

Abstract

Objective: To describe the characteristics of successful Otolaryngology reapplicants.
Methods: Otolaryngology program directors (PDs) were asked to forward a survey to residents in their programs who had successfully matched following reapplication. The survey queried demographics, academic performance, research experience, action taken following an unsuccessful match, and reapplication data.
Results: 24 responses were analyzed. Mean Step 1 and 2 scores were 237 ± 19 and 247 ± 15 , respectively. 13 reapplicants completed a preliminary surgery internship; 4 matching into a PGY-1 position and 7 into a PGY-2. 11 reapplicants completed a research year; 7 matching into a PGY-1 position. The remaining 6 matched after a second post-graduate year that differed from the first. There was a significant difference in interviews attended ($p < 0.01$) between research fellows and preliminary interns. On reapplication, increase in number of research projects predicts increase in number of interviews attended ($\beta = 0.6$, $p < 0.01$).
Conclusion: Although difficult, reapplying and matching into Otolaryngology is possible. Either a preliminary surgery or research year can be justified for qualified applicants who wish to reapply. Persistence pays off.

Introduction

Otolaryngology is one of the most competitive residency specialties to match into in the United States. In the 2015 Match, 107 programs offered 299 positions for 430 applicants; only one position went unfilled in the initial match.¹ Additionally, academic standards for Otolaryngology are exceedingly stringent; some Otolaryngology residencies employ a cut-off using Step 1 score, and in 2014, Otolaryngology residency applicants boasted the highest mean Step 1 score (248) across any specialty.^{2,3} For reapplicants, 2 common options are a preliminary general surgery internship or to conduct research in Otolaryngology for a year. This study surveyed current Otolaryngology residents who reapplied successfully, in order to provide information for those who wish to reapply.

Methods

A web-based survey link was sent to all PDs of nonmilitary United States Otolaryngology programs to forward to any current residents or clinical fellows in their program who went unmatched on initial application. Questions included demographics, AOA status, board scores, clerkship grades, number of research experiences on each application, number of programs applied to, number of interviews attended, and paths taken following unsuccessful application. A primary outcome was number of interviews attended with the assumption that all responders ranked all Otolaryngology programs with which they interviewed above programs in another specialty.

