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An Innovative Behavioral Interview for Pre-admission Selection of Occupational Therapy Students

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Abstract
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Keywords
Program evaluation, occupational therapy education, admission criteria, student selection

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ABSTRACT

The goal for pre-admission interview is to identify students who will be successful both academically and professionally. The traditional structured pre-admission interview has not been shown to be effective in predicting students' success in academic and fieldwork performance. This article describes an innovative behavioral interview process during which applicants interviewed simulated clients as part of the pre-admission selection process. The goals of the pre-admission behavioral interview were to observe applicants' behavior as team players, and to assess their interpersonal communication skills, capability to be reflective, and professionalism. During the behavioral interview, faculty interviewers assessed the applicants' performance in the planning phase, the simulated client interview phase and the reflection phase. The behavioral interview was evaluated with a feasibility study using a mixed methods, single group exploratory design. Results showed that applicants, simulated clients, and faculty interviewers positively endorsed the behavioral interview. In addition, applicants found the behavioral interview less intimidating than a traditional structured interview, and appreciated the opportunity to interact with faculty and demonstrate their communication skills and ability to collaborate in a team. Similarly, faculty interviewers found the behavioral interview fruitful when observing the applicants "in action" and displaying their non-academic attributes, demonstrating potential to be successful students in the program. While being one of the stronger predictors, the behavioral interview scores only weakly correlated with the admitted applicants' first semester Grade Point Averages. Further longitudinal evaluation may demonstrate the potential of the behavioral interview as a pre-admission tool identifying students who may be successful both in academic and fieldwork performance.

BACKGROUND

The job market for American occupational therapists shows continuous growth, with the United States Department of Labor, Bureau of Labor Statistics (2015) projecting the demand for occupational therapists to increase 27% by 2024. Because of the large number of qualified applicants competing for a limited number of seats available in occupational therapy (OT) programs, pre-admission selection committees are charged with the responsibility of designing a rigorous selection process to choose the most suitable applicants who will succeed both academically and clinically. For decades, educators in various allied health programs have used multiple admission criteria, including academic performance and non-academic attributes of the applicants, while maintaining objectivity in the selection process (Posthuma & Sommerfreund, 1985; Salvatori, 2001). Even though Graduate Record Examination (GRE) scores and undergraduate Grade Point Averages (GPAs) were found to be strong predictors of academic performance, these scores have not been found to have strong correlation with success in clinical performance in medical and allied health students (Dirschl, Campion, & Gilliam, 2006; Salvatori, 2001).

Structured interviews, as a pre-admission selection tool, have been used extensively in medical resident and allied health professional programs (Hollman et al., 2008; Nayer, 1992; Powis, Neame, Britow, & Murphy, 1988; Salvatori, 2001). During a structured interview, applicants are asked pre-determined questions about their own attributes and fitness for the program. Examples of questions in a structured interview include “Tell us about yourself and your interest in the profession” and “Why do you choose this program?” Some of the documented purposes of using structured interviews in the selection process range from assessing the applicants’ most and least impressive characteristics, measuring the applicants’ career motivation, and evaluating applicants’ fit with the mission of the program (Burnett & Motowidlo, 1998; Hollman et al., 2008). However, the reliability and validity of structured interviews in selecting those applicants most likely to be successful in allied health professional programs remain questionable. Both physical therapy and nursing programs found that pre-admission structured interviews did not lower attrition rates in the academic programs (Ehrenfeld & Tabak, 2000; Gabard, Porzio, Oxford, & Braun, 1997).

In OT, over the past two decades, there is a paucity of literature that examines the pre-admission selection criteria of entry-level graduate OT programs. Even though pre-admission overall GPA was found to be predictive of academic success in OT programs (Kirchner & Holm,1997; Posthuma & Sommerfreund 1985), Katz and Mosey (1980) found that average GPA in pre-requisite science courses was not a good predictor of academic and fieldwork performance. Moreover, studies have found mixed results regarding the use of pre-admission structured interviews as predictors of successful academic and fieldwork performance (Posthuma & Noh, 1990; Posthuma & Sommerfreund, 1985). In a survey of 24 OT programs that used interviewing as pre-admission selection criteria, while 87.5% agreed that interviewing could be the best means to clarify written information on the application, only 45.9% agreed that interview performance could be used as a predictor of success in the OT program (Agho, Mosley, & Smith-Paul, 1988). Furthermore, Posthuma and Sommerfreund (1985) did not find statistical significance when interview score was correlated to academic success

individually in year one, two and three of the OT program. However, in a follow up study, students who were admitted into the OT program based primarily on high interview score demonstrated better improvement in fieldwork performance than those who were admitted based on academic merits (Posthuma & Noh, 1990).

