AAMC

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

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WASHINGTON, DC 20037-1126
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October 28, 1991

MEMORANDUM

TO: Participants in the ***Fifth Annual Forum on the Transition from Medical School to Residency***
Members, National Resident Matching Program Board of Directors

FR: August G. Swanson, M.D.

RE: **Forum Agenda**

Enclosed is a copy of the agenda for the Forum to be held on Friday, November 8, at the Washington Hilton, 1919 Connecticut Avenue, N.W., Washington, D.C. Included as an agenda item and also enclosed is the April 1991 NRMP Data book.

Societies that intend to be represented at the Forum and have not yet informed us should contact Lynn Milas, 202-828-0475, as soon as possible.

cc: Presidents of societies not yet registered
enclosures

AAMC

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

AGENDA

FOR THE

FIFTH ANNUAL FORUM ON THE TRANSITION FROM MEDICAL SCHOOL TO RESIDENCY

FRIDAY, NOVEMBER 8, 1991
1:30 PM - 4:30 PM
JEFFERSON ROOM

Washington Hilton Hotel
1919 Connecticut Avenue, N.W.
Washington, D.C.

FORUM ON THE TRANSITION FROM MEDICAL SCHOOL TO RESIDENCY

Friday, November 8, 1991
1:30 p.m.-4:30 p.m.

Jefferson Room
Washington Hilton Hotel
1919 Connecticut Avenue, N.W., Washington, D.C.

1. Participants 1

2. Experiences of 1991 Graduates in Obtaining a Residency Compared to those of 1987 and 1990 3-14

3. The Residency Interview 15-17

   - Report of 1990 and 1991 Graduates on Inappropriate Inquiries During Residency Interviews

4. Improving Evaluation Qualities of Deans' Letter *(presentations)*

   - *Comparing Assessments of Medical Students' Potential as Residents Made by Residency Directors and Deans at Two Schools*
     D. Daniel Hunt, M.D.
     Associate Dean for Academic Affairs, University of Washington School of Medicine

   - *Class Ranking Models for Deans' Letters and Their Psychometric Evaluation*
     Robert S. Blacklow, M.D.
     Senior Associate Dean, Jefferson Medical College

5. Disability Insurance Programs for Medical Students, Residents, and Fellows 18-19

6. AMA-FREIDA Report *(presentation)*

7. NRMP Report

   - 1991 FAX Gridlock 20
   - Residency Assignments Outside of the NRMP Match 22
   - Reported Matched Applicants Who Did Not Honor Their Commitments 23
   - 1991 National Resident Matching Program Data (booklet enclosed separately)

FORUM ON THE TRANSITION FROM MEDICAL SCHOOL TO RESIDENCY
Friday, November 8, 1991

PARTICIPANTS

Presiding
L. Thompson Bowles, M.D., Ph.D.
Immediate Past Chair, AAMC Council of Deans

Organizations
(in specialty alphabetical order)

AAMC Group on Educational Affairs
Reed G. Williams, Ph.D., Chair-elect

AAMC Group on Student Affairs
Bernice Sigman, M.D., Chair-elect

AAMC Group on Student Affairs
J. Robert Suriano, Ph.D., Chair

AAMC Group on Educational Affairs
Section for Resident Education
Stanley M. Kirson, M.D., Chair, Organizing Committee

AAMC Organization of Student Representatives
Lawrence Tsen, M.D., Chair

Association of Anesthesiology Program Directors
James E. Cottrell, M.D.

Association of Professors of Dermatology*

Society for Academic Emergency Medicine
Louis Binder, M.D.

Council of Emergency Medicine Residency Directors
David Sklar, M.D., President

Association of Departments of Family Medicine*

Association of Family Practice Residency Directors
John W. Saultz, M.D.

Association of Program Directors in Internal Medicine
Herbert S. Waxman, M.D.

National Resident Matching Program
Richard S. Wilbur, M.D., President

Association of University Professors of Neurology*

American Association of Neurological Surgeons
Don M. Long, M.D., Ph.D.

Association of Professors of Gynecology and Obstetrics
Sharon T. Phelan, M.D.

Association of University Professors of Ophthalmology
Robert E. Kalina, M.D.

Academic Orthopaedic Society*

Association of Academic Departments of Otolaryngology - Head and Neck Surgery*

Association of Pathology Chairmen, Inc.
William A. Gardner, Jr., M.D.

Association of Pediatric Program Directors*

*Invited

PARTICIPANTS
(continued)

Association of Academic Physiatrists*

Association of Academic Chairmen of Plastic Surgery*

Association of Teachers of Preventive Medicine*

American Association of Directors of Psychiatric Residency Training
Stefan Stein, M.D.
Sidney H. Weissman, M.D.

Society of Chairmen of Academic Radiology Departments*

Society of Surgical Chairmen*

Association of Program Directors in Surgery
Robert E. Berry, M.D.

Council of Transitional Year Residency Program Directors
Richard A. Olafson, M.D., Chairman

Society of University Urologists*

USA Graduate Medical Education Office
Earl Fauver, MC

USAF Graduate Medical Education Office
Bryant D. Mauk, MC
Lee Toon, MC

USN Graduate Medical Education Office
Harriet P. Gordon

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*Invited

EXPERIENCES OF 1991 GRADUATES IN OBTAINING A RESIDENCY COMPARED TO THOSE OF 1990 AND 1987

Discussions about improving the transition from medical school to residency began with a plenary session at the 1986 AAMC Annual Meeting in New Orleans. Subsequent to that meeting the experiences of students in obtaining a residency have been monitored for each Annual Forum through the AAMC's Graduation Questionnaire. The report of the class of 1987 was not different than that of the 1986 graduates. This was not unexpected because actions to set November first as the release date for deans' letter, to move the NRMP deadline for submission of rank order lists to later in the year and to initiate discussions about audition electives and the use of National Board scores for resident selection did not occur soon enough to affect the experiences of 1987 graduates. Since 1987, there have been definite shifts in students' experiences, generally in the direction of improving the transition.

