

Defining the Applicant Pool for Postgraduate Year-2 Categorical General Surgery Positions

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OBJECTIVE: In the spring of 2010, a categorical general surgery postgraduate year (PGY)-2 position became available at our academic medical center secondary to attrition of a PGY-1 resident. We sought to study the unique characteristics of applicants to that position and to describe the selection process with hopes to stimulate additional studies about the unique challenges of recruiting applicants into advanced standing positions.

DESIGN: Applications were received via e-mail and reviewed to characterize the applicant pool. An Excel spreadsheet was used to organize data. Characteristics assessed included United States Medical Licensing Examination (USMLE) scores, Educational Commission for Foreign Medical Graduates status, Alpha Omega Alpha Honor Society status, sex, academic performance, number of case logs, volunteer and job experience, leadership roles, research experience including submissions, and advanced degrees. These characteristics were compared to those of the PGY-1 applicants through the Match that year.

SETTING: Academic medical center.

PARTICIPANTS: Applicants for a categorical general surgery PGY-2 position in 2010.

RESULTS: A total of 129 applicants provided the requested documents. There were 104 males, 25 females, no Alpha Omega Alpha Honor Society candidates, and 82 international candidates. Of all, 46 candidates experienced academic difficulties. Quantitative averages include USMLE 1: 214.17, USMLE 2: 215.74, American Board of Surgery In Training Examination (ABSITE) percentile = 51.96, ABSITE 2 = 46.00, grand total

case log: 192.10. Advanced degrees included 2 MBAs, 6 MPHs, and 7 nonphysiology MSs. The selection process to fill the position started on 3/25/2010 when the announcement was published and ended on 5/11/2010 when the offer of acceptance was sent. The selected applicant integrated well with the peers and just graduated from our residency as one of the leaders of the graduating class.

CONCLUSIONS: Although the attrition rate in general surgery remains high, there is a dearth of literature about how best to replace residents. The hardship of replacing residents highlights the importance of studying this group to improve the recruitment process and the quality of replacement residents. The selection process was time consuming and presented its own challenges given the lack of a computerized system for screening. It lasted nearly 7 weeks requiring faculty time commitment to mine through application data/e-mails, correspond with applicants, conduct interviews, and ultimately select an applicant for the position. This is the first study to investigate the applicant pool to advanced standing positions in general surgery and we present it as a pilot study to stimulate further research efforts. (J Surg Ed ■■■■-■■■. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: advanced standing positions, general surgery, attrition, match, replacement residents, selection process

COMPETENCIES: Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice

INTRODUCTION

There is no doubt about the importance of selecting residents that fit well with the program's educational

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philosophy and culture. Similar to sports teams, satisfied participants at all levels create an environment most suitable for positive outcomes. For residents and programs, this means good patient care, resident maturation, and program growth. Unfortunately though, the selection process is imperfect and the attrition rate of general surgery residents continues to remain as high as 20%, even in this new era of surgical education and despite the introduction of the Accreditation Council for Graduate Medical Education (ACGME) duty hours restrictions.¹⁻⁴

After reviewing the medical literature, it is evident that there is an increased interest in the residency application process, focused mainly on postgraduate year (PGY-1) categorical matching. These include program director/applicant surveys, applicant selection process analysis, interview standardization reviews, applicant characteristics of general and integrated specialty specific applicant pools, and of course the National Resident Matching Program (NRMP) outcomes data. However, there has been little investigation into the unique characteristics of applicants seeking PGY-2 categorical positions in general surgery as well as the process in which we select these residents.

With an understanding of the characteristics seen in the PGY-2 applicant pool, it will be possible to consider strategies to attract ideal candidates for PGY-2 positions in general surgery and to guide the selection process. Here we chose to analyze the applications received in 2010 for a PGY-2 categorical position available at our program for a retrospective review of applicant characteristics. We hope that our study will provide better insight into the applicant pool for positions in general surgery beyond the PGY-1 year as well as provide a description of our selection process.

METHODS

In the spring of 2010, a categorical general surgery PGY-2 position became available secondary to attrition of a PGY-1 resident to start the next academic year at MedStar Georgetown University Hospital, a program with 5 categorical residents and no preliminary residents. The position was advertised on the Association of Program Directors in Surgery (APDS) national listserv and the APDS jobs clearinghouse (<http://apds.org/education-careers/open-positions/>). The ad requested that applicants meet the following criteria: (1) applicants must have completed a PGY-1 year at no more than 2 ACGME accredited training programs; (2) applicants must have passed United States Medical Licensing Examination (USMLE) 1 and 2; (3) and international medical graduates must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). The application materials that we required were: (1) a letter of recommendation from the current program director; (2) summative letters of recommendation for the previous years of training if different from the

current program; (3) USMLE 1 and 2, scores; (4) medical school transcripts; (5) American Board of Surgery In Training Examination (ABSITE) scores for all years of training; (6) ACGME case log reports for all years of training; (7) ECFMG certificate, if applicable; and (8) CV.

Based on a previous experience where the e-mails of the program director and the program coordinator were frozen secondary to the immediate outpouring of an overwhelming amount of data being received simultaneously owing to websites such as residentswap.org that notify applicants of vacancies listed on many different websites, a separate noncorporate e-mail account was opened to accept application packets and was used as the primary e-mail for correspondence. Applicants were organized into individual folders within the e-mail account where all e-mails related to the applicant and application attachments were sorted and stored. All completed applications were reviewed; we sifted through the data methodically, deliberately ranking each applicant using the same ranking sheet and algorithm that we use in our selection process for PGY-1 during the Match. We did not use a USMLE or ABSITE cutoff to review the application. The only criterion was that it was a complete application. A select number of applicants were invited to interview and a selection made at the end of the process.

Each applicant's provided material was then mined for the following applicant characteristics/attributes: sex of applicant, USMLE 1, 2, and 3 scores, ABSITE scores, ECFMG status, grand total cases logged, number of volunteer experiences, work experiences, publications, abstracts, presentations, research experiences, and leadership experiences; Alpha Omega Alpha Honor Society (AOA) status; presence of any academic deficiency; and advanced degrees. USMLE and ABSITE scores were obtained only on official paperwork from the USMLE and the American Board of Surgery, respectively. ECFMG status was obtained only via proof on officially presented certificate from the ECFMG. The grand total case log was a summation of all "grand totals" from each program case log that the resident provided in the application packet. The number of volunteer experiences, work experiences, publications, abstracts, presentations, research experiences, and leadership experiences; AOA status; advanced degrees; and sex of the applicant were obtained through extensive mining of the applicants provided CV or application materials provided. Work experiences were defined as work other than medical training the resident had received before applying, such as prior residencies. Publications were defined as papers that were "accepted for publication" or "published", whereas papers that were "submitted" were not included in the publication total. Advanced degrees were defined as PhD, MBA, MPH, MS (only fields outside of physiology were counted), JD, DD, DDS, DMD, and foreign equivalents. Academic deficiency was defined as (1) failure of any USMLE regardless of subsequent pass; (2) any ABSITE

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