The individual interview has long been among the primary methods of selecting candidates for most health professional education programs. But recognizing that individual interviews are not necessarily predictive of an applicant’s ability to interact successfully in teams, the Duke University Physician Assistant Program developed a process for observing applicant behavior in a group setting. The Team Process Exercise (TPE) is utilized, in addition to two 20-minute individual interviews, to more fully assess the applicant’s skills in interpersonal interaction. Social skills and effective personal interaction, as well as the ability to function well within a team, are critical for success in today’s health care environment. While applicants with dysfunctional team skills may be quite successful in individual interviews, they may reveal problematic behavior within the dynamic of a group discussion. We describe the TPE—a 15-minute discussion of an ethical problem among 4 or 5 candidates, followed by 15 minutes of analysis of the group’s success by the members themselves. We also discuss our experience with the process and include sample scenarios and evaluation of 4 hypothetical candidates. The Team Process Exercise is one of several factors considered by the Duke University PA Program Admissions Committee in evaluating each candidate.

(Perspective on Physician Assistant Education 2003;14(3):154-157)
anyone an advantage. We were interested in observing, characterizing, and documenting (see Figure 1) the interactive behaviors of individuals as they engage in dynamic interplay. The TPE allows us to (1) observe more genuine, less rehearsed behavior as candidates move in and out of a fairly rapid dialogue, and (2) assess the interactive team skills of individual candidates in a group setting.

An evaluation tool was designed to enable 2 observers to jointly assess each candidate’s interactive skills. This information is used as part of the overall interview and selection process, and it has been a useful adjunct for the admissions committee. Several candidates each year do well in individual interviews, yet reveal problematic interactions during the TPE.

**Administration of the Team Process Exercise—How It Works**

Four or 5 candidates are randomly assigned to each group. Candidates are informed during a morning orientation session at the beginning of their visit that they will all be participating in a team exercise in addition to 2 traditional 20-minute individual interviews with faculty. A simple information sheet (Figure 2) is included in the orientation packet, and candidates are encouraged to review the sheet before the afternoon exercise. This same information sheet is read to the candidates verbatim at the start of the exercise.

Candidates are informed they will have 15 minutes to discuss a scenario which will be presented to them, followed by 15 minutes of interactive evaluation of their experience, including discussion of each individual’s personal contributions to the exercise. Candidates are advised that the evaluators are not part of the group and that they will not provide feedback at any time during the process.

The first 15 minutes begin with one evaluator placing a copy of a scenario, printed in large, bold type (Figure 3) on the floor face up in front of the candidates. As the group begins to read the scenario and discuss it, evaluators take notes regarding individual behavior, comments, and interaction with other members of the group. Time is “called” at the end of 15 minutes. Even if the group has completed discussion of the
problem in less than 15 minutes, they are not allowed to move on to the next phase until 15 minutes have elapsed. Awkward moments of silence challenge individuals’ interaction skills.

As the second 15-minute period begins, the evaluators remind the group that they are to evaluate the group exercise, including their personal experiences as members of the group. No other guidance or feedback is given.

At the conclusion of the 30-minute exercise, candidates are thanked for their participation and escorted from the room by a staff member. Observers remain in the room to complete an evaluation form (Figure 1) on each candidate, which assesses, on a 6-point Likert scale, various facets of group participation including expressive skills, listening skills, contribution to content and process, respect for and sensitivity to others, and ability to self-reflect. The form also has an area for written comments regarding the candidate’s contribution to the process, self-reflection (“debriefing”) comments, and any dysfunctional interactions. The evaluators make a recommendation of “accept,” “alternate list,” or “reject” for each candidate observed.

Each candidate’s TPE assessment is expressed as a numerical score from zero to 100, which is weighted as one-third of the total interview score. The two individual faculty interviews make up the other two-thirds. The interview score is combined with an already established reader/objective qualification score to compute an overall score used in rank ordering the candidates for consideration at the admissions meeting.

A team process committee meets annually to review existing cases and to write new cases. This committee also reviews the team process evaluation form and makes changes as necessary.

**Hypothetical Team Process Exercise**

In this group, there are 4 applicants:

- “Liza,” a 32-year-old patient care assistant
- “Larry,” a 36-year-old paramedic
- “Robert,” a 29-year-old respiratory therapist
- “Julie,” a 24-year-old medical assistant

After reading the case aloud, Larry begins discussion by clarifying the issue and asking Robert what he thinks. Robert begins to answer but is interrupted by Liza, who is noticeably louder than others in this group. Liza breaks out of the discussion twice during the session to ask how much time they have left. Julie is quiet throughout the exercise but her body language and eye contact indicate her attentiveness. When she does speak, she summarizes for the group and helps bring them back to task. Julie attempts at one point to take the floor and is interrupted by Liza. Larry intercedes and asks to hear what Julie has to say. He is sitting on the edge of his seat. Robert shares a personal story with the group to help illustrate a point. His body language is open and relaxed.

Initially, there is some shared humor among group members, helping to break the ice. During this time, Liza uses words like “dork” and “clueless” in describing a character in the scenario. She tends to fill silences and repeats herself when there is no response to her comments.