This year, 1991 graduates report experiences similar to 1990 graduates. As usual, experiences differ depending upon the type of specialty program being pursued. The comments below point out the outlier specialties.

Table 1 — The percentage of respondents who made a specialty decision before entering medical school increased by 1.6 percentage points compared to 1987. Orthopedic surgery has had the greatest increase, from 25% in 1987 to 31.4% in 1991. The percent of students making their decisions in their senior year is greater than in 1987 for all specialties.

Table 2 — Thirty-nine percent or more of the respondents report that there are programs in neurosurgery, ophthalmology, orthopedic surgery, otolaryngology and urology that continue to require completed applications before the November first dean's letter release date.

Table 3 — The percent of respondents who reported that one or more programs required NBME scores increased again. In 1990 76.6% reported Part I scores were required, in 1991 80.6%. Over 90% reported that programs in neurosurgery, obstetrics, orthopedic surgery, otolaryngology and surgery required Part I scores.

Table 4 — The percent of respondents who reported that one or more programs advised taking an audition elective did not change much for most specialties. However, reports about neurosurgery at 85.1% and orthopedic surgery at 84.6% were considerably increased as compared to 1990 when only 64.3% reported such advice from neurosurgery programs and 78.9%, from orthopedic surgery programs.

Table 5 The percent of respondents who take two or more electives in the specialty in which they plan certification has remained essentially unchanged since 1987. Orthopedic surgery with 35.6% of respondents reporting two or more electives at other institutions continues to be the most frequently reported. In 1990, 31.2% of orthopedic surgery candidates reported taking two or more electives at other institutions.

Table 6 Only 8.9% of respondents reported that one or more programs asked them to make a commitment before the match, down from 11.4% in 1990. Candidates for orthopedic surgery, pathology and physical medicine and rehabilitation continue to report the highest rates. The percentage of anesthesiology candidates who reported being asked to make a commitment fell from 17.8% in 1990 to 11.3% in 1991.

Table 7 The average number of days spent away the medical school applying and interviewing for a residency is the same as in 1987 and increased from 16 days in 1990, to 18 days in 1991. Candidates for neurosurgery programs averaged 30 days and candidates for urology programs averaged 25 days. Family practice candidates, on average, reported only 14 days away.

Table 8 The number of dollars spent applying and interviewing for a residency increased by 18%, from $1,254 in 1990, to $1,515 in 1991. There has been 30% increase since 1987. Candidates for neurosurgery programs continue to report the highest expenditures. The $3,553 reported for 1991 is 24% greater than reported in 1990, and 44% greater than in 1987.

Table 9 Pursuit of a residency continues to have a major influence on students' choice of electives and organization of their clinical education. There has been essentially no change since 1987.

TABLE 1

Percentage of Respondents Applying to Each Specialty Who Reported on When They Decided on the Specialty or Subspecialty They Desire to Practice[1]

Specialty	Before Medical School		During Years 1 & 2		During Year 3		During Year 4		Still Undecided		No. of Respondents	
(Change from 1987 in Parentheses)												
Anesthesiology	7.1	(3.8)	5.8	(-2.9)	49.3	(-11.9)	35.9	(10.8)	1.9	(1.7)	767	(257)
Dermatology	11.8	(2.9)	13.4	(1.6)	37.4	(-17.4)	33.7	(10.0)	3.7	(3.7)	208	(73)
Emergency Medicine	20.3	(3.5)	6.0	(-4.9)	42.5	(-4.0)	28.7	(6.2)	2.4	(1.3)	460	(176)
Family Practice	26.4	(-3.4)	10.4	(-0.4)	37.0	(-3.7)	24.8	(7.0)	1.4	(0.9)	1088	(-335)
Internal Medicine	9.4	(-2.3)	7.7	(-1.3)	54.7	(-0.2)	26.2	(3.7)	1.8	(0.6)	1939	(996)
Neurology	13.4	(0.1)	15.6	(3.6)	39.1	(-14.2)	30.2	(8.9)	1.7	(1.7)	197	(47)
Neurosurgery	20.5	(3.5)	19.3	(1.1)	39.8	(-12.5)	19.3	(7.9)	1.2	(1.2)	93	(5)
Obstetrics/Gyn	13.1	(1.6)	5.6	(-3.0)	63.2	(0.6)	17.0	(0.2)	1.1	(0.5)	870	(346)
Ophthalmology	14.5	(4.4)	17.3	(-5.8)	47.8	(-7.9)	18.7	(8.6)	1.7	(1.4)	323	(7)
Orthopedic Surgery	31.4	(6.4)	12.8	(-5.4)	41.5	(-9.3)	13.7	(3.4)	0.4	(0.5)	499	(43)
Otolaryngology	7.5	(3.2)	17.2	(1.0)	57.5	(-10.6)	16.1	(5.8)	1.6	(1.6)	217	(32)
Pathology	9.5	(-1.5)	14.7	(4.2)	46.3	(-13.4)	28.1	(9.9)	1.3	(1.3)	246	(65)
Pediatrics	24.9	(4.9)	4.5	(-1.4)	52.2	(-5.8)	17.5	(2.2)	0.6	(0.0)	1015	(495)
Phys Med & Rehab[2]	7.5	-	11.8	-	40.4	-	37.9	-	2.5	-	175	-
Psychiatry	17.9	(-2.6)	8.4	(0.7)	45.1	(-7.4)	27.2	(9.1)	1.4	(0.8)	535	(28)
Radiology	5.2	(-0.4)	10.9	(0.3)	54.0	(-8.5)	27.8	(7.7)	2.2	(1.3)	650	(112)
Surgery	24.1	(3.7)	9.8	(1.2)	48.8	(-8.3)	16.5	(5.8)	0.7	(0.5)	573	(-92)
Urology	1.4	(0.8)	6.3	(-2.2)	62.9	(-8.9)	27.3	(6.6)	2.1	(2.1)	173	(1)
All Respondents[3]	16.5	(1.6)	9.0	(-0.3)	49.0	(-4.3)	23.8	(5.1)	1.5	(-1.6)	10495	(-495)

[1]Percentages add across rows and may not equal 100 percent due to rounding and the exclusion of the no response category.

