

## Residency Program Directors’ Expectations of Incoming Resident *Combined Results from all GENERALISTS (n=47)*

Has one or more SIU School of Medicine graduates matched in your program? Yes = 40 No = 6

### 1. Which of the following do you see as important when reviewing an applicant’s elective experience?

*(Please rate each choice with a value of 1-5 with 1 being the most important.)*

	<u>Average</u>
Types of electives candidate chose	3.23
The evaluation and faculty comments received in electives	2.38
Satisfactory amount of core medical inpatient experience	2.57
Electives that represent essential physician skills and work ethic	2.77
Other Elective Experiences noted as important:	
Electives pertinent to the specialty	
Student sought additional exposure in our specialty	
Clinical volume of the elective and responsibility level	
Subinternship experiences and performance	
Letter from program director at home institution	

#### Comments:

- Electives will help prepare students for their residency but we do not use them to any degree in our selection process.
- Electives should make sense in the overall goals of the student to obtain additional experience in areas of special interest or needed support
- Difficult to factor in, because many schools only provide very limited information about a student’s elective experience.
- Elective selection is not nearly as important as the assessment of the student’s performance on the elective.
- I pay less attention to choice than to grades/comments/letters
- Electives take a back seat to core experiences and life experiences
- This is only a minor factor in our overall assessment of an applicant
- Want to see evidence of satisfactory progression to more advanced level of responsibility and workload.
- This is not paramount, but when we choose between two similarly ranked applicants; we use the 4<sup>th</sup> year electives to ensure adequate clinical exposure pertinent to IM; the Medicine “Subinternship” is the most important to us.
- Elective experiences are highly variable, poorly evaluated, and constantly changing. Only 1/3 of the year is over by the time of application

### 2. Before entering residency, do you prefer the applicant to have: (Choices: A broad-based elective experience; A more specialized elective experience; Other)

A broad-based elective experience	(37)
A more specialized elective experience	(5)
Other:	
Career focused and enhancing	
No preference	

*Note: 88% of respondents to this question preferred a broad-based elective experience vs. 12% whose preference was for a more specialized course of study.*

#### Comments:

- If they have not done any pediatric electives, I wonder about their level of interest in the field
- Those with a more specialized experience have tended to do a little better with the overwhelming amount of knowledge acquisition expected in residency.
- I would most like to see a candidate with a solid rationale for why s/he chose the electives they took.
- Again, it isn’t the specific elective title that is important. In pediatrics we know that the majority of a student’s experience during medical school will involve adults. If a student does well on the basic pediatric clerkship, it doesn’t necessarily matter whether they have chosen to do pediatric electives or not.
- I tell my advisees to do on 1-2 electives in their field
- Broad based to include the principles of family medicine - community service, etc.
- With the change to the 80 hour week, I think that this is more important than I used to.

- I do not feel students should load up in internal medicine but do want to see a senior level direct care experience that addresses comment above.
- Need some in desired specialty to ensure they understand what they are getting into.
- It doesn't matter. Students should take electives that prepare them for the career, not just for fun or because they will never get to do them again.

**3. Which of the following specific elective experiences do you prefer applicants to have before entering your residency program? (Please rate each choice with a value of 1-5 with 1 being the most important.)**

	<u>Average</u>
General ward experience	2.18
In-house call	2.84
Basic science anatomy review	3.64
Ambulatory clinic preceptorship	2.64
Direct patient management on wards and clinic	2.09
ICU experience	2.73
Areas that are focused on the field they are entering	2.91
Other Elective Experiences:	
Difficult rotations	

**Comments:**

**4. Please list any specific electives that you feel are important:**

<u>FAMILY MEDICINE</u>
* Radiology
* Medicine inpatient service
* Medicine Subinternship
* Obstetrics
* Gen internal medicine
* Ambulatory care medicine
* Family Medicine
* GI
* Dermatology
* Rheumatology
* Cardiology

<u>INTERNAL MEDICINE</u>
* Infectious Disease
* Critical Care
* Cardiology/EKG reading
* Cardiology
* Ambulatory
* Emergency Department or ambulatory experience
* Inpatients
* Medicine Subinternship
* Rheumatology or Endocrinology
* Renal
* Radiology
* Pulmonary

<u>OBSTETRICS &amp; GYNECOLOGY</u>
* Emergency Room
* Ambulatory care or ER
* Any ICU (MICU, SICU)
* Renal
* Cardiology
* Pulmonary
* Family Medicine
* Plastic Surgery
* Dermatology

<u>PEDIATRICS</u>
* Inpatient subinternship
* Radiology
* Peds cardiology, infectious disease, or pulmonology (a "core" type of experience)
* General pediatrics inpatient
* Subinternship or Acting Internship
* Any Critical Care (Adult, Pediatric, Neonatal)

**5. Which of the following general advice statements would you consider important for students as they prepare to enter a residency program in your field? (Please rate each choice with a value of 1-5 with 1 being the most important.)**

	<u>Average</u>
Use electives to strengthen identified areas of weakness.	2.22
Use electives to build on areas of strengths and interests.	2.33
Gain experience in as many subspecialties as possible.	2.91
Spend time with attendings whose practices are similar to those in which you are interested.	3.09
Select a wide variety of coursework.	2.33
Develop a good rapport with mentors in your selected field	2.63
Do not spend the majority of Year 4 doing 'audition' electives.	2.26

**Comments:**

- For FM programs vary a lot and audition rotations can be helpful
- Electives should test the student's ability to handle more responsibility and clinical volume, not just a shadowing elective.

