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Results of the 2016 Program Directors Survey

Current Practices in Residency Selection

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Results of the 2016 Program Directors Survey

Current Practices in Residency Selection

September 2016

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Graduate medical education (GME) in the United States is at a critical juncture. Medical schools and teaching hospitals are adapting education and training programs in response to changing demographics, exponential growth in medical discovery, and new expectations about the way physicians and patients interact.

In February 2015, the AAMC and its member institutions launched a comprehensive approach to fostering innovation in both residency training and care delivery: the Optimizing GME Initiative.

One of the primary areas of focus within Optimizing GME is an effort to improve the experience and process of a learner's transition to residency. The AAMC is working to support all involved in that transition by identifying resources and tools that will help applicants apply more strategically, program directors select more strategically, medical school advisors counsel more strategically, and ensure a smooth transition between an individual's stages of learning.

This report, *Results of the 2016 Program Directors Survey: Current Practices in Residency Selection*, is among the resources intended to aid in that transition to residency process.

This is a publication of the Association of American Medical Colleges. The AAMC serves and leads the academic medicine community to improve the health of all. www.aamc.org.

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Acknowledgments

The 2016 Program Directors Survey would not have been possible without the collaboration of several people. The authors are especially grateful to the residency program directors for their participation in the survey.

We owe special thanks to the numerous program directors who participated in focus groups and interviews; responses from interview and focus group sessions were used to inform the current survey. We also owe thanks to Monica Whatley for her timely help with interactive data displays and the following Association of American Medical Colleges (AAMC) staff for their review of earlier drafts of this report: Amy Addams, Cori Ast, Diana Bourke, Virginia Bush, Gabrielle Campbell, Steve Fitzpatrick, Atul Grover, Lisa Howley, Joshua Jacobs, Janis Orlowski, George Richard, and Geoffrey Young; and Editorial Services and Creative Services for their developmental and editorial guidance and the design.

The AAMC's Admissions and Selection Research Development team welcomes your feedback, questions, and suggestions for future research. Please contact us at residencyselection@aamc.org.

Executive Summary

This report summarizes results from a survey of residency program directors with the goals of describing current trends in residency selection practices and identifying areas in which residency selection could be improved to benefit program directors and applicants. Survey questions were informed by a series of interviews and focus groups with residency program directors.

In spring 2016, a survey was sent to program directors at all Accreditation Council for Graduate Medical Education (ACGME) jointly accredited residency programs in the United States. A total of 1,454 program directors responded to the survey (response rate = 39%). The sample of programs represented was diverse with respect to specialty, applicant-pool size, and region of the country. Key findings include:

- Program directors reported incorporating information on applicants' personal and academic characteristics when deciding whom to invite to interview and how to rank candidates. Among the most important characteristics at both of those steps were professionalism, integrity, interpersonal and communication skills, and reliability and dependability.
- There was a gap between the most important personal characteristics used to make selection decisions and program directors' level of satisfaction with tools currently available to measure them.[1] This gap was wider at the preinterview-screening stage than at the rank-order-list stage. Among the most prominent gaps at both steps were professionalism, integrity, teamwork, and reliability and dependability.
- Most of the information used at the preinterview stage was collected from letters of recommendation and the Medical School Performance Evaluation (MSPE), which are second-hand accounts of applicants' qualifications and experiences. Most of the information available at the rank order stage was drawn from the interview, current residents' feedback about applicants, and letters of recommendation.
- Nearly 50% of residency interviews were unstructured, with limited or no guidance provided about interview content or scoring. About 50% were semistructured, with some guidance around either the content of interview questions or the scoring method.
- The majority of programs (88%) did not rank all applicants they interviewed. In write-in comments, program directors reported that applicants were not ranked for several reasons, including professionalism issues, poor interpersonal skills, and lack of fit with the program.
- Program directors reported that the most important goal for the selection process is to identify candidates who will fit their program's culture, make good colleagues, and pass the American Board of Medical Specialties (ABMS) certification exams on the first attempt.
- More than 50% of program directors reported that the top three "pain points" in residency selection are difficulty comparing information across medical schools, lack of reliable information about applicants' personal characteristics, and a large volume of applications.

1. This report uses the broad term "personal characteristics" rather than "competencies." There is some overlap between the personal characteristics described on the survey and the ACGME competencies.

Research Methods

Program directors from all ACGME-accredited programs (*n* = 3,718) were invited to participate in an online survey about residency selection policies and practices.[2] Two reminder emails were sent to nonrespondents. The survey was active for about four weeks, from February 9 to March 8, 2016.

The survey included 30 questions and took most respondents between 15 and 30 minutes to complete. Survey questions were divided into four sections:

- *Selecting Applicants to Interview* asked questions about the process used to determine whom to invite to interview and the applicant characteristics evaluated during this step.
- *Interviewing Applicants* asked questions about the interview process.
- *Creating the Rank Order List* asked questions about the process used to evaluate the applicant characteristics during this step.
- *Overview of Selection Process* asked questions about goals and pain points in the selection process.

Survey respondents rated the importance of applicant data considered during the admission process using a five-point scale, ranging from 1 = not important to 5 = extremely important. They rated their satisfaction with various tools used to measure applicant characteristics, ranging from 1 = very dissatisfied to 5 = very satisfied. They also responded to multiple-choice items and provided write-in responses via text boxes. Refer to Appendix A for a copy of the survey.

This study was reviewed and approved by the AAMC Human Subjects Research Protection Program. Responses were confidential; all identifying information was removed after matching survey responses to survey and institutional data prior to data analysis.

2. Programs accredited by the American Osteopathic Association (AOA) were also surveyed. Those results will be summarized in a separate report.

Sample

Of those invited, 1,454 program directors responded to the survey (overall response rate = 39%; see Table 1). Specialty response rates ranged from 5% to 53%. As shown in Figure 1, the sample was diverse with respect to specialty type, region, and program size.

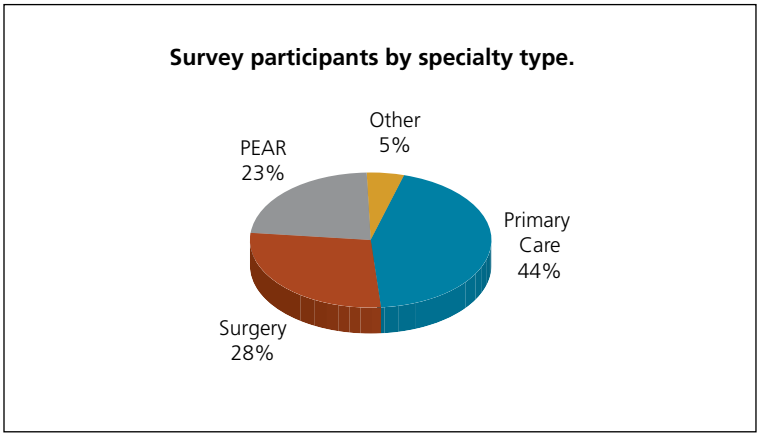
Table 1. Response Rate for All Programs, by Specialty

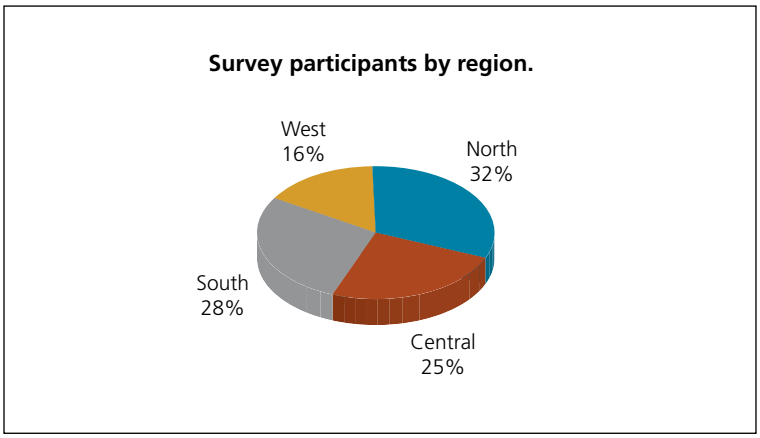
Specialty[1]	Number Responded	Number Invited	Response Rate
Anesthesiology	59	128	46%
Child Neurology (Neurology)	26	70	37%
Dermatology	38	114	33%
Emergency Medicine	87	164	53%
Family Medicine	172	462	37%
Internal Medicine	176	395	45%
Internal Medicine–Pediatrics	33	75	44%
Neurological Surgery	36	104	35%
Neurology	49	132	37%
Obstetrics and Gynecology	100	239	42%
Orthopedic Surgery	56	153	37%
Otolaryngology	47	103	46%
Pathology	56	140	40%
Pediatrics	89	194	46%
Physical Medicine and Rehabilitation	25	78	32%
Plastic Surgery	23	67	34%
Preventative Medicine	10	45	22%
Psychiatry	76	190	40%
Radiation–Oncology	27	86	31%
Radiology–Diagnostic	64	177	36%
Surgery–General	89	252	35%
Transitional Year	18	80	23%
Urology	55	104	53%
Vascular Surgery	12	239	5%
Total[2]	1,454	3,718	39%

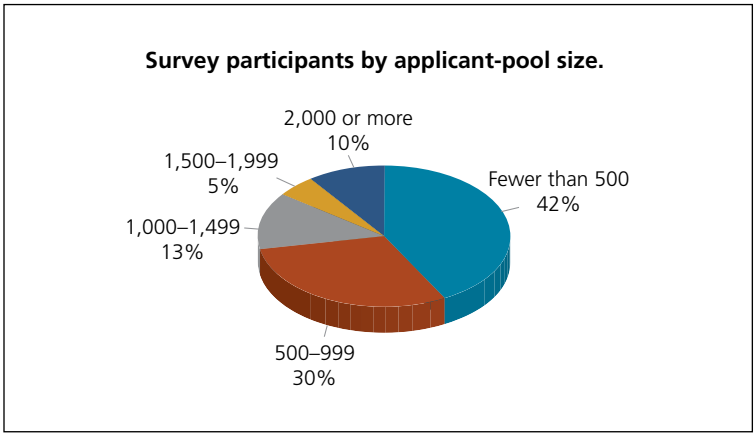
[1] Only data from programs with 10 or more responses per specialty were included in specialty-specific analyses.