The behavioral interview was introduced by an industrial psychologist, Dr. Tom Janz, in the 1980's, and was based on the premise that past behavior can be used to predict future behavior (Easdown et al., 2005; Hollman et al., 2008; Janz, 1985). To predict job performance, specific job-related behaviors are first identified and specific situations are described to the applicants to assess whether the applicants can identify correct behaviors for the situations presented (Easdown et al., 2015). For allied health professions, behavioral skills such as interpersonal communication, poise, professionalism, and confidence, have been identified as essential non-academic and job-related skills (Easdown et al., 2005; Hollman et al., 2008, Powis et al., 1988).

An overall review of the allied health professions student admittance literature showed that behavioral interviews provided faculty satisfaction in medical resident and physical therapy programs, and behavioral interviews were considered useful means of identifying non-academic characteristics of applicants prior to admission (Easdown et al., 2005; Hollman et al., 2008). Hollman et al. (2008) found that behavioral interviews had a statistically significant correlation with performance on the National Physical Therapy Examination (ROC curve area= .685, p= .034). In addition, Easdown et al. (2005) reported that the behavioral interview was well accepted by faculty and applicants. In an anonymous post-interview survey, 60% of the applicants responded and commented that the behavioral interview was not more difficult than a structured interview, but rather more interactive and enjoyable (Easdown et al., 2005).

Hence, the purpose of this paper is threefold:

1. To describe an innovative Behavioral Interview (BI) process and its acceptability by the applicants and the interview team.

2. To describe the feasibility study completed to determine the continued use of the BI as one of the determining factors for admission to Dominican University of California Occupational Therapy (DUC-OT) program.

3. To assess whether the BI correlates with students' success in the first semester of the OT program.

METHOD

In the past years, DUC-OT program used a traditional panel interview approach with two faculty members interviewed a panel of four applicants. However, in spring 2016, the program instituted an innovative "simulated" BI in the pre-admission selection process for their entry-level Master's program, and the feasibility study of the BI followed a mixed methods single group exploratory design.

Participants

Applicants were selected for onsite interviews based on the total score of the academic and non-academic application information. Academic information included GRE, last 60-unit GPA and pre-requisite GPA. Non-academic information included resume, references, essay and volunteer experiences. The pre-admission selection committee, consisting of three OT faculty members, completed a norming process by analyzing three randomly chosen applicants' scores using a standardized rubric. The committee then reviewed and scored academic and non-academic information in 100 applications. Based on the total score of the academic and non-academic information, the top 65 ranked applicants were invited to the onsite BI.

Procedures

Based on feedback from the faculty in the department, the pre-admission selection committee decided that the key behavioral attributes students needed to be successful in the DUC-OT program and the OT profession were interpersonal communication skills (active listening, and demonstrating helpful verbal and non-verbal communications), being a team player, being reflective, and professionalism. The committee recognized the difficulty of assessing these "soft" skills in a traditional structured interview and decided to ask the applicants to "act out" the BI using simulated client case scenarios. Two weeks prior to the interview, selected applicants received a welcome letter that provided information about the BI process. The letter emphasized the fact that faculty interviewers would be focusing primarily on the applicants' abilities to collaborate with team members and interact with clients during the simulated client scenarios. The applicants would not be expected to demonstrate specific clinical knowledge about, or OT interventions for, the diagnosis of the simulated clients.

Second-year DUC-OT students acted as simulated clients during the BI. The selection of students as simulated clients was based on multiple factors including academic performance, professionalism, and their ability to act out the signs and symptoms of various clinical conditions. Thirteen students received training as a group, which included instruction on the overall objectives and process of the BI and their role as simulated clients. The training focused on preparing the simulated clients to ask applicants clarifying questions regarding the role of an OT, to enact personal concerns typical of recipients of OT services for the scenario and to avoid requesting specific clinical information or OT interventions from the applicants. Each simulated client was assigned one of the four client case scenarios, which were "*a person with a wrist fracture," "the parent of a child with autism," "a person with schizophrenia,"* and *"a person with a recent myocardial infarction."* Hence, four individually designed scripts that outlined the specific simulated client behaviors, characteristics or concerns were used in the training. Figure 1 provides an example of the "a person with wrist fracture" script.

