An Approach to Using Noncognitive Variables in Dental School Admissions

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Abstract: Dental school admissions committees continue to grapple with challenges associated with recruiting, admitting, and enrolling students who best meet the mission of the particular institution. For many students, particularly underrepresented minority students and those from non-traditional backgrounds, standardized tests such as the Dental Admission Test (DAT) are poor predictors of their potential for success. Noncognitive assessment methods can be used in conjunction with traditional cognitive measures in making admissions decisions. These methods have been employed by hundreds of higher education institutions, foundations, and scholarship programs, but are relatively new in dental education. This article describes a prevalent assessment model and discusses one dental school’s implementation of the model, with the outcome of enrolling students from diverse backgrounds whose career goals parallel the mission of the school.

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Admissions committees at U.S. dental schools have traditionally relied on academic and cognitive data such as completion of prerequisite courses, Dental Admission Test (DAT) scores, and grade point averages to guide admissions decisions, although it has been demonstrated that such factors have limited predictive value regarding academic performance in dental school. The American Dental Education Association (ADEA)’s Policy Statements endorse admissions practices that support the admission of students from diverse races and backgrounds and recommend the use of noncognitive factors as part of the admissions process. Lopez et al. described a standardized systematic process for including non-academic factors in a quantifiable format for selecting applicants for interviews. Many schools consider such variables as leadership, community service, and shadowing experiences in the admissions deliberation process; however, non-academic factors are often used adjunctively in the applicant selection process, making it difficult to determine their relative impact on the profile of admitted students.

U.S. dental schools have undertaken numerous strategies to increase the diversity of their student populations. Examples include middle school and high school outreach programs, designated scholarships, tuition waivers, summer programs for college students, mentoring programs, DAT workshops, early admission programs for gifted students, five-year programs, and similar efforts. Funded by the Robert Wood Johnson Foundation and The California Endowment, the Pipeline, Profession, and Practice: Community-Based Dental Education program outcomes provided evidence of the impact of targeted programs and institutional strategies for increasing the numbers of underrepresented minority (URM) and low-income students in dental schools. Among the common elements of the fifteen Pipeline schools were mission-driven recruitment and retention practices. Price and Grant-Mills further reiterated the critical importance of aligning an institution’s mission with its educational objectives, advocating for a comprehensive review of all candidates as a key step in ensuring that the institution meets its mission of educating dentists who are prepared to care for an increasingly diverse society.

Even with these concerted efforts, enrolling a diverse group of students remains a challenge for
dental school admissions officers. ADEA reported that, for the 2012 entering classes, of the 5,483 students enrolled as first-time enrollees in U.S. dental schools, Hispanics/Latinos comprised 7.8 percent, African Americans comprised 5.1 percent, and American Indians comprised less than 1 percent. Underrepresented minority students collectively accounted for only 13 percent of the total first-year enrollment. Total U.S. dental school enrollment reported by the American Dental Association (ADA) follows a similar distribution for Hispanics/Latinos (7.0 percent), African Americans (5.5 percent), and American Indians (less than 1 percent). The East Carolina University (ECU) School of Dental Medicine was established by the North Carolina legislature in 2007 to address the significant need for dentists in the state of North Carolina. North Carolina currently ranks forty-seventh nationally in the number of dentists per capita. Against this backdrop of substantial shortages overall, the state faces a number of additional factors further compounding North Carolinians’ access to oral health care: a rural/urban maldistribution of practicing dentists, an aging dental workforce, rapid population growth, and a shift in ethnic composition of the population. Similar issues impact the dental workforce and access to oral health care across the nation.

To address these concerns at the state level, the ECU School of Dental Medicine specifically seeks to educate dentists from rural, disadvantaged, and URM populations who articulate a commitment to providing primary care dentistry services in communities of need across the state of North Carolina. Health professionals who come from disadvantaged backgrounds or are members of URM groups are more likely to provide care in communities of need. The school’s model for admissions strives to build a diverse oral health workforce that is committed to serving communities of need, thereby increasing access to oral health care services for vulnerable populations. Given evidence that traditional cognitive measures such as the DAT may not be accurate predictors of success for individuals from non-traditional, disadvantaged, and minority groups (the very populations we are seeking to admit), the school has implemented the use of noncognitive variables as a key part of the admissions process.