[2] Total includes participants from all listed specialties, as well as 19 dual specialties and thoracic surgery, nuclear medicine, and neurodevelopmental disabilities (neurology).

Figure 1. Institutional characteristics of the sample.
(PEAR = pathology, emergency medicine, anesthesiology, and radiology.)







Data Analyses

Survey data were analyzed by computing means, standard deviations, percentages, and counts of survey participants who selected a given response. Where applicable, write-in responses were reviewed for themes and summarized. Results were also analyzed by specialty because application volume and selection practices vary by specialty. This report summarizes aggregate results. Specialty-specific results are available online at www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html.

Results

Preinterview Screening

Table 2. Percentage of Programs That Used These Tools to Assess Applicants' Characteristics When Deciding Which Applicants to Interview (*n* = 1,370)[1]

Applicant Characteristics[2]	Letters of Recommendation	Personal Statement	Dean's Letter or MSPE	ERAS® Application
Fit with program culture	40%	51%	23%	32%
Fit with program mission	37%	52%	23%	34%
Interest in program and/or its geographic location	16%	51%	8%	46%
Prior relevant experiences	37%	43%	39%	75%
Clinical competence or skills	68%	9%	67%	34%
Problem solving	53%	15%	42%	21%
Integration and application of knowledge	57%	11%	53%	27%
Diversity	13%	34%	18%	64%
Professionalism	73%	29%	63%	28%
Integrity	70%	26%	58%	23%
Interpersonal and communication skills	67%	44%	51%	23%
Teamwork	69%	26%	50%	25%
Leadership	60%	35%	55%	54%
Reliability and dependability	71%	14%	55%	20%
Motivation and initiative	69%	47%	49%	33%
Resilience and stress management	49%	31%	39%	17%
Openness to feedback	56%	13%	43%	11%
Other	5%	4%	4%	6%

[1] Shading: ≥50% of program directors reported using the tool to assess applicants' characteristics when deciding whom to interview. MSPE = Medical School Performance Evaluation. ERAS = Electronic Residency Application Service. The survey did not ask about the use of NBME exams because that information is collected through the biennial NRMP survey.

[2] In order of appearance in the survey.

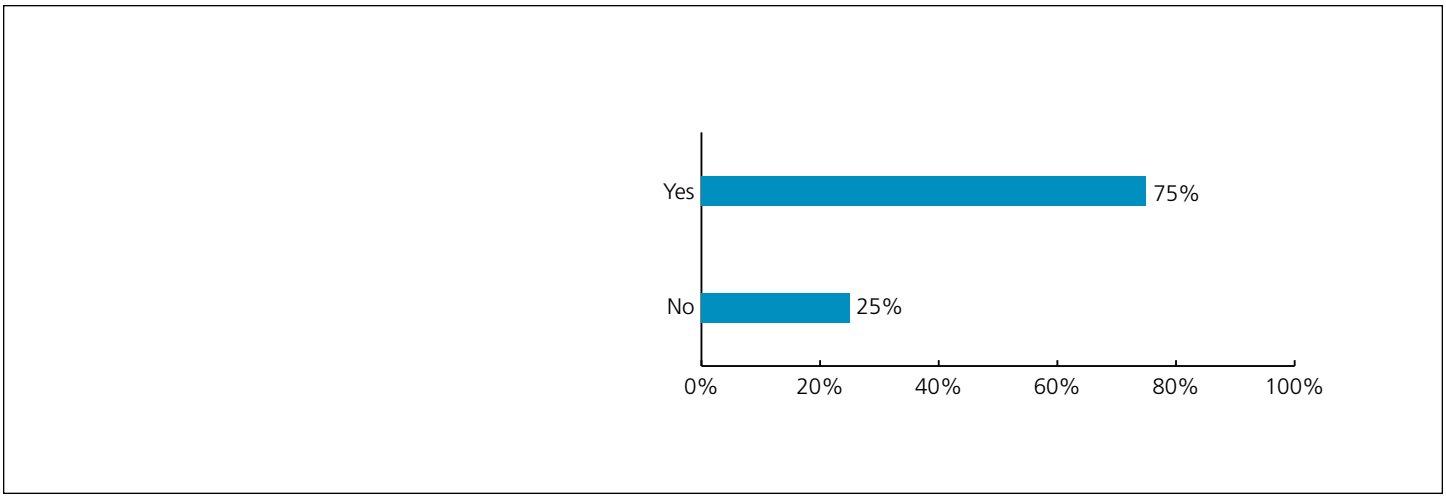
Table 3. Mean Importance and Satisfaction Ratings of Applicants' Characteristics Used by Program Directors in Deciding Which Applicants to Interview

Satisfaction with Tools Used to Measure at This Stage[1]	Importance to Decision About Which Applicants to Interview[2]		
	Lowest Importance (3.00–3.49)	**Medium Importance (3.50–3.99)**	**Highest Importance (≥4.00)**
Highest Satisfaction (≥4.00)	• Prior relevant experience		
Medium Satisfaction (3.50–3.99)	• Interest in program • Diversity	• Fit with culture • Fit with mission • Clinical competence • Leadership	• Interpersonal and communication skills
Lowest Satisfaction (3.00–3.49)		• Problem solving • Integration and application of knowledge • Resilience and stress management • Openness to feedback	• Integrity • Reliability and dependability • Motivation and initiative • Teamwork • Professionalism

[1] Satisfaction ratings: *n* = 801–1,174; ratings made on a 5-point Likert-type scale ranging from 1 = Very Dissatisfied to 5 = Very Satisfied.

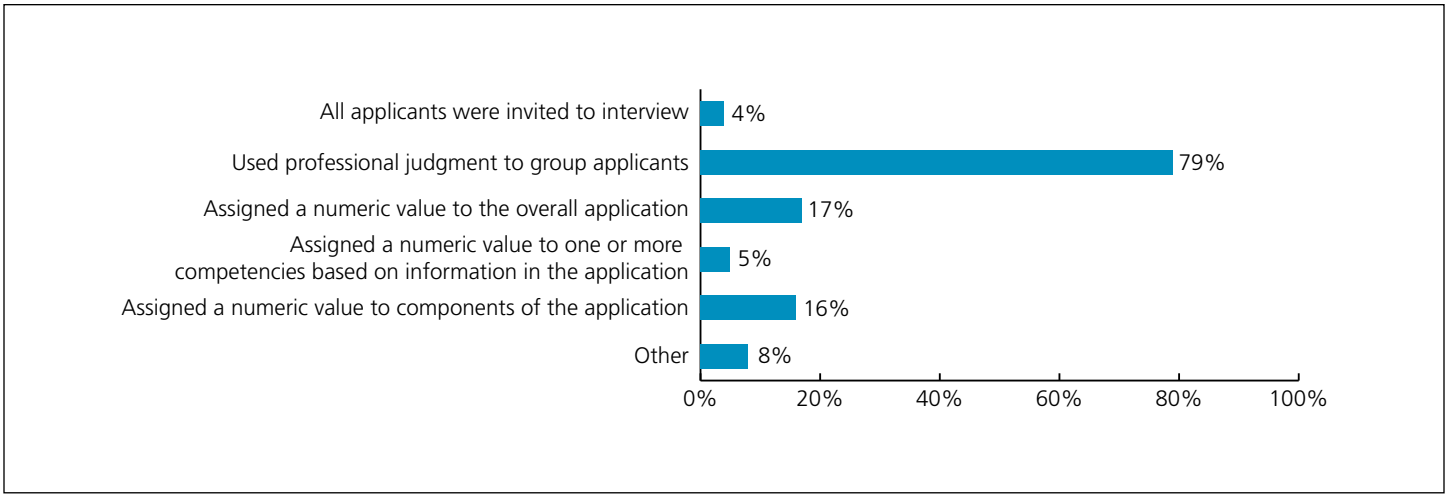
[2] Importance ratings: *n* = 904–1,291; ratings made on a 5-point Likert-type scale ranging from 1 = Not Important to 5 = Extremely Important. Light (green) shading indicates a moderate gap between importance and satisfaction; darker (red) shading indicates a larger gap between importance and satisfaction.