[2]Specialty not reported in 1987.

[3]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionniare Summary Results

TABLE 2

Percentage of Respondents[1] Applying to Each Specialty Reporting When One or More Programs Required Completed Application (Including Dean's letter and transcript)

Specialty	Prior to July	During July	Aug	Sep	Oct	Nov	Dec	No. of Respondents
(Change from 1987 in parentheses)								
Anesthesiology	2.3 (0.2)	0.5 (-4.4)	1.9 (-13.5)	6.6 (-19.2)	14.7 (-22.1)	49.3 (14.1)	46.6 (13.7)	767 (257)
Dermatology	6.5 (5.8)	1.5 (0.8)	1.5 (0.1)	4.0 (-4.8)	9.0 (-2.1)	29.5 (-5.3)	62.5 (4.8)	208 (73)
Emergency Medicine	0.2 (-0.6)	1.3 (-0.1)	4.5 (-4.3)	9.6 (-17.1)	26.9 (-11.4)	57.8 (18.8)	46.2 (6.5)	460 (176)
Family Practice	1.3 (0.8)	1.0 (-1.1)	2.5 (-2.4)	6.1 (-7.4)	18.9 (-3.0)	35.2 (-2.7)	58.6 (5.1)	1088 (-335)
Internal Medicine	1.1 (0.5)	0.9 (-0.1)	2.1 (-0.9)	4.7 (-2.7)	8.5 (-11.5)	32.3 (-12.0)	66.2 (15.0)	1939 (996)
Neurology	1.6 (1.6)	1.0 (-3.0)	4.2 (-1.8)	9.9 (-12.1)	26.2 (3.6)	39.8 (-0.8)	40.3 (19.7)	197 (47)
Neurosurgery	0.0 (-1.1)	1.1 (-2.3)	12.5 (-25.0)	51.1 (-13.6)	67.0 (30.7)	51.1 (42.0)	5.7 (3.5)	93 (5)
Obstetrics/Gynecology	0.8 (0.7)	0.7 (-0.2)	2.3 (-3.9)	6.1 (-20.9)	24.4 (-18.1)	63.1 (6.7)	48.7 (12.7)	870 (346)
Ophthalmology	1.0 (-4.6)	2.6 (-16.0)	23.9 (-24.8)	43.9 (4.1)	45.5 (38.9)	50.0 (32.6)	29.4 (-2.5)	323 (7)
Orthopedics	1.8 (-0.8)	1.8 (-4.5)	13.1 (-37.1)	46.0 (-37.3)	68.2 (-4.6)	82.3 (46.8)	43.3 (28.9)	499 (43)

Specialty	Prior to July	During July	Aug	Sep	Oct	Nov	Dec	No. of Respondents
Otolaryngology	1.4 (-5.0)	4.2 (-19.5)	39.4 (-38.9)	64.8 (-8.1)	58.7 (25.0)	49.8 (39.6)	8.5 (2.6)	217 (32)
Pathology	0.4 (-0.1)	1.7 (1.7)	4.6 (-1.4)	9.1 (-10.7)	18.3 (-13.1)	41.1 (-0.8)	52.7 (4.7)	246 (65)
Pediatrics	1.1 (0.2)	0.8 (-0.5)	2.8 (-1.2)	4.8 (-3.7)	12.8 (-0.5)	33.1 (-4.3)	60.8 (2.9)	1015 (495)
Phys Med & Rehab[2]	2.3 -	1.8 -	1.8 -	8.8 -	14.0 -	69.0 -	49.1 -	175 -
Psychiatry	1.1 (0.6)	1.7 (-0.8)	3.8 (-13.5)	4.0 (-21.0)	11.5 (-12.4)	40.4 (13.0)	51.9 (18.6)	535 (28)
Radiology	1.8 (0.5)	2.1 (-2.7)	9.9 (-7.7)	23.0 (-21.9)	42.5 (-3.7)	60.9 (25.4)	41.1 (13.5)	650 (112)
Surgery	1.4 (0.1)	0.9 (-0.6)	4.2 (-6.4)	8.8 (-18.6)	26.6 (-12.9)	59.7 (10.9)	56.3 (9.7)	573 (-92)
Urology	1.8 (1.3)	1.8 (-1.9)	14.6 (-17.0)	38.6 (-22.3)	49.1 (12.9)	41.5 (22.0)	7.0 (4.0)	173 (1)
All Respondents[3]	1.4 (0.2)	1.2 (-2.1)	5.4 (-7.3)	12.2 (-12.1)	22.9 (-6.4)	45.7 (6.7)	50.4 (7.2)	10495 (-495)

[1]Percentages in each cell are based on the total number of respondents applying to each specialty program.

[2]Specialty not reported in 1987.

[3]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 3

Percentage of Respondents Applying to Each Specialty Reporting that One or More Programs Required National Board of Medical Examiners Scores

