

Diagnostic Radiology Resident Recruitment Part I: Advice to Programs (and Program Directors) From Vice Chairs for Education

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To the best of our knowledge, there is little available organized advice for diagnostic radiology residency program directors and their programs regarding resident recruitment. We are a group of current and former program directors who are current vice chairs for education and continue to advise and to mentor many educators. We have constructed this article along the yearly schedule of trainee recruitment, including an application review, interviews, and troublesome trends that we have observed.

Key Words: Application; director; education; interview; medical student; program; recruitment; resident.

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INTRODUCTION

This work was performed by a subgroup of vice chairs for education (1) in several radiology departments within the United States and meant to be a resource for diagnostic radiology (DR) residency programs and hopefully of use to interventional radiology residency programs as well. Some portions may also be of use to other graduate medical education (GME) training programs. This group of authors cumulatively has decades of program director (PD) experience, has reviewed many thousands of applications, and has interviewed thousands of candidates. We are either currently DR PDs or have recently served in this role and are a working group of Alliance of Directors and Vice Chairs of Education in Radiology (ADVICER) (2); the opinions contained herein are ours and not necessarily that of ADVICER.

The following is organized on the yearly application cycle and is not meant to be all-inclusive and is part 1 of a two-part series.

Before the Interview Season Starts

Communications

Inquiries to programs and program directors before applying.—Many applicants do not send an inquiry to the program or PD in advance of the application process. However, in some situations, this is not only commonplace but is also expected. For example, when a medical student participates in an away rotation in radiology, it is typical for the student to request to meet with the PD. As this expectation is not obvious to all students, it would be inappropriate to hold a lack of this request against a student. Usually, this request results in a brief “meet and greet.” Sometimes, students have a great deal to talk about, particularly if they come from an institution without a highly developed radiology advising system or if they are highly skilled at social interactions and are trying to “manage” the situation.

Website.—An online presence with an easily navigated website is an important source of information for potential applicants. As such, applicants may form their initial impression of the residency program based on website content (3–5). In their survey of 70 radiology residency candidates at the University of Arkansas, Deloney et al. found that the following 10 items were rated as “necessary” website content by at least 50% of survey respondents: “list of current residents (77%),

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list of faculty (69%), directions to hospital/department (66%), campus maps (59%), a description of the application process (57%), list of fellowships/jobs obtained by recent alumni (57%), recent/upcoming department/program changes and news (53%), interview dates and itinerary (51%), benefits and salary (50%), and the academic schedule (50%)” (3). A website can also be used to showcase innovative program and department initiatives, comments from current or former residents, and other features unique to the residency program or institution.

Social media.—Social media is increasingly being incorporated into medical education (6). GME programs also appear to be integrating social media into their training programs to enhance online visibility (7,8). In a 2011 study of radiology PDs, Deloney et al. found that approximately 38% participated in electronic social media sites (9), and we suspect that an even higher percentage of PDs are currently participating in social media. In addition to highlighting information about the program and the department, some PDs are using social media to help screen applicants during the residency recruitment process (7,8). A review of the applicant’s social media profile can result in a lower ranking of the applicant (10). Given the complexity and the visibility of issues related to social media, it is advisable to have intentional central control of content, approach, policy, and procedure when it comes to your department and your program.

Offering Interviews

Traditional (fourth-year US medical students) vs nontraditional (eg, non-US students and graduates with other training or experience) applicants.—For programs, it is important to understand how their chair or GME office expects each program to respond to applications from these candidates.

Reviewing applications.—There is a lot of information about applicants in their Electronic Residency Application Service® (ERAS®) (11) materials. To date, there is no “magic formula” that allows every program to select only the “best” candidates for interviews. Each program has unique needs and desires, so each will give different preference to strengths in many diverse categories, including examination performance, clinical performance, teaching experience, research productivity, work ethic, and personality. We are not aware of research that indicates which specific information in the application has been proven to be useful in predicting overall success as a DR resident, although some published work has indicated some predictive value for test results (12) and publications (13,14). When approaching a large number of DR residency applications, it may be useful to utilize a scheme involving sorting: (1) priority definite, (2) definite, (3) priority waitlist, (4) waitlist, and (5) reject. One approach that can be useful is to have reviewers concentrate on specific medical schools to take advantage of familiarity with formatting and style. We are also aware of programs that incorporate assessments of applicant interest levels (in the field of radiology or their specific program) or likelihood of matching with them.

The first data many programs consider are United States Medical Licensing Examination® (USMLE®) examination scores. Almost every applicant will include step 1 scores in the initial application package, and most or all programs use these in some way to stratify applicants. Some programs have a minimum threshold below which an application receives no further consideration. The level of this threshold is set by those individual programs, based either on performance of applicants from prior years or on statistics provided by the USMLE® (15). This strategy saves programs time by decreasing the number of applications that receive full review but ignores accomplishments that other programs would consider important.

The weight that programs assign to performance on USMLE® step 2 Clinical Knowledge (CK) is also quite variable. The absence of any step 2 results should not harm an applicant’s chance of getting an interview, but an unexpectedly low score might. This plays into the strategy of applicants on the timing of sitting for this examination. Programs should be aware that national numerical performance results that they will see in step 2 are commonly higher than those in step 1, so gauging “improvement” over time should only be done using norm tables (15).

Another caution is that the time and resources provided to students from different medical schools to study for the USMLE® examinations are highly variable. Allowing up to a year of study may increase the chance that students achieve higher scores, but this approach may come at a high cost of decreased clinical experience. Programs therefore must decide if clinical grades are of more, less, or equal importance to USMLE® scores.

Medical school grading systems are also highly variable. Grading systems that offer the least discriminating information to programs grade all courses strictly as “pass or fail.” However, reviewers of applications should avoid the pitfall of assuming that an “A” is an outstanding grade. Some schools may assign an “honors” grade to a high proportion of students and reserve a grade of A for those who have not achieved the honors designation. We have noticed that the proportion of students receiving honors varies not only among different medical schools but also among different courses within the same medical school. If grades are considered highly important, wise programs will scrutinize normative values within the Medical Student Performance Evaluation (MSPE (11), also known as the “dean’s letter,” when available) before concluding that a student is a high achiever academically.

Some programs give significant consideration to the reputation of medical schools when considering their applicants. However, methods for determining strong reputation are not universal. Some programs may place a higher value on medical schools where the difficulty of being selected to attend is greatest, whereas other programs may consider students attending schools from which successful residents have been recruited in the past more desirable. It is wise to strongly consider applicants from less prestigious medical schools who rank at or near the top of their class. In our experience, some students

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