At the conclusion of the session, learners should be able to:

• Reference the principles of the behavioral interview and how to utilize behavioral interviewing principles to level set the Interview Panel
• Use the Residency Interview to recruit residents who will be the best fit for your program
• Incorporate the learnings of the recruitment process and the interview when creating the Rank Order List

Disclosure:

○ No financial disclosures
○ I am a Volunteer CLER Visitor for the ACGME
Questions for each Program

- What do you do to recruit best candidates?
- Who makes up your Education/Selection Committee?
- Are your faculty asking illegal interview questions?
- What are your program eligibility criteria for a best candidate?
- Do you trust the SOAP to deliver high achieving candidates?
- Does your coordinator/ADME screen applications before interview invitations being sent out? Do they know how to filter candidates? Do they have a say in the selection of candidates?

Why are we discussing recruitment? Pitfalls to Avoid

- Ranking a candidate who has been dismissed from a (or several) residency program(s)
- Ranking a candidate who has not completed all Board exams especially CS exam
- Ranking a candidate who may not be eligible for graduation from medical school
- Ranking a candidate where ERAS was NOT carefully reviewed and failed to notice that the candidate only received one year of credit for three years of training
- Ranking a candidate that was under prior monitoring for Alcohol abuse
- Failing to query a candidate with an F-1 visa status that was employed by a research position
- Accepting candidate with unknown visa status from country of US concern
- Offering a letter of intent outside the match without communicating the pre-employment requirements for hire by July 1st.
- Ranking (and matching) a candidate identified by the coordinator as a “Poor fit” due to entitlement and poor attitude during interview
- Failing to trust in the SOAP to recruit eligible candidates
Further considerations

Before the ROL is done, follow up questions:

• Know your institutional priorities
  – How did you choose who to invite for interview?
    • What criteria? Which filter sorts?
  – How many US grads declined your offer of an interview?
  – Hometown or Local (if available) applicants?
    – Consider candidates with completed Steps IICK and IICS only.
• Are there schools your hospital prefers for recruitment of residents
• Comments from you regarding diversity of ROL list
• Level of confidence as to how attractive your program is to your most desirable applicants
• SurveyMonkey after rank list submitted and before results are released - ask Follow up questions regarding the interview process.
“First get the right people on the bus (and the wrong people off the bus) before you figure out where to drive it.”

Predicting The “Right Candidate”

The ERAS application holds Important Information

Most Important Attribute is Lack of Entitlement and Emotional Intelligence

Share everything.
Care about others.
Play fair.
Don’t hit people.
Put things back where you found them.
Clean up your own mess.
Don’t take things that aren’t yours.
Say you’re sorry when you hurt somebody.
Wash your hands before you eat.

*emotional intelligence* being the strongest indicator of human success

How to ensure best candidates?

- Read the ERAS application CAREFULLY
- Call people. Schools, persons you know and authors of LOR before putting them on your rank list
- Consider if you would want this candidate caring for your relative
- Everyone on your list has a chance of training with you!

- How do we ensure we are first choice for students?
  - Do you have student rotations/clerkships in your hospital?
  - Do you nurture students during clerkships or elective rotations?
  - When you interact with them as students, do you demonstrate care/concern about their education?
  - How do residents treat (all) medical students in your program?
  - How do you treat residents in your program?
Applicant Information through ERAS
Available at Time of Interview

- Common Application Form
- Personal statement
- Medical school transcript
- Medical School Progress Evaluation (MSPE)
- USMLE/COMLEX transcript
- Letters of recommendation (3)
- Photo
- Application Review Sheet

The Medical School Performance Evaluation (MSPE)

The MSPE contains:
- Important Background Information
- Unique characteristics of applicant
  - Fairly standardized across US schools
- Academic History and Progress
  - Ranking in class
  - Descriptive-good, outstanding;
  - Numerical-quartile, or quintile
  - Final Comparative statement (top 10% of all medical students)
- Summative evaluations of each clerkship clinical performance and professional behavior
- Summary Paragraph (not a Deans recommendation)