In Beyond the Big Test: Noncognitive Assessment in Higher Education, Sedlacek provides evidence that noncognitive variables should play a key role in admissions decisions, asserting that such variables will predict the success of all students, but particularly those experiencing some form of discrimination. Moreover, noncognitive variables provide information to faculty and staff that is critical to providing effective post-matriculation services. Utilizing an evidence-based approach, Sedlacek demonstrated the validity of employing noncognitive variables for selecting and developing students in the health professions. As a result, Sedlacek advocates the use of noncognitive variables in admissions decisions and has described an assessment method based on eight noncognitive variables: positive self-concept, realistic self-appraisal, understands and knows how to navigate the system, prefers long-range to short-term or immediate needs, availability of strong support person, successful leadership experience, demonstrated community service, and knowledge acquired in or about a field.

Noncognitive variables can be assessed and measured in a variety of ways using several versions of paper and pencil or online instruments in application reviews for admissions, scholarship programs, financial aid, or support programs. Additional information can also be obtained by reviewing individuals’ essays and verbal or written responses to structured items or short-answer questions. Lopez et al. have developed a standardized process for reviewing dental application materials to assess non-academic factors to potentially broaden the pool of applicants invited for interviews. A number of programs, including the Gates Millennium Scholars program, the Washington State Achievers program, and Oregon State University utilize various methods of measuring noncognitive variables based on Sedlacek’s model. In their work with Washington State Achievers, Sedlacek and Sheu developed reliability estimates of scale scores (Table 1), which are consistently high. To contribute to the literature on this subject, this article describes the East Carolina University School of Dental Medicine’s approach to using noncognitive variables in the selection process and gives a report of preliminary results.

**Methods**

The school began implementing the use of noncognitive variables in the admissions process for its inaugural class, in the 2010-11 admissions cycle. This approach has been ongoing and continues through the current admissions cycle. The approach is implemented through institutional structure and processes.
Admissions Committee Training

The charge of the Admissions Committee is to “Recruit and admit diverse, academically qualified students, with particular emphasis on admitting students from rural areas, underrepresented groups, and disadvantaged backgrounds who are committed to fulfilling the mission of the School of Dental Medicine through service in communities across the state of North Carolina.” The Admissions Committee is comprised of School of Dental Medicine faculty members, affiliated faculty members from other schools (e.g., ECU’s Brody School of Medicine), and private dental practitioners. Diversity factors are considered in selecting members of the committee, and more than half have served since the initial admissions cycle in 2010-11.

The implementation of the use of noncognitive variables in making admissions decisions has been intentionally phased. In the summer of 2010, the associate dean for student affairs introduced the Admissions Committee to the concept of using noncognitive variables during the inaugural admissions cycle, 2010-11, presenting the use of the variables as an adjunct in the admissions process. Committee training continued and expanded during the next two admissions cycles, with the school’s engagement of Dr. William Sedlacek as a consultant. He presented a half-day workshop for members of the Admissions Committee prior to the beginning of the 2011-12 cycle; he then returned again for a one-year follow-up meeting with committee members prior to the beginning of the 2012-13 cycle. During that visit, in addition to providing training sessions for new and returning committee members, Sedlacek delivered a presentation for all faculty members, describing the use of noncognitive factors in admissions and in ongoing student development. Also during the summer of 2012, prior to the start of the 2012-13 admissions cycle, Dr. Anne Wells, ADEA senior vice president for educational pathways, and Dr. David Brunson, ADEA senior director for access, diversity, and inclusion, presented an ADEA Admissions Committee Workshop for returning and newly appointed members of the Admissions Committee.