Figure 1

"A Person with Wrist Fracture" Script

Personal information: (Use your own name) Single parent of a 9-year-old daughter (name of your choice)

Full-time cashier at a grocery store, often picking up extra shifts for additional income
Live with your daughter in a basement apartment of your parents' house

Scenario:
Three weeks ago, you tripped and fell at work, incurring a wrist fracture of your dominant hand. The physician placed you in a wrist-brace and gave you non-weight bearing precautions for four weeks. Your wrist is very painful and your fingers "tingle" when you move them. You are only allowed to take the brace off during OT for therapy
You are at your first outpatient OT session.

Concerns/Questions:
Isn't this Physical Therapy? How is occupational therapy different?
Why is it Occupational Therapy? I already have a job. Does this mean I have to learn a new job?
I'm having trouble paying attention from the pain and the medication. My wrist is killing me!
I'm very worried about being able to take care of my daughter. I hope I don't lose my job!

Of the 65 invited applicants, 64 attended the interview. The applicants were randomly assigned into groups of four to be interviewed by an interview team that included two faculty interviewers and two simulated clients. Each group interview lasted an hour and was divided into six 10-minute segments: introduction, planning phase, two 10-minute simulated client interviews (SCI), reflection phase, and wrap up. The interview began with a brief welcome and introduction by the faculty interviewers and applicants' self-introductions to the group. The faculty interviewers explained the process of the BI, drawing attention to the expected individual and team roles for the applicants and then randomly divided the four applicants into two pairs. During the planning phase, each applicant pair was assigned to one of the two tables in different parts of the room where they would find an information sheet that described the assigned client case scenario. The case scenarios were different for each pair of applicants. In addition to a brief description of the client case scenario, the information sheet also directed the applicants to "explain occupational therapy to their client," "obtain information from their client such as his/her roles, living situation, challenges and concerns, general therapy goals," and "address the client's concerns to the best of their ability" (see Figure 2 for an example). The instruction also emphasized the importance of equal participation between the two applicants during the SCI and that they were not expected to provide information on OT interventions in the SCI. The information sheet was available to each team of applicants during both the planning phase and the SCI. Both teams conducted their planning process simultaneously while the faculty interviewers observed the applicants' teaming behaviors during the planning process.

After the planning phase, each team of applicants took turns conducting a 10-minute SCI with their assigned simulated client, while the two faculty interviewers, the other team of applicants and their simulated client observed the process. After both teams

completed their respective SCI, the faculty interviewers facilitated the reflection phase during which the applicants were asked to discuss their own and team members' performance, including the performance of the applicants from the other team. The process ended with 10 minutes of wrap-up time before ending the overall pre-admission interview.

Figure 2

"A Person with Wrist Fracture" Information to the Applicants

A. Collaboration and Planning

Complete the following with your "OT" partners:

1. Review the client information and interview guidelines below.
2. Determine a plan to collaboratively complete the client interview.
3. You are free to ask additional clarifying questions of him or her to obtain other desired information.
4. Remember: We are not expecting you to demonstrate specific occupational therapy clinical knowledge or skills about the client's diagnosis. The focus is on teamwork and individual social interaction skills.

Client information noted in the medical chart

Your client tripped and fell at work three weeks ago, sustaining a wrist fracture. The wrist was placed in a brace. He/she can only remove the wrist brace for therapy. You understand that for one more week, your client will not be allowed to use the hand for tasks (such as grasping, holding, pinching etc.), while the bones heal. Your client is employed. This is your client's first occupational therapy session.

B. Interview

Please participate equally in EACH of the below numbered sections

1. Explain occupational therapy to your client. Help him/her to understand your role and the profession.

2. Obtain the following information from your client:
   a. What is client's social, familial, living and vocational status (family situation, home living environment, current school or work, available assistance from others, additional responsibilities or life-demands)?
   b. What are the client's primary concerns?
   c. What does the client perceive as the biggest challenges or obstacles presented by the condition? How has it impacted his/her life? What specific tasks?
   d. What are the client's goals for participation in occupational therapy?

