed a desire to find a way to better assess future applicants. They believed it was important to avoid exposing future applicants to any type of discrimination during the admissions process but noted the importance of admitting those who will be able to communicate effectively with their future patients.

## CHAPTER 5

### CONCLUSIONS AND RECOMMENDATIONS

#### **Introduction**

Each year, allied health division faculty members are expected to accept, retain, and graduate a diverse group of skilled individuals for future allied health professions. As pressure increases to recruit and retain qualified students, it is important for the faculty members working within these programs to admit only the best suited applicants to complete the required rigorous academics. While research has been completed concerning selective admissions criteria, specifically the interview portion, there are still limitations to the criteria being used for selective admissions criteria nationwide.

The purpose of this research study was to investigate how faculty who teach in selective admissions allied health programs perceive the use of interviews. This study is significant because nationwide selective admission programs emphasize the importance of student retention and upholding the graduation rates. However, many of the selective admissions programs admissions criteria have been limited to objective criteria only. This study gave faculty members an opportunity to have an opportunity to answer questions related to admissions criteria and their perceptions on eliminating the interview.

As a faculty member, I have experienced the selective admissions process with the use of both subjective and objective admissions criteria. I was apprehensive that my frustrations with the change in the process for selective admissions would make it hard for me to be objective. I was also concerned that I would steer interviews in the wrong direction or that I would not obtain relevant answers to the questions I asked the interviewees.

Since these were concerns, I focused on being objective and I allowed each of the interviewees to answer each question without any interference from me. Although completing 15 interviews was mentally and physically draining, I enjoyed each of interview and learned so much from each participant.

However, there were limitations to this study. 1) I recruited participants for this study only from programs within TCSG with selective admissions. 2) There were 15 participants and while each of their voices was heard, we cannot assume they are speaking for all faculty members within a selective admissions program. However, I believe I interviewed to the point of redundancy. 3) The experiences of the participants could be a reflection of the changes recently made within TCSG's policies for selective admissions criteria. 4) Body language, tone of voice, and expressions are missing during the interpretations of the interviews, as only the words can be used for the study.

### **Findings**

While the purpose of this study was to investigate faculty perceptions of the use of interviews, I also added questions about how long they have taught in a selective admissions program, their experiences with and opinions of the various portions of selective admissions criteria, and their opinions of using interviews in the selection process.

#### **Length of Experience**

The length of experience with selective admissions processes varied among each of the participants. One participant had less than one year of experience with selective admissions processes while all other participants ranged in experience from three to 19 years. I believe the variation in years of experience was beneficial to my study because even though it varied most of



the participants suggested the interview should be implemented back into the selective admissions criteria.

### **Criteria used to Select Students**

Currently, all of the participants are using objective criteria for the selection process. Six of the participants discussed having experience with the interview and how they admitted a different caliber (Glenn's words) of student when they were allowed to use subjective criteria. Now that each of the programs are only allowed to use objective criteria, they are using overall GPA, entrance exam scores, other licensures, completion of the core classes, and completion of the application. Many of the participants agreed that they understand why admission criteria was changed but would also like to be able to implement the interview back into their admissions process. Harriett said when the interviews were being used in her program, they counted as 40% of the total points used toward admissions. The other participants did not discuss the weighted amount for the selective admissions criteria. Based on what I learned from each of the participants concerning the interview, I agree the interview should be weighted to allow for students who may have a lower GPA but who have dynamic characteristics worthy of an opportunity to get into the program of their choice.

### **Experience with Selective Admissions**

I found the experience of each of the participants to range from having a lack of experience to having a significant amount. Jenny had just recently converted her program to selective admissions and only had the experience of setting up the requirements for her program. On the other hand, Diana had nineteen years of experience with selective admissions during which time she went from being able to use subjective criteria, specifically, the interview portion to now only being able to use objective criteria. I found it ironic that even though Jenny was just

implementing her criteria for selective admissions she still believes the interview is an important component of the admissions process; whereas other faculty who have had more experience said they did not think the interview is beneficial. I agree with Gwyneth about the importance of selective admissions criteria but that each portion also has its place of importance and everything needs to be done fairly. Ellen also discussed how the admissions committees need to reduce any bias in interviewing but it is also a detriment to not be able to speak with people and observe their behavior in an interview.

### **Opinions of Selection Criteria**

The participants varied in their opinions of selective admissions criteria. Even though they all discussed different portions of the criteria, they all focused on certain portions rather than discussing all portions. For instance, Darma was more concerned with the TEAS entrance exam whereas Glenn focused more on the interview along with other portions such as the TEAS exam and extra credit for profession specific licensures. Anita, Darma and Lena did not give their opinion concerning the various portions of selective admissions either because they are not directly involved or they are new to the process.