Specialty	Part I		Part II		No. of Respondents	
(Change from 1987 in Parentheses)						
Anesthesiology	82.5	(-3.6)	32.5	(5.8)	767	(257)
Dermatology	75.9	(5.5)	39.7	(10.1)	208	(73)
Emergency Medicine	89.0	(3.1)	35.6	(10.6)	460	(176)
Family Practice	73.9	(1.1)	25.5	(0.5)	1088	(-335)
Internal Medicine	75.5	(0.5)	31.6	(4.1)	1939	(996)
Neurology	78.1	(6.1)	23.1	(2.4)	197	(47)
Neurosurgery	98.3	(9.7)	40.9	(14.8)	93	(5)
Obstetrics/Gynecology	91.1	(6.4)	50.6	(10.9)	870	(346)
Ophthalmology	86.4	(8.6)	32.2	(11.6)	323	(7)
Orthopedic Surgery	95.1	(6.3)	53.5	(24.6)	499	(43)
Otolaryngology	91.5	(2.9)	31.3	(1.6)	217	(32)
Pathology	74.0	(9.9)	26.9	(7.0)	246	(65)
Pediatrics	69.0	(3.7)	28.6	(7.2)	1015	(495)
Physical Medicine Rehab[1]	83.8	-	29.3	-	175	-
Psychiatry	62.1	(10.0)	16.3	(3.9)	535	(28)
Radiology	89.9	(6.1)	36.8	(6.1)	650	(112)
Surgery	91.0	(8.6)	51.9	(15.7)	573	(-92)
Urology	85.8	(1.3)	27.9	(4.9)	173	(1)
All Respondents[2]	80.6	(4.5)	33.4	(6.6)	10495	(-495)

[1]Specialty not reported in 1987.

[2]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 4

Percentage of Respondents Applying to Each Specialty Who Were Told by One or More Programs that They Were More Likely to be Selected if They Took an Elective in the Specialty at that Institution

Specialty	Percent		No. of Respondents	
(Change from 1987 in Parentheses)				
Anesthesiology	30.8	(-4.1)	767	(257)
Dermatology	30.5	(7.6)	208	(73)
Emergency Medicine	55.0	(-13.3)	460	(176)
Family Practice	26.6	(-11.9)	1088	(-335)
Internal Medicine	23.7	(-9.4)	1939	(996)
Neurology	20.7	(4.4)	197	(47)
Neurosurgery	85.1	(1.0)	93	(5)
Obstetrics/Gynecology	51.7	(-8.4)	870	(346)
Ophthalmology	23.4	(-1.9)	323	(7)
Orthopedic Surgery	84.6	(-2.9)	499	(43)
Otolaryngology	63.2	(-8.2)	217	(32)
Pathology	20.0	(1.2)	246	(65)
Pediatrics	25.2	(-9.9)	1015	(495)
Physical Medicine Rehab[1]	61.6	-	175	-
Psychiatry	23.3	(-11.6)	535	(28)
Radiology	30.2	(-4.2)	650	(112)
Surgery	51.5	(0.1)	573	(-92)
Urology	69.5	(4.6)	173	(1)
All Respondents[2]	35.2	(-7.5)	10495	(-495)

[1]Specialty not reported in 1987.

[2]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 5

Percentage of Respondents Applying to Each Specialty Who Took Two or More Electives in the Specialty in Which They Planned to Take a Residency

Specialty	At Own Institution		At Other Institution		No. of Respondents	
(Change from 1987 in parentheses)						
Anesthesiology	29.5	(4.0)	9.4	(-1.8)	767	(257)
Dermatology	37.6	(4.2)	17.3	(6.2)	208	(73)
Emergency Medicine	18.9	(-0.1)	14.5	(-7.3)	460	(176)
Family Practice	18.7	(2.1)	13.8	(4.8)	1088	(-335)
Internal Medicine	74.5	(3.8)	24.7	(1.8)	1939	(996)
Neurology	32.8	(4.1)	6.5	(-2.8)	197	(47)
Neurosurgery	29.4	(14.6)	28.0	(-2.7)	93	(5)
Obstetrics/Gynecology	29.1	(2.6)	23.9	(2.1)	870	(346)
Ophthalmology	33.8	(1.0)	13.8	(-5.3)	323	(7)
Orthopedic Surgery	32.5	(9.3)	35.6	(-1.4)	499	(43)
Otolaryngology	20.5	(4.3)	16.4	(-10.6)	217	(32)
Pathology	40.8	(6.0)	11.6	(4.4)	246	(65)
Pediatrics	73.4	(9.7)	25.3	(1.9)	1015	(495)
Physical Medicine Rehab[1]	14.8	-	22.1	-	175	-
Psychiatry	35.8	(8.4)	15.3	(-0.5)	535	(28)
Radiology	32.6	(4.2)	14.5	(1.6)	650	(112)
Surgery	42.7	(6.9)	25.6	(1.5)	573	(-92)
Urology	25.0	(4.5)	15.6	(-2.8)	173	(1)
All Respondents[2]	40.6	(1.4)	16.3	(-2.9)	10495	(-495)

[1]Specialty not reported in 1987.

[2]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 6

Percentage of Respondents Applying to Each Specialty Reporting That One or More Programs Asked Them to Make a Commitment Before the Match

Specialty	Percent		No. of Respondents	
(Change from 1987 in parentheses)				
Anesthesiology	11.3	(-7.1)	767	(257)
Dermatology	4.0	(-4.9)	208	(73)
Emergency Medicine	5.6	(1.8)	460	(176)
Family Practice	8.2	(1.6)	1088	(-335)
Internal Medicine	6.7	(-1.1)	1939	(996)
Neurology	11.4	(0.0)	197	(47)
Neurosurgery	10.2	(2.3)	93	(5)
Obstetrics/Gynecology	7.8	(-7.1)	870	(346)
Ophthalmology	6.8	(-3.7)	323	(7)
Orthopedic Surgery	16.3	(-12.4)	499	(43)
Otolaryngology	4.2	(-3.9)	217	(32)
Pathology	22.2	(-20.9)	246	(65)
Pediatrics	7.8	(1.1)	1015	(495)
Physical Medicine Rehabilitation[1]	22.7	-	175	-
Psychiatry	10.3	(-42.9)	535	(28)
Radiology	12.9	(-23.6)	650	(112)
Surgery	4.8	(-2.4)	573	(-92)
Urology	10.7	(-3.7)	173	(1)
All Respondents[2]	8.9	(-5.4)	10495	(-495)

[1]Specialty not reported in 1987.