3. Address your client's concerns to the best of your ability.

Behavioral interview score. The BI was scored on a rubric focused on five categories of "soft" skills. They were "*Active Listening/Responsiveness,*" "*Non-verbal Language," "Effective Communication," "Professionalism/Demeanor,"* and *"Reflection/Capacity for Learning."* The 4-point Likert scale used in the rubric included the dimensions of *"1=Incomplete skills," "2=Emerging skills," "3=Developed skills," and "4=Highly developed skills."* Hence, the interview score ranged from five to 20. To facilitate objectivity in scoring, discrete descriptors were used in each dimension of the five categories assessed.

In addition, the simulated clients also rated the applicants who interviewed them based on their experiences as the "client." Their observations were recorded on a rubric and submitted to the faculty interviewers at the end of the interviews. Hence, the scoring of the BI was triangulated through the observations during the planning phase, the SCI, the reflection phase, and the feedback from the simulated clients. Finally, to determine admission priority, the pre-interview academic and non-academic scores were aggregated with the behavioral interview score in a ratio of 80% and 20% respectively.

Data Collection

In addition to the pre-interview and behavioral interview scores, qualitative data in the form of post-interview feedback were collected from the interview team (the faculty interviewers and the simulated clients) and the applicants. Immediately following the interviews, key stakeholders were asked to provide written feedback about the process and their overall experience, while a DUC-OT program staff member, who was not involved in the interview process, documented informal verbal feedback from the applicants randomly selected as they exited the BI.

Additional data were also collected by using an anonymous survey completed by the students admitted to the DUC-OT program and by compiling their first semester GPAs. The DUC Institutional Review Board for Protection of Human Subjects approved both the process to access the first semester GPAs of the admitted students and the survey. Though the students were given an opportunity to opt out from having their first semester GPA to be included in the data collection, no student opted out. Therefore, the group mean value of all admitted students' first semester GPAs was computed.

The anonymous online survey was conducted during the students' first semester and participation was voluntary. The survey, consisting of six questions, was used to collect feedback from the admitted students (Table 3). Five of the questions were rated on a 4-point Likert scale anchored by "Strongly agree" to "Strongly disagree." The sixth question asked the admitted students to rank five aspects of the BI process in the order of preference from what they "Liked most" to "Liked least" about the process.

Data Analysis

To evaluate the BI, the pre-admission selection committee used three strategies 1) qualitative feedback from the applicants and the interview team, 2) quantitative and qualitative survey results, and 3) correlations among the pre-admission academic performance (last 60-unit GPA, pre-requisite GPA, and GRE), the behavioral interview score and the first semester GPAs of the admitted students. The qualitative

data was reviewed and aggregated into common themes by one author and confirmed by both co-authors. The quantitative data was analyzed using SPSS version 22 (IBM, 2013).

RESULTS

Sixty-four applicants (12.5% male, 87.5% female) participated in the BI in February 2016. Twenty-nine applicants (10% male, 90% female) were admitted to the DUC-OT entry-level Master's program in August 2016.

Qualitative Feedback

Formal and informal feedback was gathered immediately and within one week after the BI. Ten of the 13 simulated clients, and four of five faculty interviewers, excluding the three members of the pre-admission selection committee, provided feedback. In addition, approximately half of the applicants provided immediate feedback as they exited the BI. The responses were recorded in writing and were reviewed for common themes. Three themes emerged from the applicants: 1. felt comfortable with the BI process, 2. felt that they were able to represent themselves better than in a traditional structured interview process, and 3. gained a favorable impression of the OT Program at DUC (see Table 1).

Table 1

Example Quotes Illustrating Key Qualitative Themes from the Applicants

Theme 1: Applicants felt comfortable with the Behavioral Interview process
"I thought I'd be more nervous, but it actually seemed to go really well."
"At the other school where I interviewed, there was a panel of people who directed questions at me one at a time. I felt put on the spot, and it was a bit scary."
Theme 2: Applicants felt that they were able to represent themselves better
"At the other schools, the process of asking me questions was very formal. I felt like they didn't get a chance to know me."
"I wasn't sure I would be comfortable with this process, but I can see how it allowed me to be more relaxed and present myself in better way."
Theme 3: Applicants gained a favorable impression of the program
"I can tell that the students and faculty are very engaged."
"I thought it was great that we were able to talk with current students. They made us feel welcome, and gave us a feeling of what it would be like to be in the program."