Most Medical schools allow the students to see their MSPE but not edit them

Predicting the Problem Resident

- Best we have is the Medical Student Performance Evaluation (MSPE) (or the former Dean’s Letter), BUT more importantly, trust the Interview
- The MSPE is improving (AAMC is working hard to provide truthful and objective data)
- Sample Negative Comments From Dean’s Letters.
- DO NOT IGNORE THESE!
  - “Very nervous, timid initially.”
  - “Displayed little curiosity.”
  - “Had difficulty applying knowledge clinically.”
  - “He came across as confrontational.”
  - “Maybe somewhat overconfident for his level of training.”
  - “Lack of enthusiasm and problems in organization.”
  - “Needs to read more on her own.”
  - “Lots of effort, uneven outcome.”
  - “Academic Medicine, Vol. 85, No. 7 / July 2010”
Predicting Problem Residents

• Study found that the MSPE doesn’t tell the whole story:
  – negative comments in 21 of the dean’s letters of USMGs and in none of the dean’s letters of IMGs.
  – There was no significant correlation between interviewers’ ratings of applicants and whether those applicants developed problems
  – There were no significant correlations between a history of academic failures and problem outcomes
  – No significant findings were uncovered regarding the presence of negative or lukewarm comments in recommendation letters
  – No correlation of USMLE/COMLEX Scores with clinical performance

Academic Medicine, Vol. 85, No. 7 / July 2010

What to Look For in Application:

ERAS/MSPE

1. Gaps in time
2. Delays of more than 1 month
3. Time off for “personal or medical” reasons
4. Failures on transcripts or in MSPE
5. Failures of USMLE/COMLEX Steps or NBME subject exams or no scores available in ERAS
6. “Good or solid” in MSPE
7. Whether school has produced true quartiles with comparative analysis of students
8. Long periods of time since last in training program >2 years
9. Infractions of State Health departments, or any sanctions, including “monitoring”
10. Exaggeration or misrepresentation, e.g., “research”, “leadership”

*Remember: failing USMLE on 1st attempt is correlated with failing specialty boards on 1st attempt*

Accreditation

Domestic Schools are subject to either LCME or COCA (Osteopathic) accreditation review. This includes significant attention to oversight and management of clinical education programs.

Off-shore schools: Determine what the standards are for off-shore schools from which you have applicants. ECFMG is the only constant, prompting NYS to establish “12-week rule”.


Off Shore Schools:

- Not LCME or COCA certified—no accreditation standard
- Do not have central oversight of curriculum
- Have substantial time to study for USMLE exams
- May not have competency based curriculum
- Do not have patient safety curriculum or quality improvement training (reliance on clinical sites)
- Do not have faculty credentialed by the school teaching clinical medicine

“12 week rule”

NYS Education Department licensure eligibility (based on site visits)

Scoring Applicants

- Create a composite score
- Give weights to what you think is important i.e..
  - MSPE weight (based on the quartile)
  - LOR (use 4 point system)
  - Interview=2.5
  - USMLE Board score= weight =0.02 X USMLE Score etc
- Score each component as you review each applicant on line
- At the interview-score each applicant
- Automatic (mathematical) rank list is created
- You can always re-order your rank list before importing
Example of a Scoring Technique

- **MSPE**
  - 4 – Outstanding (10%)
  - 3 – Excellent (25%)
  - 2 – Superior (33%)
  - 1 – Very good (50%)
  - 0 – Good (<50%)

- **Academic Performance**
  - 5 >50% Honors
  - 4 2-3 Honors/year
  - 3 One honor per year
  - 2 All HP No honors
  - 1 No honors straight pass top 50%
  - 0.5 – Bottom 50% or fails