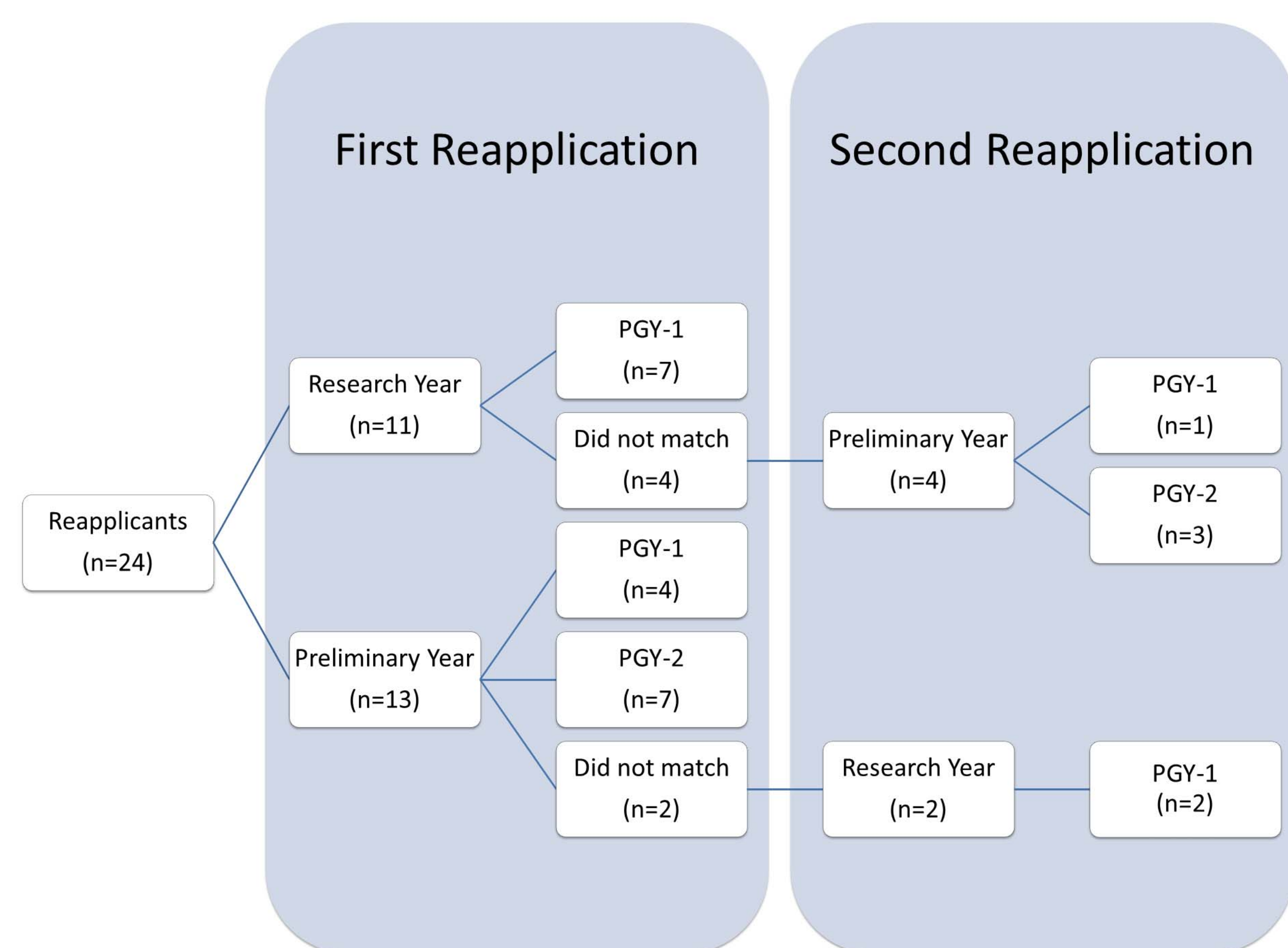


Figure 1. Pathways and outcomes of successful Otolaryngology reapplicants.

Results

24 responses were analyzed. Median at 1st application was 26 yrs (23-34). On 1st application, responders applied to 62.3 ± 27.1 programs, were invited to 8.6 ± 6.2 interviews, and attended 7.6 ± 3.4 interviews. Step 1 score ($r = 0.51$), Step 2 score ($r = 0.48$), and AOA membership ($r = 0.47$) were significantly correlated with number of interviews attended on 1st application ($p < 0.05$). Step 1 ($\beta = 0.42$, $p = 0.04$) and Step 2 ($\beta = 0.46$, $p = 0.03$) scores predicted number of interviews attended. AOA members attended more interviews than non-AOA members (11.8 ± 3.3 versus 7 ± 2.8 , $p < 0.01$).

Research fellows significantly increased their number of research experiences from 3.5 ± 4.4 projects to 10.3 ± 3.9 ($p < 0.01$). Number of research projects positively correlated with number of interviews attended ($r = 0.58$, $p < 0.01$) and predicted an increase of 1.2 interviews for involvement in every 2 research projects by the second application date ($\beta = 0.6$, $p < 0.01$). Step 1 and Step 2 scores as well as AOA status did not significantly correlate with number of interviews attended on reapplication.

Research fellows attended more interviews on reapplication (8.1 ± 3.4 interviews to 11.6 ± 5 interviews, $p = 0.09$) while preliminary interns attended fewer interviews on reapplication (7.2 ± 3.5 interviews to 3.6 ± 2.6 , $p < 0.01$). On reapplication, research fellows attended significantly more interviews than preliminary interns ($p < 0.001$).

Six responders did not match after reapplication, and successfully obtained an Otolaryngology position after a second reapplication. On second reapplication, they had fewer interview offers (4.8 ± 3.6) and number of interviews attended (4.7 ± 3.3) compared to initial application (offered: 9.5 ± 10.3 ; attended: 7.2 ± 4.5) and first reapplication (offered: 12.2 ± 10 ; attended: 9.7 ± 5.4).