Similar themes emerged in the feedback from the interview team (see Table 2). First, the applicants appeared to feel comfortable with the process and seemed to prefer the BI to the traditional structured interview. Second, the BI provided valuable information

about the applicants' non-academic attributes and ability to communicate and collaborate. Third, the overall interview process successfully showcased the emphases of the DUC-OT program, which are collaboration, communication, and teamwork.

Table 2

Example Quotes Illustrating Key Qualitative Themes from the Simulated Clients and Faculty Interviewers

Theme 1: Applicants seemed to prefer the Behavioral Interview process	
Simulated Clients	*Faculty Interviewers*
"I heard lots of interviewees saying that 'everyone was so nice' and that the interview process was 'way less intimidating."	*"I certainly enjoyed it more overall, as did the candidates."* *"Students clearly preferred it to a traditional interview."*
Theme 2: The Behavioral Interview provided valuable information about the applicants' non-academic attributes	
Simulated Clients	*Faculty Interviewers*
"Overall, I really like this interview structure since it brings out the ability of the applicants to interact and build rapports with the client, something that does not necessarily require clinical reasoning or specific knowledge, and yet, still gives us valuable information about who they are and whether they are team players or not." *"The interview process was very beneficial to selecting the perfect OT students!"*	*"[It] was nice getting to spend an hour with each group, and to observe them as they worked, observe the role play."*
Theme 3: The Behavioral Interview successfully showcased the emphases of the program	
Simulated Clients	*Faculty Interviewers*
"Seems like you definitely get to know the applicants in a different, more OT specific way!"	*"The process was occupation based so it does not get any better than that. We were easily able to convey the importance placed on collaboration and communication in our curriculum."*

Survey Results

Twenty-three of the 29 admitted students (79.3%) responded to the anonymous survey, and all respondents answered all questions. Survey questions #1 through #3 asked about how the BI process allowed the applicant to demonstrate his/her potential as an OT student, to operate as a team member, and to communicate effectively. The

majority of the admitted students positively endorsed the BI as allowing them to demonstrate these attributes. The data showed that 87%, 82.6%, and 95.7% of the respondents "strongly agreed" or "agreed" with survey questions #1 to #3, respectively. Reponses to survey question #4 indicated that about 65% of the admitted students felt that the BI positively (either "strongly agreed" or "agreed") influenced their decision to attend the DUC-OT program. Finally, in response to survey question #5, about 78% of the admitted students thought the process gave them a positive impression of the OT program at DUC (see Table 3).

Table 3

Survey Responses to Questions #1 Through #5

	Survey Questions	**Rating Responses % (n)**				
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	The behavioral interview process allowed me to accurately demonstrate my aptitude as a potential student of Occupational Therapy.	56.52% (13)	30.43% (7)	8.70% (2)	4.35% (1)	0.00% (0)
2	The behavioral interview process allowed me to accurately demonstrate my ability to collaborate as a team member.	43.48% (10)	39.13% (9)	13.04% (3)	4.35% (1)	0.00% (0)
3	The behavioral interview process allowed me to accurately demonstrate my ability to communicate effectively with others.	60.87% (14)	34.78% (8)	4.35% (1)	0.00% (0)	0.00% (0)
4	The behavioral interview process positively influenced my decision to attend DUC Occupational Therapy program.	34.78% (8)	30.43% (7)	30.43% (7)	0.00% (0)	4.35% (1)
5	During the behavioral interview process, my experience with current OT students as simulated clients provided me with a positive impression of the quality of DUC Occupational Therapy program.	34.78% (8)	43.48% (10)	17.39% (4)	0.00% (0)	4.35% (1)

Survey Question #6 asked the applicants to rank order five components of the BI process (see Table 4). While there was a broad scatter of rankings overall, the collaboration with other applicants, the simulated clients and the team reflection ranked the highest, followed by the client case scenarios and the questions provided to them to ask the simulated clients.

