THE MATCH®
NATIONAL RESIDENT MATCHING PROGRAM®

Results of the 2019 NRMP Applicant Survey

by Preferred Specialty and Applicant Type

(DRAFT)

September 2019

Requests for permission to use these data, as well as questions about the content of this publication or the National Resident Matching Program data and reports, may be directed to Mei Liang, Director of Research, NRMP, at datarequest@nrmp.org

Questions about the NRMP should be directed to Mona Signer, President and CEO, NRMP, at admin@nrmp.org.

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Introduction

The National Resident Matching Program (NRMP) conducted a survey of all applicants who participated in the 2019 Main Residency Match®. The first Applicant Survey was sent in 2008; Subsequent surveys have been conducted in odd years since 2009.

The primary purpose of the survey was to elucidate the factors applicants weigh in applying to and ranking programs. The survey was fielded during the 18 days between the Rank Order List Certification Deadline and Match Week so that applicant Match outcomes would not influence respondents' answers.

The survey was sent to all applicants who certified a rank order list (ROL) by the Rank Order List Certification Deadline. A very small number of applicants certified a blank ROL. Between the Rank Order List Certification Deadline and the time when the matching algorithm was processed, however, some applicants still could be withdrawn from the Match. The responses of those who certified a blank rank order list and those who were withdrawn from the Match were not included in this report.

This report presents survey results by preferred specialty and applicant type. Preferred specialty is defined as the specialty listed first on an applicant's ROL. Because preliminary positions provide only one or two years of prerequisite training for entry into advanced specialty training, an applicant ranking a preliminary position first is treated as not having a preferred specialty. Two applicant types are presented in this report: U.S. allopathic medical school seniors ("U.S. seniors") and independent applicants. Independent applicants include allopathic medical school graduates, U.S. citizen and non-U.S. citizen students and graduates of international medical schools, students and graduates of schools of osteopathy, students and graduates of Canadian medical schools, and graduates of Fifth Pathway programs.

Changes from Previous Reports

In surveys prior to 2015, applicants were asked to indicate factors used in selecting programs for application and to rate the importance of factors used in selecting programs for ranking. Beginning with the 2015 survey, applicants were asked about the factors that influenced both application and ranking choices and the relative importance of each of those factors.

Additional attributes were introduced in the 2017 survey. "Future job opportunities for myself," "job opportunities for my spouse/significant other," and "schools for my children in the area" were added to the list of factors used in selecting programs for application and ranking. Two ranking strategies included in previous versions of the survey, "I ranked a mix of both competitive and less competitive programs" and "I ranked one or more program(s) in an alternative specialty as a "fallback" plan", were combined into "I ranked a mix of competitive and less competitive specialties to have a “fallback” plan. "

Results

Overall, desired geographic location, perceived goodness of fit, and reputation of program topped the list of factors that applicants considered most when applying to programs. When ranking programs, overall goodness of fit, interview day experience, and desired geographic location were the top three considerations. Applicants also valued such factors as career path, future fellowship training opportunities, housestaff morale, and work/life balance. Although there were commonalities among all applicants, differences were observed among specialties. For example, applicants who preferred Internal Medicine programs were more interested in future fellowship training opportunities, but the opportunity to conduct certain procedures was of greater importance to applicants who preferred Neurological Surgery programs.

The median number of applications submitted by independent applicants was much higher than for U.S. seniors, but U.S. seniors obtained more interviews than did independent applicants. Matched U.S. seniors applied to fewer programs than unmatched U.S. seniors, but the number of applications was similar between matched and unmatched independent applicants. Regardless of applicant type, matched applicants attended more interviews and thus were able to rank more programs than unmatched applicants. The greatest number of applications was submitted to Dermatology, Orthopaedic Surgery, Plastic Surgery, Neurological Surgery, Radiation Oncology, and Otolaryngology; however, the numbers of interviews obtained and programs ranked in those specialties (witht he exception of Neurological Surgery) were comparable to other specialties.

The NRMP hopes that program directors, medical school officials, and applicants find these data useful as they prepare for and participate in the Match.

The NRMP's data reporting and research activities are guided by its Data Release and Research Committee. NRMP data and reports can be found at: www.nrmp.org/match-data/.

Response Rates

In the 2019 Applicant Survey, 38,446 electronic surveys were sent to applicants with a certified rank order list, and 16,281 complete or partial responses were received. After excluding respondents who were withdrawn after the Rank Order List Deadline (49), the overall response rate was 42.6 percent for applicants ranking the 21 largest preferred specialties detailed in this report, and 42.3 percent for all respondents. Response rates varied by specialty and applicant type (see table below). Specialties with 50 or fewer responses were excluded from this report.

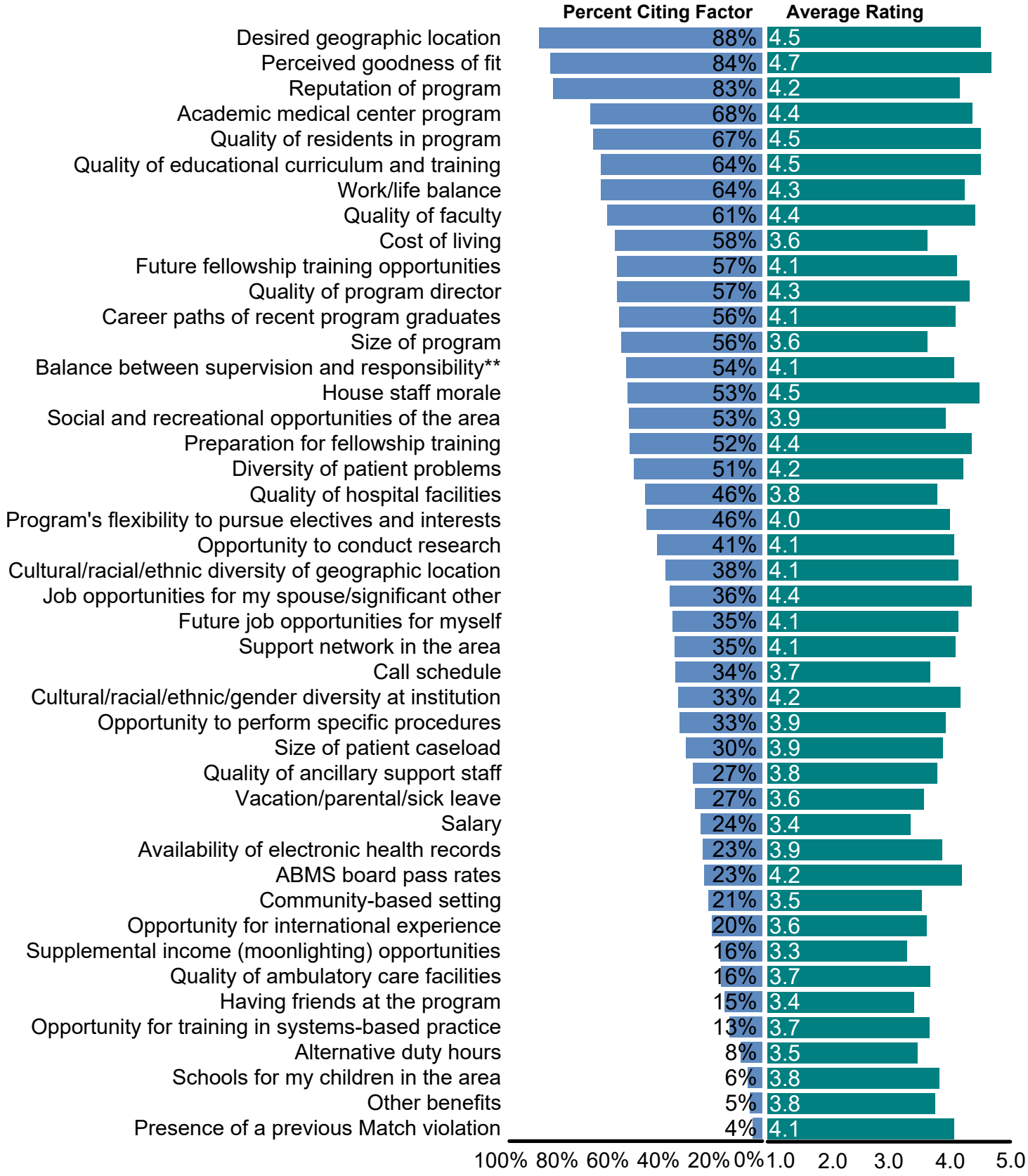
	U.S. Seniors			Independent Applicants		
	Completed Survey		Response	Completed Survey		Response
	Yes	No	Rate	Yes	No	Rate
Anesthesiology	527	693	43.2%	352	606	36.7%
Child Neurology	59	49	54.6%	35	36	49.3%
Dermatology	235	236	49.9%	67	156	30.0%
Emergency Medicine	796	943	45.8%	418	689	37.8%
Family Medicine	733	822	47.1%	974	1,909	33.8%
Internal Medicine	1,633	2,037	44.5%	2,784	4,153	40.1%
Internal Medicine/Pediatrics	184	154	54.4%	57	46	55.3%
Interventional Radiology	74	104	41.6%	28	31	47.5%
Neurological Surgery	132	130	50.4%	22	48	31.4%
Neurology	210	255	45.2%	234	345	40.4%
Obstetrics and Gynecology	683	563	54.8%	256	378	40.4%
Orthopaedic Surgery	402	413	49.3%	51	133	27.7%
Otolaryngology	198	195	50.4%	21	40	34.4%
Pathology	94	112	45.6%	246	286	46.2%
Pediatrics	931	793	54.0%	604	737	45.0%
Physical Medicine and Rehabilitation	91	146	38.4%	106	203	34.3%
Plastic Surgery	82	101	44.8%	16	24	40.0%
Psychiatry	522	638	45.0%	402	828	32.7%
Radiation Oncology	69	79	46.6%	8	16	33.3%
Radiology-Diagnostic	299	406	42.4%	174	321	35.2%
Surgery-General	606	621	49.4%	271	693	28.1%
All Others	154	213	42.0%	65	133	32.8%
No Preferred Specialty	159	350	31.1%	168	301	32.8%
Total (All Specialties)	**8,873**	**10,053**	**46.9%**	**7,359**	**12,112**	**37.7%**

All Specialties Combined

Figure 1

All Specialties

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors**

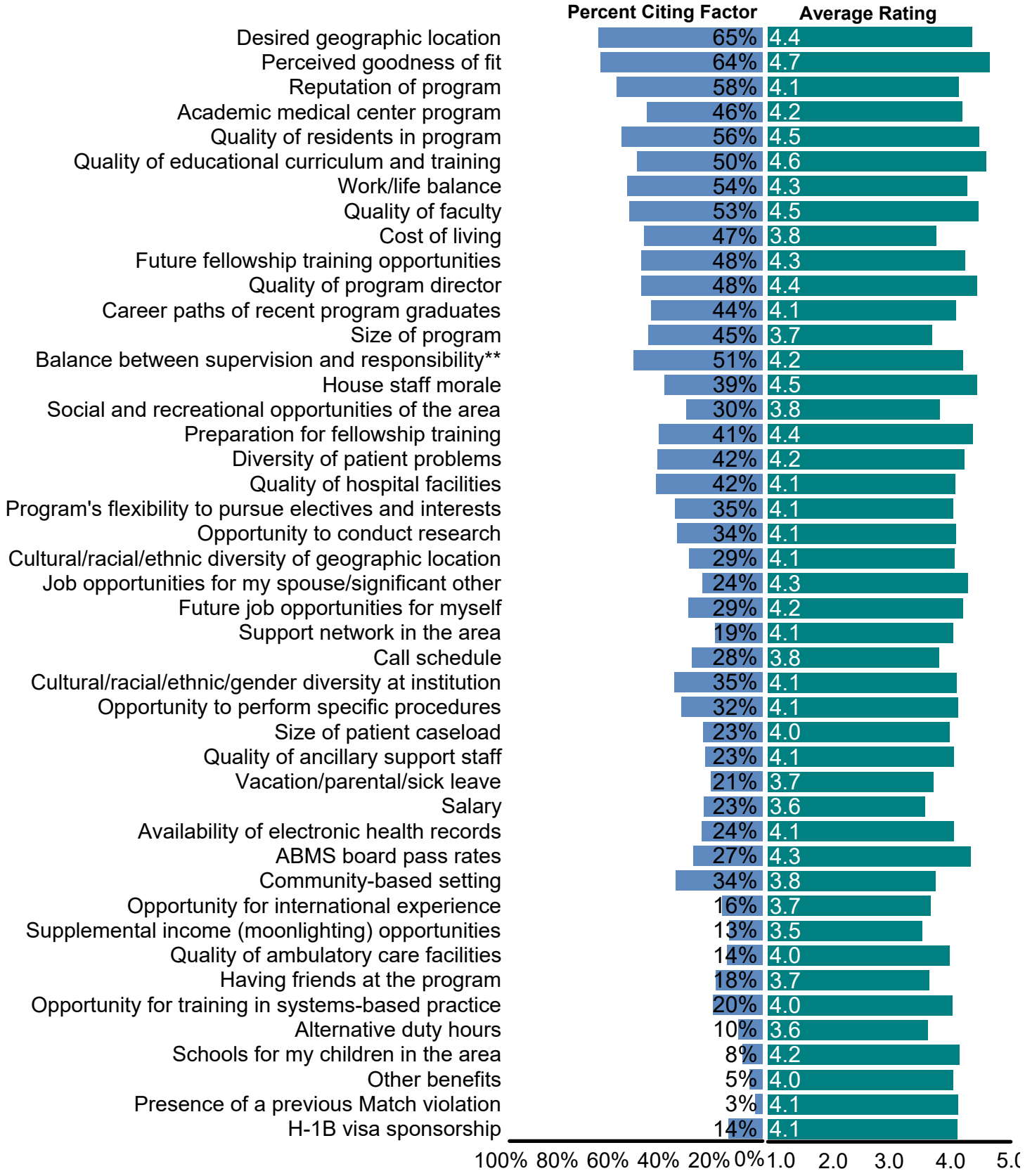
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure 1