**Personal Statement (my scale)**
- 0 – Psychotic
- 1 – Normal

**Score for interview**
1, 2, 3 etc. based on Emotional Intelligence

Survey of Program Directors: How do they choose who to interview?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Rating (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Omega Alpha (AOA) membership</td>
<td>3.9</td>
</tr>
<tr>
<td>Perceived interest in program</td>
<td>4.1</td>
</tr>
<tr>
<td>Lack of gaps in medical education</td>
<td>4.0</td>
</tr>
<tr>
<td>Other life experience</td>
<td>3.7</td>
</tr>
<tr>
<td>Awards or special honors in clinical clerkships</td>
<td>3.7</td>
</tr>
<tr>
<td>Graduate of highly-regarded U.S. medical school</td>
<td>3.6</td>
</tr>
<tr>
<td>Awards or special honors in clerkship in desired specialty</td>
<td>3.6</td>
</tr>
<tr>
<td>Volunteer/extracurricular experiences</td>
<td>3.6</td>
</tr>
<tr>
<td>Gold Humanism Honor Society (GHHS) membership</td>
<td>3.7</td>
</tr>
<tr>
<td>Demonstrated involvement and interest in research</td>
<td>4.1</td>
</tr>
<tr>
<td>Voss status*</td>
<td>4.1</td>
</tr>
<tr>
<td>Applicant was flagged with Match violation by the NRMP</td>
<td>4.7</td>
</tr>
<tr>
<td>Awards or special honors in basic sciences</td>
<td>3.3</td>
</tr>
<tr>
<td>Interest in academic career</td>
<td>3.8</td>
</tr>
<tr>
<td>Away rotation in your specialty at another institution</td>
<td>3.7</td>
</tr>
<tr>
<td>Fluency in language spoken by your patient population</td>
<td>3.6</td>
</tr>
<tr>
<td>USMLE Step 3/CMPLEX Level 3 score</td>
<td>3.4</td>
</tr>
</tbody>
</table>

* Ratings on a scale from 1 (not at all important) to 5 (very important).
RECRUITMENT NEEDS

- Need more than just passive action waiting for applications
- Printed brochures
- UPDATE YOUR WEBSITE (know how your program is viewed by applicants)
- An exciting slide show (10-15 min) describing highlights of the best attributes of your program and the hospital (with happy residents in it).
  - Better an entertaining Video
- A Great entertaining enthusiastic presentation by PD to the candidates
- Making the interview day a GREAT Experience
- Tour Day-lead off with some of the more attractive areas of the hospital
  - Choose the right tour guide!!!
  - Create a wonderful 1st impression
  - Holding the first session in the Best conference room.
- Doximity and other public blogs – how do we rate?
- The Doximity Residency Navigator rankings are based on a combination of objective data, peer nominations from over 17,000 credential-verified physicians, and proprietary Doximity profile data, with the goal of helping medical students make informed residency decisions.

The Major Purpose of an Interview?

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>Information Gathering</th>
<th>Decision Making</th>
<th>Verification/Clarification</th>
<th>Recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Gathering</td>
<td>Obtain information that is not available anywhere else such as, interpersonal and communication skills, problem solving abilities, etc.</td>
<td>Determining if candidate is “rankable”, a “good fit”.</td>
<td>Verify the accuracy of the information provided through ERAS. Clarify what does not make sense to you</td>
<td>USE INTERVIEW AS A TOOL TO RECRUIT CANDIDATES. Treat them well, Share information, Let them talk about themselves. Find out what the candidate is really looking for in a program.</td>
</tr>
</tbody>
</table>

Select your Pool of Faculty & Residents who will Conduct Interviews

KEY: Ensure that all interviewers know how to sell your program

**Faculty**
- Should be Core Faculty who will be actively involved in education, clinical care
- Faculty should be personable, champions of the program

**Residents**
- Involve them in the social planning, allow plenty of relaxed time for them to interact
- Consider Video of Resident life
- Free them up from clinical duties to interview
How to attract the best applicants

• Define your program: Meet with Your Faculty & Residents BEFORE you start interviewing
  – What are your Strengths?
  – What are your Weaknesses?
  – Develop an interview format, scoring system
• Website: Your program, GME and sponsoring institution
  – Should reflect your program’s mission and curriculum
  – Highlight the strengths
  – Faculty bios / Resident Life/ Pictures & videos
  – Keep up to date

Matched applicants apply to ~ 30 programs, with a 50% rate of offer to interview; rank ~40%

Define your Program: Who are we? Who are we looking for?

