



## Utility of Onsite Interviews in the Pediatric Surgery Match<sup>☆</sup>



Cynthia D. Downard<sup>a,\*</sup>, Adam Goldin<sup>b</sup>, Michelle M. Garrison<sup>b</sup>, John Waldhausen<sup>b</sup>,  
Max Langham<sup>c</sup>, Ronald Hirschl<sup>d</sup>

<sup>a</sup> Division of Pediatric Surgery, Department of Surgery, University of Louisville, Louisville, KY

<sup>b</sup> Division of Pediatric Surgery, Department of Surgery, University of Washington, Seattle, WA

<sup>c</sup> Division of Pediatric Surgery, Department of Surgery, University of Tennessee, Memphis, TN

<sup>d</sup> Division of Pediatric Surgery, Department of Surgery, University of Michigan, Ann Arbor, MI

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### ABSTRACT

**Purpose:** The value of onsite interviews for the pediatric surgery match remains undefined despite substantial cost to applicants. This study assesses the impact of onsite interviews on the rank order lists submitted to the match by pediatric surgery residency training program directors (PDs). **Methods:** PDs were asked prospectively to evaluate pediatric surgery residency candidates based solely on their ERAS application and generate a “pre-interview rank list.” Interviews were then held based on the usual practice of each program. PDs then submitted de-identified pre-interview and final rank lists. The impact of the interview process upon rank list movement of candidates was assessed. **Results:** Of 44 programs, 16 (36%) provided data for analysis. Onsite interviews resulted in candidates moving a mean of  $5.2 \pm 1.2$  rank positions, whereas candidates ranked in the first 5 positions moved an average of  $4 \pm 2$  places, 81% of the initial top-ranked candidates moved out of this position, and 36% of top 10 candidates moved out of the top 10. **Conclusions:** Onsite interviews are high-stakes events which substantially affect the final rank order list in the pediatric surgery match. Programs should take these data into account when determining the number of interview invitations.

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Pediatric surgery has long been a competitive surgical subspecialty. Although it remains challenging to match into a pediatric surgery program, the number of pediatric surgery training programs has approximately doubled over the past 2 decades. Applicants utilize a traditional match through the National Resident Matching Program to submit applications and rank lists, but continue to try to interview at as many programs as possible to maximize their likelihood of matching. In spite of this effort, it is not unusual for 50% of applicants to go unmatched.

Onsite interviews are the primary driving force behind significant cost of the pediatric surgery match for applicants, with most applicants spending \$7000–\$10,000 of personal savings to complete as many interviews as possible [1,2]. Each applicant is away from their general surgery program for an average of 3 total weeks while interviewing, contributing to fatigue and call schedule burdens [1]. In addition, faculty at the pediatric surgery programs must curtail clinical activities during the interview process, incurring an undefined cost to their clinical practice.

Although prior studies have examined the impact of certain facets of an application to determine the likelihood of matching based on applicant characteristics, no studies have evaluated the role of the most costly portion of the process, the onsite interview, in the ultimate generation of a final rank list. Because proposals to alter the match

have included adopting a central or remote interview process, it seems prudent to define the value of these onsite interviews before altering the process.

The hypothesis for this study is that onsite interviews are important to the match process and significantly change the rank order list of pediatric surgery programs.

### 1. Methods

IRB exemption was obtained from the University of Louisville. Pediatric surgery training program directors then received an Email outlining the study coinciding with the availability of online Electronic Residency Application Service (ERAS) applications in early December 2012. Program directors and faculty members as selected by the PD were then asked to review initial applications in the manner which was customary for each program. Programs were asked to create an initial “pre-interview rank list” of applicants based solely on the ERAS application. This pre-interview rank list was kept by the program director or designee. Other than the creation of this initial list, interview invitations and the interview process proceeded as normal. A final rank list was created by each program in the manner usual for that program. Of note, the pre-interview rank list was not to be used as a starting point for the final rank list unless this was the usual procedure for the program. Program directors were then asked to submit de-identified coded pre-interview and final rank lists. Descriptive statistics were then assembled based on a comparison of the 2 lists.

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\* Corresponding author at: Division of Pediatric Surgery, Hiram C. Polk, Jr., MD Department of Surgery, University of Louisville, 315 E. Broadway, Ste 565, Louisville, KY 40202.

E-mail address: [c0down01@louisville.edu](mailto:c0down01@louisville.edu) (C.D. Downard).

## 2. Results

Of 52 total ACGME-approved pediatric surgery training programs, there were 44 programs offering 45 positions in the match the year studied (2013). Of these 44 programs, 16 (36%) provided data for analysis.

Onsite interviews resulted in candidates moving a mean of  $5.2 \pm 1.2$  rank positions (median 5.3) from the pre-interview rank list to the final rank list. Candidates ranked in the first 5 positions on the pre-interview rank list moved an average of  $4 \pm 2$  places. Eighty-one percent of the initial top-ranked candidates moved out of this position. Thirty-six of initial top 10 candidates moved out of the top 10.

Fig. 1 demonstrates the percentage of top candidates detected as a function of the number of candidates interviewed combining data from all programs. For example, after inviting the top 10 pre-interview rank list candidates for interviews, any given center will have detected on average 81% of its top 3 final candidates, 74% of its top 5, and 64% of its top 10 candidates.

Fig. 2 shows data grouped by individual program. This demonstrates how many people each program, based on the pre-interview rank list, would have to interview to find their respective final 2 of their top 3 candidates and final 4 of their top 5 candidates.

