

Applicant Characteristics Associated With Selection for Ranking at Independent Surgery Residency Programs

Jonathan M. Dort, MD,* Amber W. Trickey, PhD, MS, CPH,[†] Kara J. Kallies, MS,[‡] Amit R.T. Joshi, MD,[§] Richard A. Sidwell, MD,^{||} and Benjamin T. Jarman, MD[¶]

*Department of Surgery, Inova Fairfax Medical Campus, Falls Church, Virginia; [†]Advanced Surgical Technology and Education Center, Inova Fairfax Medical Campus, Falls Church, Virginia; [‡]Department of Research, Gunderson Medical Foundation, La Crosse, Wisconsin; [§]Department of Surgery, Einstein Healthcare Network, Philadelphia, Pennsylvania; ^{||}Department of Surgery, Iowa Methodist, Des Moines, Iowa; and [¶]Department of General Surgery, Gunderson Health System, La Crosse, Wisconsin

OBJECTIVES: This study evaluated characteristics of applicants selected for interview and ranked by independent general surgery residency programs and assessed independent program application volumes, interview selection, rank list formation, and match success.

DESIGN: Demographic and academic information was analyzed for 2014-2015 applicants. Applicant characteristics were compared by ranking status using univariate and multivariable statistical techniques. Characteristics independently associated with whether or not an applicant was ranked were identified using multivariable logistic regression modeling with backward stepwise variable selection and cluster-correlated robust variance estimates to account for correlations among individuals who applied to multiple programs.

SETTING: The Electronic Residency Application Service was used to obtain applicant data and program match outcomes at 33 independent surgery programs.

PARTICIPANTS: All applicants selected to interview at 33 participating independent general surgery residency programs were included in the study.

RESULTS: Applicants were 60% male with median age of 26 years. Birthplace was well distributed. Most applicants (73%) had ≥ 1 academic publication. Median United States Medical Licensing Exams (USMLE) Step 1 score was 228 (interquartile range: 218-240), and median USMLE Step 2 clinical knowledge score was 241 (interquartile range: 231-250). Residency programs in some regions more often ranked

applicants who attended medical school within the same region. On multivariable analysis, significant predictors of ranking by an independent residency program were: USMLE scores, medical school region, and birth region. Independent programs received an average of 764 applications (range: 307-1704). On average, 12% interviews, and 81% of interviewed applicants were ranked. Most programs (84%) matched at least 1 applicant ranked in their top 10.

CONCLUSIONS: Participating independent programs attract a large volume of applicants and have high standards in the selection process. This information can be used by surgery residency applicants to gauge their candidacy at independent programs. Independent programs offer a select number of interviews, rank most applicants that they interview, and successfully match competitive applicants. (J Surg 72:e123-e129. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: independent programs, graduate medical education, ERAS, program director, resident match, applicant ranking, interview, surgery residency, application, demographics

COMPETENCIES: Practice-Based Learning and Improvement, Systems-Based Practice, Medical Knowledge

INTRODUCTION

Each year, medical students seeking postgraduate training in general surgery are faced with the decision of where to apply for that experience. Other than those who are bound for military training, the applicants must determine whether a surgical residency at a university or independent (not

Correspondence: Inquiries to Jonathan M. Dort, MD, Department of Surgery, Inova Fairfax Medical Campus 3300 Gallows Road, Falls Church, VA 22042; e-mail: jonathan.dort@inova.org

university affiliated) setting is more suitable for them. Because of the affiliations of most medical schools, almost all students are exposed to the university hospital setting during their training, thereby understanding very little about the independent residency setting. These students are then advised by mentors from the university setting who may be equally inexperienced with the independent setting. These factors lead to biases which have been previously studied.¹⁻⁴

Little research has been done to evaluate the differences in characteristics between university and independent programs. A recent survey of general surgery residents found that graduates of independent programs are more likely to pursue a career in general surgery rather than entering fellowship.⁵ A large study by Sullivan et al. compared general surgery residents in university, independent, and military programs. The results suggest significant demographic differences among program types.⁶ The study also identified differences in perceptions of independent program residents. Residents in independent programs were most satisfied with their operative experience and more confident with autonomous practice. Independent program residents were more likely to believe that their opinions were important, and least likely to report that attending surgeons would think worse of them for seeking help with patient management. The study established important differences among perceptions of surgical trainees; however, there has been no study to date evaluating applicant characteristics associated with ranking in independent general surgery residency programs. There is therefore a paucity of information available to applicants to aid in their

decision-making process. The goal of this study was to examine the demographic and academic characteristics of applicants selected to interview at independent programs and to determine characteristics associated with successful ranking in those programs. Results of this study will aid and guide students in their decision-making process.

METHODS

Independent program directors were identified through the Association of Program Directors in Surgery (APDS) website and contacted electronically regarding study participation. A total of 33 of the 70 program directors (47%) elected to participate in the study (Fig.). The project was approved by the Association of American Medical Colleges and the Institutional Review Board.

The Electronic Residency Application Service (ERAS) was used to export demographic information, test scores, academic achievements, and medical school location for 2014-2015 applicants who were selected to interview at 33 independent programs. Descriptive statistics were calculated for applicant characteristics ($N = 1220$) and individual program applications ($N = 2149$), as appropriate. For 29 programs with available ranking data, applicant characteristics were compared by ranking status. Individuals who were ranked by at least 1 residency program were compared with individuals who were not ranked in any programs, using Pearson's chi-square tests or Fisher's exact tests for categorical variables and Mann-Whitney U tests for continuous variables.



FIGURE. Participating independent academic surgical residency programs.

Download English Version:

<https://daneshyari.com/en/article/4297447>

Download Persian Version:

<https://daneshyari.com/article/4297447>

[Daneshyari.com](https://daneshyari.com)