EXAMPLE: We are a blank slate, a new program. What is our goal for your Internal Medicine Residency? How do we define ourselves?

• What is our mission?
• What traits, what kind of doctor are we seeking to develop in our residents?
• What are the traits you look for in a colleague, a practice partner?
• What traits does a resident to prepare for the changing practice of medicine?
• Why this program will prepare you for when you enter practice?
• What would you want to change about residency?
• HOW WOULD YOU SELL OUR PROGRAM?

Interviews

Interviews are a valuable method of assessing whether applicants demonstrate the personal characteristics that are critical for success as a resident in your program and “fit” with your program’s mission and goals. The purpose of interviews is to gather information about applicants’ preparedness and “fit” for your program. Selection interviews may vary on a number of dimensions and may:

• be structured or unstructured,
• use behavioral or situational questions, and
• assess technical (medical and clinical knowledge and skills) and nontechnical (interpersonal skills, professionalism) topics.

Structured interviews are characterized by any enhancement of the interview designed to improve reliability and validity by increasing standardization. Research from the employment literature has identified two categories of components of structure: those that influence interview content and those that influence the evaluation process.

Unstructured interviews are characterized by discretionary content and an unstandardized evaluation process.
Interviewing

• Structured interviews are reported to have higher reliability in evaluating applicants. No direct comparisons have been performed.

What is new

• Structured interviews have lower reliability due to their multidimensional nature. This may add validity and discriminate ability.

Bottom line

• Structured interviews offer a more valid assessment by discriminating between different dimensions, but require a greater number of interviewees and scenarios for comparable reliability.

Structured Interview vs. Unstructured Interview

Consisted of 7 clinical scenarios and 4 dimensions of performance
– professionalism (2 scenarios),
– teamwork (2 scenarios),
– maturity (2 scenarios),
– patient advocacy (1 scenario).
• Each scenario asked for a decision
• Rated on a 5-point scale
• Then global assessment
  – 10-point Likert scale with 3 anchors:
    – “Worst candidate ever”
    – “Average”;
    – “Best candidate ever.

The unstructured panels used the program’s traditional rating form and marked candidates on 5 criteria:
– (1) general presentation,
– (2) character honesty / confidence/energy
– (3) quality of answers (organization/thoughtfulness)
– (4) suitability for specialty
– (5) personality (suitability to our program)

Behavioral vs. Situational Interview

• Behavioral questions are based on the premise that past-behavior predicts future behavior. They ask applicants to describe what they did in a previous context (typically in prior jobs, at school, or in volunteer experiences) that are related to situations they may face in the job for which they are interviewing. Past-behavior questions often ask an applicant to describe a specific situation, the behavior or action they took, and the outcome or consequence of that behavior.

  • Example: Please describe a time when you were faced with an ethical dilemma. Explain what the situation was, what actions you took, and the outcome.

• Situational questions are based on the premise that intentions predict future behavior. They pose hypothetical situations that might occur on the job and ask applicants to describe how they would respond in the situation.

  • Example: I’d like you to imagine that you are on your morning rounds. The Chief Resident describes a difficult case that you and another PGY1 worked earlier in the week and compliments your handling a difficult situation. In doing so, she gave you sole credit and failed to mention that your colleague played a major role. What would you do?
Ask probing questions

