Musculoskeletal Radiology Fellowship Application and Selection Process: Perceptions of Residents, Fellows, and Fellowship Directors

Jennifer L. Demertzis, MD, Jonathan C. Baker, MD, Michael V. Friedman, MD, Charles S. Resnik, MD, Theodore T. Miller, MD, David A. Rubin, MD

Rational and Objectives: This study aimed to assess resident, fellow, and fellowship director perceptions of the musculoskeletal (MSK) radiology fellowship application process.

Materials and Methods: A task group constructed three surveys with questions about current and "ideal" fellowship application and selection processes. Surveys were distributed to MSK fellowship directors, who were also asked to give separate surveys to current fellows. US and Canadian radiology residency directors were asked to distribute surveys to current R3 and R4 residents. Responses were tabulated and analyzed.

Results: Responses were received from 47 MSK fellowship directors, 73 MSK fellows, and 147 residents. Fellowship directors and fellows reported that most fellowship offers occur between July and September of the R3 year, although 19% of directors made offers as early as the R2 year. Of the 43 director respondents, 31 (72%) noted "pressure from other programs" as the main driving force behind their policies, but 28 (65%) felt that their timelines were "too early." A formal match was supported by 55% of responding fellowship directors, 57% of fellows, and 61.9% of residents, citing "fairness" as a major justification.

Conclusions: MSK radiology fellowship selection occurs as early as the R2 year, before many residents have had substantial exposure to different subspecialties. An "arms race" has developed with programs moving their timelines earlier in response to the actions of other programs, presumably to avoid missing the best candidates. Although a majority of respondents would support a formalized match to increase fairness, there is not universal agreement that it would be the best approach.

Key Words: Radiology fellowship; application; selection; musculoskeletal; match.

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INTRODUCTION

In the United States, radiology fellowships are 1- or 2-year subspecialty training programs pursued after successful completion of diagnostic radiology residency and its prerequisite clinical internship year. Although fellowship is optional, several surveys suggest that more than 90% of diagnostic radiology residents apply or intend to apply for subspecialty fellowship training (1,2). American Board of Radiology (ABR) certification restructuring in 2013 may further affect this trend—candidates are eligible to take the certifying portion of the ABR examination 15 months after the completion of residency, and they have the option to select subspecialty assessment categories on the examination that reflect the clinical focus of their fellowship training and professional practice (3).

In our search of the medical literature, there have been no published reports investigating resident, fellow, and fellowship director perceptions and preferences of the fellowship application and selection process since the changes to the ABR examination structure in 2013 (4). Anecdotal experience at our own institutions is that the required radiology curriculum is now compressed into the first 3 years of training in preparation for the ABR core examination, with limited elective time to explore subspecialty interests before applying for fellowship. In musculoskeletal (MSK) radiology, we have noted

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From the Division of Musculoskeletal Imaging, Mallinckrodt Institute of Radiology, 510 South Kingshighway Blvd, Campus Box 8131, St. Louis, MO 63110 (J.L.D., J.C.B., M.V.F., D.A.R.); University of Maryland School of Medicine, Baltimore, Maryland (C.S.R.); Department of Radiology and Imaging, Hospital for Special Surgery, New York, New York (T.T.M.). Received January 24, 2018; revised March 8, 2018; accepted March 15, 2018. This study received an institutional review board waiver of consent. **Address correspondence to:** J.L.D. e-mail: demertzisj@wustl.edu

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progressive "application creep," with an increasing number of interview invitations offered and fellowship positions filled between the end of the second year of diagnostic radiology training (R2) and early third year (R3), before many residents have had the opportunity to fully explore subspecialty interests. Our study objective is to assess resident, MSK fellow, and MSK fellowship director perceptions of the current fellowship application and selection process, and their thoughts about potential changes.

MATERIALS AND METHODS

This study received an institutional review board waiver of consent.

A task force composed of two current and one former MSK fellowship director and three MSK faculty from three academic institutions developed a questionnaire by consensus agreement. The goal was to assess the current state of individual MSK fellowship composition and application process, perceptions of the current status, and opinions about "ideal" timelines and selection processes. Survey cohorts included R3 and R4 diagnostic radiology residents, current MSK fellows, and current MSK fellowship directors.