All Specialties

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors**

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Figure 2

All Specialties

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

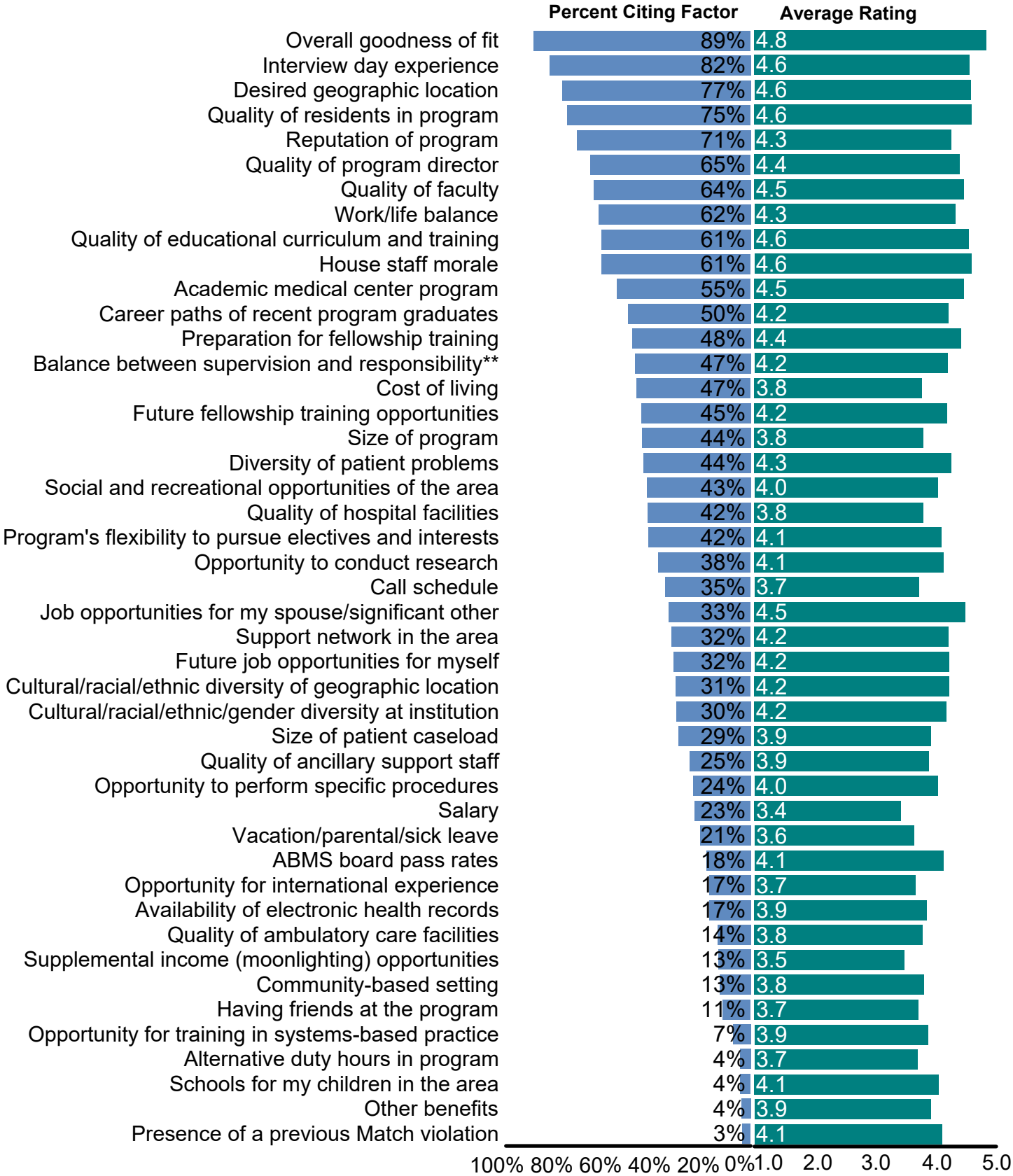

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Figure 2

All Specialties

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

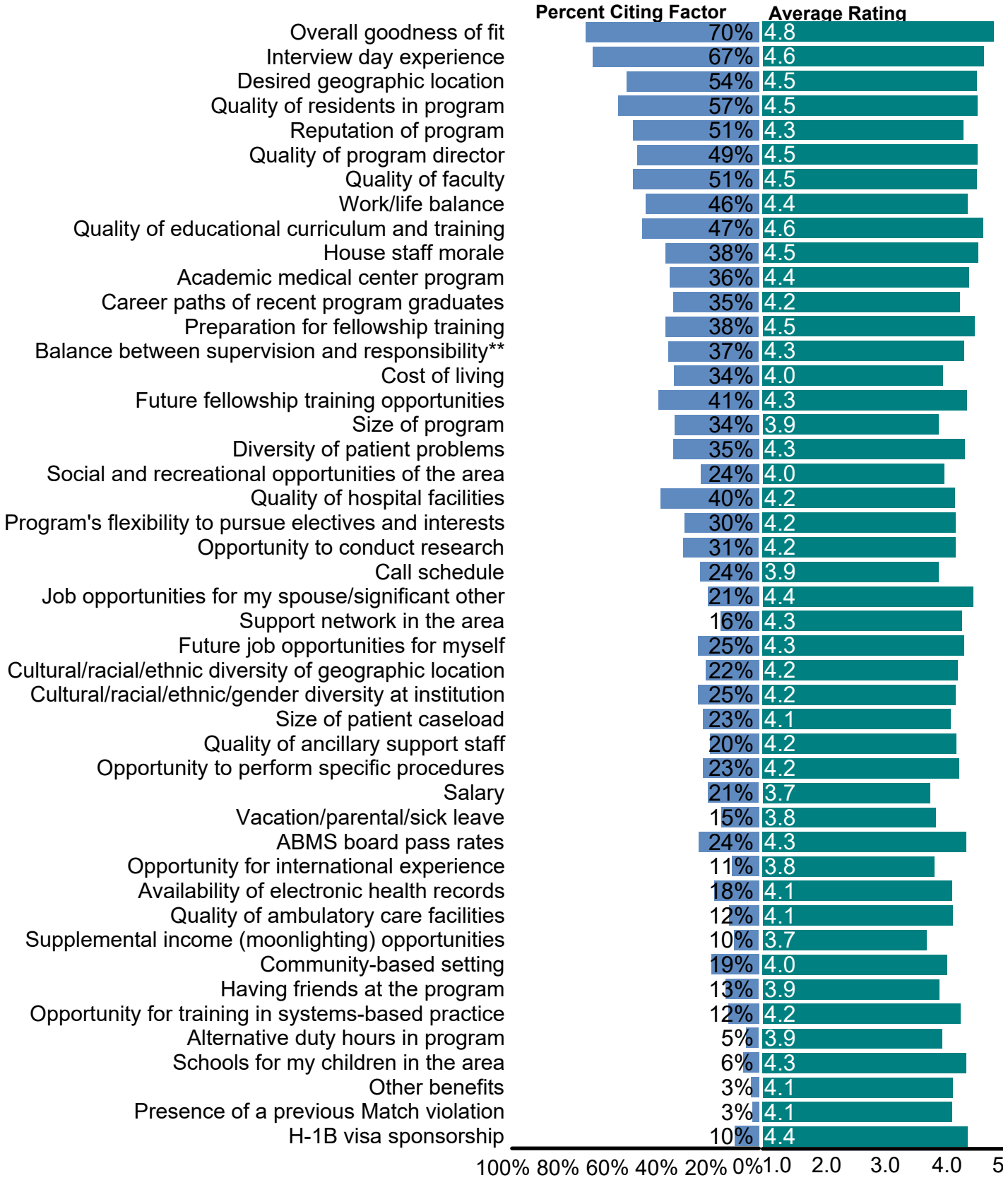

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Figure 3

All Specialties
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

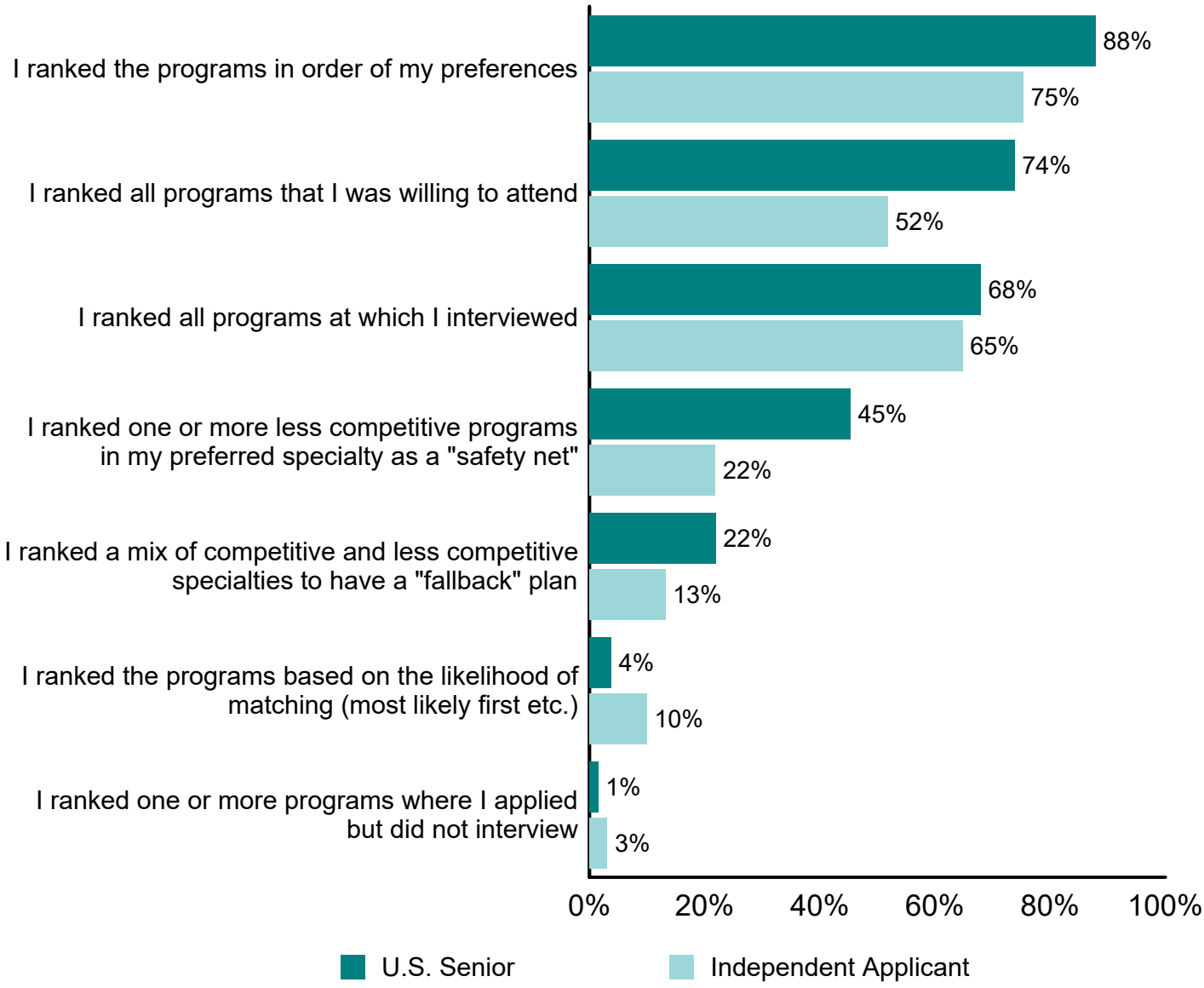
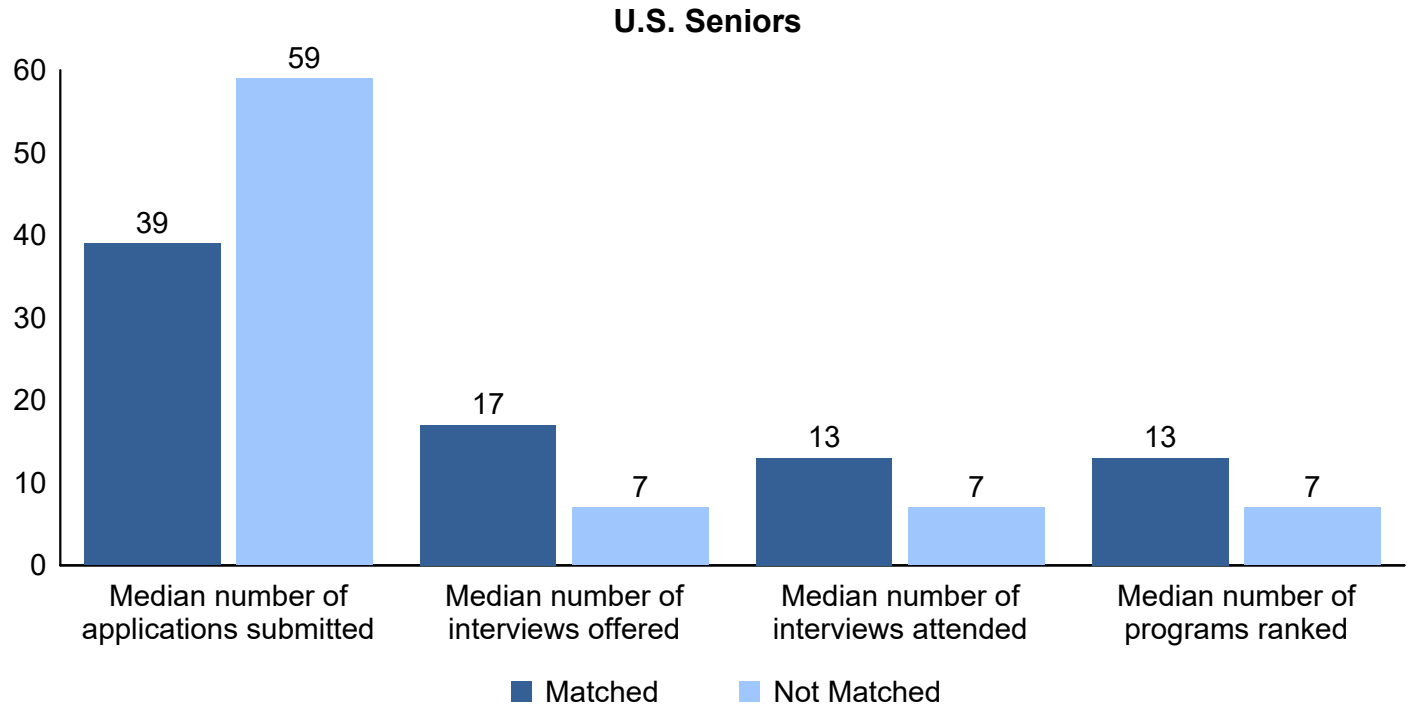
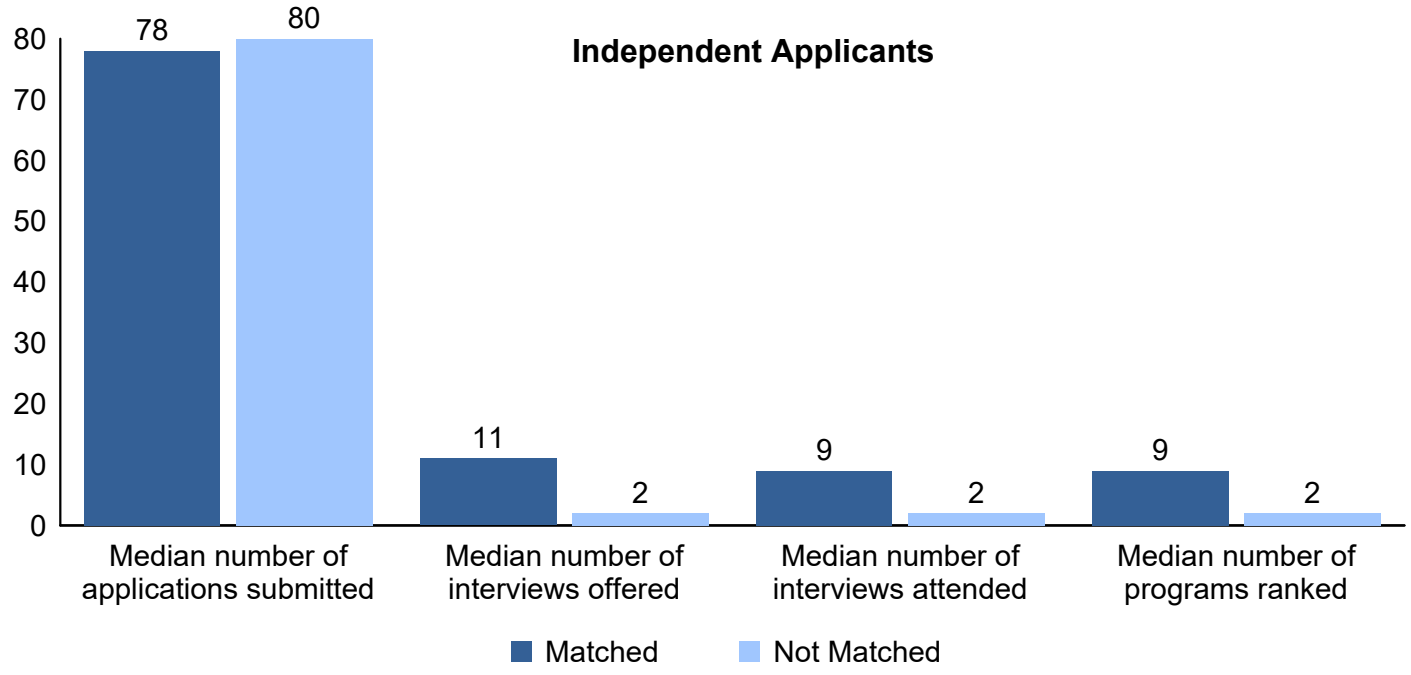


Figure 4

All Specialties
Median Number of Applications, Interviews and Programs Ranked
By Applicant Type and Match Outcome*

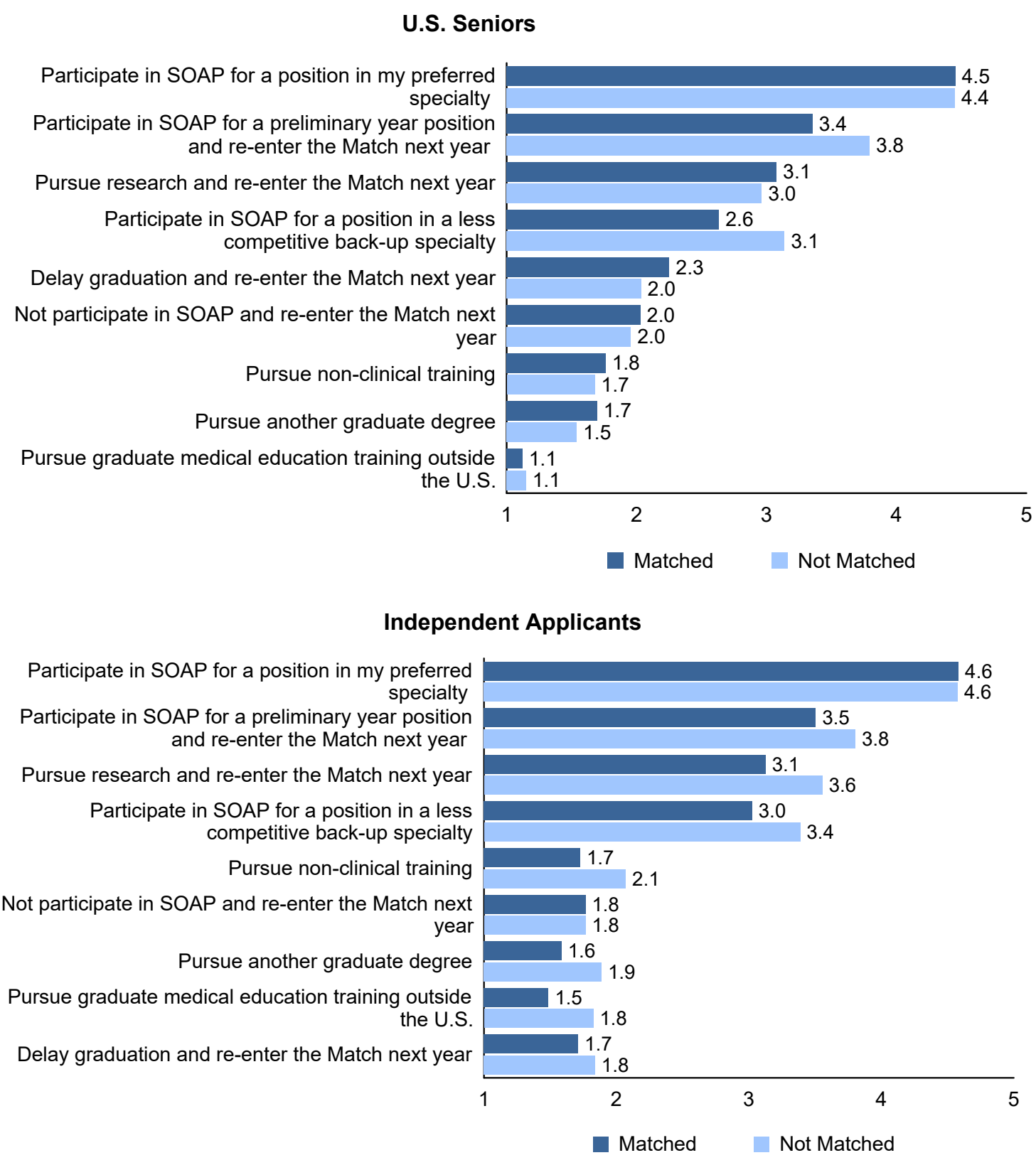




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure 5

All Specialties
Likelihood to Pursue a Strategy If Applicant Did Not Match
By Applicant Type and Match Outcome*

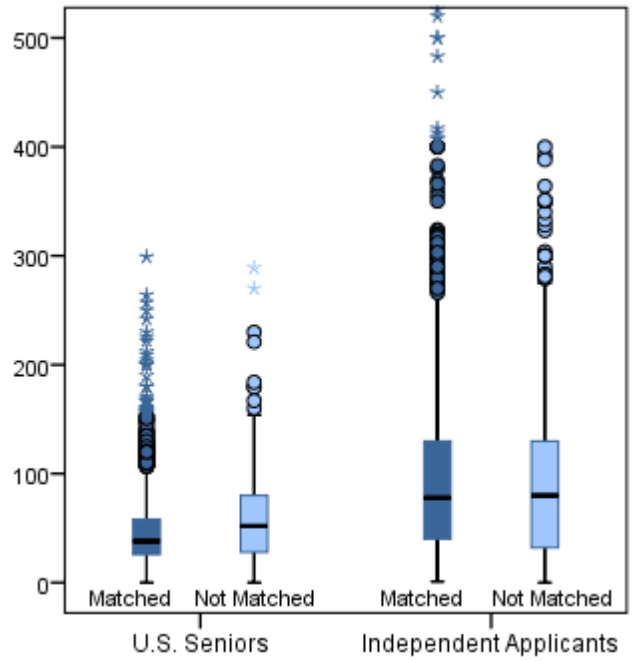


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

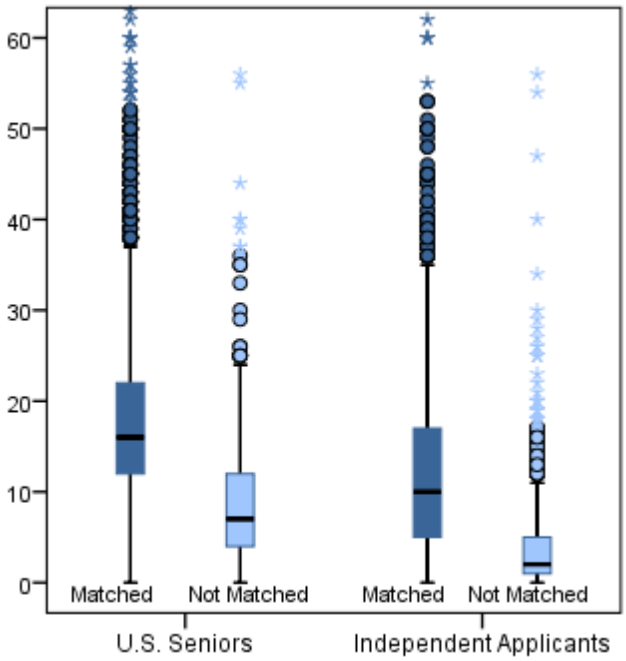
Figure 6

All Specialties
Applications, Interviews, Offers, and Ranks in Preferred Specialty†

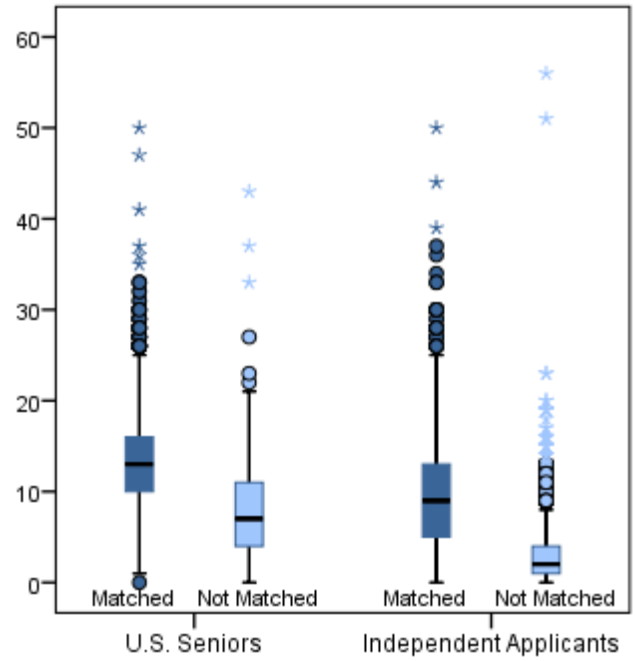
Number of Applications Submitted by Applicants



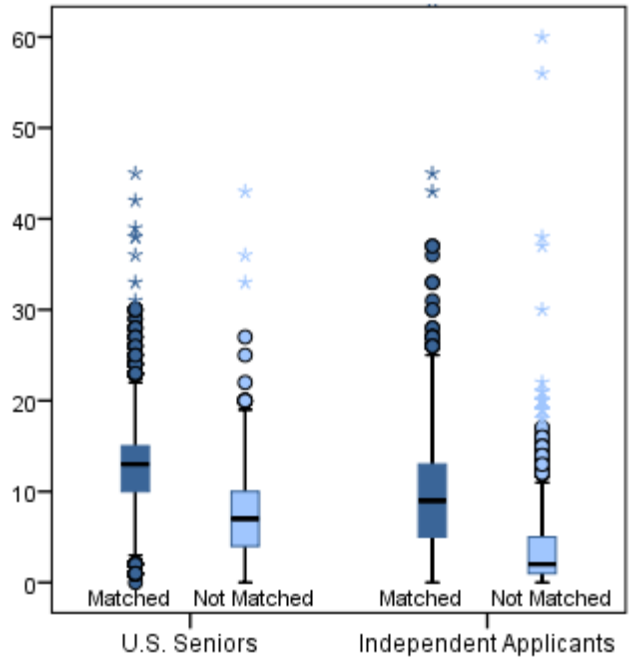
Number of Interviews Offered to Applicants



Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants



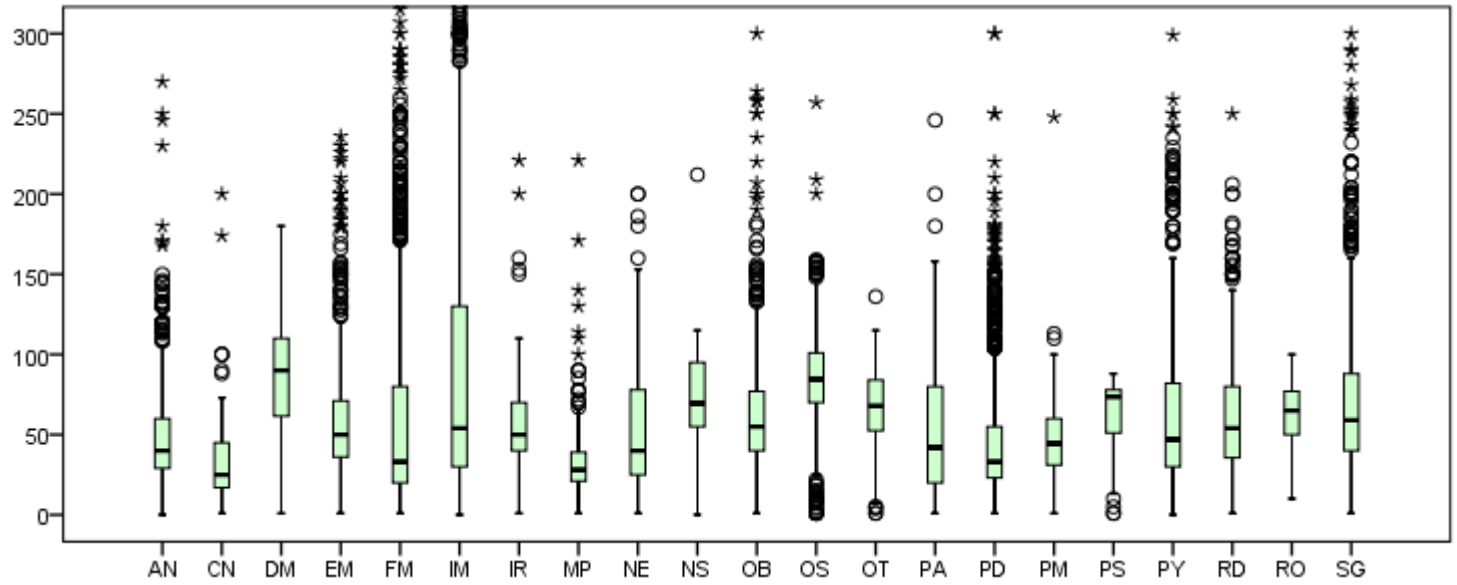
†Self-reported data

The boxes in a boxplot represent the interquartile range (or IQR, which is the range between the 25th and 75th percentiles) and the line in the box is the median. The upper bound of the whisker is the upper fence, which is 1.5 IQR above the 75th percentile; the lower bound of the whisker is the lower fence, which is 1.5 IQR below the 25th percentile. The circles and asterisks below and above the whiskers are outliers and extreme values. Scales in these graphs are adjusted to show a close-up of the boxplots. Some extreme values and outliers are not shown in the graphs.