Figure 2. Percentage of programs that use filters or minimum thresholds when selecting applicants to interview (e.g., USMLE Step 1 scores, state residency; *n* = 1,453).[1]



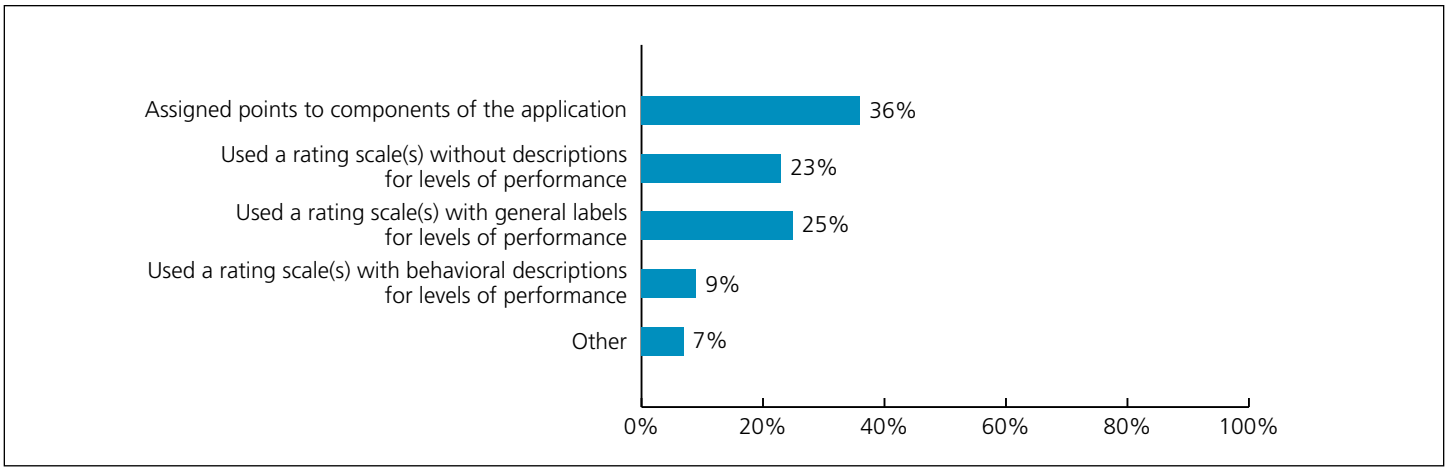
[1] Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html.

Figure 3. Percentage of programs that use each process to decide whom to invite to interview (*n* = 1,454).[1]



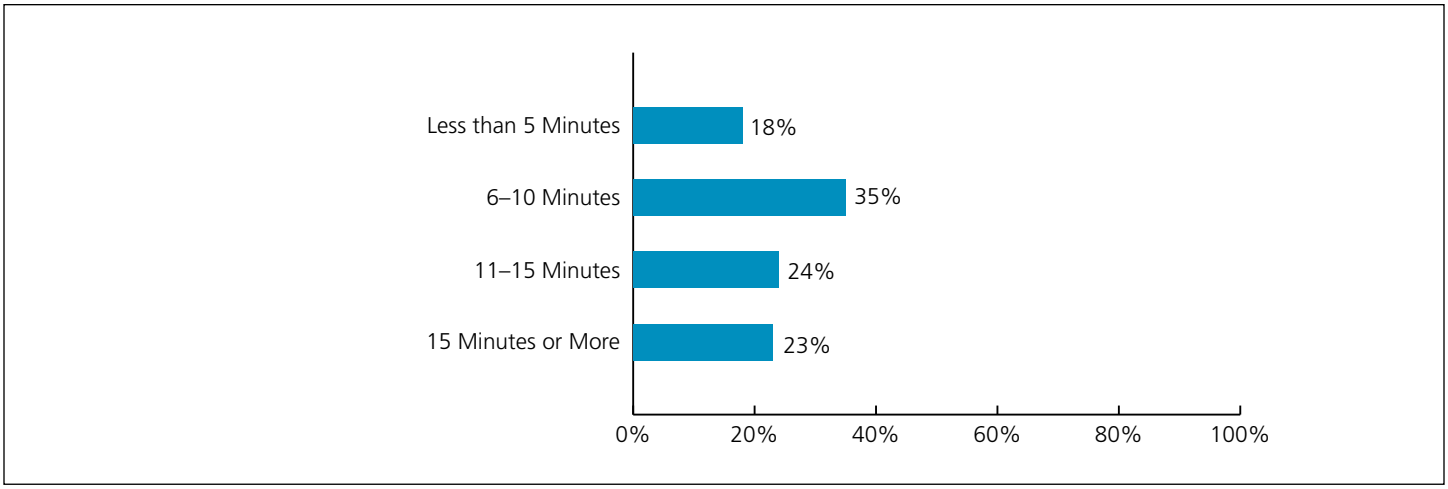
[1] Values do not sum to 100% because respondents could select more than one response.

Figure 4. Percentage of programs that use each approach to assign numeric values to the application when selecting applicants to interview (*n* = 381).[1]



[1] Only participants who reported that they assigned numeric values to the application were asked this question.

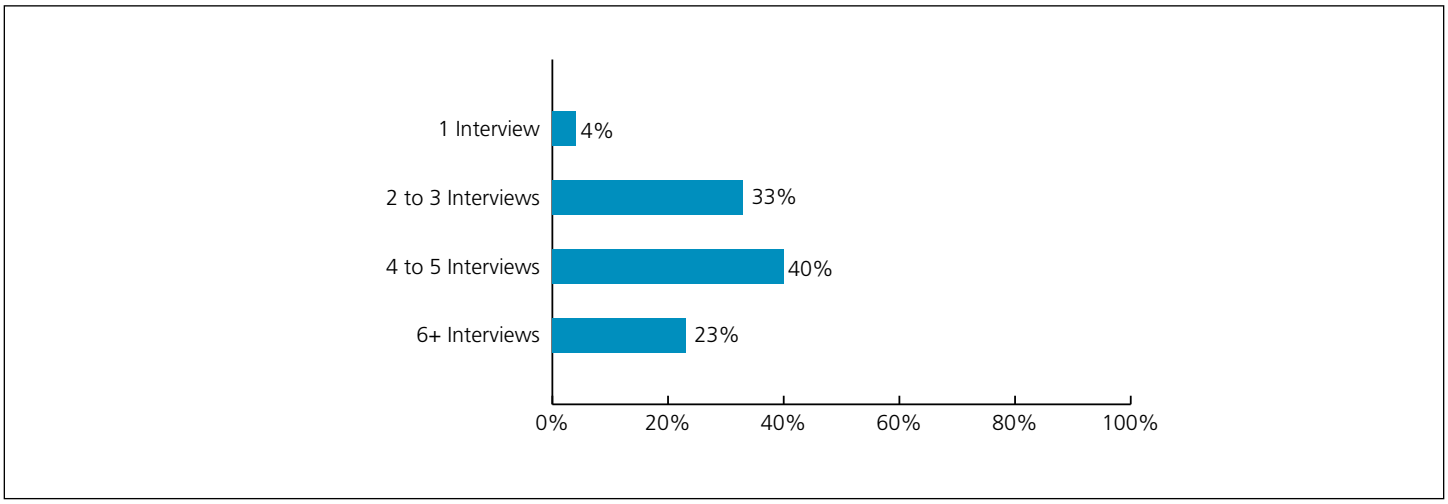
Figure 5. Percentage of programs citing amount of time spent reviewing an application, on average, when selecting applicants to interview (minutes; *n* = 1,396).[1]



[1] Responses from 13 participants were more than three standard deviations from the mean. They were identified as outliers and removed from this analysis.

