Clinician's Commentary on van der Spuy et al.¹

Admissions to health professional programmes are highly competitive; thus, programmes seek to ensure that they are extending offers of admission to candidates who best exemplify the profile of their profession. Considering applicants involves a multiple-sampling process that includes assessing academic ability, personal statements, interviews, and references.

The standard for assessing academic and cognitive skills across all health disciplines involves reviewing academic performance, whereas personal characteristics and non-cognitive skills are assessed through written personal statements in response to specific questions, personal and professional references, and interviews. Over the past decade, there has been an ongoing discourse about the merits of the personal or panel interview versus the multiple mini-interview (MMI).^{2–5} In their article “Interviewers’ Experiences with Two Multiple Mini-Interview Scoring Methods Used for Admission to a Master of Physical Therapy Programme,” van der Spuy and colleagues¹ explored the fairness and objectivity of two methods of scoring the MMI.

The traditional interview typically consists of one or more interviewers engaging in an unstructured or semi-structured dialogue with a candidate for anywhere from 15 minutes to 1 hour. However, a growing body of evidence has shown inconsistent reliability and susceptibility to bias that has raised questions about using the traditional interview as a key element of the decision-making process for admission to health discipline programmes.^{2–4}

An alternative to the traditional interview, originating at McMaster University, is the MMI, which gives candidates the opportunity to interact with multiple interviewers.² On average, an MMI consists of 10 stations, with one interviewer at each station; each interviewer has 2 minutes to read a question, and the interviewee’s interaction with the interviewer lasts 8 minutes.² Evidence to date has suggested that the MMI is an efficient use of resources, generally reliable, and well received overall by both interviewees and interviewers.³

Throughout the literature, there have been no reported associations between pre-entry academic status and performance in the MMI. This may suggest that the MMI is actually testing non-cognitive attributes such as critical thinking, moral and ethical decision making, empathy, communication skills, professionalism, cultural sensitivity, advocacy, and knowledge of the health care system.^{2–10} The two most common evaluation strategies used to measure performance during an MMI are (1) norm referenced (rank based), which ranks each candidate relative to the other candidates, and (2) criterion referenced, which evaluates each candidate against a preset standard for acceptable achievement.¹¹

To meet the needs of the 21st-century health care system, many health professions are developing core essential competencies, with the expectation that they will provide a clear guide to the necessary behaviour, skills, knowledge, and practices that will enable the development, over time, of compassionate, comprehensive, and competent health professionals.¹² The MMI facilitates the evaluation of the non-cognitive attributes prevalent in the construct of this competency-based approach to education and practice.^{2–4}

In 2009, the Essential Competency Profile for Physiotherapists in Canada was introduced; it describes the essential knowledge, skills, and attitudes required by entry-to-practice physiotherapists and by all physiotherapists throughout their careers in Canada.¹² Although all Canadian entry-to-practice physiotherapy programmes have an individualized approach to their admissions assessments, these processes consistently include an academic evaluation and a cognitive evaluation. It is the non-cognitive evaluation in which a variety of strategies may or may not be used, such as the MMI, written personal profiles, and personal statements.

The study by van der Spuy and colleagues¹ highlights the process that the University of Saskatchewan undertook to describe participants’ attitudes, beliefs, and experiences using the rank-based and criterion-based methods of scoring. The results of their investigation revealed that the criterion-based scoring system was viewed more favourably by both interviewees and interviewers. Participants strongly agreed that criterion-based scoring offered a fairer, more objective, and more accurate depiction of the candidates.

This is the first published study that provides food for thought about the strategies used to assess and measure non-cognitive domains in the admissions process for the physiotherapy profession. On the basis of the work of van der Spuy and colleagues,¹ one can surmise that physiotherapy programmes interested in adopting the MMI as an element of their admissions process should consider the criterion-based scoring system to assess critical non-cognitive skills. The MMI, through purposeful development of questions related to the physiotherapy essential competencies, offers an opportunity to assess the non-cognitive domains essential to the development of the compassionate, comprehensive, and competent physiotherapist of the 21st century.

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