Table 4

Survey Responses to Question # 6

BI Process Component	**Ranking % (n)**					
	Liked Most				Liked Least	Average Ranking/ Score
	1	2	3	4	5	
The simulated clients	26.09% (6)	26.09% (6)	13.04% (3)	30.43% (7)	4.35% (1)	3.39
The client case scenarios	17.39% (4)	13.04% (3)	34.78% (8)	13.04% (3)	21.74% (5)	2.91
The provided questions to ask the client	4.35% (1)	13.04% (3)	8.70% (2)	21.74% (5)	52.17% (12)	1.96
The collaboration with other applicants during our client interview	30.43% (7)	30.43% (7)	8.70% (2)	17.39% (4)	13.04% (3)	3.48
The team reflection	30.43% (7)	30.43% (7)	8.70% (2)	17.39% (4)	13.04% (3)	3.26

Interview Score Correlations

Using Pearson Correlation analysis, the final strategy explored the relationship between the first semester students' interview scores, their pre-admission academic performances, and success in the OT program as reflected by their first semester GPAs. All data met the assumptions for the use of parametric statistics. The students who were admitted to DUC-OT program had a mean interview score of 16.6 (*SD*= 2.5*)* on the 20-point scale. The mean overall GPA after the first semester was 3.78 (*SD*=

0.23) on a 4-point scale. The correlation between mean interview score and mean overall GPA after the first semester was small and non-significant (r = .173, p = .368). Similarly, as seen in Table 5, all correlations between the pre-admission GPAs (last 60-unit and prerequisite) and GRE (verbal, quantitative and written) scores with the first semester GPA were small and non-significant.

Table 5

Pearson's Correlations between First Semester GPA, Interview Scores and Pre-admission Academic Performances

	First Semester GPA	*Interview Score*	*Prereq GPA*	*Last 60 Units GPA*	*GRE Verbal*	*GRE Quant*	*GRE Written*
First Semester GPA	1	.173	.074	.235	-.037	.125	.071
Interview Score	.173	1	.015	.028	-.075	-.243	-.045

Note. Prereq GPA = pre-requisite GPA, GRE Quant = GRE quantitative. All p-values >.05.

To further determine how the interview scores contributed to the prediction of first semester grades, a linear regression analysis that included the interview score along with pre-admission GPAs and GRE scores was conducted. The overall model was not significant and yielded an R^2 of .368 [F (6,22) = .574, p = .75]. This indicated that 36.8% of the variation in first semester grades was explained by interview score, pre-admission GPA and GRE scores. No one variable made a significant contribution to the model.

DISCUSSION

The overarching goal for adopting an innovative BI was to assess applicants' skills in interpersonal communication, ability to collaborate, capacity for reflection, and professionalism, all of which are important skills to be successful in an OT academic program and ultimately as OT practitioners. Both qualitative and quantitative survey data support the BI as a fruitful strategy and valuable addition to the admission process to the DUC-OT program. The evaluation of the process yielded several key expected and unexpected results. First, all stakeholders had a positive impression of the process. Second, the applicants and the faculty both endorsed, qualitatively and quantitatively, that the BI process provided an effective avenue for the applicants to demonstrate their communication and collaboration skills. Third, the BI provided unique information and criteria in the selection of applicants. And fourth, the BI process impressed upon the applicants the behavioral emphasis of the OT program at DUC.

As expected, the majority of the faculty interviewers favored the innovative BI over the traditional structured interview. Observations of the applicants' performance in the planning phase, the SCI phase and the reflection phase provided the faculty interviewers valuable information that would not have been revealed in a question-and-answer structured interview. The overall impression of the key stakeholders, reflected in the qualitative and quantitative survey data, was that the BI was successful in achieving the original goal of assessing the applicants' ability to effectively communicate, work in teams and reflect upon their experience. This point was made in the feedback from faculty and applicants alike. The faculty interviewers consistently reported feeling they were able to assess the non-academic attributes more clearly. The applicants felt they were able to more accurately represent themselves and their abilities in the BI. The follow-up survey with the successful applicants also confirmed the immediate good impression made when exiting the interviews. The first-semester students overwhelmingly endorsed the survey items 1-3, confirming that the BI process had allowed them to represent their skills. Since the DUC-OT program emphasizes interpersonal communication, collaboration in teamwork and professionalism, the BI process gave faculty a glimpse of the applicants' potential to be successful in those aspects of the program. Hence, the faculty interviewers had more confidence that students who matched the mission of the program would be selected through the BI process.