<table>
<thead>
<tr>
<th>Probes for Situational Interview Questions</th>
<th>Probes for Behavioral Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation/Task</strong></td>
<td><strong>Situation/Task</strong></td>
</tr>
<tr>
<td>- What do you consider the most critical issue in this situation?</td>
<td>- What factors led up to the situation/task?</td>
</tr>
<tr>
<td>- What other issues are of concern?</td>
<td>- Could you or anyone else have done something to prevent the situation/task?</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>- What did you determine as the most critical issue to address in this situation/task?</td>
</tr>
<tr>
<td>- What would you say?</td>
<td>- How did you respond?</td>
</tr>
<tr>
<td>- What is the first thing you would do?</td>
<td>- What was the most important factor you considered in taking action?</td>
</tr>
<tr>
<td>- What factors would affect your course of action?</td>
<td>- What is the first thing you did?</td>
</tr>
<tr>
<td>- What other actions could you take?</td>
<td>- Results</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>- What was the outcome?</td>
</tr>
<tr>
<td>- How do you think your action would be received?</td>
<td>- Is there anything you would have said and/or done differently?</td>
</tr>
<tr>
<td>- What would you do if your action was not received well?</td>
<td>- Were there any benefits from the situation?</td>
</tr>
<tr>
<td>- What do you consider as benefits of your action?</td>
<td></td>
</tr>
</tbody>
</table>

Conducting and Evaluating Interviews

- **Step 1. Preparing for the Interviews**
  - A list of questions or topics to discuss
  - A way to take notes during the interview
  - The scoring rubric or rating scale(s), if applicable
  - The interview schedule

- **Step 2. Starting the Interview**
  - Create a comfortable atmosphere. Try to create a relaxed, open atmosphere that will encourage the applicant to share information.
  - Welcome the person in a warm and friendly manner

- **Step 3. Conducting the Interview**
  - Ask job-relevant questions
  - Avoid inappropriate questions

<table>
<thead>
<tr>
<th>Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use positive body language such as smiling and nodding occasionally</td>
</tr>
<tr>
<td>Refocus the applicant if she goes off track by making a brief comment about the applicant’s remarks (such as, “OK”) and then firmly move back to the original question.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Don’t:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use negative body language such as raising an eyebrow, frowning, or using a harsh tone of voice.</td>
</tr>
<tr>
<td>Give feedback to the applicant about their performance during the interview (such as, “Good” or “Great”).</td>
</tr>
<tr>
<td>Ask judgmental, why, leading, or yes/no questions.</td>
</tr>
<tr>
<td>Spend more time talking than necessary (that is, you should mostly be asking questions, no more).</td>
</tr>
</tbody>
</table>

What are Inappropriate/Illegal Questions

- Location of birthplace or nationality
- Your country or origin
- Your relatives
- Marital status
- Gender /sexual preference
- Race or color
- Religion
- Physical disabilities
- Health or medical history.
- Pregnancy plans
- Child care arrangements
Asking Illegal Questions

<table>
<thead>
<tr>
<th>You Can NOT ask</th>
<th>You Can ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you have or take medication for depression, mental conditions?</td>
<td>• What was a stressful event in your life? How did you cope?</td>
</tr>
<tr>
<td>• Do you already have or are you planning to have children during residency?</td>
<td>• What outside activities are important to you?</td>
</tr>
<tr>
<td>•</td>
<td>• Do you feel you have a good support system to cope with stresses of residency?</td>
</tr>
<tr>
<td>•</td>
<td>• What are they?</td>
</tr>
</tbody>
</table>

Interview Day Agenda:

• Be Prepared:
  – Coordinator/ADME send out applicant files several days before the interview
  – Faculty to read the applications beforehand (never in front of them)
  – Find something personal to ask them from their application

• Stay on time, be organized
  – Packets for applicants
  – Interview packets with Forms (pre-label applicant name, interviewer name, date and basic information—make it easy)
  – Assure that the resident signs that they have received the terms and conditions of employment

• Allow plenty of time for unstructured social interaction—allow time with residents to evaluate “the fit”

Interview Day: Interviewing on a Didactic Day

• Retrospective study looking back at 6 years of interview data in Emergency Medicine Program

• Compared residents who interviewed on:
  – didactic day (Dept M&M conference, Educational conference with protected time for residents and faculty
  – Non-didactic day: no formal administrative or educational activities

• Compared rate of Match with Program when interviewed on:
  – **Didactic day: 62% vs. Non-Didactic day: 38%** (p=0.04)
  – Not significant: interview score, gender, USMLE,
Interview Flow

- Ensure the day is very organized.
- Greet the applicant with a smile using his/her name.
- Introduce yourself.
- Seat the candidate while engaging in small talk.
- Begin the interview with open ended questions.
- Build process up to obtain additional information.
- Taper off the interview with a summation question.
- Do not allow long wait times for candidates to interview.
- No Spanish inquisition group interview sessions.
- Prepare the questions you want to ask in advance to move easily from category to category to cover the major purposes of the interview.