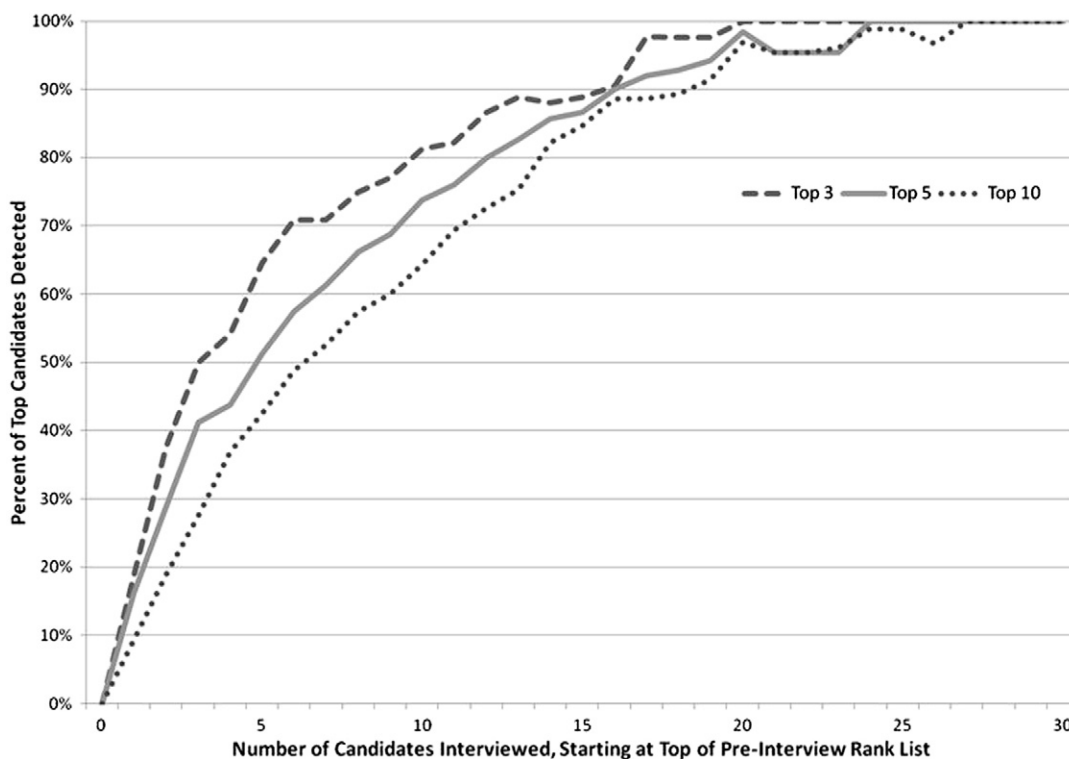
## 3. Discussion

Pediatric surgery remains a very rewarding and challenging field. Typically very bright and motivated general surgery residents are drawn to pediatric surgery because of the breadth of pathophysiology encountered and the technical expertise required to be a successful pediatric surgeon. Often, advisors and mentors in pediatric surgery help to determine if an individual seems suited personally and professionally for the difficult but gratifying field of pediatric surgery.

Because of the competitive nature of the pediatric surgery match, several studies have examined qualities of candidates based on prior matches to assess what makes a successful candidate. Hirthler was the first to try to quantify these characteristics to provide guidance for those interested in pediatric surgery [3]. Hirthler and colleagues sought to understand what made a “successful” applicant because in the era of the study 2/3 of applicants went unmatched. They sent questionnaires to applicants to the pediatric surgery match, both successful and unsuccessful, over a 9-year period, 1983–1992. They contacted 174 successful candidates and received 133 responses (76%) and contacted 356 unsuccessful candidates with only 51 responses (14% response rate). At that time, they found that a successful match was associated with residency supported research, a greater number of publications and presentations at national meetings such as APSA and the AAP. They also found that contact with well-known pediatric surgeons was associated with a successful application.

Hirthler and colleagues then followed up with a survey of the pediatric surgery training program directors regarding what they used as selection criteria in choosing residents to become pediatric surgery residents [4]. They found that the most important factors, based on a Likert scale evaluation by the PDs, were “works well with others, personal interview, telephone conversations with pediatric surgeons well known to you, evaluation of candidate by other faculty members, and overall personality of the candidate.” Interestingly, for our study, 4 of their top 5 criteria (with the exception of “telephone conversations with pediatric surgeons well known to you”) could presumably be discerned from an onsite interview.

Beres and colleagues asked if successful pediatric surgery match applicant characteristics had changed by evaluating the 2010 applicant pool through a questionnaire following the pediatric surgery match [2]. They determined that a strong publication record (9 publications vs. 5) and the number of interviews attended (21 vs. 14) portended a successful outcome in the match. Both successful and non-successful



**Fig. 1.** This graph depicts the number of candidates programs interviewed based on their pre-interview rank list (x-axis) in order to identify a percent of their top 3, top 5, or top 10 candidates on the final rank list (y-axis). Based on the data, at 5 interviews all programs combined have detected on average 65% of their final top 3 candidates, 51% of their final top 5 ranked applicants, and 43% of their final top 10. At 10 interviews, programs have detected on average 81% of the final top 3, 74% of the final top 5, and 64% of the final top 10. Programs could use this as a guide to determine how many applicants they should invite to feel comfortable that they have identified their top candidates based on their own prior match results.

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