**6. Which of the following expectations does your residency program have regarding research experiences?**

No expectations	(21)
Preferred but not required	(23)
Research experience required	(2)

*Note: 46% of respondents to this question indicated no expectations for research experience versus 54% who reported it was preferred or required.*

**Comments:**

- It is seen as a positive but cannot say preferred
- It adds to the strength of the application

**7. Are entering residents expected to have engaged in or published research either independently or in cooperation with others?**

Applicants who have published research are rated higher	(24)
Not a consideration	(22)

*Note: Published research rated higher by only 52% of respondents to this question vs. 48% who indicated it is not a consideration.*

**Comments:**

- Although we consider published research a testimony to an individual's motivation, the "weight" given to published research relative to the overall application is minimal.
- This higher rating only applies if the student actually did a significant amount of the work.
- Might push them higher on the rank list in comparison to similarly ranked applicants but does not outweigh other criteria.
- Applicant with published research may be rated higher
- Only slightly higher.
- If the applicant had a significant contribution (1<sup>st</sup> or 2<sup>nd</sup> author).
- Those with research MAY be rated higher.
- Depends on the research. One poster at a local event is not impressive. The more intensive the research and the larger the role played by the student, the more impact on the application.

**8. Please indicate what you look for in USMLE Step 2CK scores. (Pass level: 184)**

Greater than 220	(10)
Between 210 – 220	(4)
190 or better	(13)
Important, but not critical	(8)
Pass on first attempt	(11)

**Comments:**

- Would like to see not only a score between 210 and 220 but also to see that that score was achieved on the first attempt.

- Obviously the better the score, the better the impression. However, I have seen many people who do not score so well on exams but who are outstanding doctors.
- 200 is our prescreen number (not concrete)
- Score can be a tie breaker in too close candidates
- Higher scores preferred not required. We have no absolute “cut off”
- Scores of 220 certainly get our attention, but we interview those with lower scores, and often match those with lower scores.
- As scores decrease below 210, applicants get much greater scrutiny. Otherwise largely unimportant.
- Passing on first attempt is also helpful. We do not exclude applicants based on their score alone
- 200 or better and pass on first time

**9. Please indicate what you look for in the USMLE Step 1 scores. (Pass level: 185)**

Greater than 220	(9)
Between 210 – 220	(4)
190 or better	(10)
Important, but not critical	(9)
Pass on first attempt	(14)

**Comments:**

- 200 is our prescreen number (not concrete)
- Less important than Step II
- Higher scores preferred not required. We have no absolute “cut off”
- As scores decrease below 210, applicants get much greater scrutiny. Otherwise largely unimportant.
- 200 or better and pass on first time

**10. What advice would you give to students who are considering taking an "audition" elective at an institution to which they will apply for residency? (Please rate each choice with a value of 1-5 with 1 being the most important.)**

	<u>Average</u>
Students should only be encouraged to do an audition elective if they will ‘shine’ clinically and personally.	2.56
The minimum time for an audition elective should be 1 month.	2.55
Do an audition elective only if there is a particular program in which you have significant interest.	2.37
Audition electives are a good way to gauge resident satisfaction at that institution, particularly in residency programs that are not highly competitive.	2.37
It is better to do well on electives in your own institution rather than risk doing a rotation at another institution.	2.95
Audition electives are not very important except for highly-competitive programs.	2.39

**Comments:**

- 25% of our residents did rotations as fourth year med students with us
- My feeling about these types of electives is that they are more for the student to find out if they like a place and less for the student to “shine” and therefore get extra credit during the interview process.
- Our program is highly competitive, and “audition” electives have no bearing on our ranking of students.
- Can have modest effect in our ranking process. Majority of those who match do NOT do such rotations.
- An audition can really help someone who is very strong clinically, but less so academically.
- If you absolutely want to go there, then an elective is best chance to get there
- Students should do audition electives only at programs they want to attend and only at programs they have a reasonable chance of matching into. The audition elective does not substitute for board scores or the MSPE.

**11. How important do you consider “audition” electives to be?**

Very important	(2)
Somewhat important	(14)
Minimally important	(19)
Not at all important	(11)

**Comments:**

- Audition electives are important only at programs that a student knows will be ranked at or near the top of their list.
- They help the student learn more about the program and for the program to get to know the applicant better
- Most of our applicants have NOT done one at our institution
- More helpful than important - we will ALWAYS take the devil we know... nothing negative meant by that either
- This is true in general for internal medicine. However, for other, more competitive disciplines and for the most competitive IM programs, the opposite is true. Audition electives are very important for dermatology or orthopedics.