Tips to Avoid Rater Bias

<table>
<thead>
<tr>
<th>Forms</th>
<th>Description</th>
<th>Ways to Prevent</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Impression</td>
<td>You form an immediate impression in the first few minutes and stay with that impression even if there is contradictory information forthcoming.</td>
<td>Fight the bias by structuring your interview and assessing each category as independently as possible.</td>
</tr>
<tr>
<td>Comparison</td>
<td>If the previous candidate was a super star, the next candidate may suffer in comparison</td>
<td>Be sure to give each candidate a fair shake and assess each category as independently as possible.</td>
</tr>
<tr>
<td>Halo</td>
<td>If the candidate has very high grades and board scores, you will likely be inclined to give him or her a high interview score.</td>
<td>You might want to consider doing the interview blind, (no access to grades or scores). This information can be reviewed at the final ranking meeting.</td>
</tr>
<tr>
<td>Scripting</td>
<td>You write a script in your mind, such as: “This candidate reminds me of another candidate from this school whom we accepted and who excelled.” Avoid, each candidate is an individual.</td>
<td>Assess each category independently for the candidate sitting in front of you and not the candidate you selected a number of years ago.</td>
</tr>
</tbody>
</table>
# Do’s and Don’ts of Interview Evaluation

<table>
<thead>
<tr>
<th><strong>Do:</strong></th>
<th><strong>Don’t:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay objective—focus on facts, not opinions.</td>
<td>“Fill in” parts of the answer based on your own interpretations of their response.</td>
</tr>
<tr>
<td>Focus on the applicant’s responses to interview questions, not on his/her personal appearance or your “chemistry”</td>
<td>Judge an applicant based on anything outside the scoring rubric (meaning, no non-performance related information should be used to evaluate the applicant)</td>
</tr>
<tr>
<td>Focus on one dimension at a time (if your program uses a rating scale)</td>
<td></td>
</tr>
<tr>
<td>Focus on comparing applicants’ responses with scale anchors (if your program uses a rating scale)</td>
<td></td>
</tr>
</tbody>
</table>

## Evaluation of an Unstructured Interview

- **Personal Statement:**
- **Professionalism/Communication Skills**
- **Insight Into Self And Others / Emotional Intelligence**
- **Life Experience (Work, Life Story)**
- **Problem Solving Abilities**
- **Flexibility/Ability To Deal With Unknown**
- **Connections To State/County**
- **Why Did They Choose To Interview At Your Program?**
- **What Are They Looking For In A Program?**
- **Overall Impression—**
  - Do You Want Them As A Practice Partner?
  - Greatest Strength And Greatest Weakness

**Ranking:**
- Top/Outstanding (5)
- Excellent (4)
- Very Good (3)
- Ok, But (2)
- Do Not Rank (1)

Please Provide Comments & Circle Ranking.

## Evaluation of Structured Interview

- **Be aware of common rater errors.** Although often unintentional, common rating errors can decrease the validity and fairness of interviews. Here are some of the most common types of rating errors to be mindful of when rating each applicant’s interview responses:

  - **Halo effect:** Allowing ratings of performance based on one response to influence ratings for another response. For example, allowing your high rating on a question assessing teamwork to influence your rating of a question assessing motivation.

  - **Central tendency:** Rating all responses or applicants in the middle of the rating scale (for example, giving all 3s in a 5-point rating scale). Remember that a high rating does not indicate perfect performance and a low rating does not mean no evidence of competency. High and low ratings help indicate whether an applicant demonstrated more or less of a competency than is general exhibited.