Six of the participants discussed soft skills, communication, and the importance of examining those skills prior to admittance into a selective admissions program at great length. Gwyneth noted how future allied health professionals need to be able to communicate with and react to people in a suitable manner. Glenn said the faculty have to look into the personality of the person and how they interact with the committee during an interview to have an idea of how they will react to patients. Stevie said the interview is the most humanistic portion of the process. Each of the participants who discussed soft skills and communication emphasized the

importance of students and future allied health professionals being able to communicate effectively with their patients and caregivers.

Four of the participants were concerned about the development of clinical skills and suggested that because students may have higher GPAs does not mean they will develop the clinical skills required for allied health professions. Harriett said that the GPA gives them an idea of how the student will do in didactic courses but not the clinical courses. Don went on to say these applicants need to understand what they are getting into clinically. Even though experience or observation hours are not required prior to admission into all allied health programs, students would benefit by having an understanding of the profession before applying for the program.

Diana and Ellen focused more on the rigor of the program and whether or not applicants could handle the requirements of their programs. Diana was concerned about the rigor of the program because 60% of the applicant's score comes from their GPA and if they have taken a course multiple times to earn a higher grade it does not currently count against them. Ellen also commented on the possibility that students could take one course multiple times and still be admitted to the program. She questioned whether a student who takes a class multiple times to score a higher grade will be able to take five program specific classes at one time. She went on to discuss the rigor of the material and how demanding the programs are. Also, some of the participants mentioned that taking courses more than one time to get a higher grade could be detrimental to a student's success in a program with selective admissions.

### **Opinions about the Interview**

When I asked the participants about an interview and whether or not it should be included in the selective admissions process, thirteen of the participants believed the interview should be

included. Although most of the participants agreed the interview was an important component of admissions criteria, Anita and Darma had different perspectives. Anita discussed how the interview can be biased and said objective criteria is more unbiased. Darma believed the interview is not a good indicator because anybody can fake it for a short period of time.

### **Didactic and Clinical Student Success**

As previously mentioned, the participants interviewed for this research study no longer use the interview as part of their selective admissions, yet most of them discussed the importance of interviewing and whether or not they believe it is a good predictor of student success both didactically and clinically. Gwyneth said she could not answer the question because her program no longer uses the interview. Thirteen participants commented on how the interview had been an important asset to the admissions process for their programs. However, Darma explained that she had seen students who did well with the interview but then floundered clinically and didactically. Jane discussed during the interview that since the interview has been removed from the selective admissions criteria her program has not graduated a full class.

### **Conclusions**

The purpose of this study was to investigate the perceptions of allied health faculty regarding interviews as part of the selective admissions criteria. I heard many stories and learned about how other allied health programs with selective admissions admit students. I heard their thoughts and perceptions concerning the criteria they previously and currently use for admissions, their experience the interview, and how they view interviews and whether or not they are a predictor of student success.

Many of the participants said at one time they were able to use an interview for selective admissions but now they can only use objective criteria. I believe the majority of the participants

would like to include the interview in their selective admissions criteria. They are concerned about the lack of communication and soft skills of the applicants because they do not have a way to test these skills prior to the student(s) being admitted. I believe that the interview is an important process that would allow the interviewers to gauge the student's abilities to communicate. I believe the interview can provide valuable information to add to the objective data like GPA.

As each of the participants spoke about the selective admissions process, I could hear the concern in their voices. They clearly value the selective admissions process and were concerned about admitting, retaining, and graduating future allied health professionals. Being able to communicate well with patients is a key part of the student's clinical experience; using an interview would be an opportunity to evaluate those communication skills. I agree with the participants and their discussions about communication with patients. As an allied health professional, we must be able to communicate effectively with our patients otherwise, we may not be able to understand their needs, develop rapport, or offer comfort during their treatment.

### **Recommendations for Further Research**

As a result of this study, I have some suggestions for further research. I believe this study should be duplicated but with a larger number of participants. A quantitative portion could be added for analysis of student retention, graduation rates, licensure pass rates, and employment rates within their profession.

I would also suggest interviewing future students and students who have been through the process to gather their input concerning the interview portion and whether or not they believe the process should be included as part of the selective admissions criteria.

Because of the concerns some of the participants in my study expressed about the interview and students being able to ‘turn it on’ for the interview, an investigation of the actual questions programs that include interviews are using in the interviews could provide a best practice guide to interview questions.