During the debriefing, Robert is the only one to self-assess. Others address the content of the case more than their performance or that of the group. Liza is self-congratulatory and states that she is glad that everyone was mature enough to listen to each other. Larry compliments the group on being receptive and tells the others that he enjoyed hearing their ideas. Julie states that the others have more experience than she does and talks about the value of a team in solving problems. Robert states that he was able to contribute to the process and acknowledges others for their contributions as well. He also acknowledges agreement in the process and his role in reaching consensus.

**Hypothetical Evaluation Summary**

In evaluating Larry, the team process observers circle mostly 5s and 6s. He is given positive marks for his contribution to the process and to the task of the team and for his comments in debriefing. Written comments on this candidate are as follows: “Very supportive of others in the group. Helped the weaker members of the group to be heard. Nurturing style.” The final recommendation of the TPE observers on this candidate is to accept.

Robert and Julie received 4s, 5s, and 6s, and observers noted that their behavior was appropriate. Nothing about their group participation stood out, and observers noted “no negative behavior” regarding Robert. Julie was noted to be “quiet and seemed to sit back in the face of Liza’s strong, dominating behaviors.” Final recommendations on both Robert and Julie are to accept.

Comments on Liza’s evaluation are: “Disruptive group member. She interrupted others, seemed uncomfortable with pauses, and actively tried to dominate. Seemed more concerned with how she was doing than working with others and showed little insight during the debriefing. Showed inappropriate humor.” Team observers circle mostly

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**Sample Discussion Problems**

1. You are all PA graduates who are practicing in a major teaching hospital. Each of you has received a request to provide a letter of recommendation for a former PA colleague who is applying for clinical privileges at a medical center in a neighboring state. Although you believe this PA to have an adequate knowledge base and clinical skills, you were glad to see her leave your hospital. The general consensus about this PA was that an “abrupt” personality and a host of other interpersonal skill problems compromised her performance as an employee. How do you deal with this issue?

2. You are all PA students doing a rotation at an urgent care center associated with a large health system. You have witnessed a number of patients being managed inappropriately by an employed physician. There is a common perception of neglect and possible harassment of patients by this person. How do you deal with this issue?
1s and 2s. The final recommendation is to reject.

Discussion

The TPE offers greater insight into an applicant’s interpersonal skills than individual interviews alone. Physician assistant practice, as well as health care delivery in general, is accomplished in teams. It is incumbent upon educators to select candidates for the health professions who have not only the cognitive skills required for success, but social intelligence as well. Individuals with excellent interpersonal skills will listen effectively to their patients, communicate well with other health professionals, and create synergies in health care teams.

Medical educators are increasingly recognizing that academic prowess alone is not enough for success in the real world of medical practice. Reede notes, “Because grade point average and Medical College Admission Test scores provide little, if any, information on important abilities such as interpersonal skills, personal integrity, and social consciousness, selection of individuals for admission to medical school should not be based on academic qualifications alone.”

An exhaustive review of multiple medical, psychology, health administration, allied health, and educational databases revealed a paucity of literature regarding group or team interviews for evaluation and selection of candidates. While other health professional educators may be using group observation as part of their applicant selection process, to our knowledge a process similar to ours has not been described in the medical or educational literature. In one study we did find, Henderson, Fernandez, and Jones describe a screening process for candidates for graduate study in counseling, designed to detect pervasive intolerance, especially racism. They utilize a group task centered on rank-ordering a series of 10 trigger pictures, including black and white drawings of a multiracial family, an athlete in a wheelchair, and symbols such as KKK and NAACP. They also use a brief video to generate discussion. Faculty members observe candidate interaction and their screening criteria include refusal to participate, disregard for others, lack of empathy, grandiosity, dogmatism, pervasive distrust, limited expression, and biased commentary. They note “stronger consideration should be given to malignant personality characteristics that are resistant to change and would call for the kinds of psychodynamic and intrusive interventions which would be beyond the scope of graduate preparation programs.”

The concept of team exercises appears to be more often utilized by human resource professionals in the business world as a tool for evaluating prospective employees. When group observation is used in the human resource selection process, it appears to be focused on task accomplishments as well as behavioral assessment.

Those responsible for hiring employees in a business setting are focusing more attention these days on personal attributes and less on skills and knowledge. Skills and knowledge can be acquired; emotional intelligence is “hard wired.” As David Freemantle states, “Skills, knowledge and experience are important, but must take second place to the personal attributes of the person to be appointed.” He goes on to list such characteristics as “warm and friendly, kind and compassionate, good listener, positive attitude” as top priorities in selection.

After more than 5 years of utilization, the Team Process Exercise is well accepted by the Duke PA Program admissions committee. Faculty members feel the exercise provides a more complete understanding of each candidate, and is helpful in ensuring that candidates are suited to the human interaction required for success in medical team practice. The TPE adds a needed qualitative dimension to the admissions process. The TPE is neutral for the majority of candidates, and does not contribute positively or negatively to the final decision regarding their admission.

Summary

The TPE is an important tool for evaluating candidates for admission to the Duke PA Program. Although individual interviews remain a cornerstone of our admission process, the information gained by observation of candidates during group interaction is crucial. Assessment of the applicant in spontaneous group interaction yields important clues to the individual’s social abilities. As health care is increasingly delivered by teams, social skills are an important predictor of future success as a practicing health professional.

Acknowledgement

The authors wish to recognize Margaret Schmidt, EdD, for her assistance in background research for this article.

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