  - **Leniency/Severity:** Giving high or low ratings to all applicants, irrespective of their actual performance. There may be applicants who could benefit from further development or who are outstanding in certain areas. Interviewers should allow their ratings to reflect the level of performance observed in the interview.

  - **Contrast effects:** Comparing one applicant to the performance of previously interviewed applicants. The order in which the applicants are interviewed can affect the ratings given to applicants. While making ratings, interviewers should refrain from comparing applicants.
Post-Interview Communication

• No unsolicited contact to applicant except coordinator needing missing information for application

• Communication can not address applicant's desirability by the program, their ranking, etc.

• Forward all post interview notes to Program Coordinator
  – Studies show these have no bearing on ranking by applicant
  – 67% send unsolicited correspondence after the interview
    (Swan EC, J Grad Med Ed 2014)

• If you respond: use nonbinding communication (example: “I also enjoyed meeting with you and will pass this communication on to the selection committee.”)

Thank You Dr. Carter
Match Communication Code of Conduct

- Respect applicants right to privacy/confidentiality
- Program directors assumes responsibility for actions of entire interview team
- Refrain from asking illegal/coercive questions
  - ~25% of applicants report being asked illegal questions
- Discourage unnecessary post-interview communication

NRMP Professional Match policies

What does the applicant look for when RANKING a program?

- Program prestige, size of program
- Faculty: scholarly activity, commitment to teaching
- Location: weather, recreation, culture
- Ties to Region: family, close to home, have lived here before
- Patient Experience: Surgery (Robotics, MIS) and Patient volume/diversity
- Weakness? New program, not university program, no fellowship
- Who will not rank us high? Why?

Creating your Rank List

- Create preliminary rank list in ERAS based on average numerical rank from interview
  - Name, Medical School, USMLE, Interview date, Interviewers, Comment
  - Easy to do as PowerPoint with candidate picture
- Rank Meeting: with faculty & residents
  - Divide applications to those who in interviewed to present candidate
  - Discussion
  - Adjust rank
- Final rank is the SOLE responsibility of the PD
  - Don’t wait until the last minute (program is busy)
Does the NRMP Program Rank Predict Graduation Rank In EM Residency?

• Implicit assumption that there is a positive association between NRMP rank and future performance as resident:
  – Applicant rank position
  – USMLE score
  – In-training examination rank (ITE)
  – Graduating Rank (by Faculty consensus)

Resident’s NRMP rank list position is poorly predictive of resident’s subsequent performance during residency
Despite substantial time & resource investment, residency selection committees are ineffective at identifying which potential trainees will be the most successful residents

Survey of Program Directors: How do they rank applicants?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percent Citing Factor</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interactions with faculty during interview/visit</td>
<td>95%</td>
<td>4.0</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>95%</td>
<td>4.0</td>
</tr>
<tr>
<td>Interactions with house staff during interview/visit</td>
<td>90%</td>
<td>4.0</td>
</tr>
<tr>
<td>Feedback from current residents</td>
<td>90%</td>
<td>4.0</td>
</tr>
<tr>
<td>USMLE Step 1/COMLEX Level 1 score</td>
<td>78%</td>
<td>4.1</td>
</tr>
<tr>
<td>Letters of recommendation in the specialty</td>
<td>73%</td>
<td>4.1</td>
</tr>
<tr>
<td>USMLE Step 2 CK/COMLEX Step 2 CE score</td>
<td>72%</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Top eight criteria used to RANK applicants
• Interactions w/ faculty during interview/visit
• Interpersonal skills
• Interactions w/ residents during interview/visit
• USMLE Step 1/COMLEX Step 1 Score
• Letters of recommendation in specialty
• USMLE Step 2 CK/COMLEX Step 2 CE Score
• MSPE (Dean’s Letter)

What did last year’s Interviewees tell us?
Survey interviewees
AFTER ROL Closed

- How important to you were the following characteristics when choosing to rank the programs on your list? (about 30 characteristics)
- Compared to other programs with which you interviewed, how do you feel our program compared in the following areas? (same areas as question 1)
- What impact did the interview day have on your final ranking of our program?
- In your opinion, what are/were the strengths of our program?
- In your opinion, what are/were the weaknesses of our program?
- In your final rank order list, where did you rank our program?