The final suggestion I have would be for the different programs that use the interview for selective admissions to compare and contrast their questions with each other to determine if there are program specific patterns with interview questions.

### **Summary**

The selective admissions process can be overwhelming for applicants, however, these processes are important for student admittance, retention, and graduation rates. I heard many stories from the participants and one common theme that I continued to hear was that since the interview and all other subjective criteria has been removed the caliber of students has lowered. Students apply to these programs because they have heard about the pay or because they have googled the latest and greatest career. I have to agree with many of the participants concerning the caliber of students we are currently admitting. While the students have excellent GPAs, entrance exam scores, and core completion rates, they are lacking in other areas. They have zero experience in the field they are pursuing. They have had zero experience with patient care and may not have developed empathy for patients or patients’ needs. I think that empathy is something that cannot necessarily be taught making patient care all the much harder to teach.

The interview process should be conducted in such a way that would reduce potential bias in the process; having a rubric and a diverse panel or committee would help with that. It is of vital importance that educators and potential students have an equal opportunity to interview each other to ensure they have found the best fit for them.

Paul Meyer (n.d.) said “Communication-the human connection-is the key to personal and career success”, and George Bernard Shaw (n.d.) said “The single biggest problem in communication is the illusion that it has taken place.” Both of these statements suggest the importance of communication and the need for soft skills. I agree with the participants of this study with that both communication and soft skills are important assets to becoming a future allied health professional. The results of my study confirm the importance of communication as a key component to patient care and patient education.

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## **APPENDICES**

### **Appendix A: Research Development Interview for Pilot Study**

#### Tell Your Story

“The purpose of this interview is to identify and explore the perceptions of the faculty members of the competitive admissions criteria specifically the interview portion.”

Hi my name is Vanessa Jones and I am a student at ETSU in the MSAH program. I am conducting this interview to identify and explore the perceptions of faculty members of the competitive admissions criteria specifically the interview portion. I will record our interview for transcription at a later time.

1. How long have you been involved in a program with selective admissions?
2. What criteria is used in your program to select students?
3. Do you have or have you had experience with the interview process as part of the admissions criteria?
4. Tell me about your experiences with the selective admissions criteria.
5. How are the selective admissions criteria specifically the interview portion beneficial for the student, faculty and program?
6. What is your opinion about the use of interviews in the admission process?
7. Why do you believe interviews should be included or what is your opinion about using interviews in the process?



## Appendix B: Research Development Interview for Research Collection

### Tell Your Story

“The purpose of this interview is to identify and explore the perceptions of the faculty members of the competitive admissions criteria specifically the interview portion.”

Hi my name is Vanessa Jones and I am a student at ETSU in the MSAH program. I am conducting this interview to identify and explore the perceptions of faculty members of the competitive admissions criteria specifically the interview portion. I will record our interview for transcription at a later time.

1. How long have you been involved in a program with selective admissions?
2. What criteria is used in your program to select students?
3. Do you have or have you had experience with the interviewing process as part of the admissions criteria?
4. Tell me about your experiences with selective admissions.
5. How are the selective admissions criteria, specifically the interview portion, beneficial for the student, faculty and program?
6. What is your opinion about the use of interviews in the admission process?
7. Why do you believe interviews should be included? Or what's your opinion on using interviews in the process?

Thank you for your time.

Appendix C: Cover Letter  
ETSU  
East Tennessee State University

Date

Dear Participant:

My name is Vanessa Jones and I am a graduate student at East Tennessee State University. For my thesis, I am examining the perceptions of the allied health faculty on the interview as part of the selective admissions criteria. Due to you being a faculty member for a selective admissions program, I am inviting you to participate in this research study which will consist of an interview. The interview will be 7 questions and will also be audio recorded.

The study will require either a private phone call or face-to-face interview. The amount of time for the interview will vary due to the questions requiring a narrative from the participant. There is no compensation for responding nor is there any known risk, benefit for the participant or loss of confidentiality. To ensure each participants interview is kept confidential, the researcher will keep all audio copies of the interviews in a password protected cell phone. The transcriptions will be saved in a password protected laptop owned by the researcher. Once the research is complete, all audio copies and transcriptions will be destroyed. If you chose to participate in this research study, please respond to the researcher, Vanessa Jones: [jonesvl@etsu.edu](mailto:jonesvl@etsu.edu) within 2 weeks of receiving the cover letter email.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding whether or not the interview is a vital portion of the admissions process into selective programs.

Sincerely,

Vanessa Jones  
[jonesvl@etsu.edu](mailto:jonesvl@etsu.edu)  
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