[2]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 7

Number of Days Spent Away from Medical School Applying and Interviewing for a Residency Position by Respondents Applying to Each Specialty

Specialty	Percentage[1] of Respondents Who Spent 0-7 Days		8-14 Days		15-21 Days		Over 21 Days		Average Days Spent		No. of Respondents	
(Change from 1987 in parentheses)												
Anesthesiology	21.3	(1.1)	22.1	(-5.4)	26.6	(2.9)	30.1	(4.5)	19	(1)	767	(257)
Dermatology	27.6	(-5.8)	21.9	(-8.5)	21.4	(7.3)	29.1	(15.0)	20	(6)	208	(73)
Emergency Medicine	21.4	(4.5)	22.7	(-0.9)	26.3	(0.6)	29.6	(-3.9)	18	(-1)	460	(176)
Family Practice	33.3	(5.4)	27.2	(-4.2)	21.5	(2.3)	18.1	(1.7)	14	(-1)	1088	(-335)
Internal Medicine	28.6	(3.3)	26.3	(-0.8)	24.4	(1.6)	20.7	(-0.6)	15	(-2)	1939	(996)
Neurology	17.1	(-2.9)	29.0	(0.3)	23.8	(3.8)	30.1	(1.4)	20	(2)	197	(47)
Neurosurgery	6.8	(-4.6)	11.4	(-7.9)	21.6	(-5.7)	60.2	(26.1)	30	(8)	93	(5)
Obstetrics/Gynecology	15.2	(-3.3)	24.3	(0.1)	28.0	(4.5)	32.5	(5.0)	20	(1)	870	(346)
Ophthalmology	17.2	(-1.8)	23.3	(-1.1)	26.2	(-0.7)	33.3	(5.5)	19	(1)	323	(7)
Orthopedic Surgery	15.4	(-1.0)	19.7	(1.1)	29.3	(-1.4)	35.7	(6.5)	22	(2)	499	(43)
Otolaryngology	14.0	(-1.7)	20.5	(-0.6)	27.9	(0.9)	37.7	(9.2)	21	(1)	217	(32)
Pathology	39.1	(7.6)	29.2	(-3.4)	20.6	(6.2)	11.1	(-5.5)	12	(-1)	246	(65)
Pediatrics	32.5	(7.3)	26.7	(-2.9)	21.7	(-0.6)	19.1	(0.8)	15	(-1)	1015	(495)
Physical Medicine Rehab[2]	14.5	-	25.6	-	27.9	-	32.0	-	20	-	175	-
Psychiatry	29.7	(-1.4)	26.0	(-2.8)	22.9	(5.0)	21.5	(4.7)	16	(2)	535	(28)
Radiology	14.2	(-3.7)	17.4	(-6.0)	27.9	(4.7)	40.5	(7.9)	22	(3)	650	(112)
Surgery	12.8	(1.5)	18.4	(-0.8)	26.4	(-1.1)	42.4	(3.9)	22	(0)	573	(-92)
Urology	9.5	(-1.4)	16.6	(1.1)	25.4	(-1.0)	48.5	(4.8)	25	(2)	173	(1)
All Respondents[3]	23.3	(1.2)	23.9	(-2.2)	24.9	(2.1)	27.9	(3.3)	18	(0)	10495	(-495)

[1]Percentages add across rows and may not equal 100 percent due to rounding.

[2]Specialty not reported in 1987.

[3]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 8

Number of Dollars Spent Applying and Interviewing for a Residency Position

Specialty	Percent[1] of Respondents Who Spent $0-499		$500-999		$1,000-1,499		$1,500 or more		Average Dollars Spent		Number Responded	
(Change from 1987 in parentheses)												
Anesthesiology	22.2	(-1.5)	17.3	(-5.6)	24.6	(8.7)	35.9	(2.6)	1479	(331)	767	(257)
Dermatology	24.2	(-18.8)	14.3	(-2.7)	20.9	(3.1)	40.7	(26.6)	2012	(1257)	208	(73)
Emergency Medicine	18.1	(-0.6)	15.1	(-4.3)	25.7	(8.8)	41.1	(-1.2)	1725	(413)	460	(176)
Family Practice	43.6	(-7.3)	21.7	(-0.3)	20.0	(7.0)	14.8	(4.2)	852	(218)	1088	(-335)
Internal Medicine	29.7	(-7.1)	20.8	(-2.4)	22.1	(4.6)	27.4	(7.3)	1183	(208)	1939	(996)
Neurology	22.5	(-4.1)	14.1	(-11.5)	28.3	(15.0)	35.1	(3.7)	1612	(468)	197	(47)
Neurosurgery	3.5	(0.1)	1.2	(-11.3)	15.1	(2.6)	80.2	(13.1)	3553	(1598)	93	(5)
Obstetrics/Gynecology	18.7	(-8.6)	16.6	(-5.6)	24.8	(8.2)	39.9	(10.1)	1654	(465)	870	(346)
Ophthalmology	15.1	(0.3)	13.1	(-8.1)	19.7	(3.9)	52.1	(5.6)	2075	(528)	323	(7)
Orthopedic Surgery	11.4	(-1.8)	10.8	(-8.9)	21.8	(2.7)	55.9	(10.3)	2239	(761)	499	(43)
Otolaryngology	7.1	(-3.1)	11.8	(-5.0)	21.7	(4.4)	59.4	(7.5)	2341	(692)	217	(32)
Pathology	33.8	(-2.1)	19.7	(-4.1)	22.6	(10.4)	23.9	(1.3)	1125	(201)	246	(65)
Pediatrics	35.4	(-0.7)	20.1	(-5.1)	22.8	(8.3)	21.7	(1.3)	1025	(153)	1015	(495)
Physical Medicine Rehab[2]	15.4	-	11.8	-	26.0	-	46.7	-	1973	-	175	-
Psychiatry	29.1	(-4.1)	18.4	(-5.9)	20.3	(3.5)	32.2	(11.3)	1298	(331)	535	(28)
Radiology	15.6	(-8.9)	15.8	(-2.6)	23.5	(7.0)	45.2	(7.0)	1869	(635)	650	(112)
Surgery	13.7	(-3.1)	12.6	(-5.9)	24.0	(3.7)	49.7	(7.3)	1940	(472)	573	(-92)
Urology	8.3	(-0.8)	8.3	(-10.7)	20.7	(-0.6)	62.7	(14.5)	2328	(695)	173	(1)
All Respondents[3]	24.6	(-6.1)	17.2	(-4.9)	22.5	(5.9)	35.7	(8.5)	1515	(451)	10495	(-495)

[1]Percentages add across rows and may not equal 100 percent due to rounding.