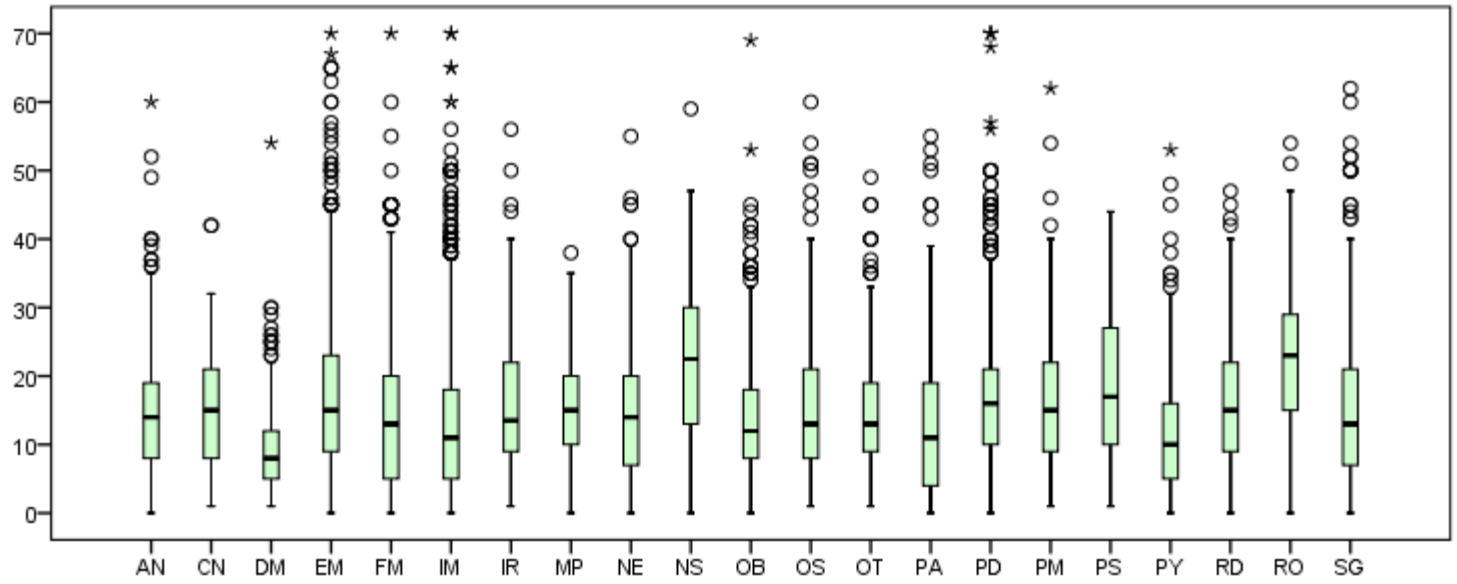
Figure 7

All Specialties
Applications, Interviews, Offers, and Ranks in Preferred Specialty†
By *Preferred Specialty*

Number of Applications Submitted by Applicants



Number of Interviews Offered to Applicants



AN: Anesthesiology
CN: Child Neurology
DM: Dermatology
EM: Emergency Medicine
FP: Family Medicine
IM: Internal Medicine (Categorical)
IR: Interventional Radiology
MP: Medicine/Pediatrics
NE: Neurology
NS: Neurological Surgery
OB: Obstetrics-Gynecology
OS: Orthopedic Surgery
OT: Otolaryngology
PA: Pathology
PD: Pediatrics (Categorical)
PM: Physical Medicine & Rehabilitation
PS: Plastic Surgery (Integrated)
PY: Psychiatry (Categorical)
RD: Radiation Oncology
RO: Radiology-Diagnostic
SG: Surgery (Categorical)

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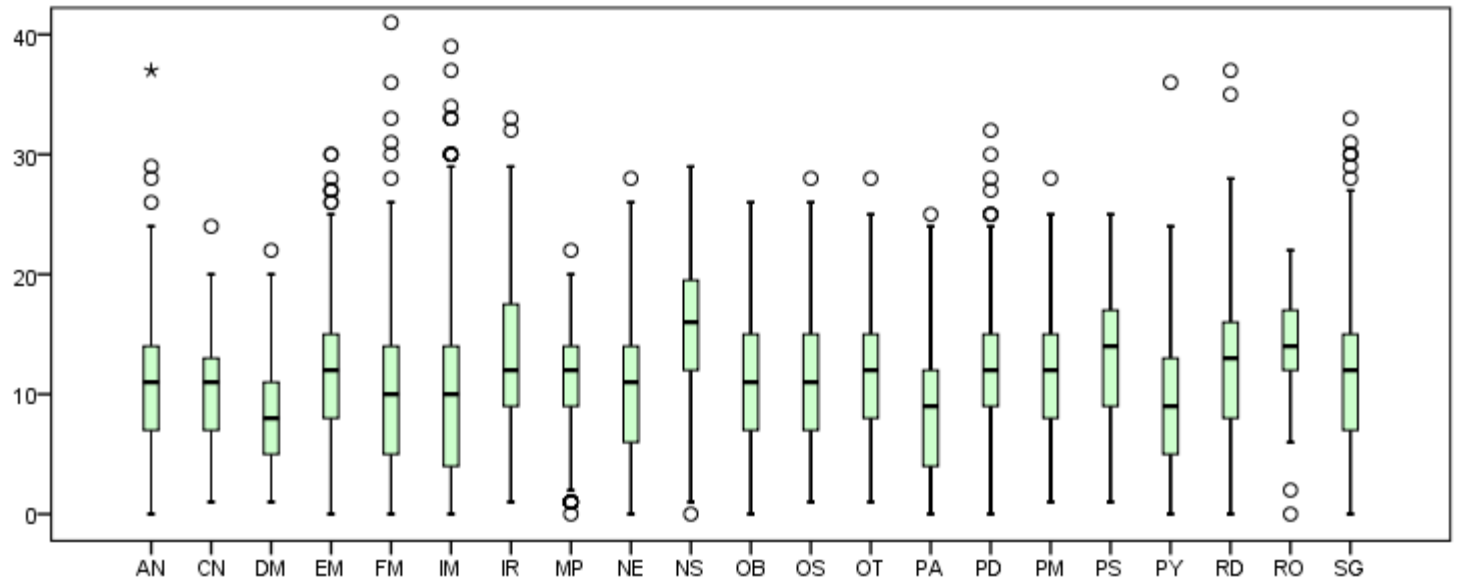
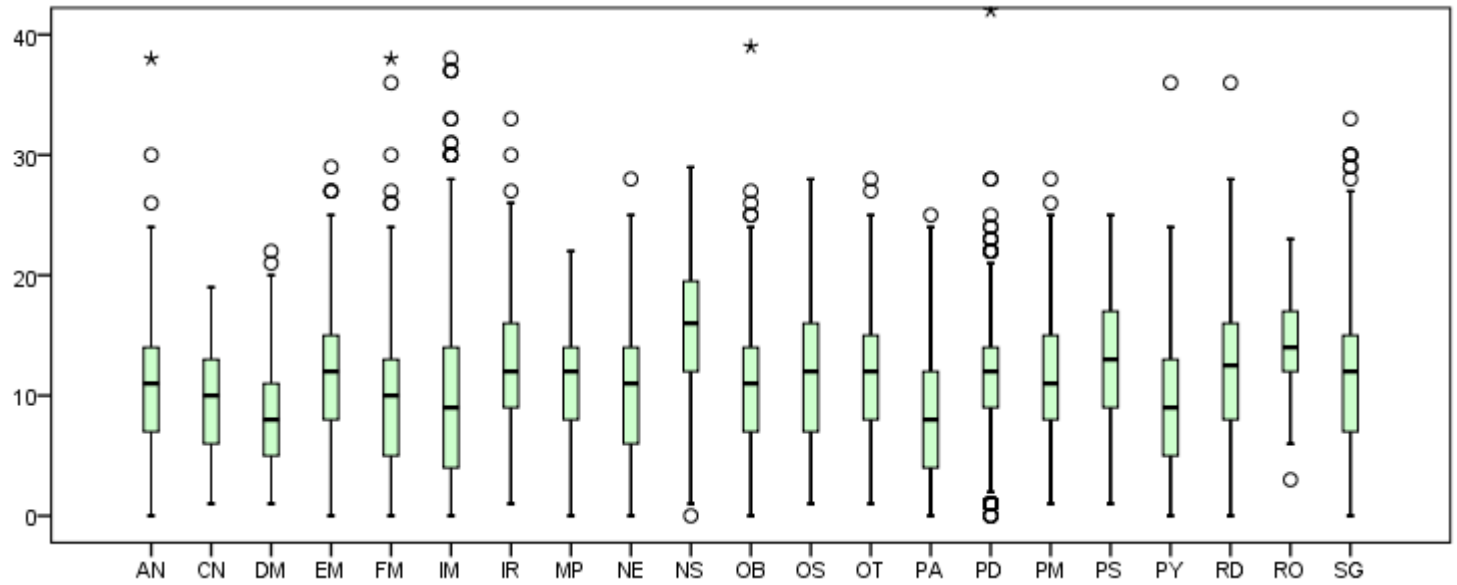
Figure 7

All Specialties
Applicants' First Choice Specialty†
By *Specialty (Cont'd)*

Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants



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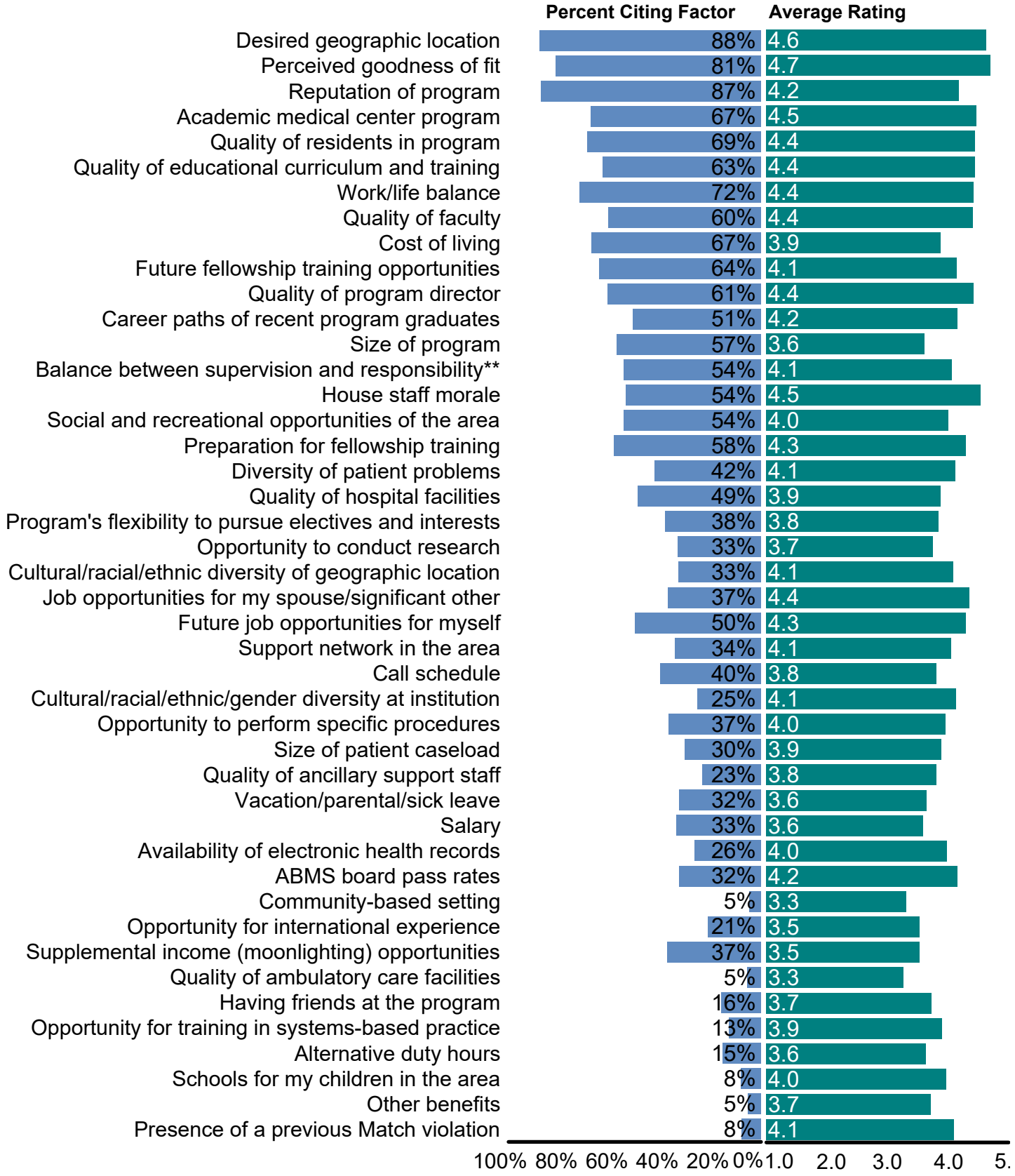
Anesthesiology

Figure AN-1

Anesthesiology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure AN-1

Anesthesiology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

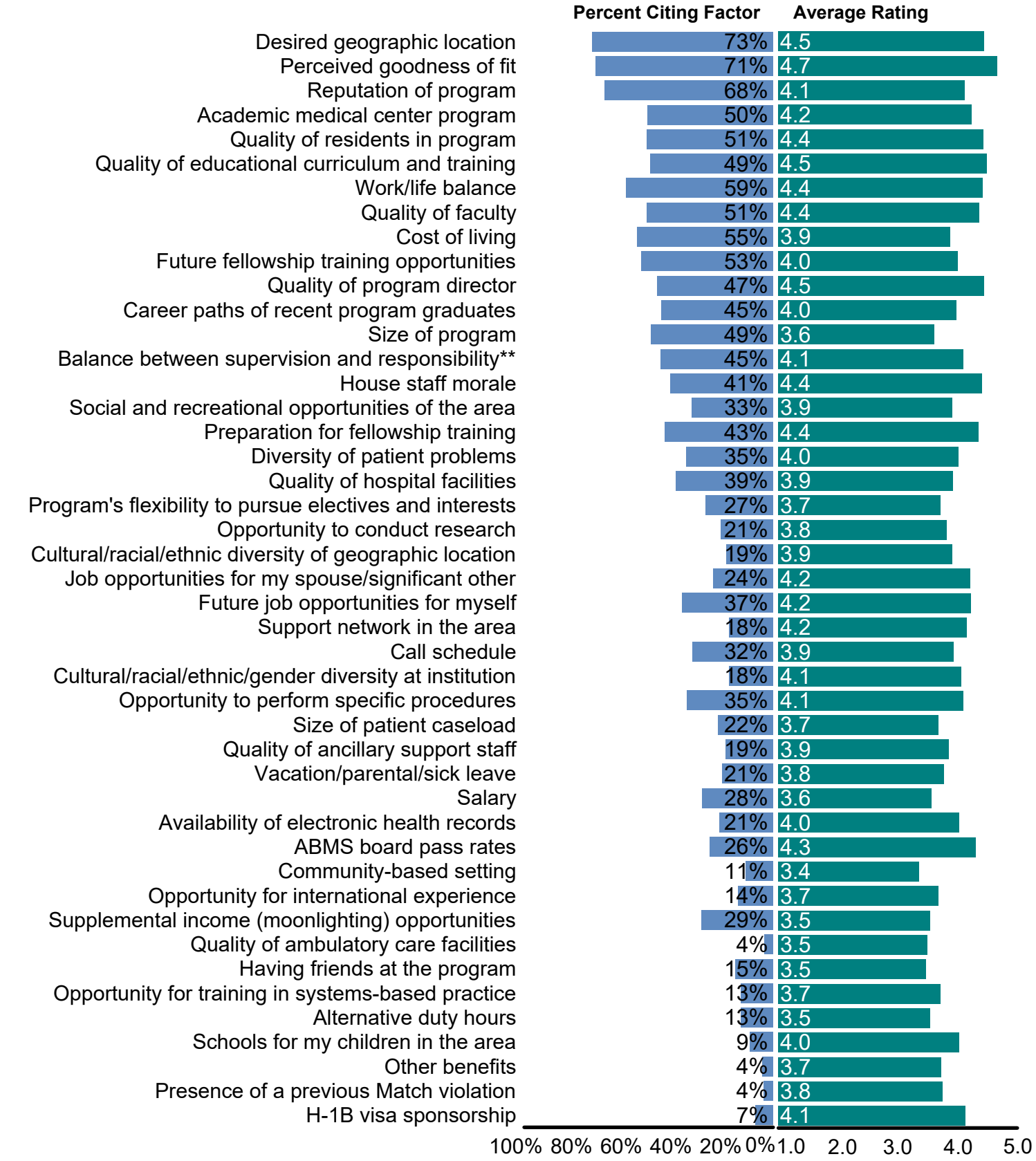


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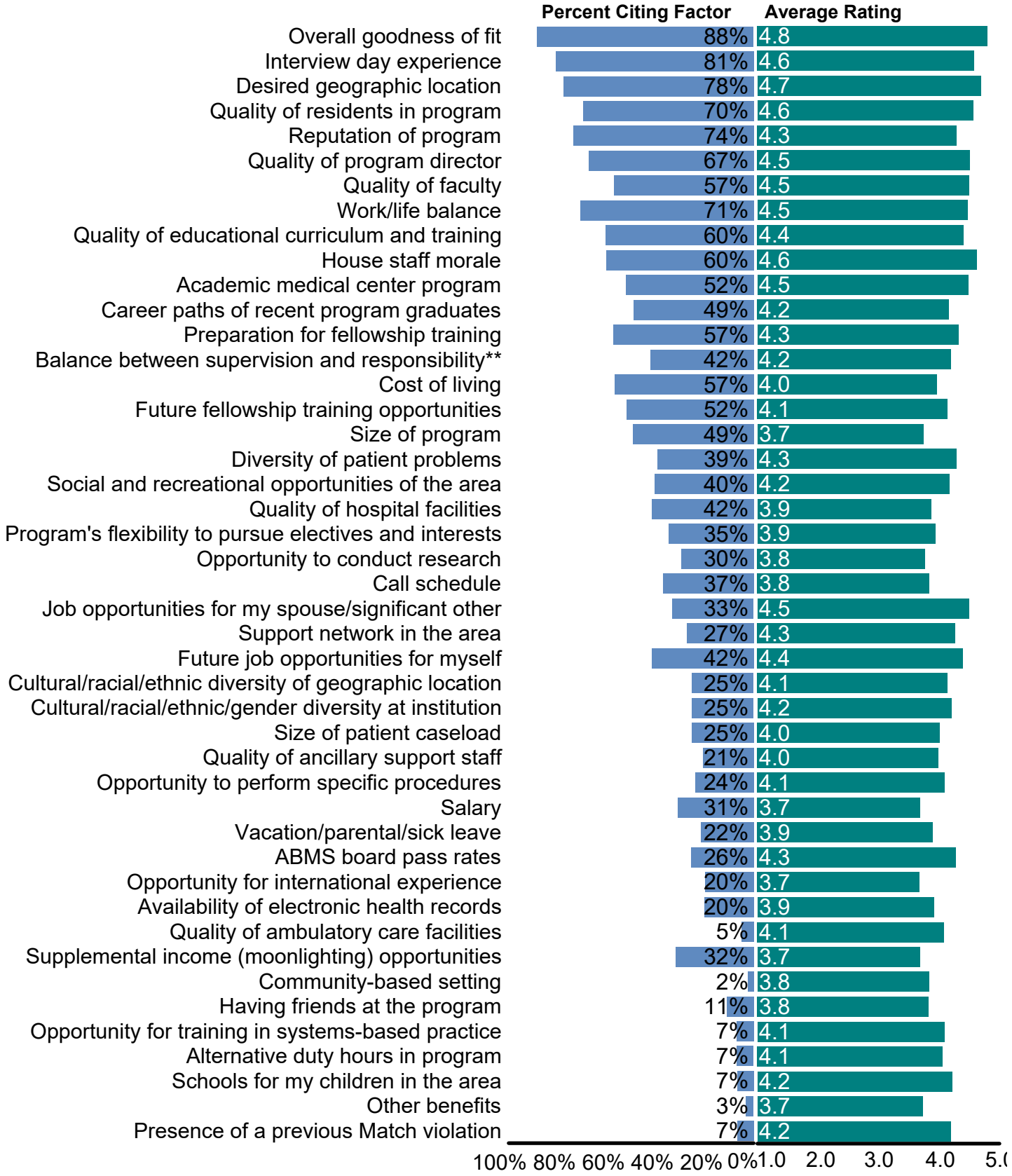
Figure AN-2

