

Factors Important to Students in Selecting a Residency Program

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Abstract—A 22-item questionnaire, designed to assess the factors students considered important when they ranked residency programs, was distributed to the 1988 senior class of Tulane University School of Medicine just before the submission deadline of the National Residency Matching Program. Completed surveys were obtained from 111 of the 157 graduating students (approximately 71%) and were representative of the entire class in terms of sex, age, race, marital status, and anticipated field of

specialization. Results of this investigation suggest that the satisfaction of a program's house officers and the seniors' general impression at the interview were the most important selection factors of the matriculating seniors surveyed. Diversity of the training experience and geographic location were also important selection factors. House officer benefits and salary were low-priority factors in the seniors' program selections. *Acad. Med.* 65 (1990):640-643.

In 1988, 6,312 residency programs filled 17,621 of their 20,292 available house officer positions through the National Residency Matching Program (NRMP).¹ The function of the NRMP is to match medical students with residency programs based on ranking lists submitted by both matriculating seniors and residency program directors. While program directors have substantial experience in evaluating medical students, matriculating seniors have essentially no experience in evaluating residency programs. Nevertheless, by midwinter of their senior year, students are required to submit a ranking list of residency programs for which they wish to be considered. The ranking list reflects the factors that the applicant considers important when assessing a training program; the student's priorities are the result of conversations

with program faculty, residents, and other students, and reference to various printed materials.

While much has been written on the residency selection process, a limited number of studies have focused on applicants' priorities in ranking programs. Decker and Cohen² studied selection factors by surveying a large number of residency applicants to a single training program. Results indicated that four factors significantly influenced the rankings reported by prospective residents: (1) extensive responsibility for patients; (2) the program's being based in a municipal hospital; (3) low socioeconomic status of the patients; and (4) personal considerations. Factors such as workload, on-site experience, ancillary staff, physical plant, elective opportunities, and supervision were not found to influence ranking significantly.

Eagleson and Tobolic³ surveyed medical students at Wayne State University who intended to participate in a family practice residency program. Important selection factors identified included (1) the house officers' satisfaction with the program; (2) students' impressions of house officer quality; their impressions of the residency director; and (3) the program's geographic location. Financial concerns and university affiliations were not found to influence program ranking significantly. Similar results have been reported by DiTomasso and colleagues,⁴ who surveyed 830 family practice residents during their internship. Weissman and Bashook⁵ studied the program-selection priori-

ties of psychiatry house officers and found the program structure and format to be the priority for 43% of those surveyed. Sledge and colleagues⁶ found geographic location, clinical training, experience, and general impression to be important selection factors, as reported by a group of psychiatry interns.

The current investigation was undertaken to examine students' priorities when ranking residency programs. While previous studies of this subject have provided valuable information, they have been limited by including only selection factors in a single specialty or at a single residency program.

Method

A 22-item questionnaire designed to assess students' priorities when ranking residency programs was distributed to the members of the 1988 senior class of Tulane University School of Medicine. The students were instructed to grade each of 22 selection factors based on the following numerical priority scale: 1 = extremely important, 2 = very important, 3 = important, 4 = minimally important, and 5 = not important. The questionnaires were distributed during the month of January before the 1988 NRMP. In an effort to minimize participants' bias in ranking priorities, all the questionnaires were collected before the announcement of the Match results.

Means and standard deviations were calculated for each selection fac-

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