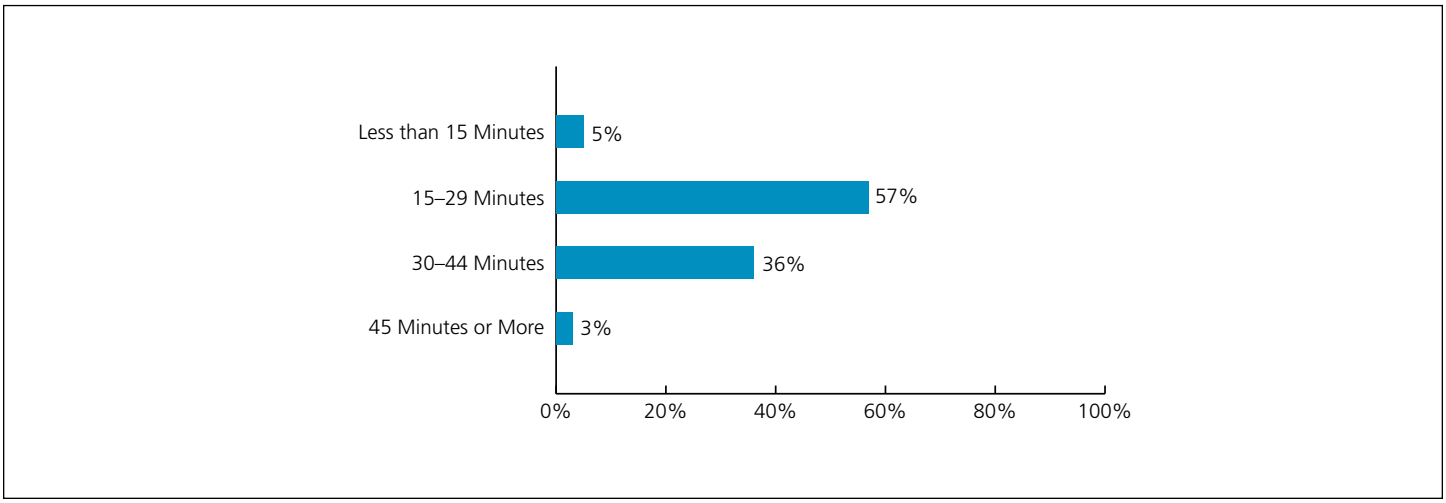
Interviewing

Figure 6. Percentage of programs reporting a certain number of interviews conducted per applicant (*n* = 1,292).[1]



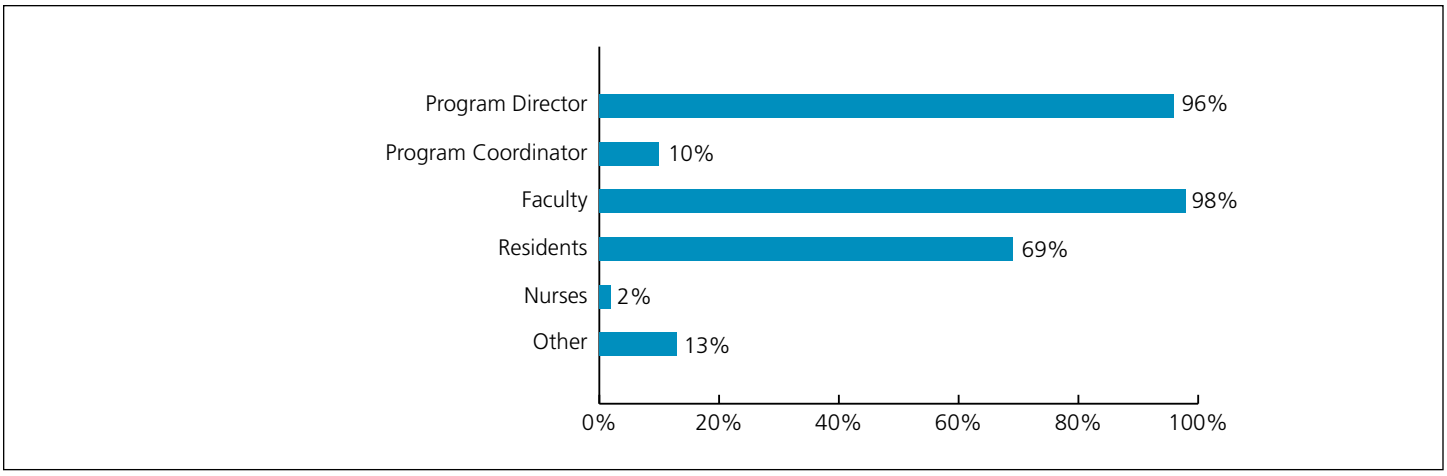
[1] Responses from four participants were more than three standard deviations from the mean. They were identified as outliers and removed from this analysis.

Figure 7. Percentage of programs reporting spending certain amounts of time per interview (minutes; *n* = 1,396).[1]



[1] Responses from four participants were more than three standard deviations from the mean. They were identified as outliers and removed from this analysis.

Figure 8. Percentage of programs whose interviewers have these job titles (*n* = 1,310).[1]



[1] Values do not sum to 100% because respondents could select more than one response.

Figure 9. Percentage of programs offering different types of guidance to interviewers about interview content and questions, from complete discretion to standard questions (*n* = 1,296).

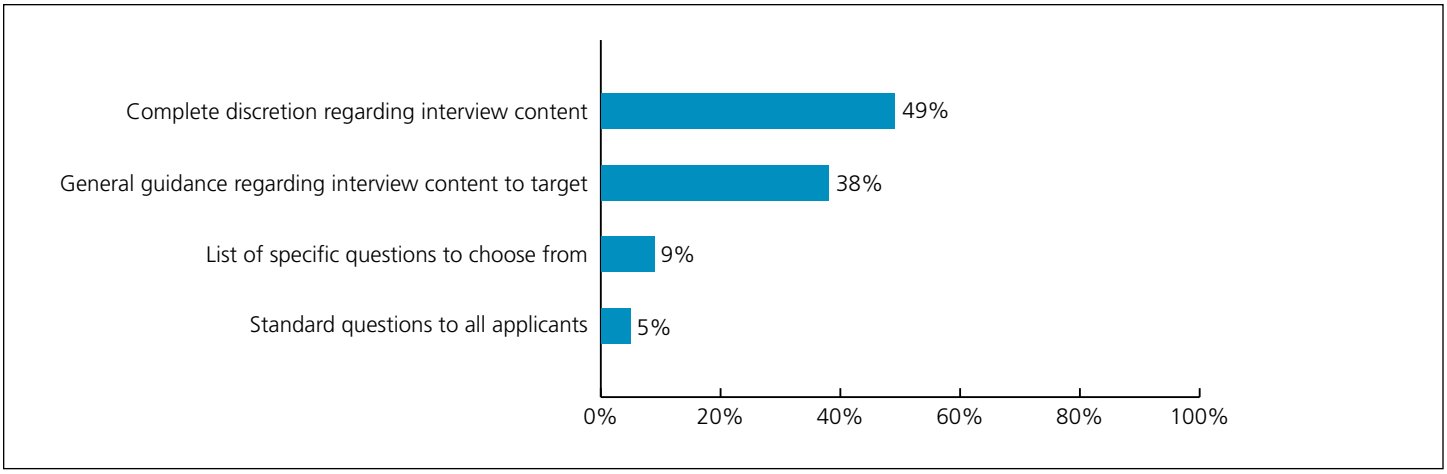
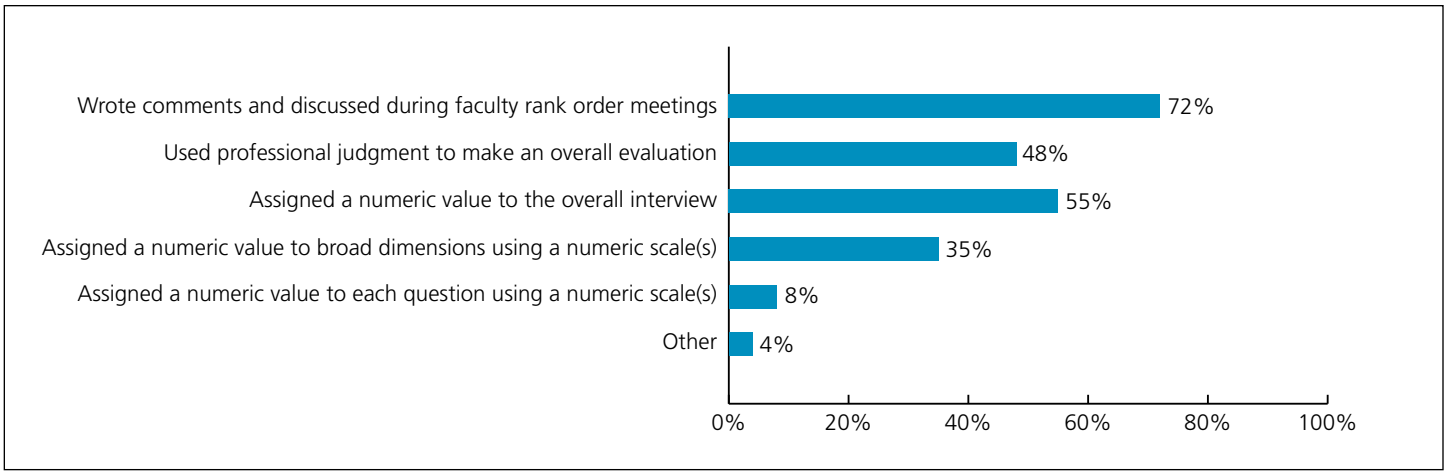
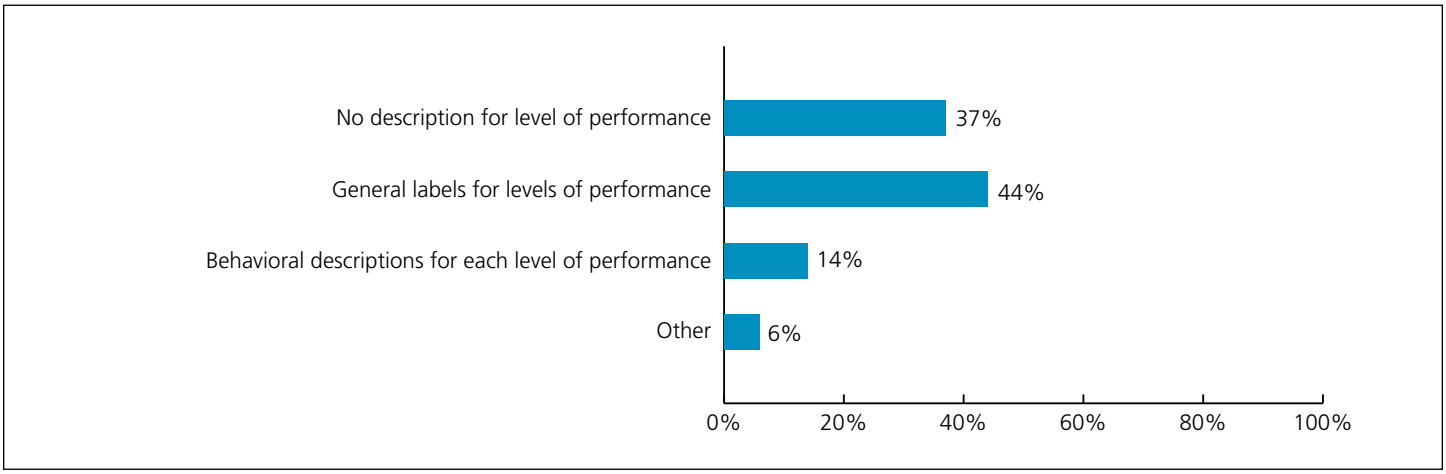