### Table 1. Description of noncognitive variables and reliability estimates of scale scores

<table>
<thead>
<tr>
<th>Variable Name and Description</th>
<th>Reliability Estimates of Scale Scores ($\alpha$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Self-Concept</td>
<td>0.79</td>
</tr>
<tr>
<td>Demonstrates confidence, strength of character, determination, and independence.</td>
<td></td>
</tr>
<tr>
<td>Realistic Self-Appraisal</td>
<td>0.78</td>
</tr>
<tr>
<td>Recognizes and accepts any strengths and deficiencies, especially academic, and works hard at self-development. Recognizes need to broaden his/her individuality.</td>
<td></td>
</tr>
<tr>
<td>Understands and Knows How to Navigate the System</td>
<td>0.80</td>
</tr>
<tr>
<td>Exhibits a realistic view of the system based upon personal experience of racism. Committed to improving the existing system. Takes an assertive approach to dealing with existing wrongs, but is not hostile to society nor is a “cop-out.” Able to handle racist system.</td>
<td></td>
</tr>
<tr>
<td>Prefers Long-Range to Short-Term or Immediate Needs</td>
<td>0.80</td>
</tr>
<tr>
<td>Able to respond to deferred gratification; plans ahead and sets goals.</td>
<td></td>
</tr>
<tr>
<td>Availability of Strong Support Person</td>
<td>0.79</td>
</tr>
<tr>
<td>Seeks and takes advantage of a strong support network or has someone to turn to in a crisis or for encouragement.</td>
<td></td>
</tr>
<tr>
<td>Successful Leadership Experience</td>
<td>0.78</td>
</tr>
<tr>
<td>Demonstrates strong leadership in any area of his/her background (church, sports, non-educational groups, etc.).</td>
<td></td>
</tr>
<tr>
<td>Demonstrated Community Service</td>
<td>0.80</td>
</tr>
<tr>
<td>Participates and is involved in his/her community.</td>
<td></td>
</tr>
<tr>
<td>Knowledge Acquired in or About a Field</td>
<td>0.80</td>
</tr>
<tr>
<td>Acquires knowledge in sustained and/or culturally related ways in any field.</td>
<td></td>
</tr>
</tbody>
</table>

Note: Composite score $\alpha=0.83$ from Sedlacek WE, Sheu HB. Early academic behaviors of Washington State Achievers. Readings Equal Educ 2005;21:207-22.
At the conclusion of each admissions cycle, the Admissions Committee reviews its processes and outcomes and uses that review process to inform its planning for the next cycle. The continued development of committee members’ fluency in considering noncognitive factors led the committee to determine that, for the 2012-13 admissions cycle, consideration of these variables could be more heavily weighted in making decisions regarding which applicants to invite for interviews. At the same time, cognitive factors (e.g., DAT scores) could receive somewhat less emphasis, particularly for individuals with exceptionally strong noncognitive variables.

Prior to the beginning of the 2013-14 admissions cycle, the associate dean for student affairs provided training for new members of the Admissions Committee. For each of the sessions for committee members, training had included discussion of the noncognitive variable definitions, specific questions that can elicit information regarding each of the variables, potential applicant responses, and evaluation of those responses.

**Initial Application Review Process**

Students seeking admission to the ECU School of Dental Medicine complete and submit applications through ADEA’s Associated American Dental Schools Application Service (ADEA AADSAS). Once ADEA AADSAS applications are received in the Office of Student Affairs, applicants are invited to complete the school’s supplemental application and submit an application-processing fee.

The completed ADEA AADSAS application and ECU supplemental application undergo a holistic review, including an assessment of noncognitive variables. In addition to academic and cognitive data, each applicant’s ADEA AADSAS application package includes a personal statement, description of community, leadership, and extracurricular activities, and letters of recommendation—which, all together, provide a holistic overview of the applicant. The ECU supplemental application includes questions specifically designed to address four of the noncognitive variables (Table 2). Based on preliminary review of the ADEA AADSAS and ECU supplemental applications, applicants whose noncognitive factors indicate their potential for fitting the mission of the school and whose academic record and DAT scores meet the minimum criteria for admission are invited to interview with members of the Admissions Committee.

**Applicant Interviews**

The school interviews eight applicants per interview day. The interview cycle typically begins in mid-September and concludes in mid- to late February. During the 2010-11 and 2011-12 cycles, each applicant had three one-on-one interviews with members of the Admissions Committee. A period of rapid school growth, impacting faculty availability during interview times, drove the decision to decrease the numbers of one-on-one interviews from three to two for the 2012-13 admissions cycle.

Admissions Committee members have access to the entire admissions files for their assigned applicants. In preparation for interviews, interviewers review each applicant’s entire file, including the full ADEA AADSAS application and the ECU supplemental application. Interviews are not structured; instead, interviewers ask questions specifically tailored toward each individual applicant’s background and experiences. This interview configuration allows the interviewers to assess specific noncognitive variables by asking questions similar to those shown in Table 3.

