REVIEW

We Wear Suits and Lie to Each Other ☆

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OBJECTIVE: The residency match process is stressful and costly for fourth-year medical students with significant personal and professional implications. We hypothesize that students use impression management (IM) tactics such as conforming to the perceived expectations of program directors and interviewers and to improve their chances of matching.

DESIGN: After institutional review board approval, a piloted survey tool was administered to fourth-year medical students at 17 schools. Questions were divided into interviewing behavior categories—slight image creation (embellishing and tailoring), extensive image creation (constructing, inventing, and borrowing), image protection (omitting), and ingratiation (opinion conforming). Descriptive statistics are presented as percentages. Data were analyzed using chi-square test, Fischer exact test, and Bonferroni-adjusted p values where appropriate with statistical significance set at $p < 0.05$.

SETTING: Allopathic medical schools in the United States.

PARTICIPANTS: Fourth-year medical students in the United States.

RESULTS: The response rate was 21.3%. Respondents were equally male (49.7%)/female (50.3%), primarily 25 to 27-year old (65.9%) and located in the midwest (78.8%). Most attended public medical schools (73.1%). Statistically significant findings are presented in the Tables.

CONCLUSIONS: Fourth-year medical students feel the need, and in some instances, actually engage in IM tactics. This study demonstrates that IM tactics are used, and vary by interviewee characteristics. Program directors' awareness of IM tactics may help improving the quality of residency interviews and therefore select more suitable candidates.

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KEY WORDS: residency match, residency interviews, medical students, impression management

COMPETENCIES: Professionalism, Interpersonal and Communication Skills

INTRODUCTION

The National Residency Matching Program was initiated in 1952 as a central clearing agency, which would serve as the final step of intern selection with rank order lists, ultimately producing a match. Standardization of the match process allowed for a uniform date for decisions about residency selection by both applicants and programs, thus eliminating the pressure that could be placed on them to make decisions before all of their options had been explored.[1] At that time, there were 10,400 internship positions available for 6000 U.S. graduating seniors, leaving more than 4000 residency spots unfilled per year. Over 60 years later, these numbers have changed drastically, speaking to the competitiveness of today's match process. In 2016, there were only 30,750 positions offered for 42,370 registrants, leaving more than 11,500 applicants without matched positions.[2] The competitiveness of the process is further compounded by the applicants' need for income after years of accumulating debt. In 2015 (the last published data), the mean indebtedness of an average medical student was $180,723.00. The percentage of all medical students who had an education debt (including previous education) of $200,000 or more was 45%.[3] There are several factors that contribute to the high stakes associated with the match. First, it occurs only once per year, putting additional pressure on an already stressful experience. Second, prior studies have shown that the residency match is even more competitive for previously unmatched applicants, making applicants' first attempt the most crucial.[4,5] Last, without completing at least 1 year of residency and passing all 3 steps of the United States Medical Licensing Examination (USMLE), medical school graduates are unable to get a license to practice medicine—

even in a limited capacity.[6] Applicants are keenly aware of the great magnitude of this process, and enter the residency interview phase wanting to make the best impression on programs and program directors to achieve a coveted residency position.

The manner in which medical students leave an impression on programs is multifaceted. Programs use a host of measures to determine who will be invited to interview (USMLE step 1 and 2 scores, grades, Alpha Omega Alpha status, letters of recommendation in the specialty, Medical Student Performance Evaluation, and personal statement), but qualities assessed during the interview are those that carry the most weight in the rank order.[7] In the 2014 National Residency Matching Program program director survey, the 4 most important factors in ranking applicants were interactions with faculty during interview and visit (93%), interpersonal skills (93%), interactions with house staff during interview and visit (88%), and feedback from current residents (82%).[7]

The residency interview is an important part of the application process, and is 1 of the few times that a student has the opportunity, in person, to make a good impression. Impression management (IM) is the conscious or subconscious process in which one tries to control the impression other people form of them by regulating and controlling information in the social interaction.[8] IM was first conceptualized by Erving Goffman in 1959 in his book, *The Presentation of Self in Every Day Life*.[9] He stated, "When an individual plays a part, he [sic] implicitly requests his observers to take seriously the impression that is fostered before them." Psychologists propose several motives that govern IM. First, an individual recognizes a social situation, either real or imaginary, where they are being monitored or judged. Second, one perceives that the characteristics of the social situation are important, as cultural norms serve as a guide to the appropriateness of particular verbal and nonverbal behaviors.[10] Third, the individual's goals for making an impression help determine one's expression of, or alternatively, the defense of one's self-identity. Last, a degree of self-efficacy is required—one must believe that it is possible to convey the intended impression.[11,12]

The concepts of IM, social desirability, and faking are often used interchangeably, but each is a distinct concept within itself. IM is different than social desirability, in that individuals tend to behave in a way they believe will be viewed favorably for the situation regardless of its accuracy or veracity.[13] Unlike social desirability, IM focuses less on the situation and more on the lasting impression created during the situation. Faking, or intentional response distortion, has been most extensively studied in the literature on personality measures, dating back to the 1970s.[14-16] The concept of faking has more recently been expanded, and defined by Levashina as "deceptive impression management or the conscious distortions of answers to the interview questions in order to obtain a better score on the interview

and/or otherwise create favorable perceptions."[17] According to Levashina, job candidates "will engage in faking in order to eliminate any discrepancies between what they think they can offer and what is required for the job by inventing, changing, or tailoring the description of their competencies and work experiences."[18] The difference between IM and faking lies in intent—the desire to look good without being untruthful vs intentional distortion of answers to create a good impression.

IM during employee interviews is well studied in the psychology literature. Ellis et al.[19] found almost all applicants used some form of IM during a structured interview. The type of IM tactic employed depended upon question type, as different IM tactics serve different IM goals.[20] Table 1 lists IM tactic categories, subcategories, goals, and examples for each. For example, one who wants to be viewed as likeable (goal) by the interviewer would employ ingratiation (tactic) over self-promotion (tactic). In any given situation, one's IM tactic would reflect both the task at hand and the interviewee's own psychological goal.

The discussion of match ethics has evolved over the years in the medical literature. In 1999, Anderson et al.[21] investigated match ethics from the perspective of medical students and program directors.[22-25] In their study of medical students, 21% of students felt that the match process placed them in the position of having to be dishonest to match. Students matching where they anticipated were more likely to feel it was unnecessary to be dishonest in the process than those failing to match where they thought they would. The more dissatisfied students were with the match process, the more likely they were to say that dishonesty was necessary to match. In a 1997 essay, Dr. Tara Young discussed the moral dilemma applicants for residencies face—"although truthfulness and honesty have long been considered fundamental values within the medical profession, lying and deception have become standard practices within medicine's resident selection process." She concluded that students feel coerced into lying so that they would not jeopardize their future career.[26] However, the study of IM tactics in medical education is less robust. Surface-level emotional labor or "faking it" has been described in terms of the job of being a doctor.[27] Most recently, Powers et al.[28] discussed medical education's authenticity problem asserting that "within the current paradigm, physicians in training spend the formative years of their personal and professional development nearly 2 decades, emulating others and conforming to expectations, often at the expense of discovering their true values, motivations, and purpose." Given the high stakes of the residency match process, and prior literature that showed that 21% of students felt the match process placed them in the position of having to be dishonest to match, we hypothesized that fourth-year medical students participating in residency interviews for the match process either feel the need or actually engage in IM tactics. The purpose of this