Figure 10. Percentage of programs reporting how interviews were evaluated (*n* = 1,308).[1]



[1] Values do not sum to 100% because respondents could select more than one response.

Figure 11. Percentage of programs describing how numeric ratings were used to score interviews (*n* = 937).[1]



[1] Only participants who reported that they used numeric rating scales to evaluate interviews were asked to respond to this question.

Creating the Rank Order List

Table 4. Percentage of Programs Describing Tools Used to Assess Applicants' Characteristics (*n* = 1,274)[1]

Applicant Characteristics[2]	Letters of Recommendation	Personal Statement	Dean's Letter or MSPE	ERAS® Application	Interview(s)	Resident Feedback
Fit with program culture	36%	44%	23%	28%	91%	79%
Fit with program mission	32%	42%	21%	30%	85%	62%
Interest in program and/or its geographic location	12%	32%	7%	26%	82%	58%
Prior relevant experiences	39%	39%	40%	71%	61%	24%
Clinical competence or skills	65%	10%	60%	34%	41%	21%
Problem solving	56%	13%	45%	20%	51%	20%
Integration and application of knowledge	58%	10%	52%	30%	46%	19%
Diversity	14%	24%	16%	51%	61%	30%
Professionalism	64%	22%	53%	23%	81%	61%
Integrity	60%	20%	49%	20%	73%	53%
Interpersonal and communication skills	54%	29%	37%	16%	89%	72%
Teamwork	61%	17%	46%	21%	65%	53%
Leadership	56%	25%	50%	44%	60%	31%
Reliability and dependability	66%	12%	51%	19%	58%	40%
Motivation and initiative	60%	32%	44%	26%	78%	52%
Resilience and stress management	45%	23%	37%	15%	66%	36%
Openness to feedback	53%	11%	42%	13%	64%	38%
Other	2%	2%	2%	4%	6%	4%

[1] Shading: ≥50% of program directors reported using the tool to assess applicants' characteristics when creating the rank order list. MSPE = Medical School Performance Evaluation. ERAS = Electronic Residency Application Service. The survey did not ask about the use of NBME exams because that information is collected through the biennial NRMP survey.

[2] In order of appearance in the survey.

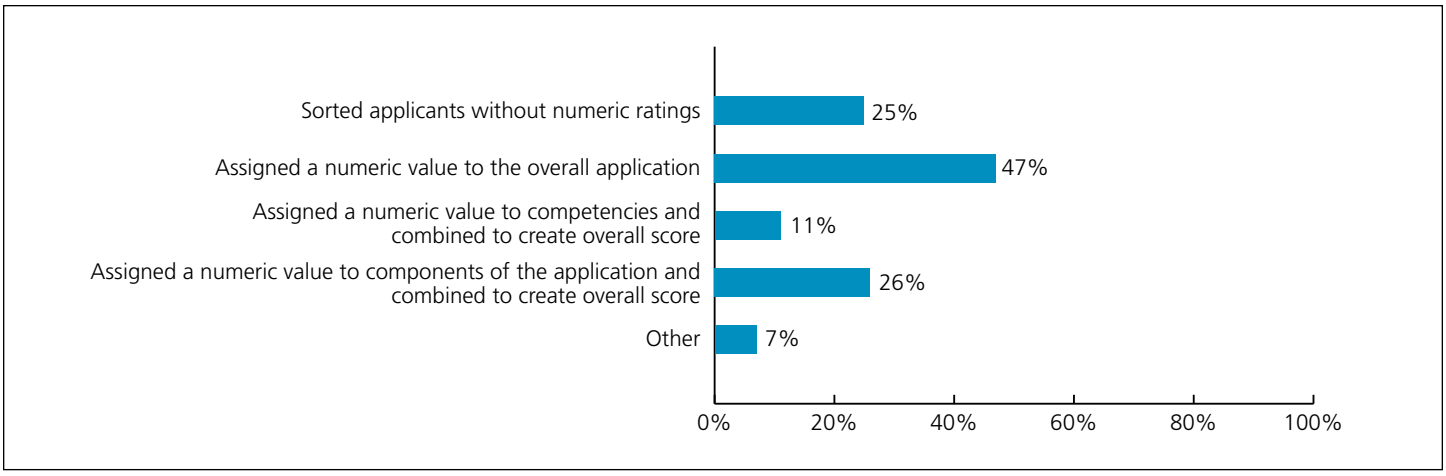
Table 5. Mean Importance and Satisfaction Ratings of Applicant's Personal Characteristics Used by Program Directors in Creating the Final Rank-Order List

Satisfaction with Tools to Measure at This Stage[1]	Importance in Creating the Rank-Order List[2]		
	Lowest Importance (3.00–3.49)	**Medium Importance (3.50–3.99)**	**Highest Importance (≥4.00)**
Highest Satisfaction (≥4.00)	• Prior relevant experience	• Fit with mission	• Fit with culture • Interpersonal and communication skills
Medium Satisfaction (3.50–3.99)	• Interest in program • Diversity	• Leadership • Clinical competence	• Professionalism • Integrity • Teamwork • Motivation and Initiative
Lowest Satisfaction (3.00–3.49)		• Problem solving • Resilience and stress management • Openness to feedback • Integration and application of knowledge	• Reliability and Dependability

[1] Satisfaction ratings: *n* = 1101–1181; ratings made on a 5-point Likert-type scale ranging from 1 = Very Dissatisfied to 5 = Very Satisfied.

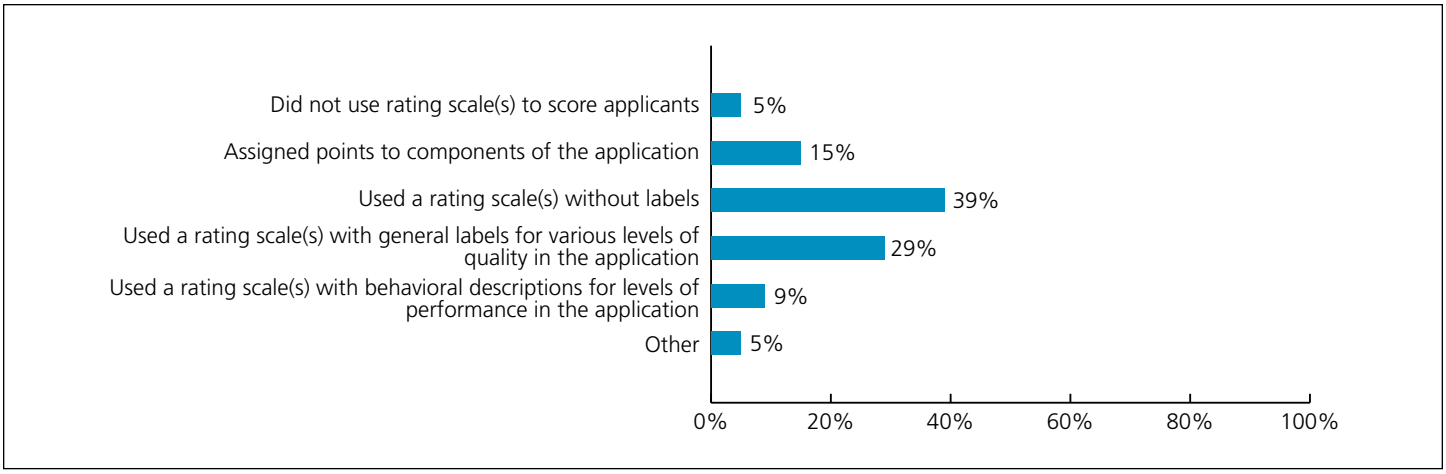
[2] Importance ratings: *n* = 1,183–1,259; ratings made on a 5-point Likert-type scale ranging from 1 = Not Important to 5 = Extremely Important. Light (green) shading indicates a moderate gap between importance and satisfaction; darker (red) shading indicates a larger gap between importance and satisfaction.

