

Survey of Applicant Experience and Cost in the Urology Match: Opportunities for Reform

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Purpose: The urology match is highly competitive but there is a paucity of published data regarding the costs and barriers that applicants face. We gathered data on contributors to cost in the 2014 urology residency match.

Materials and Methods: A survey was sent to all applicants offered an interview at each of 18 participating institutions. Information on demographics, interview related costs, access to financial aid, frequency of away rotations and second look invitations was collected.

Results: A total of 173 respondents spent a median of \$7,000 on the urology match. Applicants attended a mean of 14 interviews with an average per interview cost of \$500. Overall 95% of respondents did at least 1 away rotation and 79% reported being asked to return for a second look interview at least once. Of the respondents 66% did not receive any financial aid for interviews and only 28% believed their financial aid departments provided adequate financial planning. Of those surveyed 20% indicated that their financial situation limited the number of interviews they attended.

Conclusions: We estimate that \$3,122,000 was spent by applicants on the 2014 urology match. One in 5 applicants reported limiting the number of interviews they attended due to financial concerns. Adequate financial planning resources were not widely available. Nearly all applicants went on an away rotation and encouragement to return for second look interviews was common. These factors may contribute to financial and regional bias in the match process, and are potential targets for reform.

Key Words: internship and residency; urology; education, medical, graduate; interviews as topic

Abbreviations and Acronyms

AUA = American Urological Association

Accepted for publication April 15, 2015.

Study received institutional review board approval.

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† Financial interest and/or other relationship with Bard Medical.

THE cost of medical education is a growing problem in the United States. According to the American Association of Medical Colleges 86% of medical school graduates carry a median of \$170,000 in debt.¹ Senior medical students incur significant costs during the residency interview process. Some students, especially those entering competitive fields like urology, do sub-internships at institutions away from their home

medical school to increase their chances of matching. Students must pay for temporary housing, transportation, utilities and food during these months (in addition to their permanent rent and utilities). Moreover the Electronic Residency Application Service (ERAS®) charges a per program application fee. These expenses are in addition to the costs of travel and lodging during interview season.

The urology match has become increasingly competitive in the last several years. For the 2014 AUA match 64% of applicants who submitted rank lists successfully matched with a program. The percentage of U.S. seniors successfully matching has decreased steadily from 88% in 2010 to 68% in 2014.² The urology match has reflexively become more extensive and expensive. Kerfoot et al evaluated the cost of the 2006 urology interview process and found that applicants spent a median of \$4,000 with a per interview cost of \$330.³ In 2014 the average number of applications submitted by a urology applicant was 59, meaning that the average urology applicant spent more than \$1,100 on applications alone through the ERAS system.²

With the knowledge that applicants are going on as many interviews as possible, some programs are increasingly encouraging second look visits as a tool to gauge the true interest of an applicant. These visits further increase cost and may exacerbate regional or financial bias in the selection process. We hypothesized that costs related to the urology match are greater than previously reported.

To investigate the costs and barriers faced by contemporary urology applicants we conducted a survey of applicants in the 2014 match to measure cost as well as the availability and amount of financial aid for interviews. We also evaluated the frequency with which applicants did away rotations and were asked to return for second looks.

MATERIALS AND METHODS

After receiving institutional review board approval 23 urology residency programs were chosen for inclusion in the study. We surveyed a representative sample of approximately a sixth of the 123 accredited urology programs in the United States, which would require 21 programs to participate.² Two extra programs were included to allow for a 10% nonparticipation rate. Program characteristics including size, geographic location, length and inclusion in the *U.S. News & World Report* Top 50 Hospitals for Adult Urology in 2014 were considered.⁴

The United States was divided into 4 geographic regions by the authors, namely the Northeast, South, Midwest and West. These regions mirrored AUA sections in that the Northeast comprised the New York, New England and Northeastern sections, the South region included the Southeastern and Mid-Atlantic sections, and the Midwest included the North Central and South Central sections. Eastern Pennsylvania was included in the Northeast region and the state of Texas was in the South region for the purposes of our study. In each region a minimum of 5 programs of varied size and length were chosen for inclusion by the study authors. By design only 50% of selected programs were listed in the *U.S. News & World Report* Top 50.

The leadership of selected programs was contacted via e-mail and asked to forward a survey to all applicants who were offered interviews at their institutions. Applicants

were invited immediately after match to participate in the study from January 23 to May 24, 2014. An estimated 525 recruitment e-mails were sent based on an average of 14 interview offers for each open residency position.² Many applicants were likely invited more than once. They were asked in the recruitment e-mail to only respond to the survey once. However, we were unable to determine from our de-identified data set whether any individual responded multiple times.

Survey e-mails included a statement of purpose as well as a description of informed consent. All responses were anonymous and participation was completely voluntary. A total of 10 multiple choice questions were asked, including information on demographics, the number of interviews attended, amount and source of funding for the interview process, as well as information about away rotations and second looks (Supplementary Appendix, <http://jurology.com/>). The survey was designed and administered using SurveyMonkey®, a free online survey service. All responses were de-identified by SurveyMonkey and reported to us anonymously.

Frequencies and percentages are reported for the majority of responses. Means with SDs are reported for normally distributed data and medians with IQRs are reported for nonnormal data. To estimate the amount of money spent on urology interviews we selected the midpoint value for each monetary range in the list of responses (or \$17,000 for the range greater than \$16,000) for the purposes of analysis. Data were analyzed using SPSS® version 20 (IBM Corp.).

RESULTS

Of the 23 institutions we contacted 18 agreed to participate (table 1). We received a total of 173 survey responses. The demographic information of respondents can be found in table 2. Each study applicant

Table 1. Characteristics of participating institutions

| Program Region | Program Size (residents/yr) | Program Length (yrs) | <i>U.S. News & World Report</i> Top 50* |
|----------------|--------------------------------|-------------------------|---|
| Northeast: | | | |
| Program 1 | 4 | 6 | Yes |
| Program 2 | 3 | 6 | No |
| Program 3 | 2 | 5 | Yes |
| Program 4 | 2 | 5 | No |
| South: | | | |
| Program 1 | 2 | 6 | No |
| Program 2 | 3 | 5 | No |
| Program 3 | 2 | 5 | No |
| Program 4 | 4 | 5 | No |
| Midwest: | | | |
| Program 1 | 5 | 6 | Yes |
| Program 2 | 4 | 5 | Yes |
| Program 3 | 2 | 6 | Yes |
| Program 4 | 2 | 5 | No |
| West: | | | |
| Program 1 | 3 | 6 | Yes |
| Program 2 | 3 | 6 | Yes |
| Program 3 | 3 | 6 | Yes |
| Program 4 | 2 | 6 | Yes |
| Program 5 | 2 | 5 | No |
| Program 6 | 2 | 6 | No |

* *U.S. News & World Report* Best Hospitals for Adult Urology 2014.

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