**12. In addition to the items included above, which of the following factors do you consider important? *(Please rate each choice with a value of 1-5 with 1 being the most important.)***

	<u>Average</u>
Previous Degrees	3.00
AOA	2.17 (Highest Mean Rating)
Volunteer Work	2.61
Elected Positions	2.80
Specialty Group Affiliations	3.23
Other:	
Letters of Recommendation	
Excellence in an extracurricular activity	
Overall academic performance; interpersonal skills and professionalism	

**Comments:**

- Specific comments regarding interpersonal skills, work ethic, professionalism, and motivation within MSPE or letters of recommendation are very important
- I’m interested in the focus on elective selection in this survey. In my 25 years as a program director and head of the intern selection process I’ve never actually considered the selection of electives in my assessment of students. I’d be curious about a student interviewing for a pediatrics position if they had chosen to do no pediatric electives, but that would certainly not, in and of itself, influence their ranking.
- Evidence of passion and commitment, balance, etc.
- We look for evidence of initiative, discipline, being a “finisher”, a team player, leadership skills among others. This can be evident in many different ways (prior work, volunteer work, research, outside activity such as music, sports).
- Again, intensity of involvement is a key factor. Twenty volunteer experiences of 1 hour each is not impressive. Starting a free clinic or serving as class president for two years are much more compelling because they show evidence of commitment and leadership.

## APPENDIX A

### PROGRAMS RESPONDING TO SURVEY (Generalists)

**Adventist Hinsdale Hospital, Hinsdale, IL**

- \* Family Medicine

**Advocate Christ Medical Center, Oaklawn, IL**

- \* Pediatrics

**Advocate Lutheran General, Park Ridge, IL**

- \* Family Medicine

**Ball Memorial Hospital, Muncie, IN**

- \* Family Medicine

**Cox Medical Center, Springfield, MO**

- \* Family Medicine

**Deaconess Hospital, Evansville, IN**

- \* Family Medicine

**Helen DeVos Children's Hospital (GRMERC/MSU Pediatrics Residency), Grand Rapids, MI**

- \* Pediatrics

**Hennepin County Medical Center, Minneapolis, MN**

- \* Internal Medicine

**Johns Hopkins University School of Medicine, Baltimore, MD**

- \* Pediatrics

**Loyola University Medical Center, Maywood, IL**

- \* \* Internal Medicine

**MacNeal FM Residency, Berwyn, IL**

- \* Family Medicine

**MAHEC-Hendersonville Family Medicine Residency Program, Asheville, NC**

- \* Family Medicine

**Mayo Foundation, Rochester, MN**

- \* Family Medicine

**Medical College of Wisconsin, Milwaukee, WI**

- \* Pediatrics
- \* Internal Medicine

**Medical University of South Carolina, Charleston, SC**

- \* Pediatrics

**Mercy Hospital, Chicago, IL**

- \* Obstetrics & Gynecology

**Ohio State University, Columbus, OH**

- \* Obstetrics & Gynecology

**Oregon Health & Science University, Portland, OR**

- \* Internal Medicine

**Rush University Medical Center, Chicago, IL**

- \* Internal Medicine

**Saint Louis University, St. Louis, MO**

- \* Internal Medicine
- \* Family Medicine
- \* Obstetrics & Gynecology
- \* Pediatrics

**Self Regional Healthcare; Greenwood, SC**

- \* Family Medicine

**Southern Illinois University School of Medicine, Springfield, IL**

- \* Pediatrics
- \* Family Medicine
- \* Obstetrics & Gynecology

**SUNY Downstate, Brooklyn, NY**

- \* Internal Medicine

**UMKC/St. Lukes, Kansas City, MO**

- \* Obstetrics & Gynecology

**University of Tennessee College of Medicine – Chattanooga, TN**

- \* Pediatrics

**University Hospital/University of Cincinnati, Cincinnati, OH**

- \* Obstetrics & Gynecology

**University of California Irvine, Irvine, CA**

- \* Internal Medicine

**University of Chicago, Chicago, IL**

- \* Pediatrics

**University of Illinois College of Medicine Peoria, IL**

- \* Internal Medicine/Pediatrics
- \* Internal Medicine
- \* Family Medicine

**University of Illinois College of Medicine Rockford, IL**

- \* Family Medicine

**University of Kansas Medical Center, Kansas City, KS**

- \* Family Medicine

**University of Minnesota, Minneapolis, MN**

- \* Internal Medicine

**University of Missouri, Columbia, MO**

- \* Family Medicine

**University of Tennessee Chattanooga, TN**

- \* Obstetrics & Gynecology

**University of Washington, Seattle, WA**

- \* Obstetrics & Gynecology

**University of Wisconsin Hospitals and Clinics, Madison, WI**

- \* Internal Medicine

**Vanderbilt University Medical Center, Nashville, TN**

- \* Pediatrics

**Virginia Commonwealth University, Richmond, VA**

- \* Pediatrics

**Washington University in St Louis, MO**

- \* Pediatrics