Figure 12. Percentage of programs describing the process used to create an initial rank order list (*n* = 1,241).[1]



[1] Values do not sum to 100% because respondents could select more than one response.

Figure 13. Percentage of programs describing certain rating scales to create an initial rank-order list (*n* = 671).[1]



[1] Only participants who reported that they assigned numeric values to the application were asked this question.

Figure 14. Percentage of programs describing the process used to finalize the rank order list (*n* = 1,226).

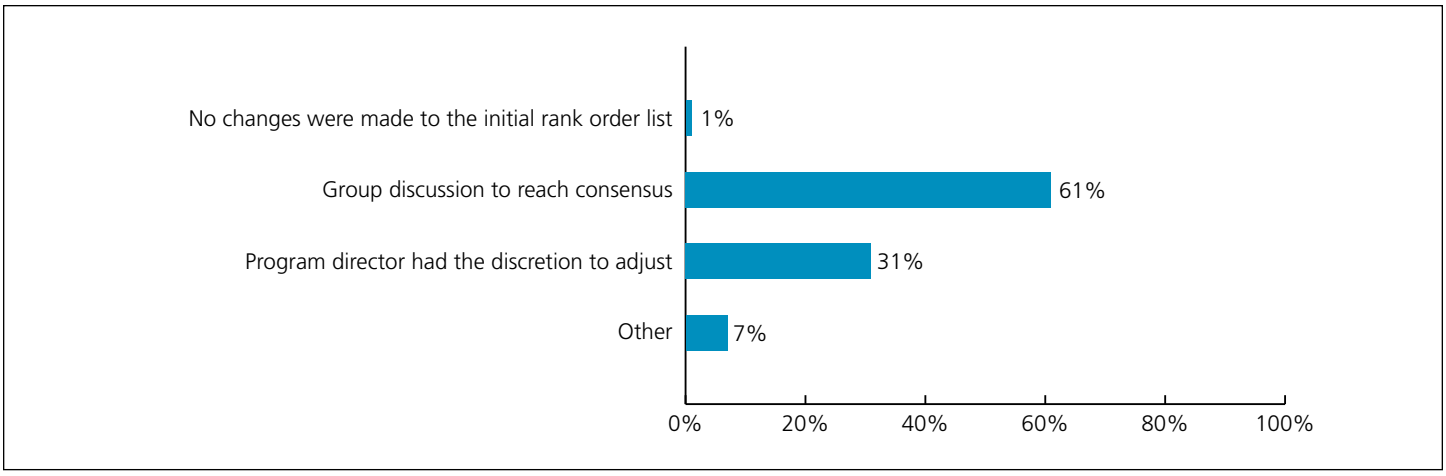
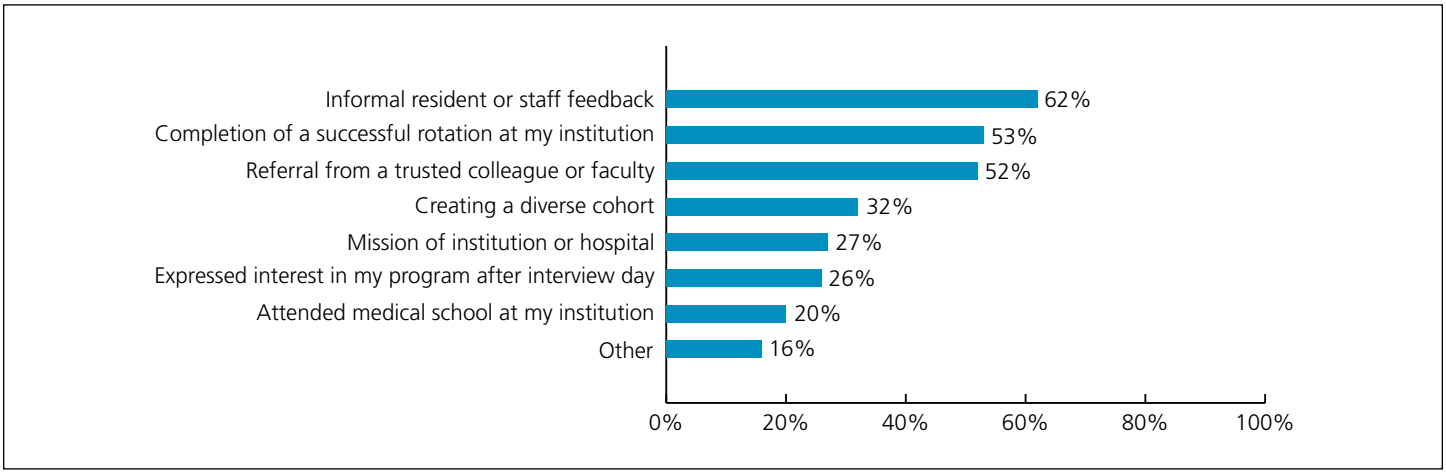
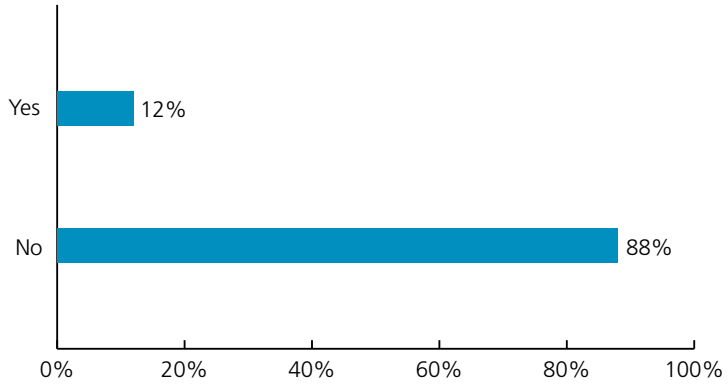


Figure 15. Percentage of programs describing the most important factors considered when adjusting the initial rank order list (*n* =1,223).[1]



[1] Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html. Values do not sum to 100% because respondents could select more than one response.

Figure 16. Percentage of programs that ranked all applicants who were interviewed in the ERAS 2016 cycle (*n* = 1,225).[1]



[1] Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html.

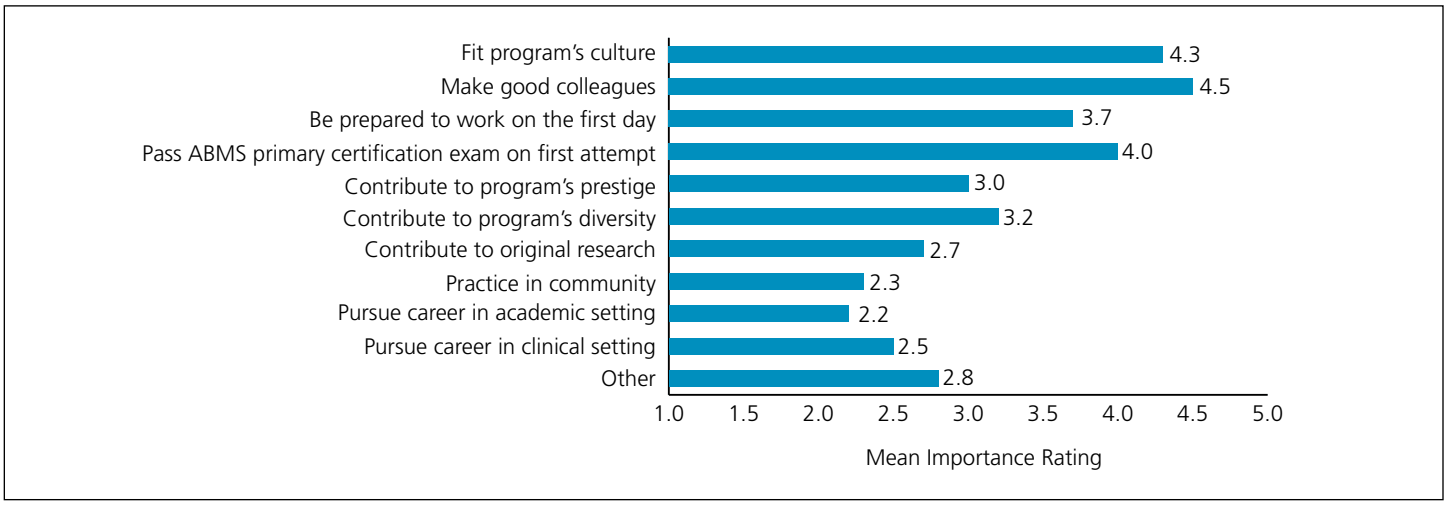
Figure 17. Commonly cited factors that contributed to a program's decision not to rank an interviewee.[1]

- Poor interview day (interpersonal and communication skills, residents and/or faculty comments)
- Poor fit
- Concerns about professionalism
- Concerns about academic preparation (USMLE Step test failures, Step-score trends, Sub-I performance, clerkship performance)
- Policy to rank a subset of applicants rather than the whole pool
- Incomplete application (missing Step scores, letters)

[1] In write-in responses, most participants referred to "fit" broadly, including fit with program, fit with program and its missions, and fit with residents and faculty. Factors listed in order of number of comments in the write-in response, from most to least.

