The Potential for Moral Hazard in an Interview Setting

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ABSTRACT ▼

A somewhat dated survey of allopathic institutions revealed that allopathic medical school interviews were the most important component of a candidate's application status.[1] It is our belief that the high-stakes setting of allopathic interviews creates a moral hazard for prospective matriculates, such that genuine responses are confounded with self-deceptive enhancement (SDE) and impression management (IM). The extent to which candidates engage in SDE and IM was determined using the 6th version of the Balanced Inventory of Desirable Responding (BIDR),[2] which was offered on three occasions to allopathic applicants of the University of Arizona College of Medicine - Phoenix. Our findings from 92 respondents indicate that our average interviewing medical school applicant engaged in IM above and beyond their age-matched undergraduate counterparts, but not in SDE. Candidate responses were manipulated to reflect a more desirable response and represent an important discussion point regarding the results of allopathic interviews.

INTRODUCTION ▼

IM and SDE comprise components of what is known as social desirability bias. This bias is manifest in social contexts in the following manners: endorsing incorrect information, omitting information, or modifying the magnitude of reported information. Social Desirability Bias occurs in any social context; however, some have proposed that it disproportionately accompanies more socially-charged situations.[3-4] In the high stakes setting of an allopathic medical school interview, the pressure to impress an interviewer and appear competitive among other applicants could serve as impetus to engage in social desirability bias. This brings up two important questions:

1. Do the allopathic medical school candidates of the University of Arizona College of Medicine - Phoenix engage in social desirability?

2. Might admittance committees be placing too much stock in a portion of the interview that is so readily amiable to misrepresentation?

METHODS ▼

The BIDR Version 6 is a validated, commercial tool used to determine the extent to which an individual engages in two components of social desirability bias: IM and SDE. The BIDR is frequently scored using the dichotomous scoring method and has established IM and SDE scored values of both honest and dishonest responses. Potential subjects were interviewing candidates for the University of Arizona College of Medicine - Phoenix's four-year allopathic program. Prior to the onset of the multiple mini interviews, applicants were informed of their opportunity to complete an inventory that would require them to quantify the extent to which they agreed with a particular statement. They would rate their responses from 1 to 7. This would occur on three separate interview days, shortly after the completion of interviews during a 10 minute break period. We emphasized that the applicant's choice to either participate or enjoy their break would have no bearing upon their application status. No information was obtained besides candidate responses to the BIDR Version 6 - Form 40A.

RESULTS ▼

We received 104 responses, 12 of which were not included in the dichotomous scoring because they were not completed in their entirety. Each individual answer was entered into a Microsoft Excel spreadsheet and referenced twice to ensure accurate recordings. Then, according to the dichotomous method previously mentioned, even Likert responses in the self-deceptive enhancement section and odd Likert responses in the impression management section were reversed. Our findings from 92 allopathic medical school applicant respondents indicated that our average interviewing medical school applicant was engaging in impression management above and beyond their age-matched undergraduate counterparts with an average of 7.543; however, they were not engaging in self-deceptive enhancement with an average of 6.27.

FIGURE 1: BIDR PUBLISHED DATA ▼

Respondent Students	Honest Responses	Social Desirability Bias
Impression Mgmt. (Males)	4.3	10.5
Impression Mgmt. (Females)	4.9	10.9
Self Deceptive Enhancement (Males)	7.5	9.0
Self Deceptive Enhancement (Females)	6.8	7.8

Figure 1: Paulhus' BIDR version 6 data from 1994 regarding the averages of honest responses and those responses that are confounded by social desirability bias.

FIGURE 2: STUDY DATA ▼

Social Desireability Subtypes	Average Applicant Scores
Impression Mgmt.	7.543
Self-Deceptive Enhancement	6.27

Figure 2: Results obtained from our administration of the BIDR version 6 - form 40A to 92 applicants who applied to the University of Arizona College of Medicine - Phoenix.

DISCUSSION & CONCLUSIONS ▼

This single institution use of the BIDR Version 6-Form 40A yielded results that seem consistent with the notion that social desirability has a more prominent role in situations that have significant social prominence. MMIs rather than traditional interviews were employed not only to obtain a more accurate assessment of the qualitative aspects of our candidates,[5] but were also intended to better predict subsequent clinical performance, professionalism, and communication skills.[6-9] Nevertheless, the use of MMIs is not without our acknowledgment that multiple, brief interactions have potential for bias. Indeed, our findings indicate that there is a conscious manipulation of the positive aspects of our average candidate's impression. Thus, in our attempts to improve the interview experience, we can confirm the presence of dishonesty in the context of MMIs for allopathic medical school admittance.

We might indeed be placing great emphasis in interviews that are vulnerable to misrepresentation. However, much of the information gained from the face-to-face experience is incredibly valuable and otherwise unobtainable. How, then, do we intend to reduce the extent to which dishonesty occurs in the MMI context? Proposed ideas that future studies might well consider include: variations of Dr. Harold Sigall's bogus pipeline, groupthink strategies, or asking of familiarity with fictitious events.

ACKNOWLEDGEMENTS ▼

CITATIONS ▼

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