[2]Specialty not reported in 1987.

[3]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

TABLE 9

Extent to Which Pursuit of a Residency Influenced Choice of Electives and Organization of Clinical Education[1]

Specialty	Primary or Major Influence		Minor or No Influence		No. of Respondents	
(Change from 1987 in parentheses)						
Anesthesiology	74.4	(-2.2)	25.6	(3.3)	767	(257)
Dermatology	76.6	(6.2)	23.4	(-6.2)	208	(73)
Emergency Medicine	73.6	(-9.7)	26.4	(12.6)	460	(176)
Family Practice	59.4	(-1.3)	40.6	(3.4)	1088	(-335)
Internal Medicine	65.3	(0.7)	34.7	(1.2)	1939	(996)
Neurology	67.5	(8.1)	32.5	(-6.8)	197	(47)
Neurosurgery	88.6	(7.9)	11.4	(-5.7)	93	(5)
Obstetrics/Gynecology	67.9	(-3.3)	32.1	(6.3)	870	(346)
Ophthalmology	75.5	(-8.7)	24.5	(10.0)	323	(7)
Orthopedic Surgery	86.1	(-2.1)	13.9	(3.8)	499	(43)
Otolaryngology	81.3	(-4.1)	18.7	(3.7)	217	(32)
Pathology	55.1	(-6.2)	44.9	(9.0)	246	(65)
Pediatrics	61.6	(-2.5)	38.4	(5.2)	1015	(495)
Physical Medicine Rehab[2]	77.6	-	22.4	-	175	-
Psychiatry	56.9	(-3.3)	43.1	(6.2)	535	(28)
Radiology	71.6	(-5.7)	28.4	(7.2)	650	(112)
Surgery	78.4	(0.7)	21.6	(0.5)	573	(-92)
Urology	84.1	(-1.0)	15.9	(2.2)	173	(1)
All Respondents[3]	69.0	(-1.1)	22.7	(-5.1)	10495	(-495)

[1]Percentages add across rows and may not equal 100 percent due to rounding.

[2]Specialty not reported in 1987.

[3]The All Respondents totals include specialties not shown in the table.

SOURCE: 1991 AAMC Graduation Questionnaire Summary Results

THE RESIDENCY INTERVIEW

Since 1989, the Graduation Questionnaire has asked senior medical students whether they experienced inappropriate or offensive questions in the course of their interviews when applying for residencies. The responses to the questionnaire in 1990 and 1991 are shown on the following pages. The number and percent of respondents who reported inappropriate and/or offensive questioning about several topics increased considerably in 1991. The increase may be due to a modification of the wording of the question.

In 1991, there was one topic in the Background category and three topics in the Social Support category about which 15% to 27% of the respondents reported they had experienced such questioning by one or more interviewers.

Residency Interviews

1990

46a. During your interviews, some of the following topics may have come up. They may have been brought up in an **appropriate** manner within the context of the conversation (non-threatening, complementary, neutral, or you brought up); in a manner that you felt was **inappropriate** for the conversation; or in a manner that was personally **offensive** (threatening, judgmental). Please answer this question by indicating whether a topic was brought up in an inappropriate or offensive manner form any of your interviews. (Check *all* that apply.)

	Zero		One or More	
	#	%	#	%
Demographic				
Age	10,382	96.7	356	3.3
Race	10,530	98.1	208	1.9
Ethnicity	10,492	97.7	246	2.3
Background				
Religious preference	10,379	96.7	359	3.3
Political preference	10,629	99.0	109	1.0
Family (parents, etc.) background	10,155	94.6	583	5.4
Social Support				
Present/future marital status	9,455	88.1	1,283	11.9
Single status	10,037	93.5	701	6.1
Stability or interpersonal relationships	10,295	95.9	443	4.1
Balancing personal life with residency	9,861	91.8	877	8.2
Peer/Family support system	10,520	98.0	218	2.0
Couples-matching	10,552	98.3	186	1.7
Spousal satisfaction/agreement with:				
- becoming physician	10,489	97.7	249	2.3
- relocating	10,397	96.8	341	3.2
Spousal employment	10,398	96.8	340	3.2
Spousal health status	10,706	99.7	32	0.3
Family Planning				
Your/spouse's current pregnancy	10,617	98.9	121	1.1
Pregnancy during residency	10,107	94.1	631	5.9
Intention to have children	9,956	92.7	782	7.3
Children/Managing parenthood	10,342	96.3	396	3.7
Personal				
Level of commitment to medicine	10,199	95.0	539	5.0
Form of contraception	10,703	99.7	35	0.3
Sexual preference	10,668	99.3	70	0.7
Physical handicap	10,672	99.4	66	0.6
Substance abuse	10,654	99.2	84	0.8
Mental illness	10,667	99.3	71	0.7
Venereal Disease	10,717	99.8	21	0.2
Other	10,237	95.3	501	4.7
Non Applicable	747			
Total	11,485			

Residency Interviews
1991

43. During your interviews, some of the following topics may have come up in a manner that you consider to be **inappropriate** or **offensive**. In the first column, below, please indicate the number of programs in which you interviewed where each of these topics (if any) was raised by an interviewer in an inappropriate manner.