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At the end of the interview, each interviewer independently assesses and scores each applicant for each of the eight noncognitive variables. During the 2010-11 admissions cycle, interviewers scored applicants on a scale of 1 to 3 (3=highest), while a scale of 1 to 4 (4=highest) was used for subsequent admissions cycles in order to obtain finer distinctions among applicants. Interviewers record their scores and comments into specially designed electronic

**Table 2. Supplemental application questions**

| Availability of Strong Support Person | Other than your parents, describe someone who has been a strong support person for you. In what specific ways was that person supportive? |
| Successful Leadership Experience     | Describe a situation in which your attempts at leadership were not successful. Why do you think that was? |
| Demonstrated Community Service       | Describe the role you played in a group that worked together toward a common goal. What did you learn from that experience? |
| Knowledge Acquired in or About a Field | Describe a crisis in your life and what you learned from it. |
forms. The interviewers’ scores for each variable and the total scores for each applicant are entered into a database. In addition to the noncognitive scores, each interviewer considers both cognitive and noncognitive inputs in providing an overall recommendation regarding admission for each applicant, with 1=highest and 4=reject.

### Admissions Committee Review and Action

At regularly scheduled Admissions Committee meetings, the members review each interviewed applicant. Each committee meeting begins with an affirmation of the mission of the School of Dental Medicine relative to admission of students. Admissions Committee discussions center around how the noncognitive variables impact applicants’ potential for success in the ECU educational model and their alignment with the vision and mission of the school. The committee considers the overall recommendations of the interviewers, noncognitive variable scores, and all available admissions data and information in making admissions decisions. After careful review, discussion, and deliberation, the school extends offers of admission to the most highly desirable candidates. While many candidates accept these offers of admission, some candidates decline their offers and choose to attend another dental school.

### Data Analysis

The East Carolina University-University and Medical Center Institutional Review Board certified this study (13-001172) as exempt. Noncognitive variable scores were calculated for each interviewed applicant in the 2010-11, 2011-12, and 2012-13 admissions cycles. Applicants who were not interviewed and scored by three members of the Admissions Committee in the 2010-11 and 2011-12 cycles and by two members of the committee in the 2012-13 cycle were eliminated, resulting in N=204 for the 2010-11 cycle, N=195 for the 2011-12 cycle, and N=236 for the 2012-13 cycle. To minimize the impact of cycle-specific variables, data from each cycle were analyzed separately.

For each applicant, the mean and standard deviation were calculated for the interviewers’ eight noncognitive variables scores and total scores. Those means and standard deviations were then calculated for all applicants in each cycle cohort. In each admissions cycle, Pearson correlation coefficients were calculated for the noncognitive variable scores and total scores for each applicant, with interviewers’ recommendations labeled as “desirability” and with final admissions actions (final Admissions Committee decision) labeled as “class.” Means and standard deviations were also calculated for each interviewer’s ratings of the eight noncognitive variable scores and total scores for applicants interviewed by the interviewer for the 2012-13 cycle. This information was shared as feedback for each individual interviewer at the beginning of the 2013-14 cycle.

### Results

The interviewers’ eight noncognitive variables scores ranged from 2.33 for Leadership to 2.70 for Positive Self-Concept, on a scale of 1 to 3 (3=highest) for the 2011 cohort. The eight noncognitive variable scores for the 2012 cohort ranged from 3.07 for Non-Traditional Learning to 3.51 for Strong Support Person, and from 3.0 for Leadership to 3.34 for Strong
Support Person for the 2013 cohort, both on a scale of 1 to 4 (4=highest). Applicants’ total scores were 20.10 for the 2011 entering class, 26.15 for the 2012 entering class, and 25.43 for the 2013 entering class (Table 4). Mean scores for the 2011-12 cycle were higher overall than scores for the 2010-11 and 2012-13 cycles.

Figures 1 and 2 show the Pearson correlation coefficients for the noncognitive variable scores and total scores for each applicant, with interviewers’ recommendations (desirability) (Figure 1) and with final admissions actions (class) (Figure 2). Not surprisingly, total score showed the highest correlations with interviewers’ recommendations (desirability) for all three cohorts (Figure 1). Among the individual noncognitive variable scores, Positive Self-Concept and Realistic Self-Appraisal showed higher correlations for all three cohorts than the other noncognitive variables, although individual other noncognitive variables did positively correlate with desirability. Total score showed the highest correlation with admissions decisions (class). Generally, the correlations of total score with admissions decisions (class) were lower than the correlations with interviewers’ recommendations (desirability) (Figure 2).

For all three admissions cycle samples, the correlations were highest for total score and were significant for interviewers’ recommendations (desirability) and admissions decision (class). Six of the noncognitive variable scores—Positive Self-Concept, Realistic Self-Appraisal, Long-Range Goals, Knows How to Navigate the System, Leadership, and Demonstrated Community Service—showed relatively higher correlations for both interviewers’ recommendations (desirability) and admissions decisions (class) than correlations with Availability of a Strong Support Person and Nontraditional Learning.