The survey questions for R3 and R4 residents and for MSK fellows were similar and included information about the location and affiliation of their residency and (intended) fellowship programs, experiences and decisions during the fellowship application and selection process, and perceptions and opinions of both match and nonmatch fellowship selection options. The MSK fellowship director survey included questions about their practice experience and location, fellowship program affiliation and accreditation status, basic fellow selection criteria and size of their programs, fellowship interview and selection process details for both internal (fellowship candidates from within their residency program) and external (fellowship candidates from outside their residency program) candidates, and their perceptions and opinions of both match and nonmatch fellowship selection systems. Multiple choice, ranking, true or false, and free-text question types were included on all surveys. Copies of the surveys are included in Appendices A–C.

The surveys were created in SurveyMonkey (www.surveymonkey.com/; SurveyMonkey.com LLC, San Mateo, CA) and were available through an online link. An email was sent to survey participants describing the survey content and purpose, identifying the investigators as members of the Society of Skeletal Radiology (SSR) MSK Policy and Procedure Workgroup, and notifying recipients that participation was voluntary and responses were anonymous. A survey request reminder was sent approximately 2 weeks after the initial invitation. The survey was available from mid-September through late-November 2016.

Each survey cohort was contacted separately and given versions of the survey that emphasized their personal experiences and unique concerns based on their current positions. For the R3 and R4 residents, an email was sent to diagnostic radiology residency program directors through the Association of Program Directors in Radiology membership list, requesting their assistance by distributing the survey to all current R3 and R4 residents regardless of the intended fellowship track. MSK fellowship directors were identified through the SSR membership directory, and the survey link was emailed to MSK fellowship directors by the SSR. In the email, MSK fellowship directors were also asked to distribute a separate survey request to their current MSK fellows. At the time, there were 1185 R3 and 1155 R4 residents in 194 Accreditation Council for Graduate Medical Education (ACGME)-accredited diagnostic radiology residency programs (5,6). There were 88 MSK fellowship program directors on the SSR member distribution list, representing 208 total fellowship spots. The decision to include Canadian MSK fellowship directors and MSK fellows in the survey was made for several reasons. First, the SSR represents Canadian and US MSK fellowship programs, and the investigators initiated the survey as representatives of the SSR MSK Policy and Procedure Workgroup. Second, Canadian training programs can "opt in" to the National Residency Match Program (NRMP) match through a Canadian partner organization, and therefore, it was important to understand how potential changes in the US application process might impact or influence Canadian programs. Finally, there is some applicant overlap for US and Canadian programs for international medical graduates, and therefore, it was appropriate to include their responses in the survey results.

Responses from each cohort were tabulated separately. In addition to summary statistics, potential associations between the interview or offer time frames and the location, size, affiliation, and ACGME status of programs were analyzed by analysis of variance and Fisher exact tests, with $P < .05$ used as a cutoff for statistical significance.

RESULTS

Responses of R3 and R4 Residents and MSK Fellows ("Trainees")

One hundred forty-seven of 2340 R3 and R4 residents (6.28%) and 73 of 208 MSK fellows (35%) responded to the survey. All geographic regions in the United States were represented, with 59 responses from the Northeast, 48 from the Midwest, 80 from the South, and 30 from Western states. Three MSK fellows at Canadian training programs also responded. 74.2% of resident respondents and 85% of MSK fellow respondents were currently training at an "academic center." All 147 resident respondents intended to pursue a fellowship. 89.3% of residents applied to only one fellowship subspecialty, and 81.8% applied for fellowship outside of their residency institution. 39.3% of residents applied or planned to apply for fellowships that use a match. In order, the most popular fellowship subspecialties in our survey were MSK (30.1%), vascular and interventional radiology (19.2%), neuroradiology (17.8%), and body imaging (15.1%). Thirty-seven of 65 R3 respondents (56.9%) had completed the fellowship application process at the time of the survey. All

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