	Zero		One or More	
	#	%	#	%
Demographic				
Age	9,725	91.2	939	8.8
Race	10,316	96.7	348	3.3
Ethnicity	10,159	95.3	505	4.7
Background				
Religious preference	10,004	93.8	660	6.2
Political preference	10,411	97.6	253	2.4
Family (parents, etc.) background	8,846	83.0	1,818	17.0
Social Support				
Present/future marital status	7,840	73.5	2,824	26.5
Single status	9,078	85.1	1,585	14.9
Stability or interpersonal relationships	9,742	91.4	922	8.6
Balancing personal life with residency	8,842	82.9	1,822	17.1
Peer/Family support system	9,742	91.4	917	8.6
Couples-matching	10,207	95.7	457	4.3
Spousal satisfaction/agreement with:				
- becoming physician	10,157	95.2	507	4.8
- relocating	9,589	89.9	1,075	10.1
Spousal employment	9,713	91.1	951	8.9
Spousal health status	10,603	99.4	61	0.6
Family Planning				
Your/spouse's current pregnancy	10,403	97.6	261	2.4
Pregnancy during residency	9,846	92.3	818	7.7
Intention to have children	9,643	90.4	1,021	9.6
Children/Managing parenthood	10,094	94.7	570	5.3
Personal				
Level of commitment to medicine	9,676	90.7	988	9.3
Form of contraception	10,609	99.5	55	0.5
Sexual preference	10,582	99.2	82	0.8
Physical handicap	10,455	98.0	209	2.0
Substance abuse	10,425	97.8	239	2.2
Mental illness	10,472	98.2	192	1.8
Venereal Disease	10,646	99.8	18	0.2
Other	10,381	97.3	283	4.7
Non Applicable	782			
Total	11,664			

DISABILITY INSURANCE PROGRAMS FOR MEDICAL STUDENTS, RESIDENTS, AND FELLOWS

The heightened interest in indemnifying medical students, residents, and fellows from the risks associated with human immunodeficiency virus (HIV) infection and other hazards has prompted the Association of American Medical Colleges (AAMC) to explore insurance programs to meet the special needs of its members. A survey of student affairs deans confirmed that the most pressing need was for an adequate and affordable program of disability insurance for medical students, and as a result, the AAMC's attention has been focused in that area. In May, 1991, the Association announced the availability of two programs that offer specially designed disability insurance products for AAMC members. Insurance coverage for residents and fellows are available, in addition to coverage for medical students. The programs require as the sole condition of the offering 100 percent participation of the group eligible for participation, as defined by the institution. Thus, an institution may decide to insure only residents, only third and fourth year students, or any other predetermined grouping, as long as 100 percent of the defined group is enrolled. In June and July, 1991, the AAMC sponsored special information sessions on a regional basis at which representatives from member institutions could learn about the programs.

Key Features of the Insurance Programs

Key features that the Association sought in the development of these programs included the following:

- **Guaranteed Issue** - coverage for all within the defined group without medical tests or questions. Both programs also contain exclusions for pre-existing conditions that are quite liberal by industry standards.

- **Broad-based Coverage** - not limited to disabilities arising from HIV infection but from any source. The programs as presented do include provisions for limitation of payout on disabilities arising from mental/nervous or drug/alcohol-related problems.

- **"Own Occupation" Coverage** - For residents and physicians (in continuation of coverage), benefits are triggered by an inability to perform the material duties of one's specific occupation, that is, practice specialty.

- **Portability** - Medical students and residents, upon completion of the specific training program, are given the option of picking up the premiums and continuing coverage.

- **Future Purchase Guarantees** - Medical students and residents, upon completion of coverage and at later dates, are given the option of purchasing increased amounts of insurance in accord with their increased income, without medical tests or questions.

- **Affordability** - premium rates that would make it feasible for institutions to purchase such insurance for medical students and residents.

Both companies were able to meet these fundamental criteria by designing plans that combined group and individual disability insurance coverage. Group insurance primarily is used to provide coverage for disabilities that arise during medical training. Monthly income benefits of between $500 and $2000 are generally available. Individual insurance coverage, initially targeted at a low monthly benefit level, is

in addition and provides a mechanism for guaranteeing to the insured the ability to continue coverage and obtain additional coverage upon completion of training, without any medical tests or questions.

Premium Costs

The total annual cost for institutions interested in implementing these programs generally ranges from $50-$100 per medical student and $150-$200 per resident, depending upon the specifics of the institutionally-tailored plan.

Principals

While the AAMC was instrumental in the design of these offerings and it negotiated several features that are exclusive to AAMC members, the program is not formally sponsored by the Association. Nor does the Association receive any financial compensation from the companies. The AAMC's intended role has been to be a catalyst in the development of improved insurance offerings for its members. The insurance brokerages, carriers, and representatives involved in this offering are the following:

1) Medical Group Financial Services, Inc./
University Physicians Trust (contacts: James Andrew and Kenneth Arnold)
One Devonshire Place
Suite 3006
Boston, MA 02109
(800) 742-0300

Insurance Carriers: The United States Life and UNUM

2) CM Financial Group of Chicago (contact: John Nichols or Rick Cote)
Suite 850
10 South Riverside Plaza
Chicago, IL 60606
(312) 984-1000

or

Alexander & Alexander of the Carolinas, Inc. (contact: Steve Barone)
2000 Frontis Plaza Blvd.
P.O. Box 2896
Winston-Salem, NC 27102
(800) 432-3734

Insurance Carriers: Connecticut Mutual and GroupAmerica

(For further information, contact Robert F. Jones, Ph.D., AAMC Assistant Vice President for Institutional Studies, 202/828-0520.)

NRMP REPORT

1991 FAX GRIDLOCK

This year, fax machines impeded the rapid process of matching "unmatched" medical students with residencies.