The applicants and the interview teams alike reported in the follow-up reports that the BI was a positive experience. Contrary to the concern that an innovative behavioral interview process may create additional anxiety for the applicants or may leave a negative impression on the applicants, many noted specifically that it was actually more positive and enjoyable than the traditional interview process. To prepare the applicants for the new interview process, the applicants were informed prior to the interview that clinical knowledge would not be assessed in the simulation. The same message was emphasized in the verbal and written instructions provided to the applicants on the day of the interview. Furthermore, the faculty interviewers, including the pre-admission selection committee members, agreed that the simulated clients were well prepared and that they were able to apply clinical knowledge gained in the program to be effective partners in the simulated behavioral interview process. Hence, ultimately, the carefully designed client case scenarios, the adequate preparation of the applicants, the simulated clients, and the faculty interviewers contributed to the overall positive experience for all stakeholders.

The applicants also noted in the survey that they liked the collaboration with other applicants, the simulated clients, and the team reflection best. All of these three factors matched with the purpose in the design of the BI process. Similarly, the simulated clients also enjoyed the process and felt that it was valuable. These factors were key in the evaluation showing that the innovative BI is a feasible process.

In addition to observations of interpersonal skills, the scores from the BI were shown to make a unique contribution to the final rubric that ultimately ranked students for admission. The correlations between the behavioral interview score and the first semester GPAs were modest at best and were all non-significant. This is likely due to

the small number of participants and the small variance in the first semester GPAs. However, the three variables that had the highest correlations with first semester grades were the behavioral interview score, the last 60-units GPA and Quantitative GRE scores in pre-admission academic performances. Though both GPA and GRE scores have been shown in previous studies to predict success in first year OT programs (Posthuma & Sommerfreund, 1985), there is limited evidence of the relationship between behavioral interview and academic success in allied health professions (Hollman et al., 2008). This study provides some support for further investigation of the behavioral interview as an additional tool for selecting students who will succeed academically.

Finally, in addition to the key findings about the utility and feasibility of using the BI as a strategy for selecting OT students, the BI process also gave a positive impression of the quality of the DUC-OT program to the applicants and positively influenced many applicants' decision to attend the program. While this was not an original aim of the BI, this finding supported its continued use.

Limitations and Future Directions

Several limitations should be addressed when interpreting the results. While most of the feedback from the interview team was captured accurately using email communication within one week after the interview, the feedback solicited from the applicants was unstructured. The applicants were asked to render a general impression casually upon exiting the interviews. Hence, not all applicants' comments were collected systematically nor were they recorded entirely. This could lead to a positivity bias. Thus, future research should include a method to capture more systematic post-interview feedback from the interview team and all applicants, not just the students admitted to the program.

The key limitation of the quantitative data was the small number of participants in the anonymous survey. Only 29 students were enrolled in the first-year DUC-OT program, and 23 students voluntarily responded to the survey. This, again, could lead to a positivity bias. Hence, yearly follow up evaluation with the admitted students is recommended to further validate the findings. Similarly, in terms of the correlation and regression data analysis, the small number included reduces the power of the statistics resulting in an increased likelihood of lack of statistically significant relationships between variables.

As noted earlier, another limitation is in the outcome measure of the first semester GPAs. The first semester GPAs did not vary much, with more than two-thirds of the students having GPAs of 3.75 or above on the 4-point scale. Only two students had GPAs below 3.5. However, it is important to note that the first semester curriculum focuses on foundational knowledge, and though collaborative teamwork and professionalism are required even in these early courses, there is limited opportunity for clinical application and client interaction. Therefore, the first semester GPAs may not be as representative of the overall demand of the DUC-OT program as the later semesters. Perhaps future studies should include additional measurement such as instructors' impression of teaming and communication abilities, together with assessment of

professional behaviors during fieldwork, and ongoing examination of GPAs in the later semesters, such as after the first and second years.

Conclusion

In an attempt to address how a traditional structured interview may fail to adequately identify essential non-academic attributes among applicants, the pre-admission selection committee for the DUC-OT program instituted an innovative "simulated" behavioral interview process during which applicants were asked to interview simulated clients. The overall results of the study indicate that both the interview team and the applicants positively favored the BI process. Applicants and interviewers alike felt that BI allowed for the demonstration of the ability to effectively communicate and work as a team. The results support the continued use of a behavioral interview to assess non-academic attributes when selecting students for admission into an occupational therapy program.

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