Anesthesiology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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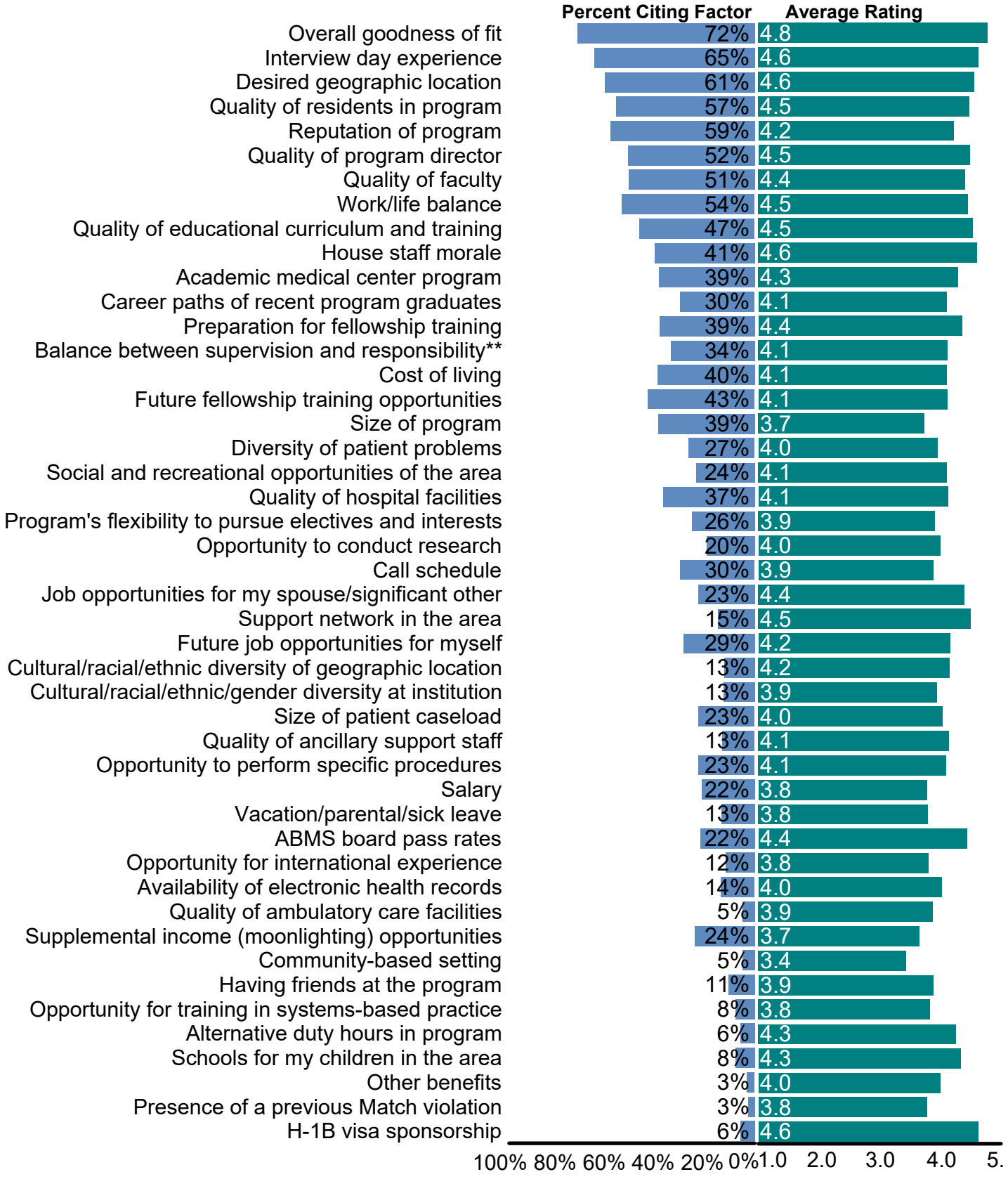

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Figure AN-3

Anesthesiology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

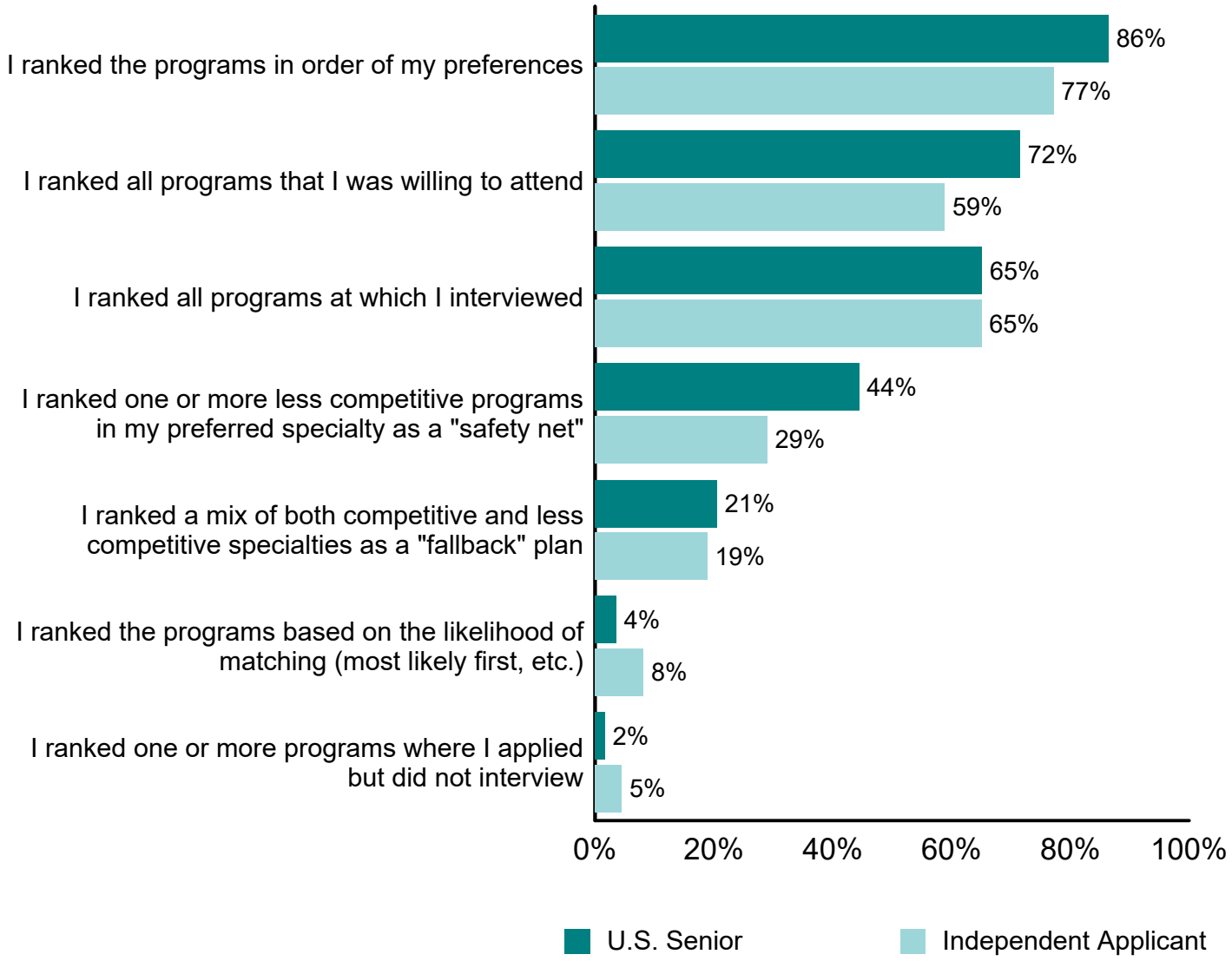
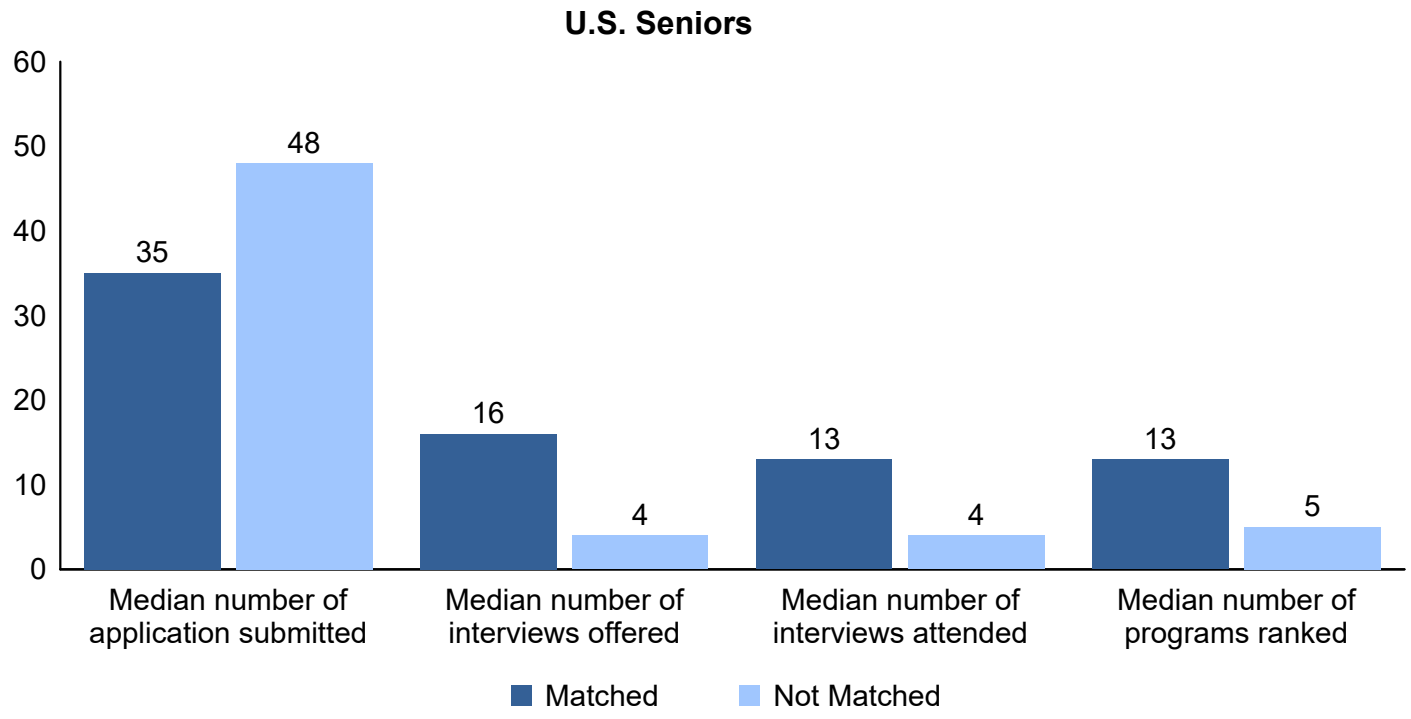
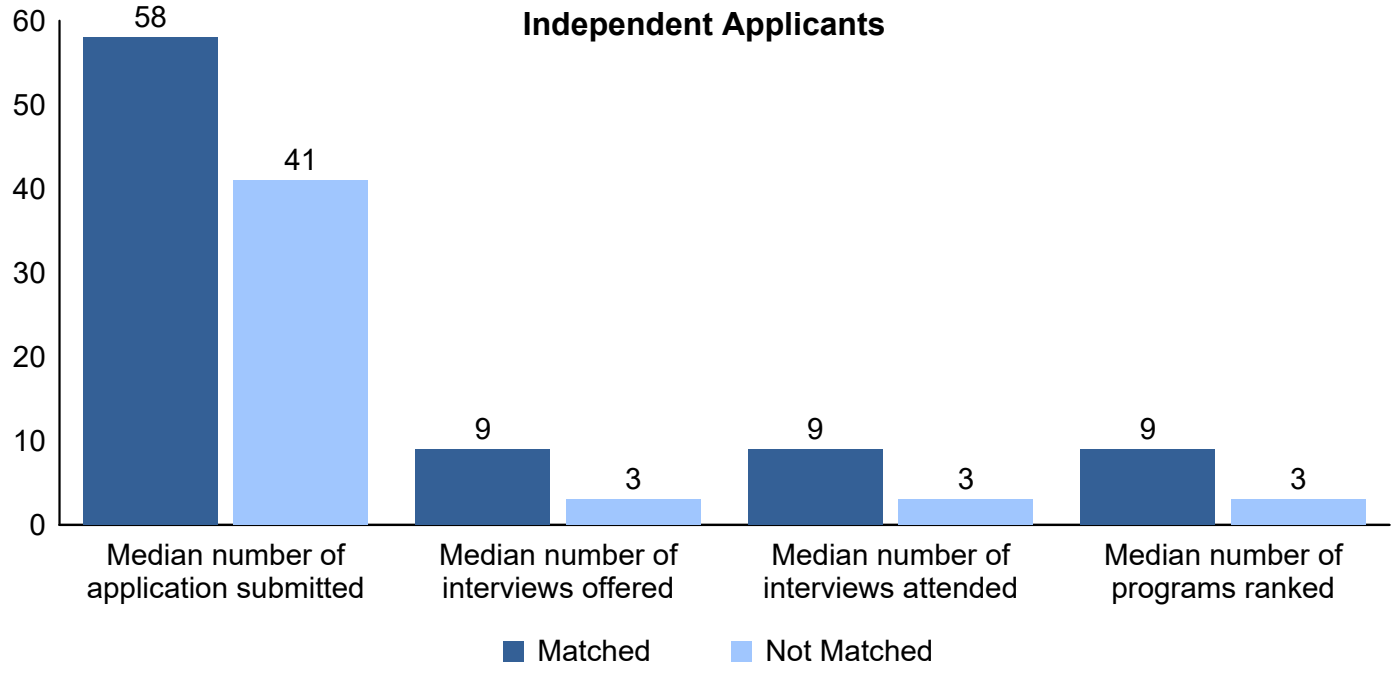