In the past, the "unmatched" student was allowed to call programs during the 24 hours prior to the general revelation of match results ("match day") in order to obtain a residency. In the three institutions where I have worked, the student was provided with a list of available residencies published by the NRMP, and faculty members were available for consultation on the students' options. Although the student would inititate the inquiry with a program, many faculty members served as advocates for students. As such, the faculty member would actively "present" the student to the chosen program. The program would likely have no records, transcripts, or letters of recommendation on the student, so that the integrity of the faculty member presenting the student would be at stake to insure that no student was being "oversold." Based on friendships, networking, reputations, and a spirit of honesty, a faculty member could effectively assist a student to obtain a reasonable residency after failing to match. This process of advising students was frenetic for one morning, but virtually all "unmatched" students were placed with a residency within two hours of the noon starting time.

In 1991, the system fell apart. The cause was a data gridlock due to dependency on facsimile machines. This year, the Albany program had six "unmatched" students who worked with four faculty members for placement in surgical, radiology, and medical programs. The responses to our telephone inquiries were disappointing: "Our program director is not available. Fax us some information, and call later this afternoon." "Our program director will review the fax'ed information tonight and make a decision in the next two days." "We will review the fax'ed applications and set up interview dates later this week." We found that the facsimile numbers were incessantly busy for several programs. Some program directors were unavailable during the period where inquiry was acceptable, and they failed to leave a surrogate with authority to deal with our students. Instead, the response was "Fax us the application."

This will continue to be an important problem, and it can be controlled by the ACGME and NRMP. I suggest the following:

(1) Facsimile machines are not going to go away. Define a data base acceptable for evaluation by a recipient program. I suggest identification data from the NRMP application, a transcript, NBME scores, a personal statement, a CV if the student wishes, and a summary of the Dean's letter and all other letters of recommendation. The summary should be prepared by a program director and should be brief enough to give an idea of the student's aptitude. The documents will therefore comprise six or seven pages.

(2) The list of unmatched positions should be made available 48 hours before "match day." For 24 hours, students can send information to any program with an open position , but commitments cannot be made. A faculty member can call for a student to determine the name and telephone number of the person with authority to contract with a student under #3 below. Just as the NRMP booklet of unmatched positions gives the telephone number for the educational program office of a hospital, central facsimile numbers can be provided. It may be necessary for the

NRMP finally to provide departmental telephone and facsimile numbers, rather than the general institutional numbers currently provided.

(3) Commencing noon, 24 hours prior to "match day," a student can telephone to obtain a position. This corresponds to the current process.

(4) Programs are to be strongly discouraged from conducting interviews for open positions after "match day."

(5) For the 48 hour period before "match day," programs with unmatched positions should be encouraged to have a program director or coordinator available. It should be acceptable for an unmatched student to have a faculty member contact programs on his behalf during this period, in lieu of sending application material by facsimile. No deal can be struck, unless the student himself or herself calls a program at the 24 hour mark.

Should there be no allowance for the role of the facsimile machines in the process of matching students, there will be increased proliferation of the applications for residency. This will be fueled by fear of failure to match, particularly for those students applying in competitive areas, such as the surgical specialties. By applying to a greater number of programs, students will assume that upon failure to match for a categorical residency, they will have an application on file in that department for an unmatched preliminary position. From the standpoint of residency programs, this will result in an increase in paperwork and expense.

Please address these issues in order to restore some sanity to the process of matching the "unmatched" student.

Jeffrey L. Kaufman, M.D.
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Springfield, Massachusetts
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RESIDENCY ASSIGNMENTS OUTSIDE OF THE NRMP MATCH

Students Who Did Not Enroll or Withdrew prior to the Match*

	1990		1991	
	Programs Involved	# U.S. Seniors	Programs Involved	# U.S. Seniors
Anesthesiology	4	7	3	3
Emergency Medicine	1	1	2	2
Family Practice	19	22	21	23
Internal Medicine & Pediatrics	2	2	2	2
Internal Medicine--Preliminary	8	8	18	18
Internal Medicine--Primary Care	2	2	2	4
Internal Medicine (General)	21	26	36	50
Obstetrics & Gynecology	5	5	5	5
Pathology	21	24	10	14
Pediatrics	13	14	14	16
Physical Medicine	0	0	1	1
Preventive Medicine	0	0	0	0
Psychiatry	8	11	12	14
Radiology, Diagnostic	8	9	2	2
Surgery, General	16	20	23	27
Surgery, Orthopedic	4	7	4	4
Surgery, Preliminary	28	34	25	36
Transitional	7	8	5	5
TOTALS	167	200	185	226

*"Withdrew" includes those who did not submit a Rank Order List

The policies of the NRMP state:

> The sole purpose of the Matching Program is to allow both applicants and programs to make selection decisions on a uniform schedule and without pressure. Both applicants and programs may try to influence decisions in their favor but commitments prior to the submission of Rank Order Lists should not be expected or made. The final preference

of program directors and applicants at the time of the submission of Rank Order Lists will determine the offering of positions and the placement of applicants.

By signing the NRMP agreement both program directors and applicants agree to abide by this policy. Nevertheless, each year the AAMC follow up survey of the medical schools after the match identifies some U.S. graduate who withdrew from the match are reported to be in a residency program.

In 1991, general internal medicine programs had the largest number of cases, followed by preliminary surgery, general surgery and family practice. The total number, 226, is 1.5% of the number of 1991 graduates.

REPORTED MATCHED APPLICANTS WHO DID NOT HONOR THEIR COMMITMENTS

	1990	1991
U.S. Seniors	40	32
Released	23	24
Not Released	14	5
Requested	3	3
Other Matched Applicants	44	34
Released	26	24
Not Released	18	8
Requested	0	2
Totals	**84**	**66**
Released	49	48
Not Released	32	13
Requested	3	5

Source: National Resident Matching Program

Each year the NRMP receives a number of reports about matched applicants having failed to fulfill their commitment to enter the program into which they have been matched. The numbers are not large. In 1990 only 40 U.S. seniors were reported and in 1991, the number fell to 32. The total numbers of 84 in 1990, and 66 in 1991 represent only 0.4% of those matched in 1990 and 0.5% of those matched in 1991.

Program directors who report these occurrences are justifiably upset, but over 50 percent release the applicants from their commitments.