Among the fifty-two students enrolled from the 2011 cohort of applicants were 11.5 percent URM students. The 2012 cohort of fifty-two students included 9.6 percent URM students, while the 2013 cohort included 23 percent URM students. All students enrolled at the School of Dental Medicine are North Carolina residents, representing more than half of the 100 counties in the state.

Discussion and Conclusion

This preliminary data analysis demonstrates that noncognitive variables are related to admissions decisions at the East Carolina University School of Dental Medicine. Applicants with higher noncognitive variable scores received higher desirability scores from their individual interviewers and were more likely to receive offers of admission.

The same six noncognitive variable scores showed higher correlations for both desirability and class over three admissions cycles in making admissions decisions. Conversely, scores for Availability of Strong Support Person and Non-Traditional Learning were not factors in admissions recommendations. The positive correlations with the interviewers’ recommendations and the Admissions Committee decisions demonstrate that the noncognitive variables overall contributed to the recommendations and decisions.

The relatively lower correlations of noncognitive variable scores with desirability and class for the 2013 cohort, compared with the 2011 and 2012

Table 4. Means and standard deviations for noncognitive variable scores and total scores

<table>
<thead>
<tr>
<th>Noncognitive Variable</th>
<th>2011* (N=204)</th>
<th>2012** (N=195)</th>
<th>2013*** (N=237)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
<td>Mean</td>
</tr>
<tr>
<td>Positive Self-Concept</td>
<td>2.70</td>
<td>0.33</td>
<td>3.44</td>
</tr>
<tr>
<td>Realistic Self-Appraisal</td>
<td>2.62</td>
<td>0.35</td>
<td>3.33</td>
</tr>
<tr>
<td>Understands and Knows How to Navigate System</td>
<td>2.48</td>
<td>0.38</td>
<td>3.12</td>
</tr>
<tr>
<td>Prefers Long-Range to Short-Term or Immediate Needs</td>
<td>2.53</td>
<td>0.37</td>
<td>3.34</td>
</tr>
<tr>
<td>Availability of Strong Support Person</td>
<td>2.57</td>
<td>0.36</td>
<td>3.51</td>
</tr>
<tr>
<td>Successful Leadership Experience</td>
<td>2.33</td>
<td>0.42</td>
<td>3.12</td>
</tr>
<tr>
<td>Demonstrated Community Service</td>
<td>2.44</td>
<td>0.42</td>
<td>3.21</td>
</tr>
<tr>
<td>Knowledge Acquired in or About a Field/Non-Traditional Learning</td>
<td>2.46</td>
<td>0.36</td>
<td>3.07</td>
</tr>
<tr>
<td>Total Score</td>
<td>20.10</td>
<td>2.12</td>
<td>26.15</td>
</tr>
</tbody>
</table>

*Applicants rated on a scale of 1 to 3, 3=highest.
**Applicants rated on a scale of 1 to 4, 4=highest.
monitor the correlations in this admissions cycle and use the data to consider returning to a three-faculty interviewer format.

The students selected for admission in 2013 reflect a greater degree of diversity than the 2011 and 2012 cohorts, could be related to the reduction of faculty interviewers from three to two for the 2012-13 admissions cycle. The current interview format (for the 2014 cohort) also includes a total of two faculty interviews. The Admissions Committee will closely monitor the correlations in this admissions cycle and use the data to consider returning to a three-faculty interviewer format.

The students selected for admission in 2013 reflect a greater degree of diversity than the 2011 and
2012 cohorts. While it is premature to project trends by analyzing only three cohorts of admissions data, it is likely that the continued use of noncognitive variables in the admissions decision making process will support the goal of admitting a diverse group of students. In addition to continuing to monitor the demographics of each application pool and the composition of each class, the next stage of data analysis will be to relate the noncognitive variable scores to outcome measures such as grades, retention, graduation, and ultimately variables such as career choices.

In planning for future admissions cycle, the ECU School of Dental Medicine will continue to ensure that members of the Admissions Committee receive continued training in the assessment of noncognitive variables in order to guard against the “halo effect.” Some evaluators may tend to assign higher scores in future admissions cycles, independent of applicant attributes. This problem can occur in ratings as a program develops and raters feel positive about its mission and their role as evaluators. Continual calibration and training of interviewers will help ensure that the noncognitive variable scoring can be used to effectively differentiate among applicants. Differentiating among the applicants is the desired outcome regardless of the characteristics of the applicant pool.

REFERENCES