Figure AN-4

Anesthesiology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



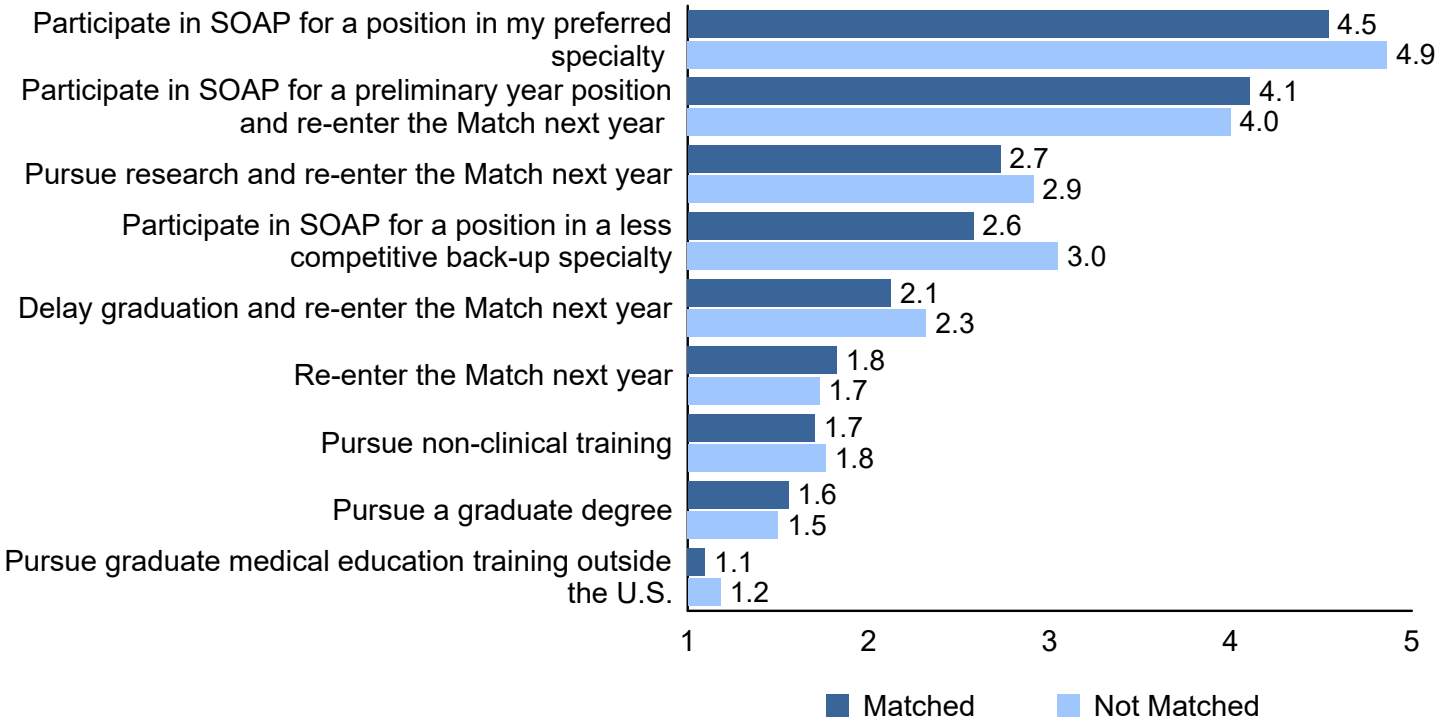


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

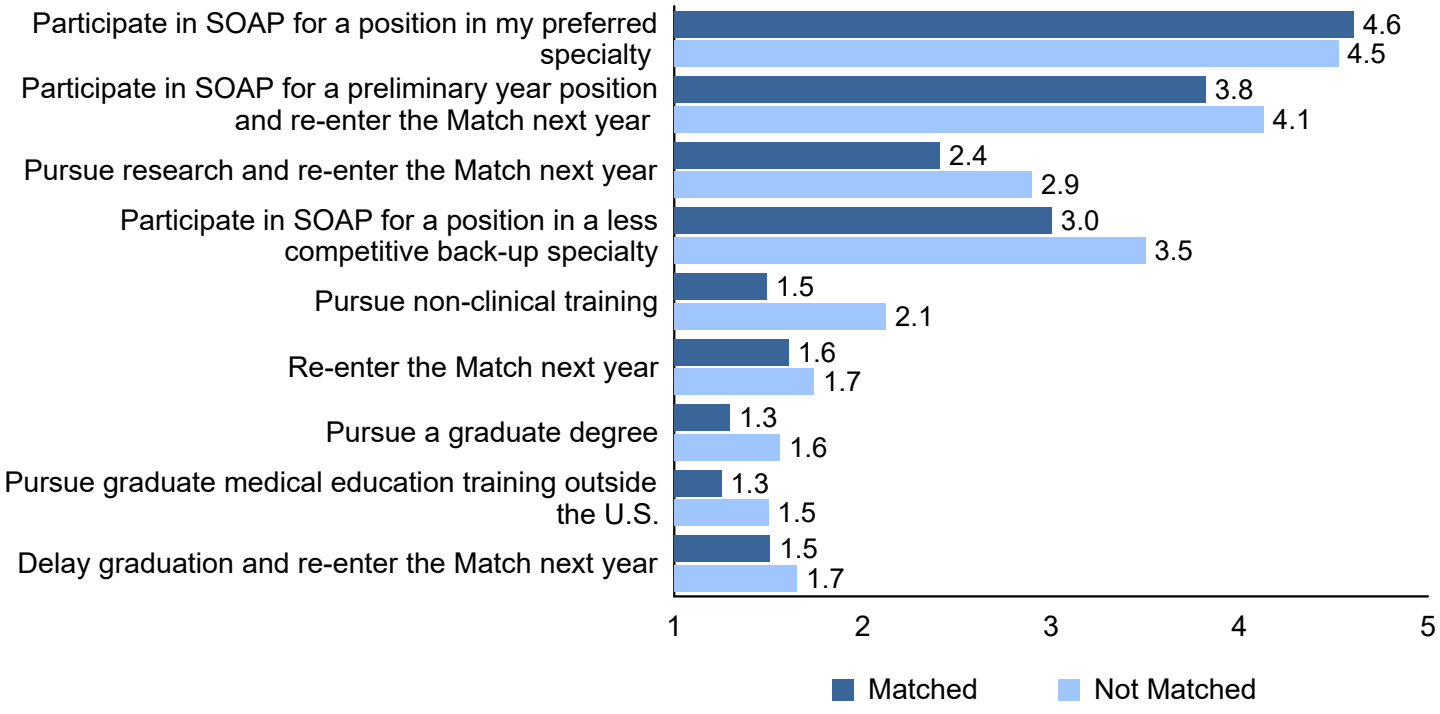
Figure AN-5

Anesthesiology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



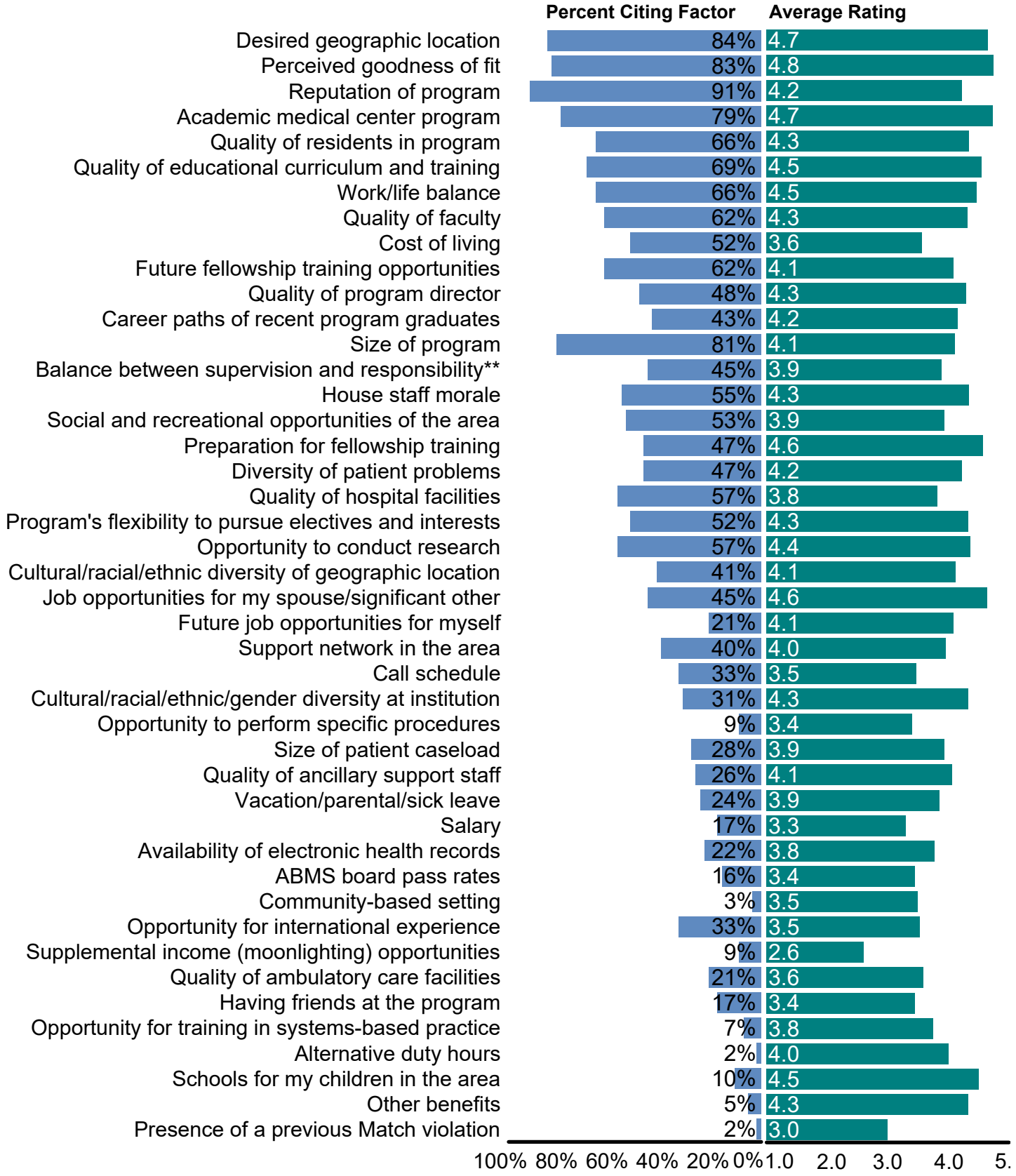
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Child Neurology (Neurology)

Figure CN-1

Child Neurology (Neurology)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



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*Ratings on a scale from 1 (not important) to 5 (extremely important)

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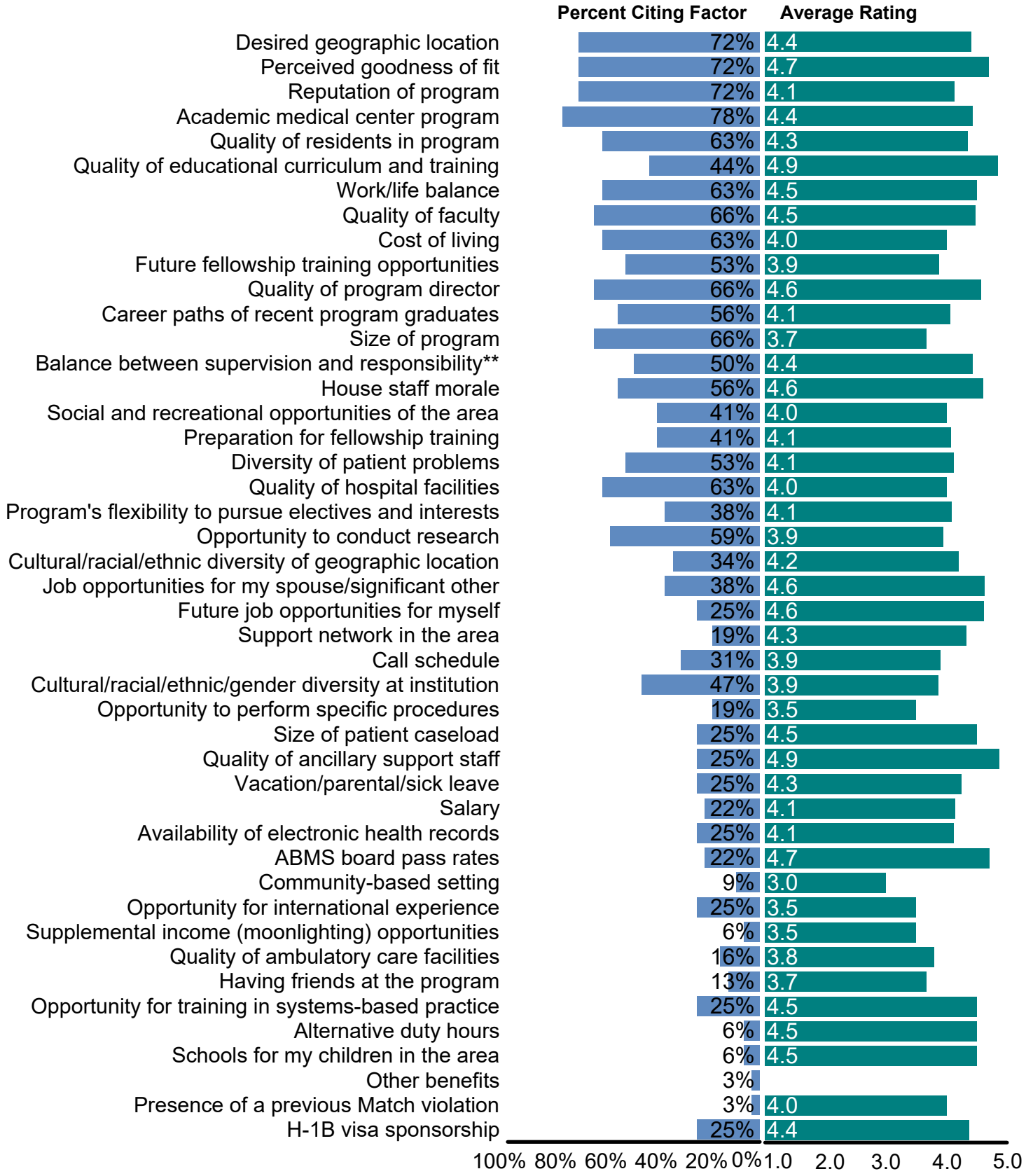
Figure CN-1

Child Neurology (Neurology)

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

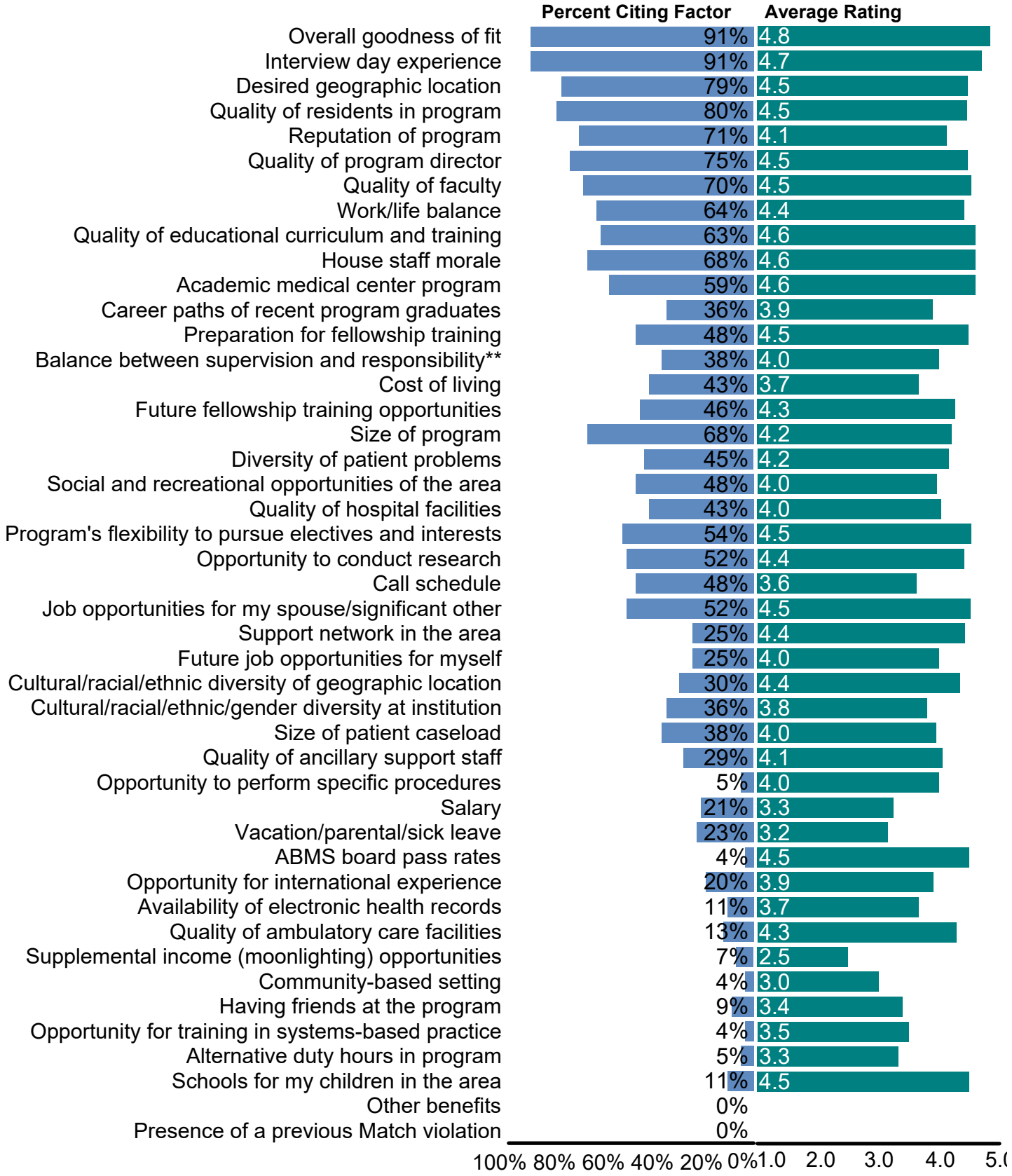
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure CN-2

Child Neurology (Neurology)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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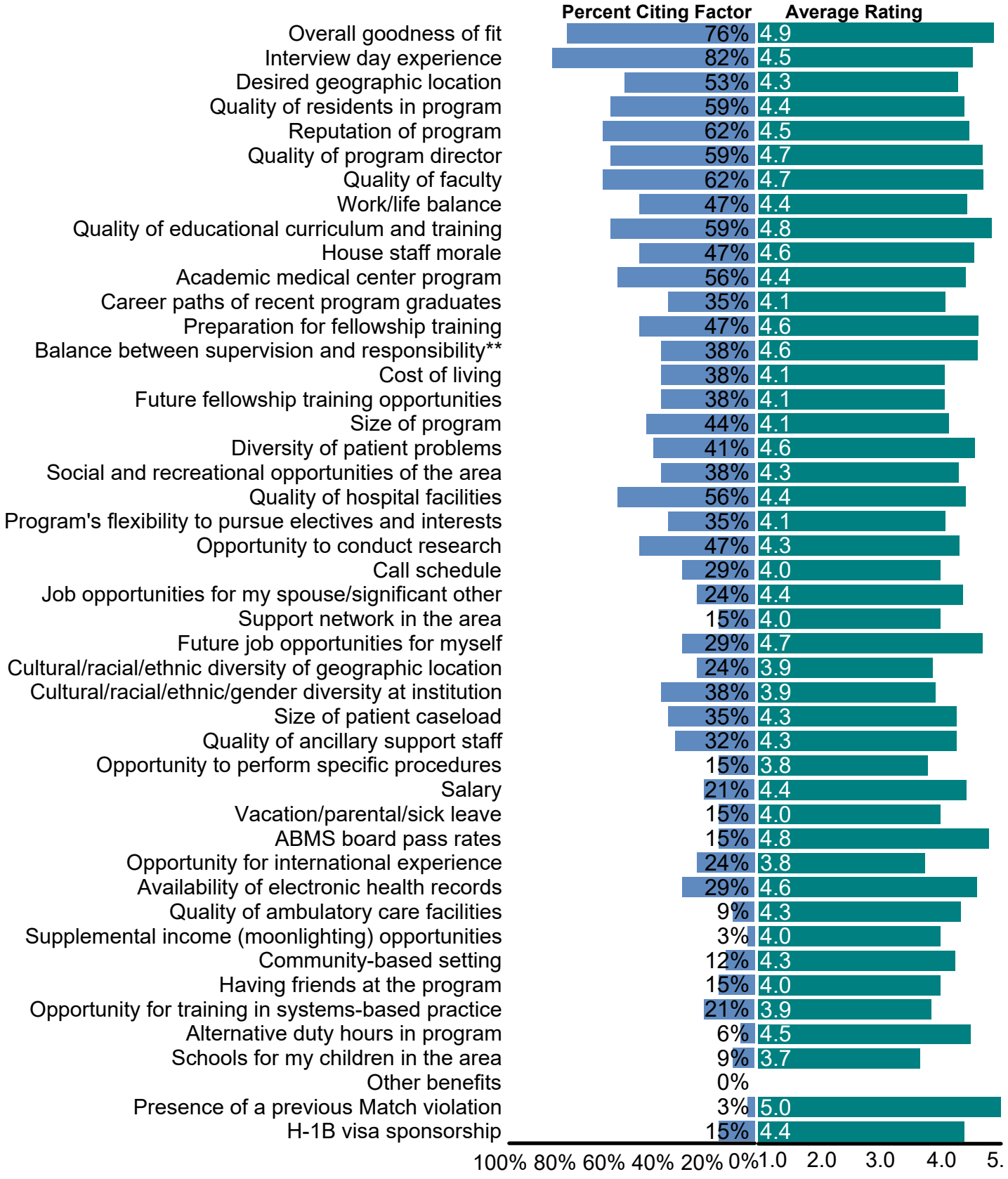
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure CN-2

Child Neurology (Neurology)

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure CN-3

Child Neurology (Neurology)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

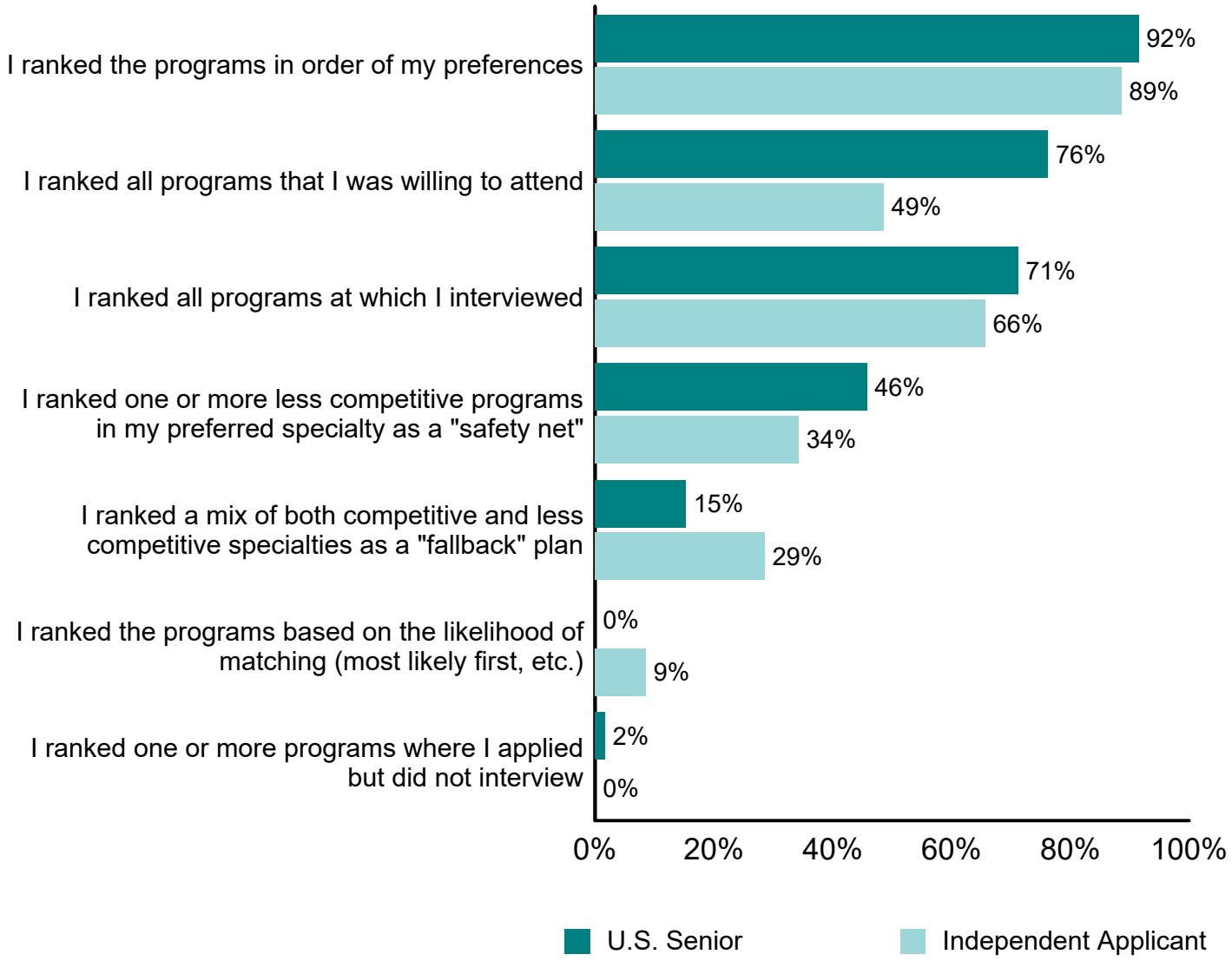
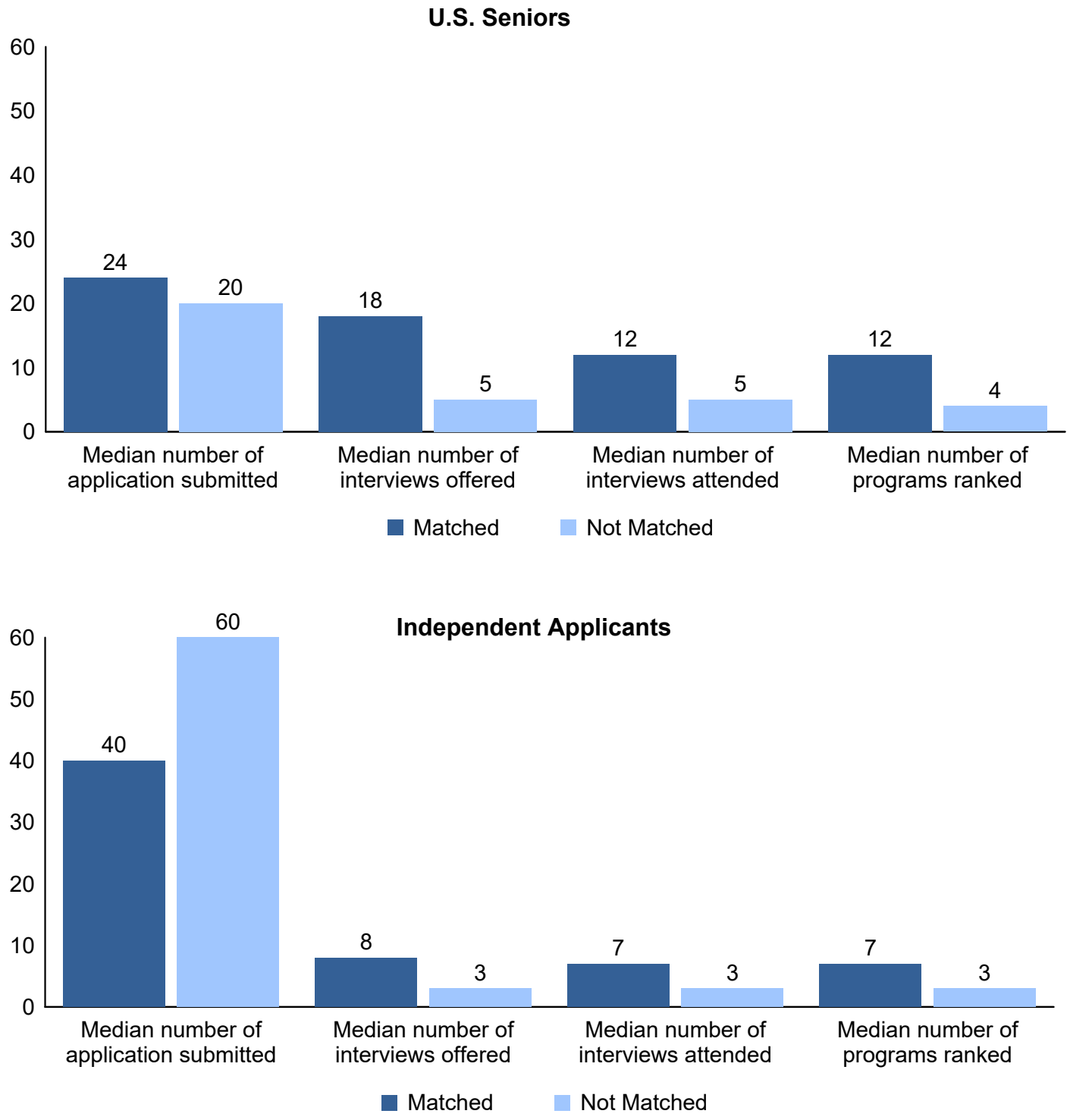