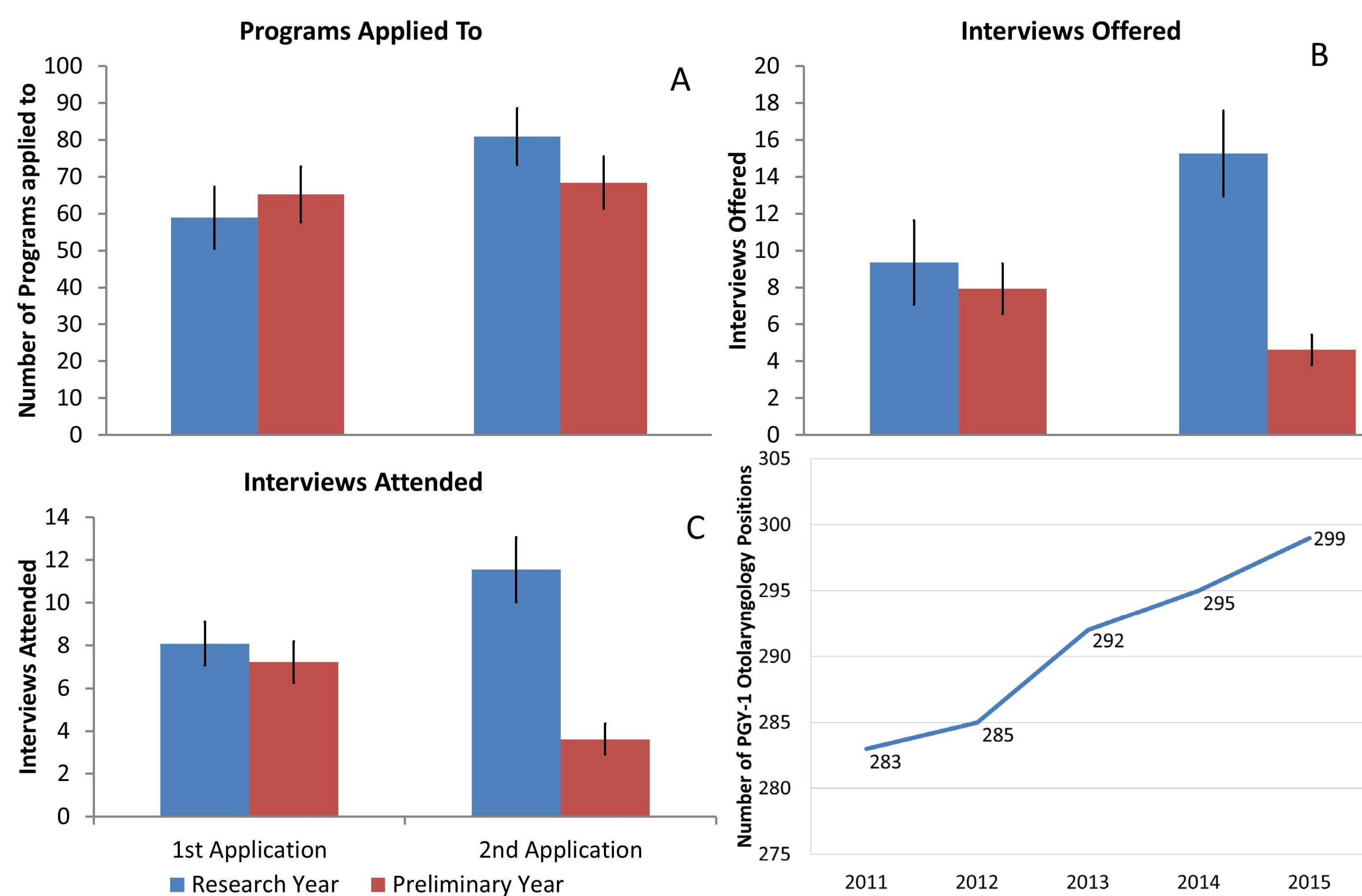
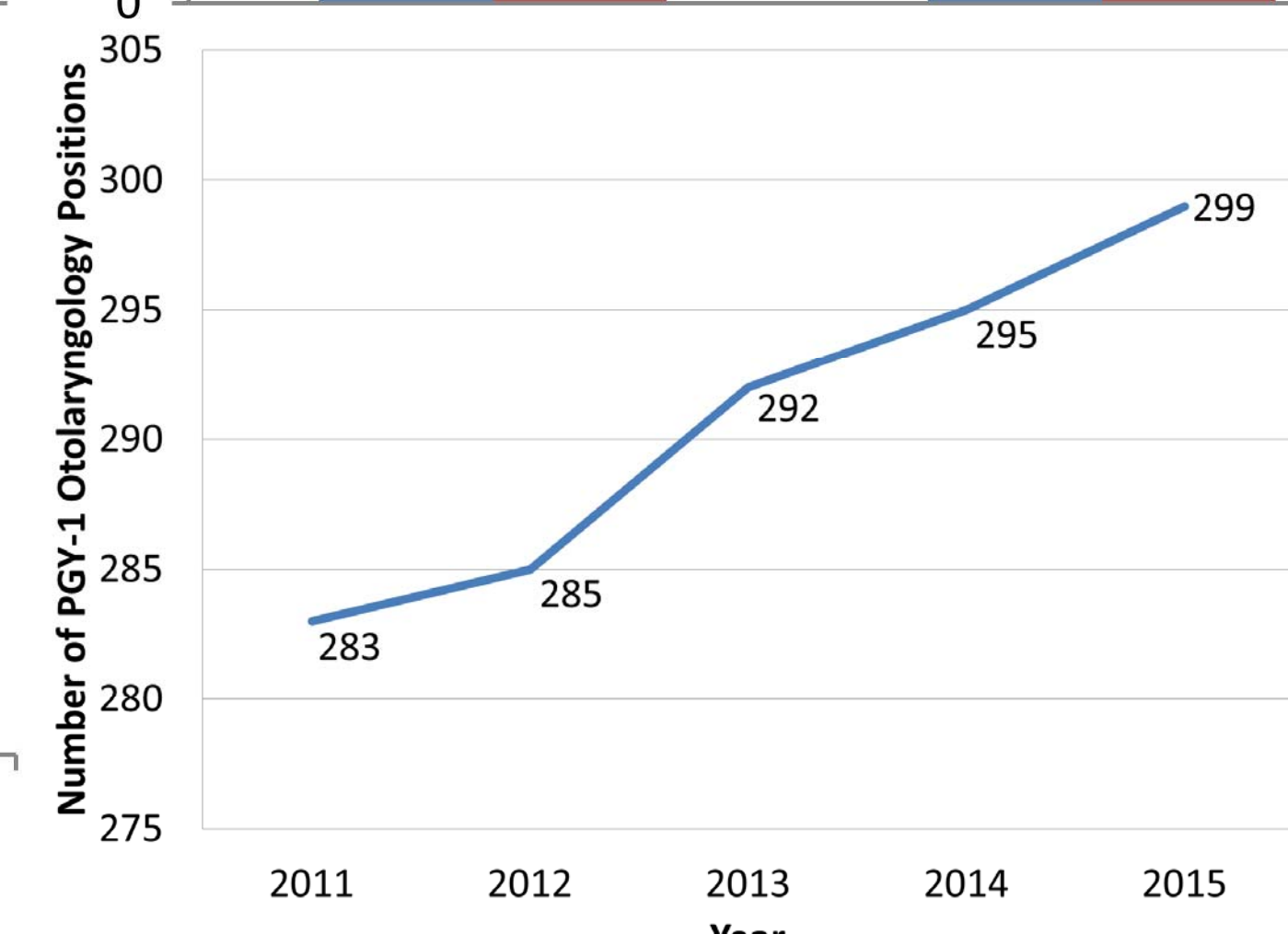


