

Have We Come as Far as We Had Hoped? Discrimination in the Residency Interview

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OBJECTIVE: The primary objective was to use a pilot survey of fourth-year medical students at our institution to determine if female residency applicants were asked potentially illegal questions regarding family status and child-bearing more frequently than male applicants. Secondary objectives included comparing the use of potentially illegal questions in surgical versus nonsurgical specialties and between community and academic residency programs.

DESIGN: A 20-item questionnaire was distributed to all fourth-year medical students at the University of Kansas School of Medicine. Data were analyzed in SPSS using descriptive statistics, bivariate analysis, and multivariate analysis.

SETTING: University of Kansas Health System, Tertiary Care Center.

PARTICIPANTS: Fourth-year medical students from the University of Kansas School of Medicine.

RESULTS: There were 57 survey respondents (51% male and 49% female). Female applicants were more likely to report being asked about their desire to have a family than male applicants (32% vs. 3%, respectively, $p = 0.041$). However, male and female students were equally likely to report being asked specifically if they had or intended to have children ($p = 0.194$). No significant differences were found in potentially illegal question-asking between surgical and nonsurgical specialties or between community-based and academic programs.

CONCLUSIONS: Although women now represent 47% of the applicant pool, gender discrimination in the residency interview has not been eradicated. Women are more likely to report potentially illegal questions regarding their desire to have a family on residency interviews than men.

Community and academic programs appear to ask similar numbers and types of potentially illegal questions. Further study is warranted to determine if these findings apply to the entire applicant pool. Further education of interviewers is necessary regarding potentially illegal questions during the residency interview process. (J Surg Ed ■■■■-■■■. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: residency match, gender discrimination, illegal questions, female applicants

COMPETENCIES: Professionalism, Interpersonal Skills, Communication

INTRODUCTION

In 2016, The National Resident Matching Program (NRMP) offered 27,860 postgraduate year 1 (PGY-1) positions of which 96.3% were filled.¹ The residency application process typically consists of an online application and an on-site interview. The residency interview is stressful for applicants,² as they aim to convey a positive impression to the interviewers while maintaining their personality and integrity. The NRMP uses a relatively vague code of conduct, labeling certain lines of questioning as “illegal” in an attempt to discourage any coercion during the residency interview, which is in accordance with Title VII of the Civil Rights Act of 1964 and its subsequent amendments.² The NRMP code of conduct states: “*Refraining from asking illegal or coercive questions. Program directors shall recognize the negative consequences that can result from questions about age, gender, religion, sexual orientation, and family status, and shall ensure that communication with applicants remains focused on the applicant’s goodness of fit within their programs.*”³ The code of conduct is available on the NRMP website; however, it is not listed in the Match Participation Agreement (MPA). The MPA, also available through the website, details actions by either programs or

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applicants that may result in sanctions. Although these questions are deemed “illegal” by the code of conduct on the NRMP website, the asking of these questions by programs does not result in any action by the NRMP. In contrast, federal and state regulations also prohibit this line of questioning, allowing applicants to pursue legal action against programs for employment discrimination.^{2,4,5}

Questions regarding family status present the potential for sex bias, as the implications are different for male and female applicants. When asked of female applicants, these questions are weighted with factors surrounding maternity leave and childcare. Studies indicate that female workers continue to be asked these questions more frequently than their male colleagues.^{2,4,5}

This issue has implications for programs as well as for applicants. Despite the lack of legal implications in the use of potentially illegal questions, interviewers confer an overall negative evaluation that results in lower ranking of a program by applicants.^{2,4,5} Program directors should be acutely aware that the use of potentially illegal questions may discourage highly qualified applicants, particularly women, from ranking their programs. Women represent 46% of current residents and 47% of medical students; therefore, any sex discrimination in the residency application process must be addressed.^{6,7}

Studies have provided limited specialty-specific data and differing outcomes depending on the type of potentially illegal question considered. A survey of applicants in the 2006 to 2007 NRMP match found that women were overall more likely to be asked illegal questions regarding childbearing and family status than men.² A follow-up study of applicants in the 2012 to 2013 NRMP match reported similar findings.⁴ In contrast, a single-institution study in 2010 demonstrated sex differences on potentially illegal questions of family status, but did not find a sex difference on potentially illegal questions regarding childbearing plans.⁵ Studies also indicate that both male and female applicants to surgical specialties were more likely to be asked potentially illegal questions regarding marital status and childbearing than applicants to nonsurgical specialties.^{2,4}

To our knowledge, no study to date has reported on sex differences in potentially illegal questions asked between community and academic residency programs. The distribution of accredited residency programs is equally divided between community and academic programs (52% and 48%, respectively).⁸ Studies of general surgery programs indicate that community programs are overall more supportive of residents and their family lives than academic programs.⁹ This might predispose to differences in potentially illegal question-asking regarding intentions to have a family during residency between community and academic programs. We aimed to add to the existing body of literature by reporting on potential differences between community and academic residency programs in the

use of potentially illegal questions during residency interviews.

The primary objective of this study was to use a pilot survey of fourth-year medical students from our institution to determine if female applicants were asked potentially illegal questions regarding family status and childbearing more frequently than male applicants to residency programs. Secondary objectives were to investigate differences in the use of potentially illegal questions by community and academic programs as well as between surgical and nonsurgical specialties.

METHODS

The University of Kansas Medical Center Institutional Review Board (IRB) approved this study (STUDY00002740). A 20-item questionnaire ([Appendix 1](#)) was distributed via the REDCap database to all fourth-year medical students at the University of Kansas School of Medicine after rank lists were submitted, but before Match Day. We used feedback generated from semistructured small group sessions with male and female first-year residents in General Surgery, Family Medicine, Obstetrics/Gynecology, and Emergency Medicine at our institution. A total of 15 first-year residents participated in the small group discussions. The questionnaire items were then based upon a consensus of the group experience and review of questionnaires from similar previously published studies. Participants in the small group sessions reviewed the questionnaire before submission to the IRB. The questionnaire addressed participant characteristics (medical education background and demographic information) and program variables (specialty, community/academic, and geographic location), but most questions focused on recall of questions asked during interviews regarding the desire to have a family and more specific questions regarding childbearing plans. The final questionnaire was reviewed by the Dean for Student Affairs and the IRB committee and approved for distribution.

Students were invited to participate in the study through an e-mail request describing the project and specifying that no identifying information was attached to the questionnaire. Participation was strictly voluntary. The e-mail contained a direct link to the questionnaire. A reminder e-mail with the same text and link was sent approximately 2 weeks later.

Surgical specialties were defined as Urology, Otolaryngology, Orthopedic Surgery, Plastic Surgery, and General Surgery. All other specialties were defined as nonsurgical. Selection and grouping of these specialties was based on specialty groupings from previously published surveys. Although applicants to Urology match within the American Urology Association, they are also required to complete an internship, to which the majority apply through the NRMP. Previously published data highlighted large

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