Figure CN-4

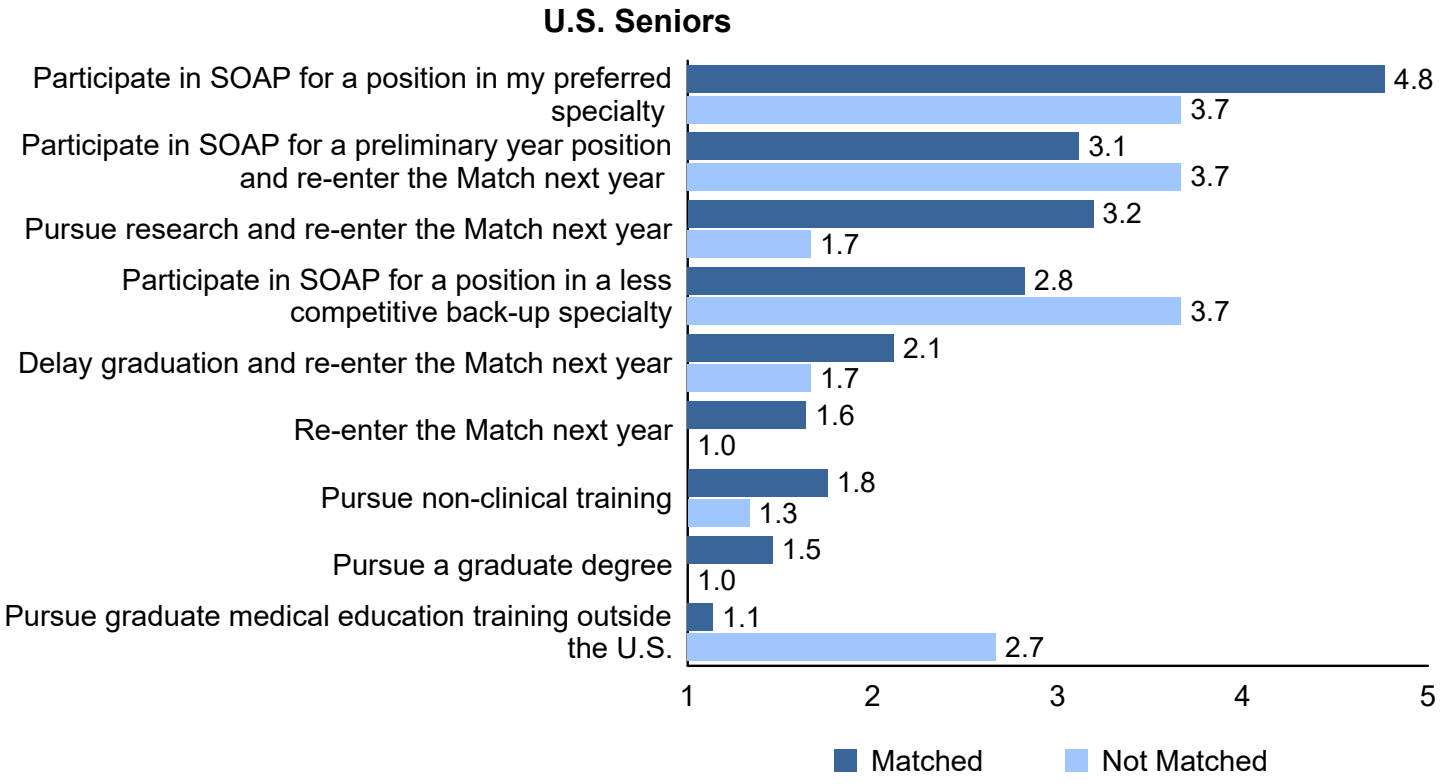
Child Neurology (Neurology)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

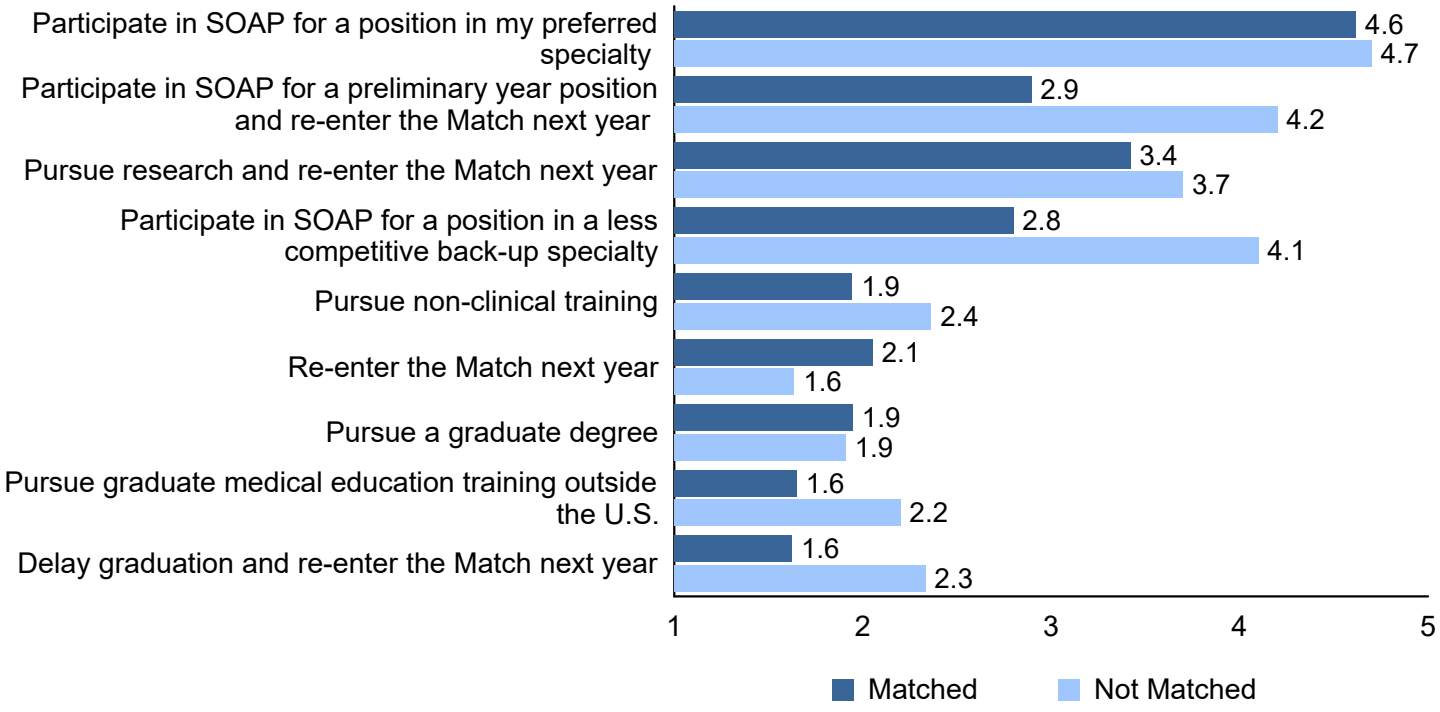


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure CN-5

Child Neurology (Neurology)
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*





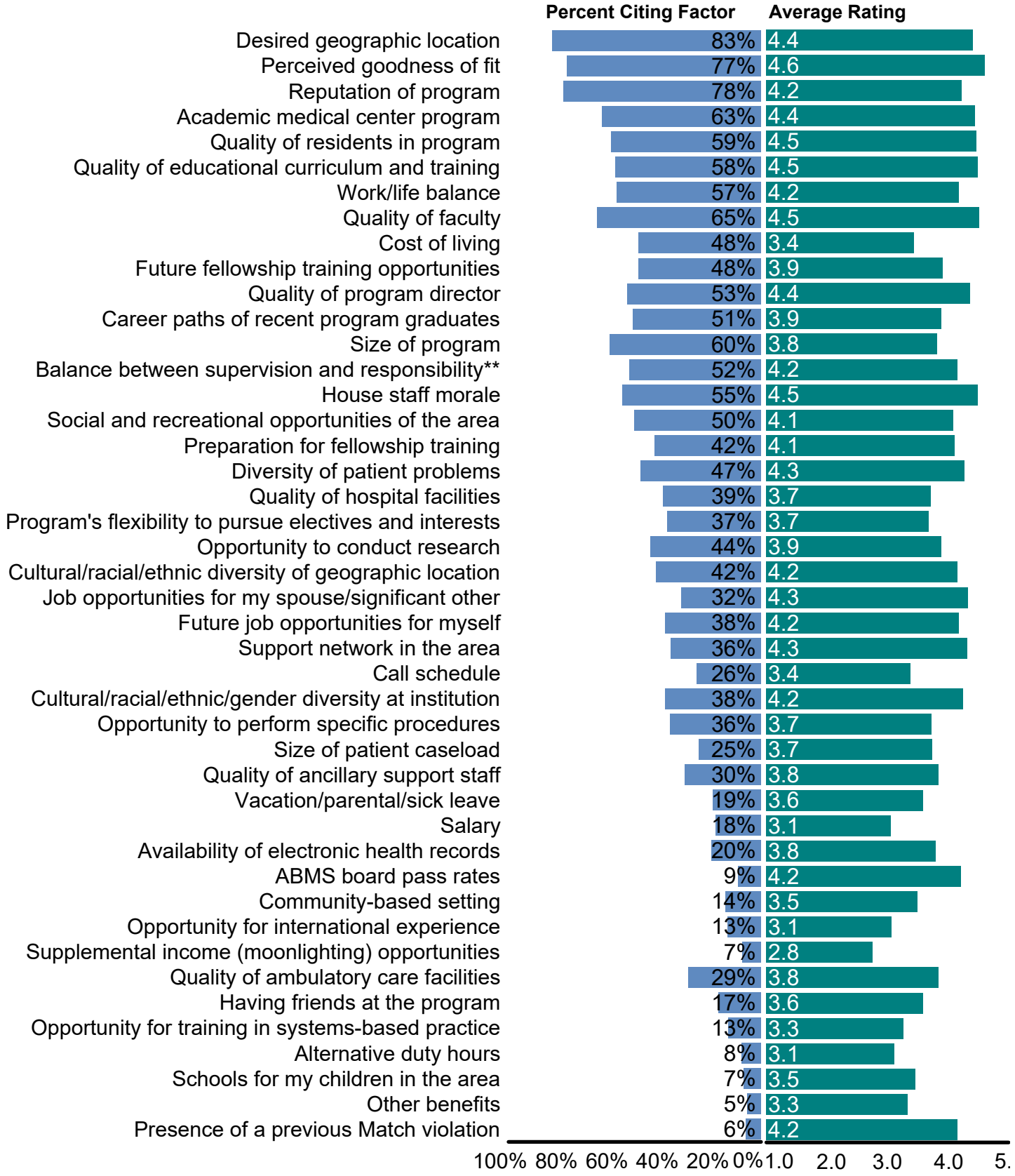
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Dermatology

Figure DM-1

Dermatology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

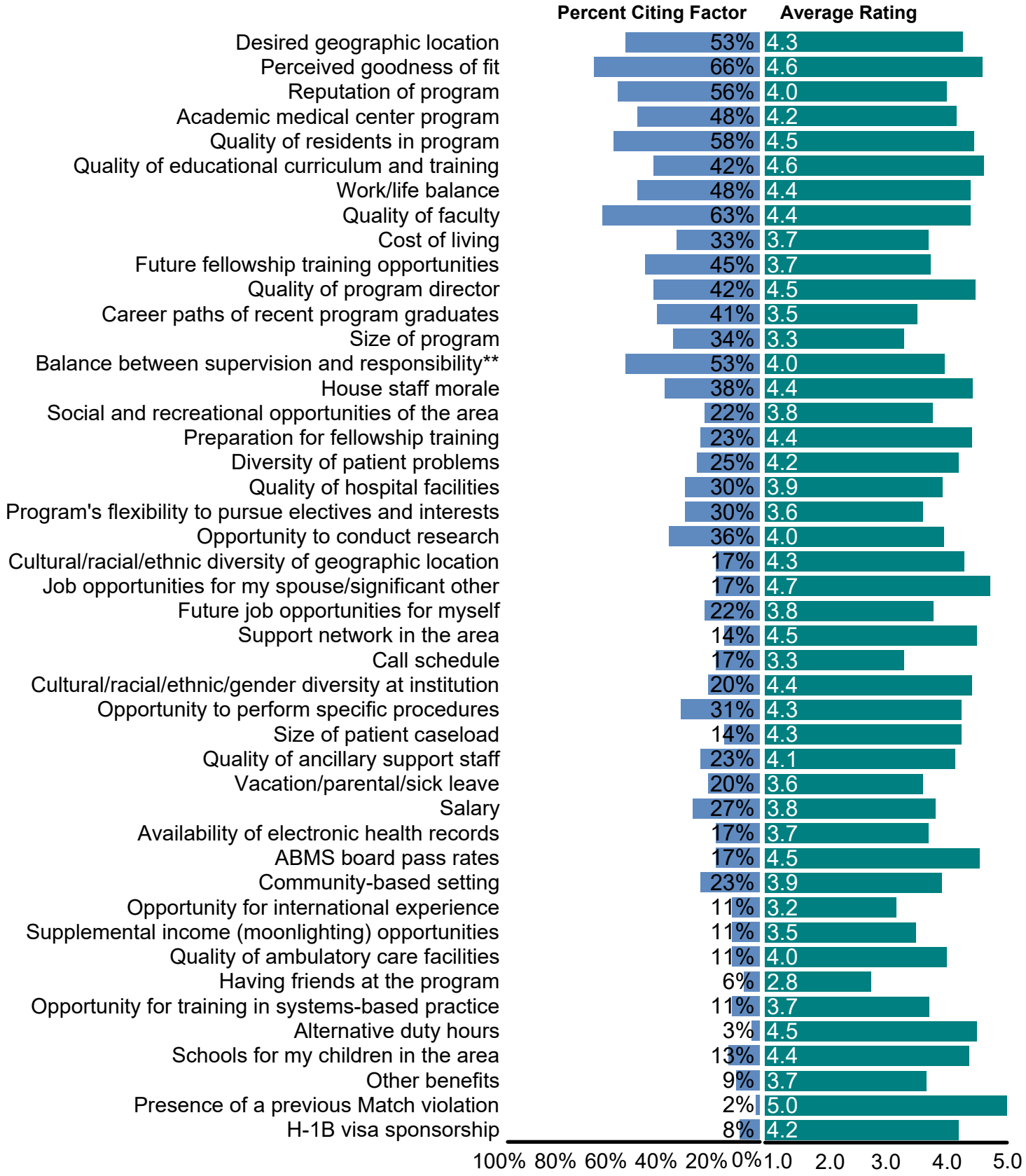
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure DM-1

Dermatology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

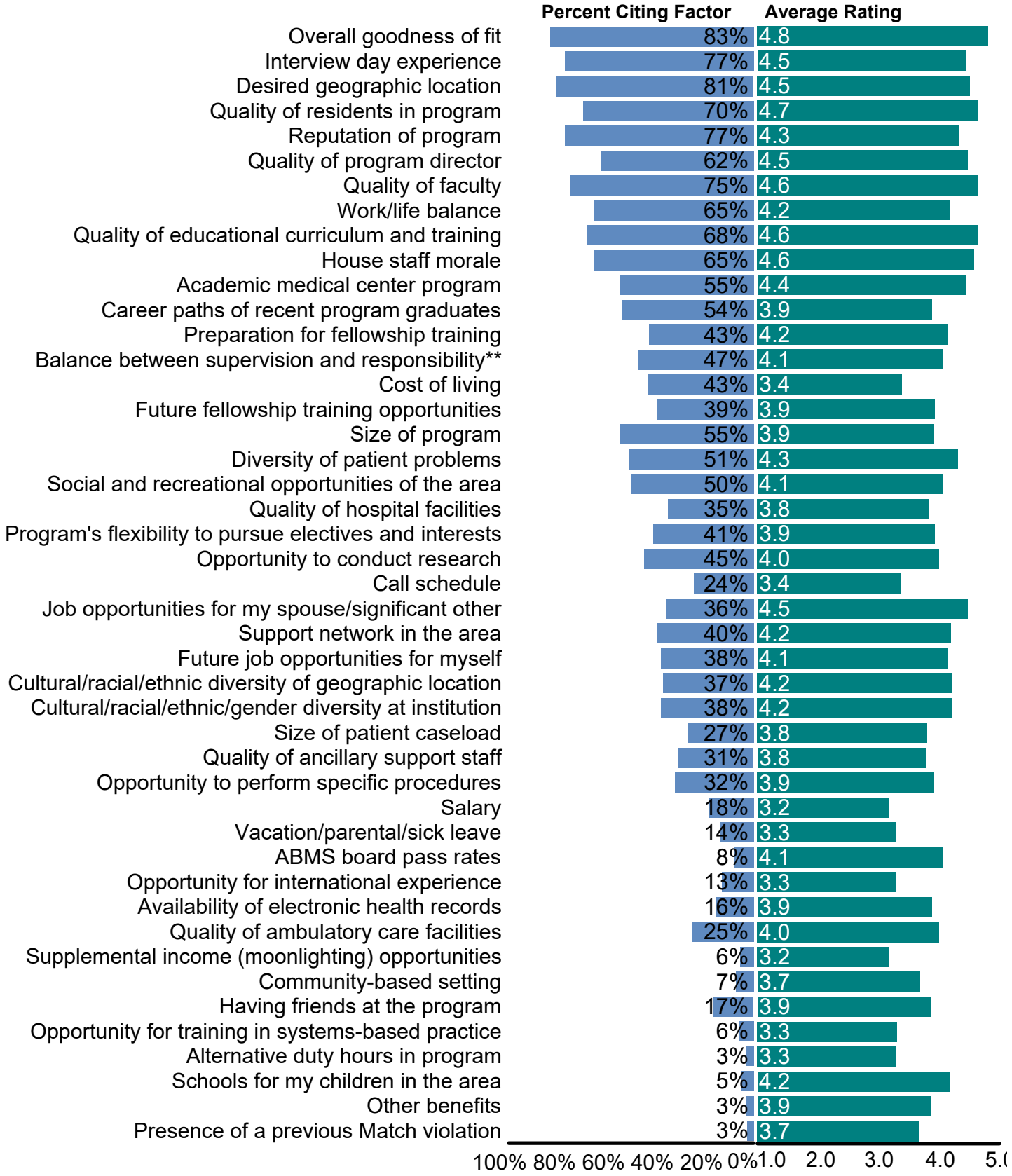
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure DM-2