Figure 2. Mean \pm standard error of mean (SEM) number of programs applied to (A), interviews offered (B), and interviews attended (C) on initial application and reapplication based on how applicants spent their following year.

Figure 3. Growth of PGY-1 Otolaryngology Positions Over Five Years.



Discussion

The results of our survey suggest that either a research or a preliminary year can be justified, and each has its advantages. Unlike a preliminary year, a research year offers individuals the opportunity to improve their curriculum vitae, and potentially demonstrate a specific commitment to Otolaryngology and academic medicine. Time off to attend interviews is also a factor as research fellows have fewer clinical obligations and possibly more flexibility to interview than preliminary interns.

A preliminary surgery year offers the chance to obtain a vacant or newly added PGY-2 Otolaryngology position. However, those positions are rarely offered and highly coveted as one study showed an annual attrition rate in Otolaryngology of 1.2%.⁴ Furthermore, the new PGY-1 requirements have changed, making it uncertain how PGY-2 spots will be offered.

Conclusions

Reapplying to Otolaryngology is an incredibly difficult process and reapplicants are faced with great competition. In spite of this hurdle, it is possible to obtain a residency position after going unmatched. The results of our survey show that productive research fellows will attend more interviews on reapplication than preliminary interns. Continued persistence can result in obtaining a residency position and reapplicants should be encouraged to apply as broadly as possible.

Contact

Zachary Farhood, M.D.
 Department of Otolaryngology-Head & Neck Surgery
 The Medical University of South Carolina
farhood@musc.edu
<http://clinicaldepartments.musc.edu/ent/>

References

- Results and Data: 2015 Main Residency Match. April, 2015; http://www.nrmp.org/wp-content/uploads/2015/03/ADT2015_final.pdf. Accessed May 13, 2015.
- Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2014 Main Residency Match. *Charting Outcomes in the Match August, 2014*; 5th Edition; <http://www.nrmp.org/wp-content/uploads/2014/09/Charting-Outcomes-2014-Final.pdf>. Accessed May 13, 2015.
- Kaplan AB, Riedy KN, Grundfast KM. Increasing Competitiveness for an Otolaryngology Residency: Where We Are and Concerns about the Future. *Otolaryngol Head Neck Surg.* 2015;153(5):699-701.
- Prager JD, Myer CMt, Myer CM, 3rd. Attrition in otolaryngology residency. *Otolaryngol Head Neck Surg.* 2011;145(5):753-754.