

Drs. Gruppuso, Adashi question 'residency placement fever'

PROVIDENCE — The highly successful process of matching medical graduates to residencies has nevertheless become so frenzied that the authors of a new article in *Academic Medicine* explicitly question the rationality of the system. It's driving up costs for students and severely disrupting the fourth year of medical school, they say.

"There's been this inexorable intensification of the residency selection process such that it's basically taken over the fourth year of medical school," said **DR. PHIL GRUPPUSO**, a professor of pediatrics in the Alpert Medical School and a former associate dean for medical education. "It so dominates student time and energy during the fourth year that it's become very difficult to do any curriculum planning."

The statistics he uncovered with co-author **DR. ELI ADASHI**, former dean of medicine and biologic sciences at Brown, show that by 2005, students across the country were applying on average to 30.3 programs. In 2015 the number reached 45.7. For specialties deemed highly competitive, the numbers go even higher: The average student hoping to be an orthopedic surgeon, for example, applied to 73 of the 163 potential programs.

The surge of residency program applications appears to derive from a perception among students that it's necessary to ensure placement in a top program. Indeed, among all applicants to residency programs, the number of offers per applicant fell to 0.78 in 2015 from 0.96 in 1976.

Among MD graduates in the U.S., the number of offers per applicant has actually increased to 1.51 in 2015 from 1.37 in 1976.

Disruptive, costly and maybe unfair

After students file their (many, many) applications electronically, programs invite their preferred students for interviews. Here Gruppuso and Adashi could find no national data, but a survey of fourth-year students at the Alpert Medical School suggests that the number of interviews has scaled up with the number of applications. That means that students are on the road for substantial chunks of time throughout their fourth year of school. Interviews among programs and disciplines are not coordinated, making it hard for faculty members to plan a curriculum in which students can fully participate.

Meanwhile, Gruppuso and Adashi wrote, the financial burden of traveling to many interviews around the country may significantly disadvantage students of low socioeconomic status, though that's never been formally studied.

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Data, solutions needed

More than anything, Gruppuso and Adashi call for more data so that medical educators can either prove or disprove the "more is better" hypothesis that students appear to have accepted as a new normal.

Gruppuso and Adashi also propose a few steps that medical education organizations such as the National Residency Matching Program, the Association of American of Medical Colleges and the American Medical Association could take to treat what they call the "Residency Placement Fever."

- Coordinate interview timing: If student interviews could be consolidated into a predictable, cohesive season, educators could plan a meaningfully educational curriculum for the rest of the fourth year.
- Reduce or cap the number of interviews: If students could only take on a maximum of 10 interviews, they might be more thoughtful and selective about where they sent applications.
- A "screen and schedule" system: If residency programs employed online screening interviews before inviting applications in person, that could reduce unnecessary time and travel for students who don't become finalists.

Adashi and Gruppuso readily acknowledged these particular ideas might not take hold, but they argue it's certainly time for an examination of whether the current state of residency applications makes sense. ❖



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