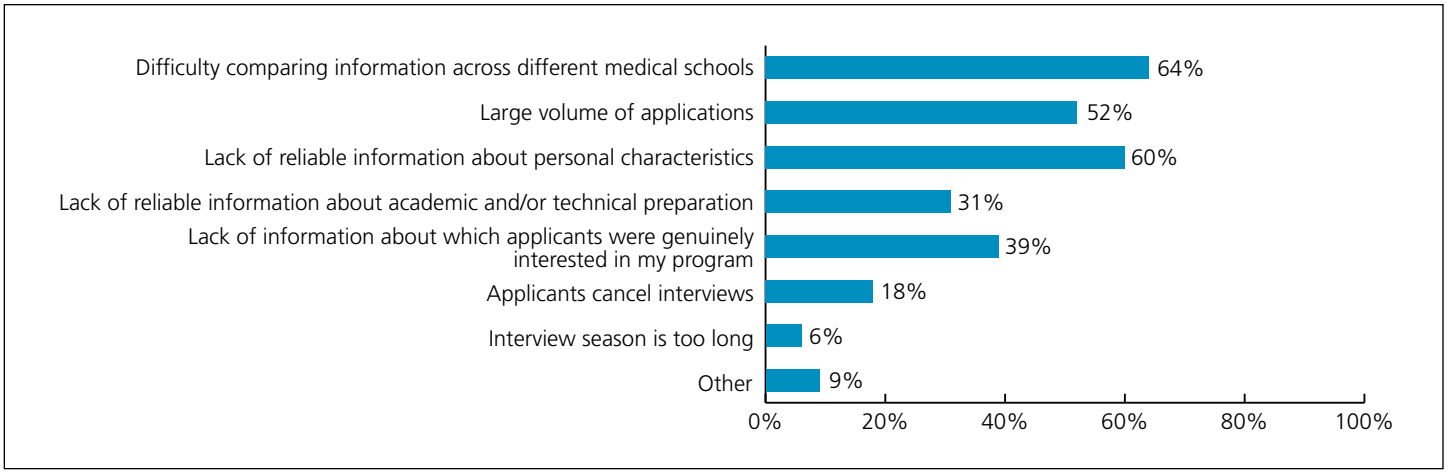
Goals and Pain Points of the Residency Selection Process

Figure 18. Mean importance ratings for goals of the residency selection process (*n* = 1,205).[1]



[1] Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html. Ratings were made on a 5-point Likert-type scale ranging from 1 = not important to 5 = extremely important. ABME = American Board of Medical Specialties.

Figure 19. Percentage of program directors reporting the top three "pain points" in the residency selection process (*n* = 1,230).[1]



[1] Specialty-specific results are available here: www.aamc.org/initiatives/optimizinggme/transitiontoresidency/460950/high_charts.html. Values do not sum to 100% because respondents could select more than one response.

Appendix A
2016 Current Practices in Residency Selection Survey

Current Practices in Residency Selection

The AAMC is taking steps to address the program community's concerns over the increasing applications you're receiving. We begin by conducting a survey of Program Directors to learn more about the residency selection process. This survey asks you to describe each stage of the selection process at your program, from screening to creating the rank order list. Results will be used to help us identify areas in which AAMC could improve the selection process for both programs and applicants.

The survey will take approximately 20–25 minutes. Please note that this survey is focused on the ERAS 2016 cycle—for the residents entering your program in July 2016. We hope you can lend some time to complete this survey in one sitting. If you are unable to do so, you will be able to save your responses and access a personalized URL to complete the survey at another time.

Risks and Benefits
There are minimal risks associated with completing this survey; however, there is a risk of potential loss of confidentiality. We have taken several steps to minimize the risk of potential loss of confidentiality, including: limiting access to identified data to AAMC staff (who have current IRB training); storing all electronic files on a password protected computer; and presenting only aggregate-level data in which there are at least 5 residency program responses.

The primary benefit of the survey is that it will help to ensure that the AAMC is making process improvements and providing tools and resources that would be helpful to Program Directors during the selection process. In addition, participants will receive a summary report of the survey results.

Confidentiality
This survey has been reviewed according to AAMC policies and procedures. Participating in this survey is voluntary and the data will be classified as confidential. Confidential AAMC Information is sensitive, private, or proprietary information that, if improperly accessed or disclosed, could cause harm or embarrassment to AAMC, AAMC members, or individuals but that is not necessarily subject to specific restrictions imposed by law. Identified responses will be stored in a secure database at the AAMC to which only the primary researcher will have access. Your identified responses will never be released without your permission. We may release de-identified responses to individuals who agree to protect it and who agree to the AAMC confidentiality policies.

If you have any questions about your rights as a participant, contact the AAMC Office of Human Subjects Research Protection by email (hsrppadministrator@aamc.org). If you have any technical questions about the survey, contact Tom Geiger by email at residencyselection@aamc.org.

By continuing, you acknowledge that you have read the above statement and understand the risks and benefits associated with completing this survey and would like to continue. Thank you in advance for your time and effort in providing this valuable information.

Survey begins here:

We recognize that the process your program uses to select residents is unique. In this section, we ask you to describe each stage of your selection process, including: screening for interviews, interviews, and creating the rank order list. **In answering these questions, please describe the data and procedures used to select residents during the ERAS 2016 cycle.**

Selecting Applicants to Interview

This section focuses on the processes used at your program when selecting applicants to interview. Responses should reflect the data and processes used during the ERAS 2016 cycle.

1. Does your program use filters or minimum thresholds (e.g., USMLE Step 1 scores, state residency) when selecting applicants to interview?
   a. Yes **(go to 2)**
   b. No **(go to 3B)**

2. How many ERAS 2016 applications remained after applying initial filters or threshold(s)? (e.g., 300) [open comment box; limit to whole numbers]

3. After applying the initial set of filters, which of the following processes describe how your program decides whom to invite to interview? [Respondents who answered "a" to question 1 would see this question.]
   a. All applicants are invited to interview **(go to 5)**
   b. Use professional judgment to group applicants (e.g., interview, hold, reject) **(go to 5)**
   c. Assign a numeric value to the overall application **(go to 4)**
   d. Assign a numeric value to one or more competencies (e.g., medical knowledge, professionalism, etc.) based on information in the application **(go to 4)**
   e. Assign a numeric value to components of the application (e.g., personal statement, letters of recommendation, etc.) **(go to 4**)
   f. Other (please specify): [open comment box] **(go to 5)**

3B. Which of the following processes describe how your program decides whom to invite to interview? [Respondents who answered "b" to question 1 would see this question.]
   a. All applicants are invited to interview **(go to 5)**
   b. Use own judgment to group applicants (e.g., interview, hold, reject) **(go to 5)**
   c. Assign a numeric value to the overall application **(go to 4)**
   d. Assign a numeric value to one or more competencies (e.g. medical knowledge, professionalism, etc.) based on information in the application **(go to 4)**
   e. Assign a numeric value to components of the application (e.g., personal statement, letters of recommendation, etc.) **(go to 4)**
   f. Other (please specify): [open comment box] **(go to 5)**

4. Which of the following best describes how numeric values are assigned to the application when selecting applicants to interview?

a. Assign points to components of the application (e.g., 2 points for a peer-reviewed publication)
b. Use a rating scale(s) without labels (e.g., 1 to 5)
c. Use a rating scale(s) with general labels for levels of performance (e.g., 1 = poor fit to 5 = excellent fit)
d. Use a rating scale(s) with behavioral descriptions for levels of performance (e.g., 5 = "shows genuine interest in practicing in the local community")
e. Other (please specify): [open comment box]

5. In total, about how many minutes does it take your program to review each application in selecting which applicants to interview? (e.g., 10) [open comment box; limit to whole numbers; included "minutes" label]

6. How important is each characteristic **when deciding whom to invite to interview**?

Applicant Characteristics	**Do Not Consider at This Stage**	**1 Not Important**	**2 Somewhat Important**	**3 Important**	**4 Very Important**	**5 Extremely Important**
Fit with program culture						
Fit with program mission						
Interest in program and/or its geographic location						
Prior relevant experiences (e.g., community service, research)						
Clinical competence or skills						
Problem solving						
Integration and application of knowledge						
Diversity						
Professionalism						
Integrity						
Interpersonal and communication skills						
Teamwork						
Leadership						
Reliability and dependability						
Motivation and initiative						
Resilience and stress management						
Openness to feedback						
Other						

7. What sources of information did your program use to evaluate the following applicant characteristics **when deciding whom to interview**? (Select all that apply.) [Note: Responses to #5 will be piped to this question. Participants will only be asked to respond for characteristics they indicated that they use at this step.]