Dermatology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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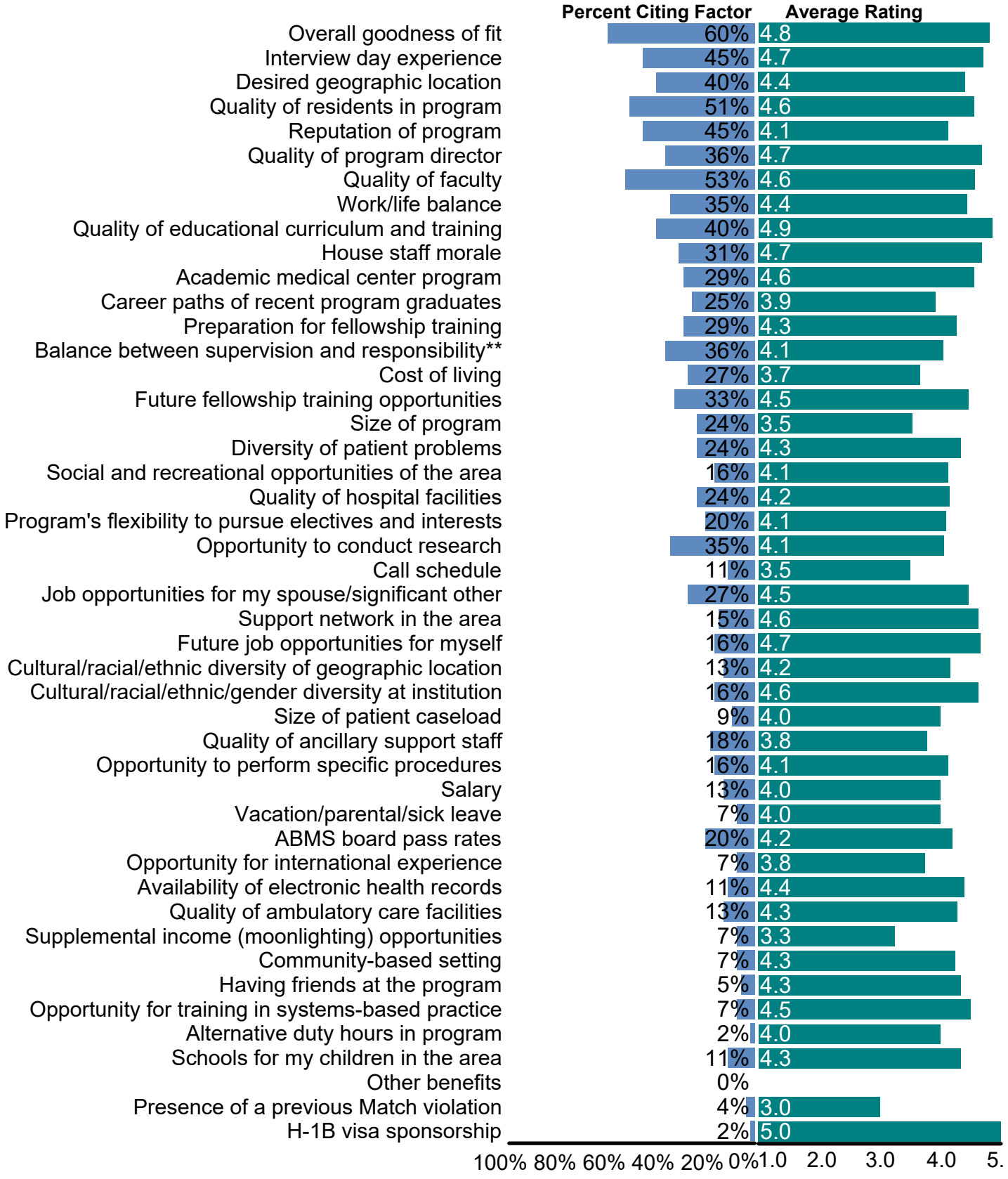
Dermatology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure DM-3

Dermatology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

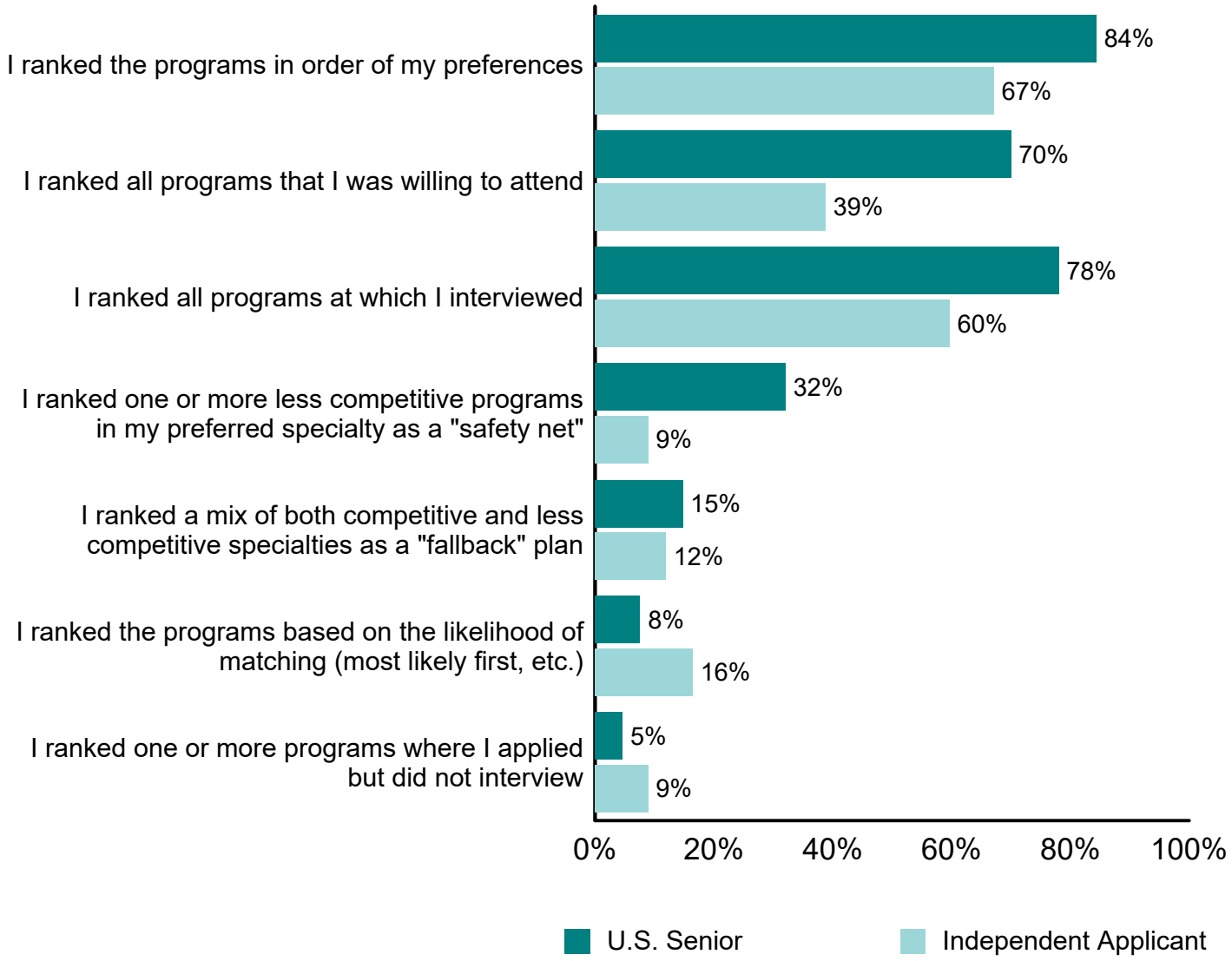
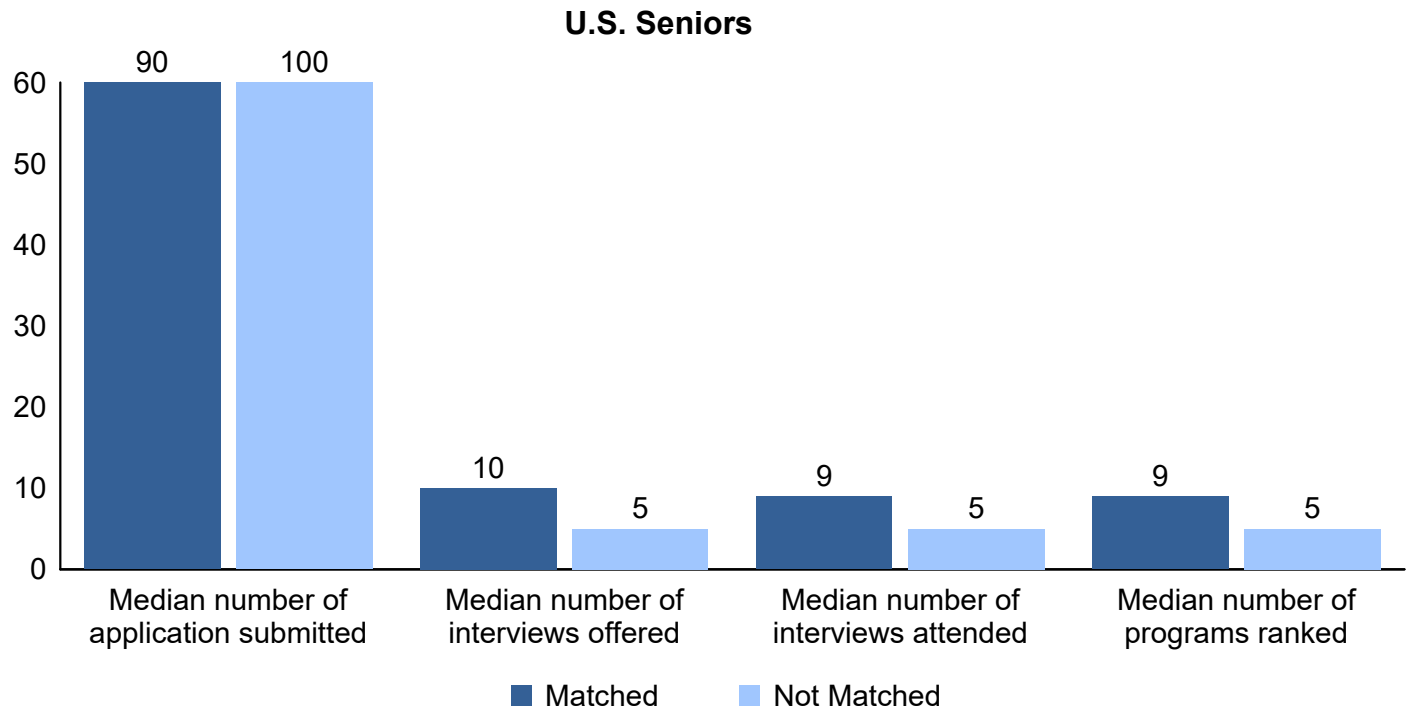
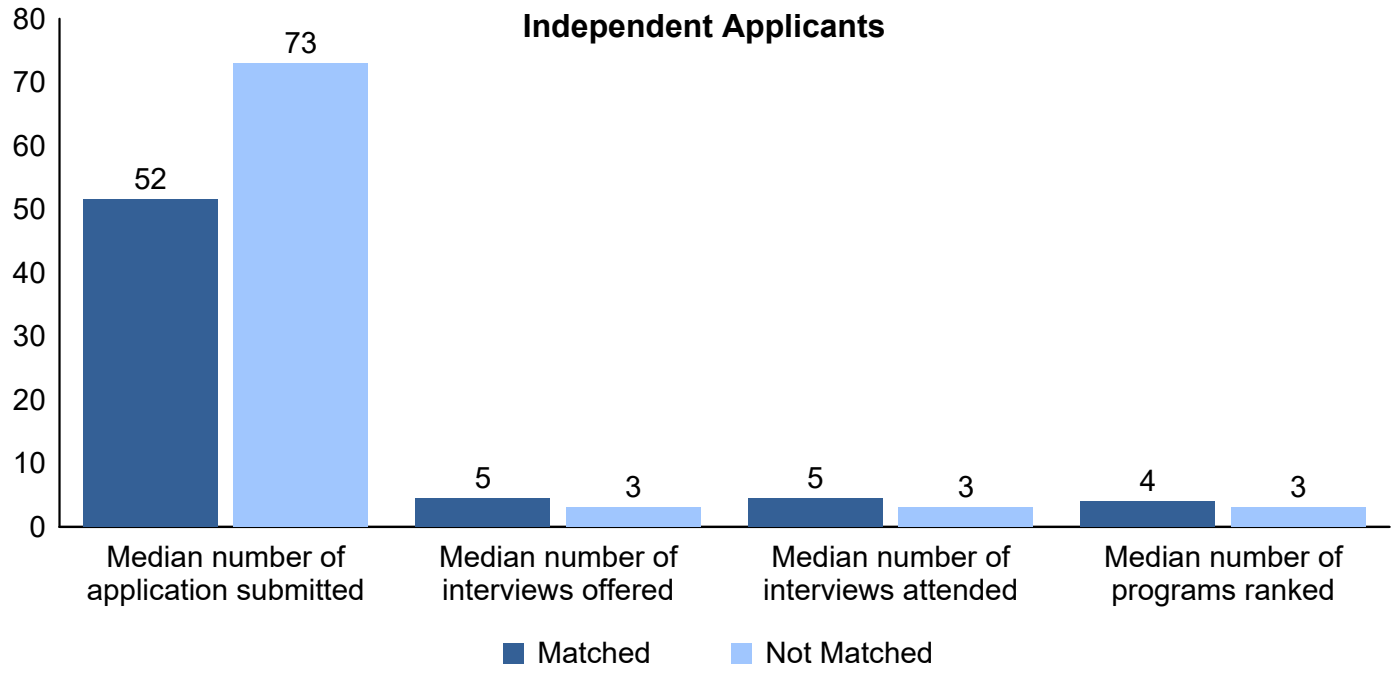


Figure DM-4

Dermatology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

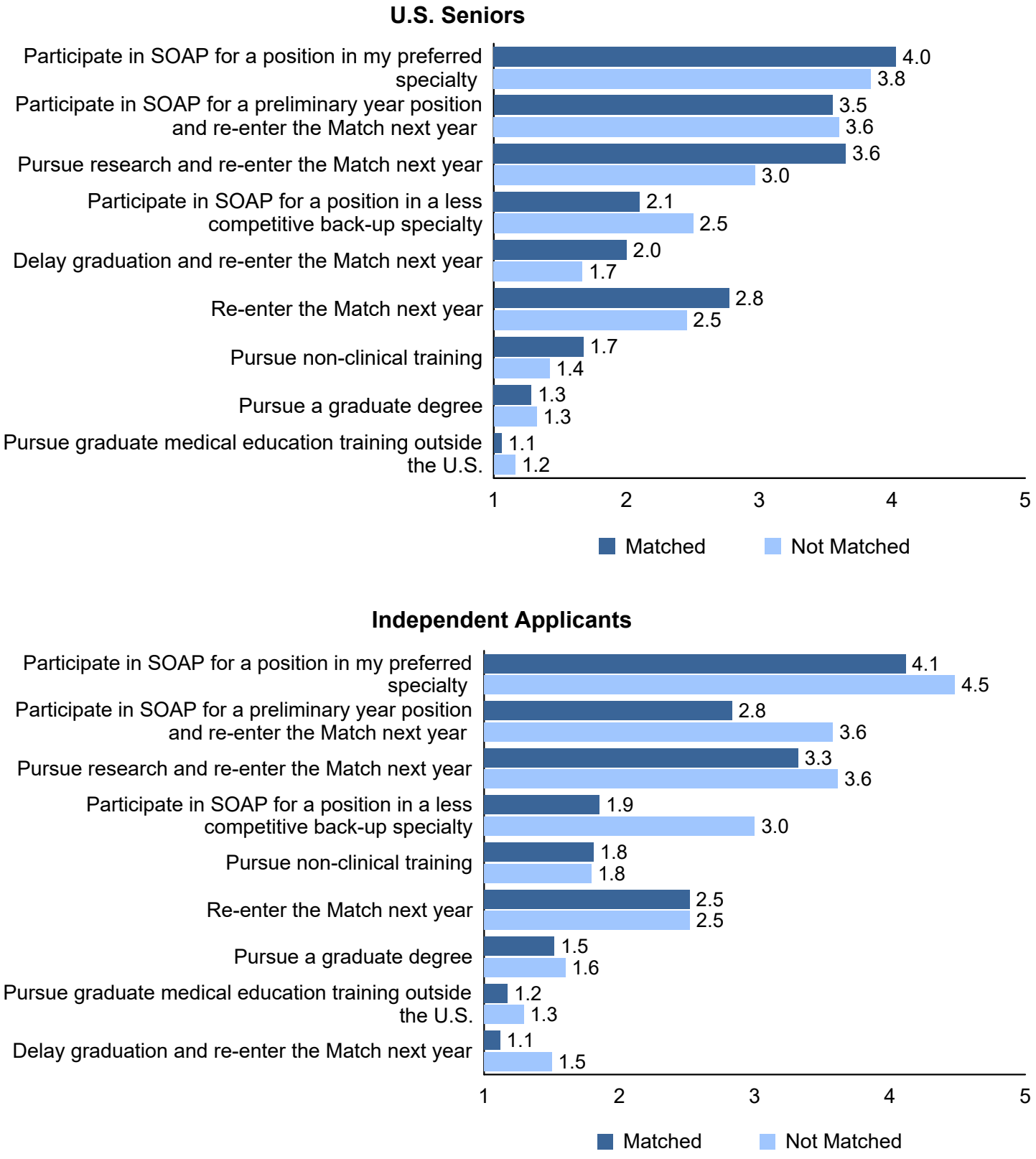




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure DM-5

Dermatology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



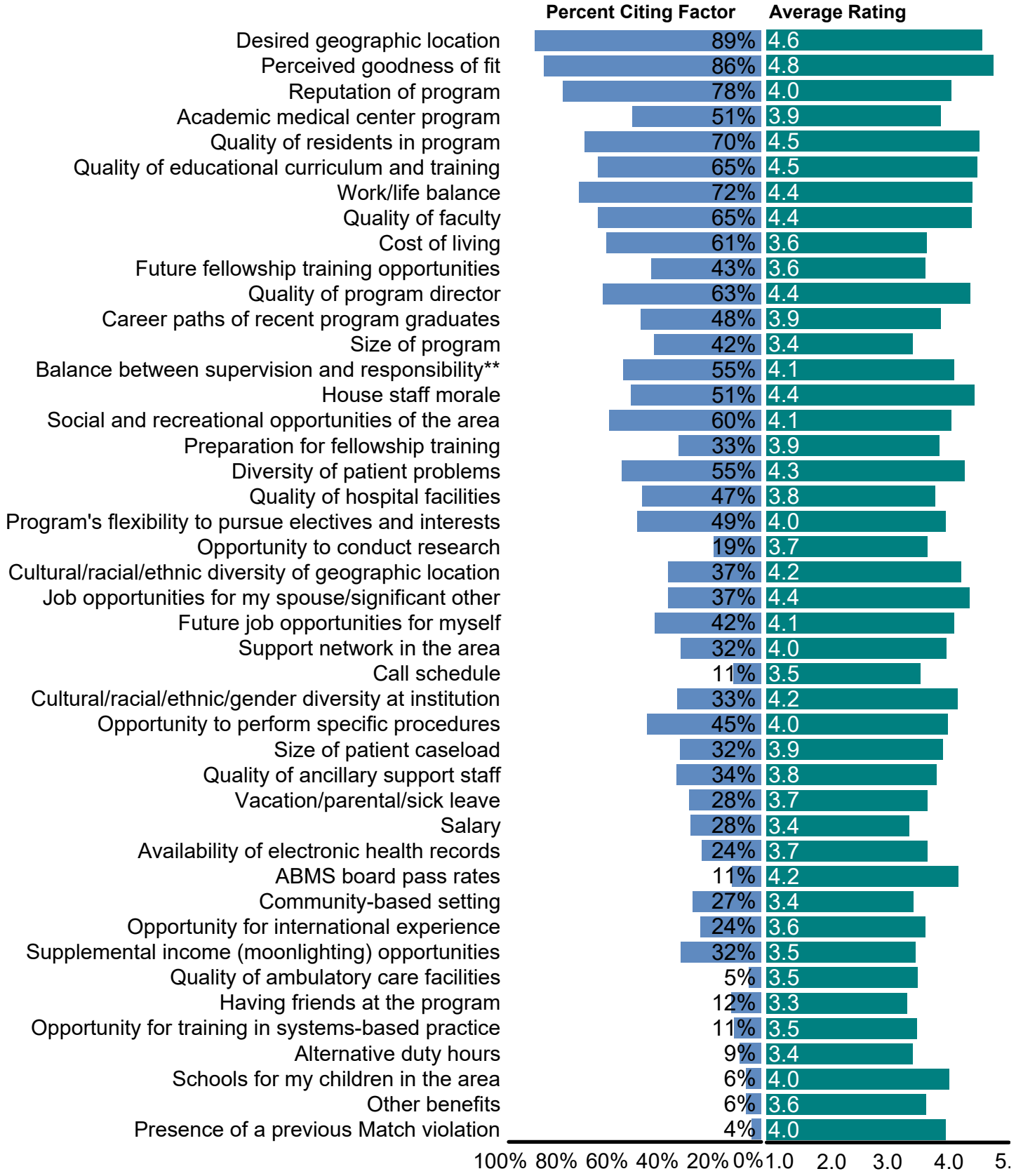
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Emergency Medicine

