

The Burden of the Fellowship Interview Process on General Surgery Residents and Programs

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OBJECTIVES: This study evaluated the effect of the fellowship interview process in a cohort of general surgery residents. We hypothesized that the interview process would be associated with significant clinical time lost, monetary expenses, and increased need for shift coverage.

DESIGN: An online anonymous survey link was sent via e-mail to general surgery program directors in June 2014. Program directors distributed an additional survey link to current residents in their program who had completed the fellowship interview process.

SETTING: United States allopathic general surgery programs.

PARTICIPANTS: Overall, 50 general surgery program directors; 72 general surgery residents.

RESULTS: Program directors reported a fellowship application rate of 74.4%. Residents most frequently attended 8 to 12 interviews (35.2%). Most (57.7%) of residents reported missing 7 or more days of clinical training to attend interviews; these shifts were largely covered by other residents. Most residents (62.3%) spent over \$4000 on the interview process. Program directors rated fellowship burden as an average of 6.7 on a 1 to 10 scale of disruption, with 10 being a significant disruption. Most of the residents (57.3%) were in favor of change in the interview process. We identified potential areas for improvement including options for coordinated interviews and improved content on program websites.

CONCLUSIONS: The surgical fellowship match is relatively burdensome to residents and programs alike, and merits critical assessment for potential improvement. (J Surg Ed ■■■■-■■■. Published by Elsevier Inc on behalf of the Association of Program Directors in Surgery)

KEY WORDS: fellowship, interview, match, general surgery, cost

COMPETENCIES: Practice-Based Learning and Improvement, Professionalism

INTRODUCTION

Postresidency fellowship training has become increasingly popular in surgical specialties over recent years, with greater than 80% of general surgery residents potentially pursuing fellowship training.¹ Reasons for increased dependence on fellowship training include advances in surgical technology (e.g., minimally invasive and robotic surgery), increased public demand to receive care from fellowship-trained specialists, and decreased volume of surgical experience during residency secondary to work hour limitations and diminished resident autonomy.² Additional reasons for pursuing fellowship training have included improved confidence and experience with a fellowship, greater job marketability, increased control over future scope of practice, desirable work hours, better lifestyle, and higher potential income.^{3,4}

The fellowship application process has transformed dramatically over the years, closely following the footsteps of the main residency application process and match. The previous process, often characterized by the presence of “exploding” job offers, was replaced by a formalized “Match” system via the National Resident Matching Program (NRMP) Main Residency Match in 1952.⁵ Medical fellowship programs began to follow suit in 1974 with the creation of the NRMP Specialties Matching Service. Other programs, such as the San Francisco Match (SF Match) and Military Match, offer similar unbiased interview and selection processes. Currently, 50% of the combined NRMP and SF Match participating fellowships are surgical.^{6,7}

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While the Match has standardized and likely improved the experience of both residents and fellowship directors, there is concern that the current process may be onerous and debilitating in other ways. Many have expressed discontent with the system, stating that it is economically wasteful and even in violation of antitrust laws.^{8,9} While economic analyses have been published regarding the costs and wages lost to the Main Residency Match during fourth year of medical school,⁸ scarce hard evidence is available for this analogous process in senior residents pursuing fellowship training. This study aims to clarify the effect of the fellowship interview process on general surgery residents and their respective programs by assessing financial costs, time spent, and resource use required to successfully navigate the fellowship interview process.

MATERIALS AND METHODS

This study was approved by the University of Alabama at Birmingham Institutional Review Board before study initiation. Totally, 2 discrete surveys were developed to investigate the effect of fellowship interviews on both current residents and program directors of U.S. allopathic general surgery residency programs. The resident survey included 19 unique items and the program director survey included 10 similar items (Appendices A and B). Each survey consisted of at least 1 free-response question prompting for constructive criticism of the interview process. The electronic surveys were distributed via e-mail using a URL link (SurveyMonkey, Inc., United States). To protect anonymity of survey participants, neither respondent name nor program affiliation was collected, and documentation of informed consent was waived.

In June 2014, links to both surveys were distributed by e-mail to 251 general surgery residency program directors. It was requested that one survey be completed by the individual program director and that the separate survey link be forwarded to current senior residents who had completed the fellowship interview process. Survey answers were anonymous and completed without compensation. Respondents were given an 8-week period to complete the survey. Individual responses were aggregated into predefined clusters before analysis. Respondents were not required to provide answers to each question, and questions were only analyzed if >90% of respondents provided answers. Descriptive statistics were performed using SAS version 9.2 (SAS Institute, NC).

RESULTS

The resident survey was completed by 72 senior surgical residents. All surgical subspecialty fellowships were represented with the exception of burn and hand surgery (Table). The top 4 represented fellowship training programs pursued

TABLE. Survey Respondent Characteristics

| Resident Survey | N | Percentage |
|------------------------------|----|------------|
| Resident respondents | 72 | (100.0) |
| Fellowships pursued | | |
| Cardiothoracic | 15 | (20.8) |
| Minimally invasive | 10 | (13.9) |
| Pediatrics | 8 | (11.1) |
| Vascular | 8 | (11.1) |
| Colorectal | 6 | (8.3) |
| Plastics | 5 | (6.9) |
| Trauma/acute care | 5 | (6.9) |
| None | 4 | (5.6) |
| Endocrine | 2 | (2.8) |
| Hepatobiliary | 2 | (2.8) |
| Surgical oncology | 2 | (2.8) |
| Transplant | 2 | (2.8) |
| Breast | 1 | (1.4) |
| Critical care | 1 | (1.4) |
| Other | 1 | (1.4) |
| Program director survey | | |
| Program director respondents | 50 | (100.0) |
| Program type | | |
| Academic | 28 | (56.0) |
| Community | 22 | (44.0) |
| Graduating resident number | | |
| 2 to 3 | 12 | (24.0) |
| 4 to 5 | 16 | (32.0) |
| 6 to 7 | 10 | (20.0) |
| ≥ 8 | 12 | (24.0) |

by responding residents were cardiothoracic (20.8%), minimally invasive (13.9%), pediatrics (11.1%), and vascular surgery (11.1%).

The number of applications, interviews received and accepted, and days missed by general surgery resident respondents is displayed in Figure 1. Though 38.9% of residents applied to 20 or more programs, only 11.2% of residents were granted 20 or more interviews. Residents most frequently attended 8 to 12 interviews (35.2%) and a significant portion of applicants (26.7%) attended more than 12 interviews. Consistent with the reported number of interviews attended, 57.7% of residents reported missing at least a week of training days for interviews, and 61.8% reported using additional vacation time for the interview process. While away, most general surgery residents (69.1%) had their duties covered by a resident of equal or lower educational level. Residents reported that programs most frequently allowed 4 to 6 days (30.6%) for interviews, however, 29.1% reported that the program did not define or offer unlimited days for interviews. When asked on a scale of 1 to 10 to rate their level of “pushback” from their program for missing days to attend interviews, residents rated the frequency of pushback an average of 3.4 (with 1 being “never any pushback” and 10 being “pushback every time”); most of the residents (62.3%) responded with a score of 1 or 2 indicating little to no pushback.

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