Importance of residency characteristics to interviewees

<table>
<thead>
<tr>
<th>Most Important</th>
<th>% who agreed it was important</th>
<th>% agreed ours was better</th>
<th>Our program was better in</th>
<th>% who agreed ours was better</th>
<th>% who agreed it was important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Experience</td>
<td>96%</td>
<td>88%</td>
<td>Geographic location</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>Hospital Facilities</td>
<td>94%</td>
<td>94%</td>
<td>Quality of Life</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>91%</td>
<td>87%</td>
<td>Cost of Living</td>
<td>88%</td>
<td>64%</td>
</tr>
<tr>
<td>Didactic Curriculum</td>
<td>88%</td>
<td>79%</td>
<td>Reputation of Program</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>Reputation of Program</td>
<td>86%</td>
<td>75%</td>
<td>Family-Friendly Community</td>
<td>91%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Results of Post Interview Survey as reported by interviewees

<table>
<thead>
<tr>
<th>Strengths of the Program</th>
<th>Weaknesses of the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most common: Candidates impressed by the <strong>Program Director</strong> - leadership, enthusiastic, personable, passionate, friendly, engaging, energetic, experienced, involved, awesome, warm, amazing, impressive, reputable, supportive, accomplished, receptive</td>
<td>Very few weaknesses listed</td>
</tr>
<tr>
<td>Hands-on clinical training</td>
<td>New Programs- unsure of track record, outcomes</td>
</tr>
<tr>
<td>Diverse patient population</td>
<td>Few publications from residents</td>
</tr>
<tr>
<td>Enthusiastic residents and friendly staff</td>
<td>Unsure of fellowship opportunities</td>
</tr>
<tr>
<td>Welcoming Coordinator, interview day and location</td>
<td>Too many breaks between interviews</td>
</tr>
<tr>
<td>Being part of a multihospital system</td>
<td>Would like to see residents on website</td>
</tr>
<tr>
<td>Good clinical exposure</td>
<td>Didn’t have opportunity to interview w/ PD</td>
</tr>
<tr>
<td>Faculty seem to care about the residents</td>
<td>Appreciated didactics, but some residents came in late to lecture</td>
</tr>
</tbody>
</table>
Questions for each Program – Would you answer these questions differently now?

- What do you do to recruit best candidates?
- Who makes up your Education/Selection Committee?
- Are your faculty asking illegal interview questions?
- What are your program eligibility criteria for a best candidate?
- Do you trust the SOAP to deliver high achieving candidates?
- Does your coordinator/ADME screen applications before interview invitations being sent out? Do they know how to filter candidates? Do they have a say in the selection of candidates?

Take Home

- Define your program—know your strengths and weakness
- Showcase your program: on the website, on interview day, Your residents are KEY
- Interview day: be prepared, know your candidates, Use the interview to recruit
- Be honest, open, inviting
- Work the rest of the year to improve your program
  - Curriculum, resident teaching, research
  - Faculty develop
  - Listen to your residents & faculty, ADME and Coordinators: It is a TEAM SPORT
- Applicants with USMLE Step 1 scores ≥237 (green line) submitted fewer applications before reaching the point of diminishing returns (14 applications, confidence band ranging from 13 to 15).
- Applicants with USMLE Step 1 scores ranging from 217 to 236 (purple line) submitted more applications before reaching the point of diminishing returns (22 applications, confidence band ranging from 21 to 23).
- Applicants with USMLE Step 1 scores ≤216 (blue line) submitted the highest number of applications before reaching the point of diminishing returns (28 applications, confidence band ranging from 27 to 29). The likelihood of entering a residency program at this point is 79%.