Applicant Characteristics	**Letters of Recommendation**	**Personal Statement**	**Dean's Letter/ MSPE**	**ERAS Application**
Fit with program culture				
Fit with program mission				
Interest in program and/or its geographic location				
Prior relevant experiences (e.g., community service, research)				
Clinical competence or skills				
Problem solving				
Integration and application of knowledge				
Diversity				
Professionalism				
Integrity				
Interpersonal and communication skills				
Teamwork				
Leadership				
Reliability and dependability				
Motivation and initiative				
Resilience and stress management				
Openness to feedback				
Other				

8. How satisfied are you with your program's ability to measure each characteristic **when deciding whom to invite to interview**?

Applicant Characteristics	**1 Very Dissatisfied**	**2 Dissatisfied**	**3 Neither Satisfied nor Dissatisfied**	**4 Satisfied**	**5 Very Satisfied**
Fit with program culture					
Fit with program mission					
Interest in program and/or its geographic location					
Prior relevant experiences (e.g., community service, research)					
Clinical competence or skills					
Problem solving					
Integration and application of knowledge					
Diversity					
Professionalism					
Integrity					
Interpersonal and communication skills					
Teamwork					
Leadership					
Reliability and dependability					
Motivation and initiative					
Resilience and stress management					
Openness to feedback					
Other					

Interviewing Applicants

This section focuses on the interview processes used at your program. Responses should reflect the data and processes used during the ERAS 2016 cycle.

9. How many applicants were invited to interview in the ERAS 2016 cycle? (e.g., 200)
[open comment box; limit characters to whole numbers]

10. How many applicants were interviewed in the ERAS 2016 cycle? (e.g., 100)
[open comment box; limit characters to whole numbers]

11. How many interviews were typically conducted with each applicant? (e.g., 5)
[open comment box; limit to whole numbers]

12. Who conducted the interviews? (Select all that apply.)
    a. Program Director
    b. Program Coordinator
    c. Faculty
    d. Residents
    e. Nurses
    f. Other (please specify): [open comment box]

13. On average, about how many minutes did each interview take? (e.g., 30)
[open comment box; limit to whole numbers; include "minutes" label]

14. Which of the following statements best describes the format of the interviews?
    a. Interviewers had complete discretion regarding interview content
    b. Interviewers were provided with general guidance regarding interview content to target
    c. Interviewers were provided with a set of questions and decided which questions to ask each applicant
    d. Interviewers were required to ask standard questions to all applicants

15. How were applicants' responses evaluated during interviews?
    a. Interviewers write comments during interviews and then discuss the interviewees during faculty rank order meetings
    b. Interviewers used professional judgment to make an overall evaluation of the interview (e.g., do not rank, average, above average, etc.)
    c. Interviewers assigned a numeric value to the overall interview
    d. Interviewers assigned a numeric value to one or more broad dimensions (e.g., communication skills) using a numeric scale(s)
    e. Interviewers assigned a numeric value to each question using a numeric scale(s)
    f. Other (please specify): [open comment box]

16. If applicable, which of the following best describes the rating scale(s) used to score interviews?
    a. Used a rating scale(s) without labels (e.g., 1 to 5)
    b. Used a rating scale(s) with general labels for levels of performance (e.g., 1= very ineffective to 5 = very effective)
    c. Used a rating scale(s) with behavioral descriptions for each level of performance (e.g., 3 = "makes eye contact and asks appropriate follow-up questions")
    d. Other (please specify): [open comment box]

Creating the Rank Order List

17. How important was each characteristic **when creating the rank order list**?

Applicant Characteristics	**Do Not Consider at This Stage**	**1 Not Important**	**2 Somewhat Important**	**3 Important**	**4 Very Important**	**5 Extremely Important**
Fit with program culture						
Fit with program mission						
Interest in program and/or its geographic location						
Prior relevant experiences (e.g., community service, research)						
Clinical competence or skills						
Problem solving						
Integration and application of knowledge						
Diversity						
Professionalism						
Integrity						
Interpersonal and communication skills						
Teamwork						
Leadership						
Reliability and dependability						
Motivation and initiative						
Resilience and stress management						
Openness to feedback						
Other						

18. What sources of information did your program use to evaluate the following applicant characteristics **when creating the rank order list**? (Select all that apply.)

Applicant Characteristics	**Letters of Recommendation**	**Personal Statement**	**Dean's Letter/ MSPE**	**ERAS Application**	**Interview(s)**	**Resident Feedback**
Fit with program culture						
Fit with program mission						
Interest in program and/or its geographic location						
Prior relevant experiences (e.g., community service, research)						
Clinical competence or skills						
Problem solving						
Integration and application of knowledge						
Diversity						
Professionalism						
Integrity						
Interpersonal and communication skills						
Teamwork						
Leadership						
Reliability and dependability						
Motivation and initiative						
Resilience and stress management						
Openness to feedback						
Other						

19. How satisfied are you with your ability to measure each characteristic **when creating the rank order list**?

Applicant Characteristics	**1 Very Dissatisfied**	**2 Dissatisfied**	**3 Neither Satisfied nor Dissatisfied**	**4 Satisfied**	**5 Very Satisfied**
Fit with program culture					
Fit with program mission					
Interest in program and/or its geographic location					
Prior relevant experiences (e.g., community service, research)					
Clinical competence or skills					
Problem solving					
Integration and application of knowledge					
Diversity					
Professionalism					
Integrity					
Interpersonal and communication skills					
Teamwork					
Leadership					
Reliability and dependability					
Motivation and initiative					
Resilience and stress management					
Openness to feedback					
Other					

20. Which of the following processes describes how your program evaluates applicants to form an initial rank order list? (Select all that apply.)
    a. Sort applicants without any numeric ratings
    b. Assign a numeric value to the overall application
    c. Assign a numeric value to one or more competencies based on information in the application and combine to create an overall score on which applicants are ranked
    d. Assign a numeric value to one or more components of the application and combine to create an overall score on which applicants are ranked
    e. Other (please specify): [open comment box]

21. Which of the following best describes the rating scale(s) used to score applicants to form an initial rank order list?
    a. Do not use rating scale(s) to score applicants
    b. Assigned points to components of the application (e.g., 2 points for a peer-reviewed publication)
    c. Used a rating scale(s) without labels (e.g., 1 to 5)
    d. Used a rating scale(s) with general labels for various levels of quality in the application (e.g., low, moderate, high quality)
    e. Used a rating scale(s) with behavioral descriptions for levels of performance in the application (e.g., 1 = "shows little interest in the program")
    f. Other (please specify): [open comment box]

22. If applicable, please describe the formula used to create the initial rank score.
(e.g., Score = (MSPE x .25) + (Personal Statement x .25) + (Interview Score x .5))
[open comment box]

23. How does your program finalize the rank order list?
    a. No changes are made to the initial rank order list **(go to 25)**
    b. Group reaches consensus on the list **(go to 24)**
    c. Program director has the discretion to adjust the list **(go to 24)**
    d. Other (please specify): [open comment box] **(go to 24)**

24. What are the most important factors considered when making adjustments to the initial rank order list to form the final list? (Select all that apply.)
    a. Referral from a trusted colleague or faculty
    b. Applicant expressed interest in your program after interview day
    c. Completion of a successful rotation at your institution
    d. Applicant attended medical school at your institution
    e. Informal resident or staff feedback (e.g., feedback from a social gathering)
    f. Creating a diverse cohort (e.g., select applicants with different backgrounds)
    g. Mission of institution or hospital
    h. Other (please specify): [open comment box]

25. Did you rank all applicants who were interviewed in the ERAS 2016 cycle?
    a. Yes **(go to 28)**
    b. No

26. If no, how many applicants did your program decide **not to rank** in the ERAS 2016 cycle? (e.g., 5) [open comment box; limit characters to whole numbers]

27. If applicable, please describe the factors that contributed to your program's decision not to rank an interviewee:
[open comment box]

Overview of Selection Process

28. How important is each of the following goals to your residency selection process?

Identify applicants who will:	**1 Not Important**	**2 Somewhat Important**	**3 Important**	**4 Very Important**	**5 Extremely Important**
Fit the program culture					
Make good colleagues					
Be prepared to work on the first day of training					
Pass ABMS primary certification exam on the first attempt					
Contribute to the program's prestige					
Contribute to the program's diversity					
Contribute to original research					
Practice in the community					
Pursue a career in an academic setting (e.g., faculty)					
Pursue a career in a clinical setting					
Other (please specify):					

29. Which of the following statements describe "pain points" your program experienced in selecting residents in the ERAS 2016 cycle? (Select up to 3.)

a. It is difficult to compare information across different medical schools
b. Large volume of applications
c. Lack of reliable information about personal characteristics (e.g., social skills, work habits, professionalism)
d. Lack of reliable information about applicants' academic/technical preparation
e. Lack of information about which applicants are genuinely interested in my program
f. Applicants cancel interviews
g. Interview season is too long
h. Other (please specify): [open comment box]

30. Please describe any processes or components of your program's selection process that were not covered by this survey (e.g., exceptions to the screening process, skills demonstration):
[open comment box]

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