

Challenges Facing Program Directors in the Urology Match

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Abstract

Introduction: We investigate urology residency program directors' perspectives on the current residency matching system.

Methods: A survey was emailed to Society of Urology Chairpersons and Program Directors members. The survey queried respondents' perspectives on the current residency matching system, with special attention to the recent surge in application volume and the usefulness of the Medical Student Performance Evaluation. Participants were also asked about their perspective on a possible application limit for students applying to urology residencies.

Results: A total of 70 members of the Society of Urology Chairpersons and Program Directors responded to the survey. The majority of respondents received more than 200 applications for their program's residency positions (77.1%) and used a Step 1 cutoff score to screen applications (81.4%). Approximately half of the respondents (51.4%) were in favor of imposing a limit to the number of applications that applicants are permitted to submit. The Medical Student Performance Evaluation was considered important or very important by 20% and 94.3% favored including an applicant's class rank in the evaluation. An applicant's projected likelihood of attending a respondent's program was considered by 76%, and 60% had previously not offered superior candidates interviews because they estimated the applicants were not truly interested in the program.

Conclusions: Urology program directors exclude a large number of applications based on board scores and applicants' perceived levels of interest in the programs. A significant number of program directors favored an application limit as well as including class rank in the Medical Student Performance Evaluation.

Key Words: internship and residency; urology; education, medical, graduate

Abbreviations and Acronyms

MSPE = Medical Student Performance Evaluation

USMLE = United States Medical Licensing Examination

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The number of applications that medical students are submitting for urology residency positions has dramatically increased in recent decades.^{1,2} While in 1995 applicants applied to an average of 28.4 programs, for the 2014-2015 match cycle applicants submitted a mean of 63 applications.^{1,2} This equated to an applicant, on average, applying to more than half the number of urology programs available. Aside from the financial cost of these applications for medical students,³ and the time commitment required by program directors to review these applications, these additional applications may most importantly preclude program directors from thoroughly reviewing each component of the application and, thereby, alter the paradigm by which applicants are selected for urology residency.

In addition to the increase in application volume, urology residency program directors may also find letters of recommendation and the MSPE (Dean's letter) to be challenging to interpret. The MSPE summarizes a student's medical school record and is an important component of the residency application. While it is asked that the MSPE include a comparative analysis of a medical student's performance in relation to his/her classmates,⁴ recent data have suggested that the majority of MSPEs do not include such information.⁵ Furthermore, medical schools use different language in their descriptions of applicants (eg superb, excellent, distinguished), thereby making it difficult for program directors to compare applicants according to the MSPE. With the high application volume, the need for MSPEs that succinctly express medical student performance has become even more pronounced.

To ensure that applicants and programs are matched most appropriately and that the best medical students are selected for the field of urology, understanding program directors' methods of applicant selection and their perspective on the current system is important. We chose to investigate urology program directors' perspectives on a possible application limit for medical students applying to urology residencies as well as their attitudes toward the MSPE. We hypothesized that program directors would be in favor of an application limit and that the MSPE has become less important to program directors in the current application process.

Materials and Methods

A newly developed survey was emailed to 179 urology residency program directors and/or chairpersons through the Society of Urology Chairpersons and Program Directors listserv in April 2015. The survey included 2 lines of questions regarding 1) the imposition of an application limit to the current application system, and 2) the usefulness of

the current MSPEs (see Appendix). SurveyMonkey® was used to generate and administer the survey.

Descriptive statistics were used to characterize respondents' survey answers. Subsequently, respondents were then divided into the groups of 1) those in favor of an application limit and 2) those not in favor of an application limit. Self-reported program competitiveness, received application volume and use of a USMLE cutoff score to screen applications were then compared between the 2 groups using chi-squared tests. Stata® 13.1 was used for statistical analysis.

Results

The study included 70 (39%) urology chairpersons and/or program directors who responded to the survey. The survey respondents were from urology residency programs across the country (Northeastern 4%, New England 9%, New York 14%, Mid Atlantic 9%, Southeastern 19%, South Central 11%, North Central 21%, Western 13%) and most respondents considered their program to be of average (42.9%) or above average (54.3%) competitiveness for gaining acceptance.

Of the survey respondents 54 (77.1%) received more than 200 applications during the 2014-2015 match cycle and 57 (81.4%) used a USMLE Step 1 cutoff score to determine which applications to review in further detail. Respondents who received more than 200 applications were not more likely to use a USMLE cutoff score than those who received 200 applications or less ($p=0.48$). Of the respondents using a USMLE cutoff score 14 (24.6%) used an approximate score of 220, 24 (42.1%) used an approximate score of 230, 17 (29.8%) used an approximate score of 240 and 2 (3.5%) used an approximate score of 250. Figure 1 shows the percentages of applications that respondents eliminated by a USMLE Step 1 score or another objective parameter (eg Alpha Omega Alpha status). More than half of the respondents eliminated approximately 40% or more of applications before reviewing them in further detail. Except for applications that were initially excluded, 21 (30%) respondents spent more than 10 minutes reviewing each application, 34 (48.6%) spent 6 to 10 minutes reviewing each application and 14 (20%) spent 1 to 5 minutes reviewing an application. Most institutions had multiple individuals review applications for interviewing selection (fig. 1).

The idea of imposing a limit on the number of applications that applicants are permitted to submit for the urology match was favored by 36 (51.4%) of the respondents. Of those respondents in favor of an application limit slightly

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