

Association for Surgical Education

# General surgery residency interviews: are we following best practices?



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## Abstract

**BACKGROUND:** The interview is one of the most important factors in selecting candidates for general surgery residency. There is significant research on best practices for conducting interviews. Blinded interviews and standardized questions improve interview utility and accuracy; however, their utilization in surgical residency programs is unclear. The purpose of this study was to determine the current practices of surgery residency programs in the interview process and the application of established best practices.

**METHODS:** An online survey consisting of 26 questions was distributed to program directors of accredited surgery residency programs in the United States and Canada.

**RESULTS:** Overall, 108 responses (40%) were received. The vast majority of programs (90%) reported basing at least 25% of their final ranking on the interview score. Only 22 (20%) programs reported using some form of blinding for their interviewers. Five programs (5%) reported using standardized interview questions.

**CONCLUSIONS:** Few residency programs use blinded interviews or standardized questions. This may indicate a gap between research findings and practice and may represent an area for improvement in the resident selection process.

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Resident selection is of critical importance to general surgery residency programs, as this represents a potential 5-year commitment to the applicant. The selection of a few, or even one, sub-par applicant can have a profound influence on the long-term success of a training program,

with wide-reaching effects on clinical patient care, resident morale and/or attrition, department reputation, recruitment of future applicants, and accreditation by governing organizations. Because of this, resident applicant selection can be considered a “high-stakes” activity for training programs.

However, the future clinical performance of a resident can be difficult to predict based on application data. Objectives measures, such as United States Medical Licensing Examination scores and medical school grade point average, are generally good predictors of academic achievement as a resident but not necessarily predictive of clinical performance.<sup>1–4</sup> Therefore, program directors have

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long considered the in-person interview as a key factor in the selection process, to supplement other applicant data.<sup>5,6</sup>

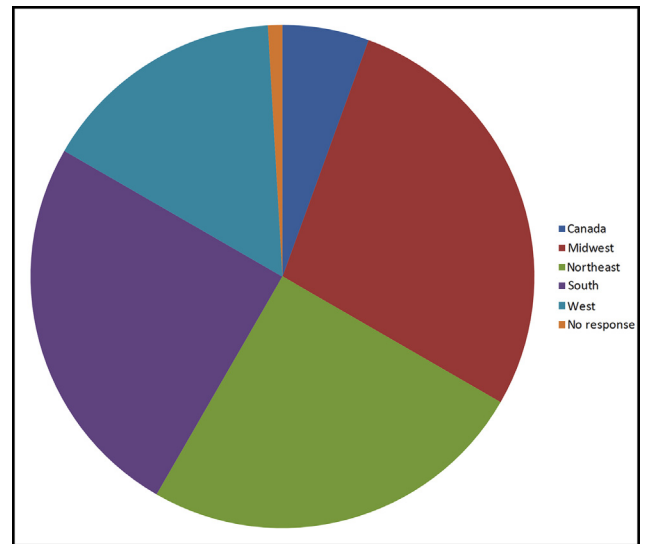
In business and industry, there are several well-established “best practices” for conducting employment interviews. The use of blinded interviews, in which the interviewer has limited data on the applicant, and the use of structured or standardized interviews have both been shown to improve interview utility and accuracy.<sup>7–9</sup> However, much of the evidence for these best practices has been published in psychology or human resource management research journals.<sup>7</sup> It is unclear how much of this research has been disseminated to program directors and been applied to the field of graduate medical education. The purpose of this study was to identify current practices of general surgery residency programs in regards to the applicant interview process and to determine the extent of utilization of established best practices in this process.

## Methods

The study protocol was reviewed by the Louisiana State University Health Sciences Center–Shreveport Institutional Review Board and determined to be exempt. An online survey ([Supplementary data](#)) consisting of 26 questions was designed by 2 co-authors: a surgeon who serves as associate program director for an academic general surgery residency program and an investigator with an educational doctorate and extensive experience in survey design. The survey was distributed to program directors of Accreditation Council for Graduate Medical Education–accredited general surgery residency programs in the United States and program directors of Royal College of Physicians and Surgeons of Canada–accredited general surgery residency programs in Canada. The survey was created and distributed using Survey Monkey (SurveyMonkey Inc., Palo Alto, CA). Survey participation was voluntary, and survey responses were anonymous. Individual response tickets were used to track survey participation while maintaining anonymity; 3 reminder e-mail invitations were sent out to nonresponders at approximately 4 week intervals after the initial survey invitation to encourage responses. Finalized survey responses were tabulated using Microsoft Excel 2007 (Microsoft Corporation, Redmond, WA), and statistical analysis was performed using SPSS 21 (IBM Corporation, Armonk, NY). Descriptive statistics were used to summarize results, with estimated medians calculated for grouped data. Chi-squared test was used to compare categorical variables, with a *P* value of less than .05 considered statistically significant.

## Results

Overall, 108 of 267 responses were received, for a 40% response rate. The programs responding consisted of 61 university-based programs (56%), 31 community programs with university affiliation (29%), and 16 community



**Figure 1** Geographic distribution of survey respondents.

programs without university affiliation (15%). The geographic distribution of programs responding is shown in [Fig. 1](#): the region with the greatest number of responses was the Midwest and the region with lowest number of responses was Canada. The median number of graduating residents per program per year was 5.

The median number of interview dates offered per program each year was 4. The estimated median number of applicants interviewed per interview date was 20, and estimated median total number of applicants interviewed per year was 71. A large proportion of programs (89%) had interview lengths of between 11 and 30 minutes, and 59% of programs had a total interview day that lasted 5 to 6 hours. The most common days of the week for interviews were Friday (38%) and Thursday (31%).

Sixty-four percent of programs had applicants interviewed by 3 to 4 separate interviewers. Ninety-six (91%) programs reported involving current residents in the interview process; of these, 59% reported that resident interviewers had as much input in the applicant selection process as faculty interviewers. Among programs using resident interviewers, post-graduate year-5 residents participated in applicant interviews at 84% of programs, while post-graduate year-1 residents were used as interviewers in 40%.

To determine the importance of the interview, program directors were asked how much weight is given to the interview in the final ranking process: 90% of programs base at least 25% of the final rank on the interview ([Fig. 2](#)). In terms of utilization of best practices for conducting interviews, only 20% of programs reported using some form of blinding for the interview process ([Fig. 3](#)). Only 5% reported using a standardized set of questions by all interviewers ([Fig. 4](#)). Eighty-four percent of programs reported using a standardized scoring form for interviews ([Fig. 5](#)).

Interview practices were compared by residency program type ([Table 1](#)). There were no statistically significant

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