Figure EM-1

Emergency Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

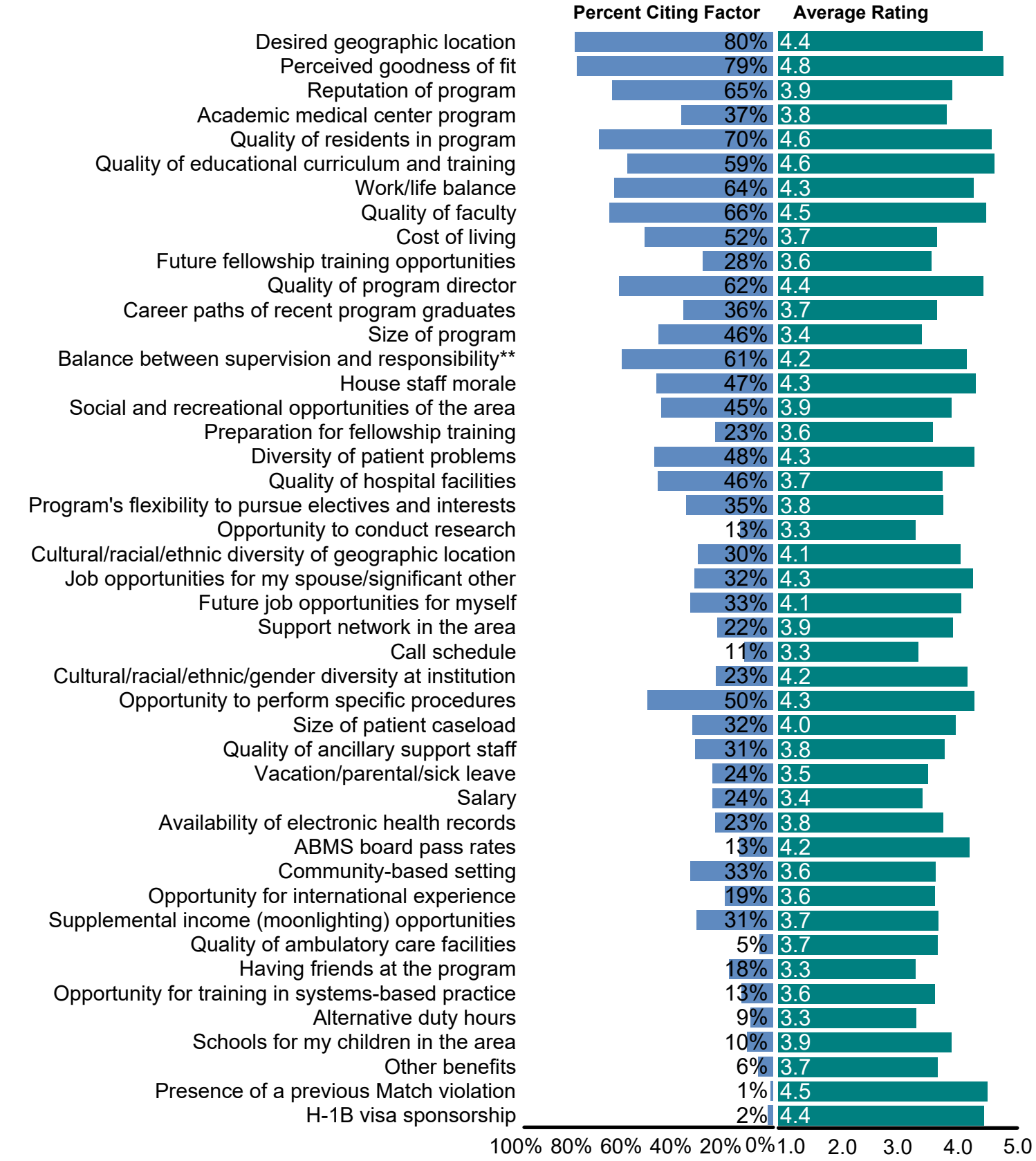
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure EM-1

Emergency Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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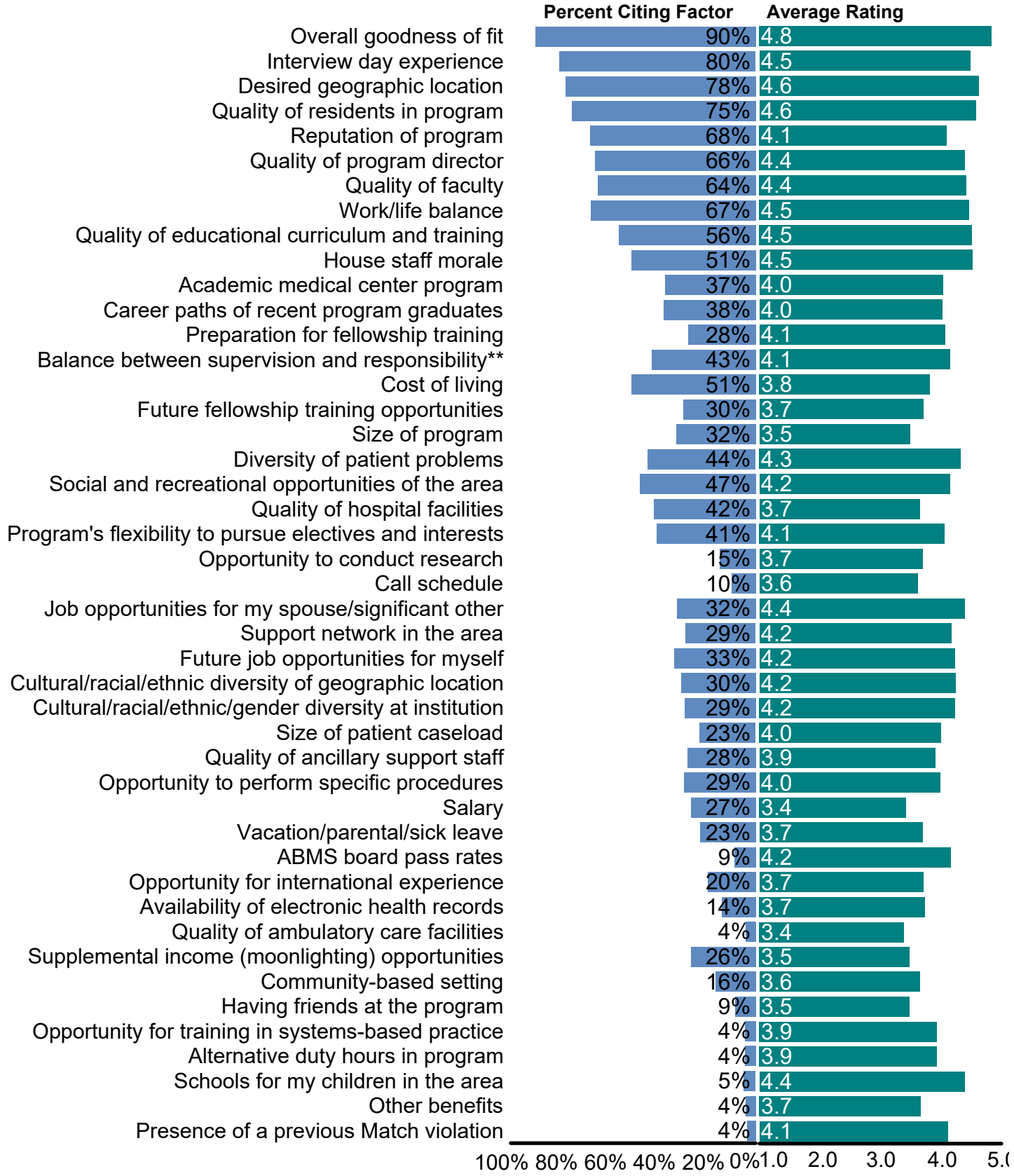
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure EM-2

Emergency Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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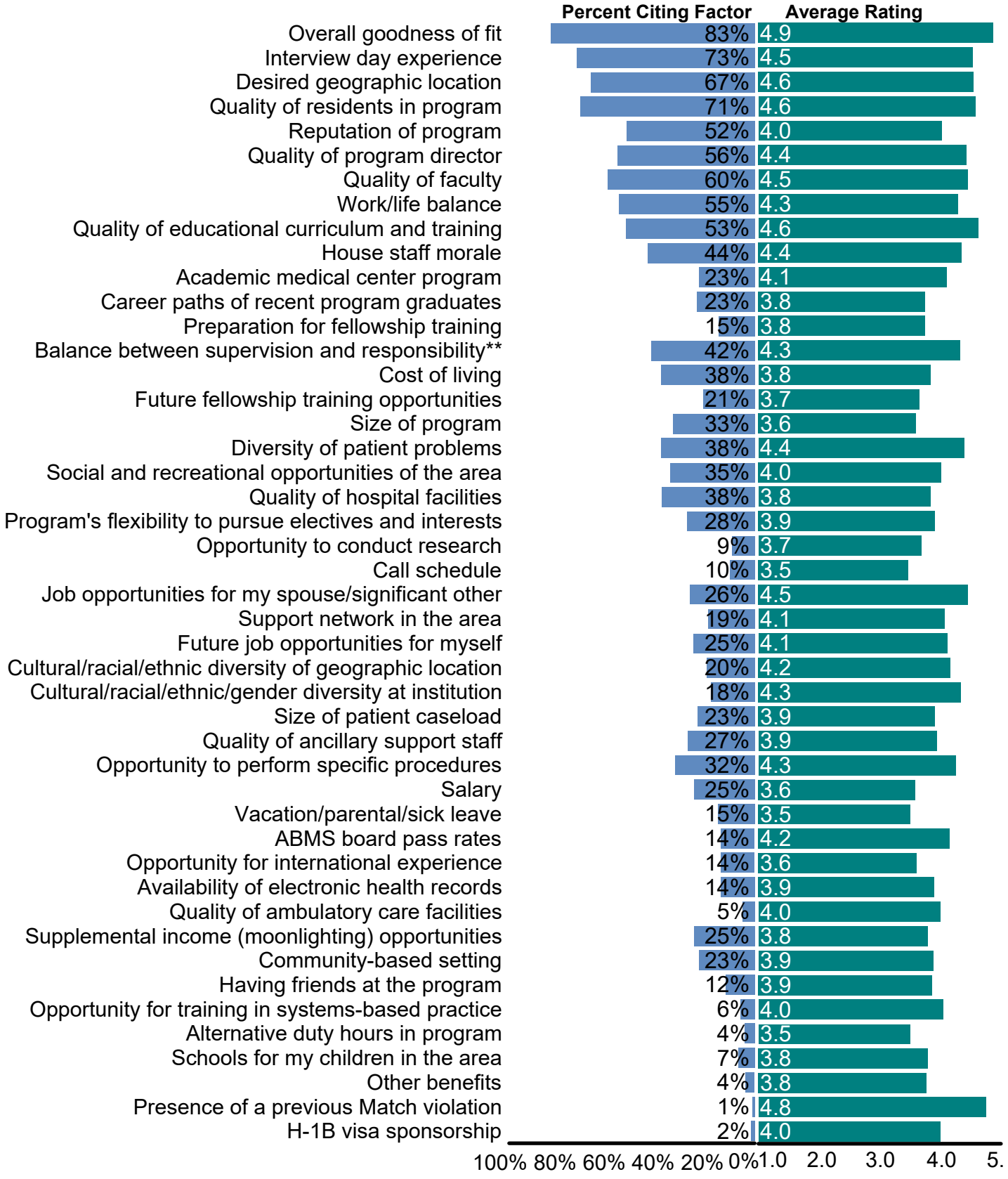
Figure EM-2

Emergency Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure EM-3

Emergency Medicine
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

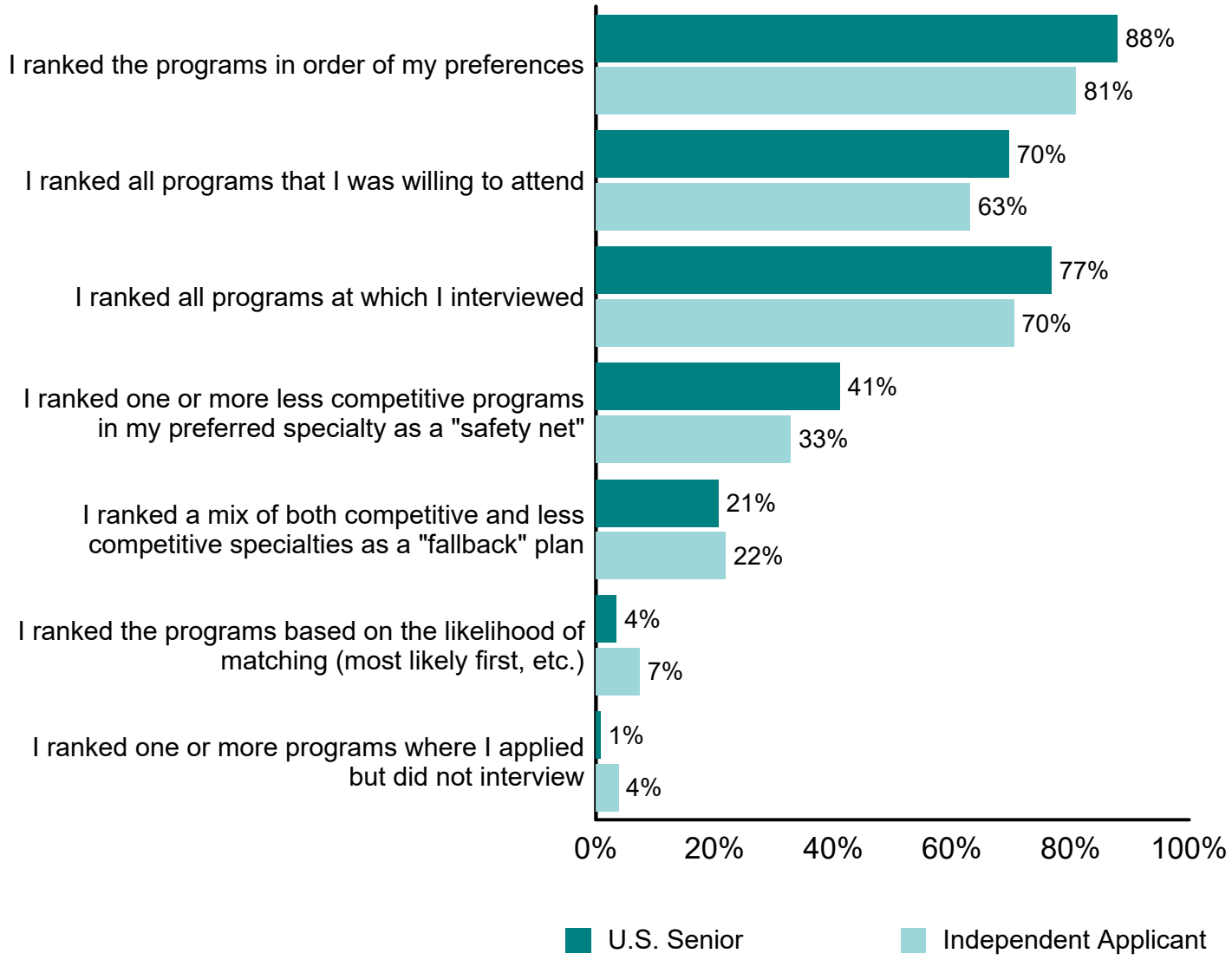
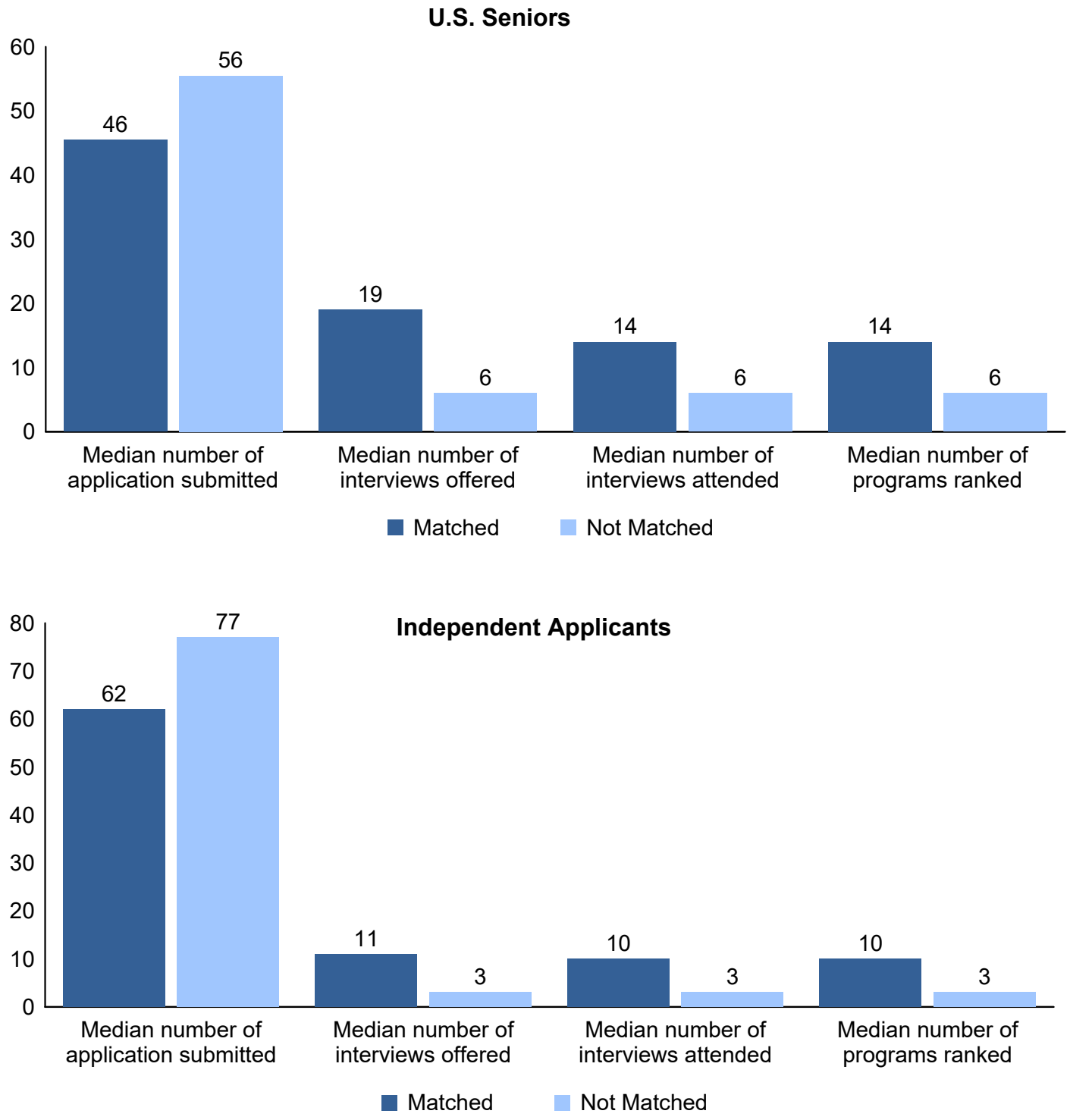


Figure EM-4

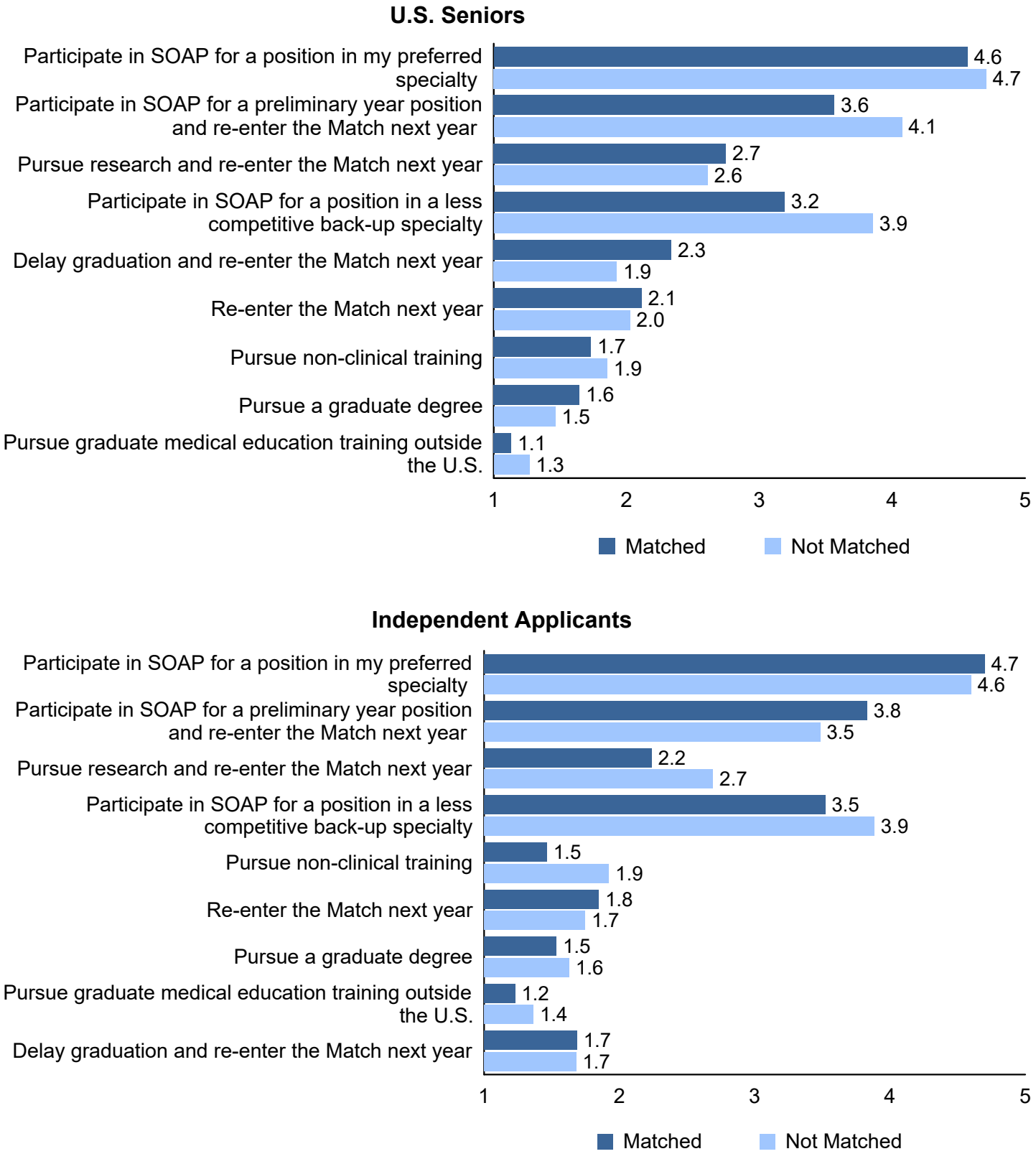
Emergency Medicine
Percentage of Applicants Citing Different Ranking Strategies *by Applicant Type*



*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure EM-5

Emergency Medicine
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



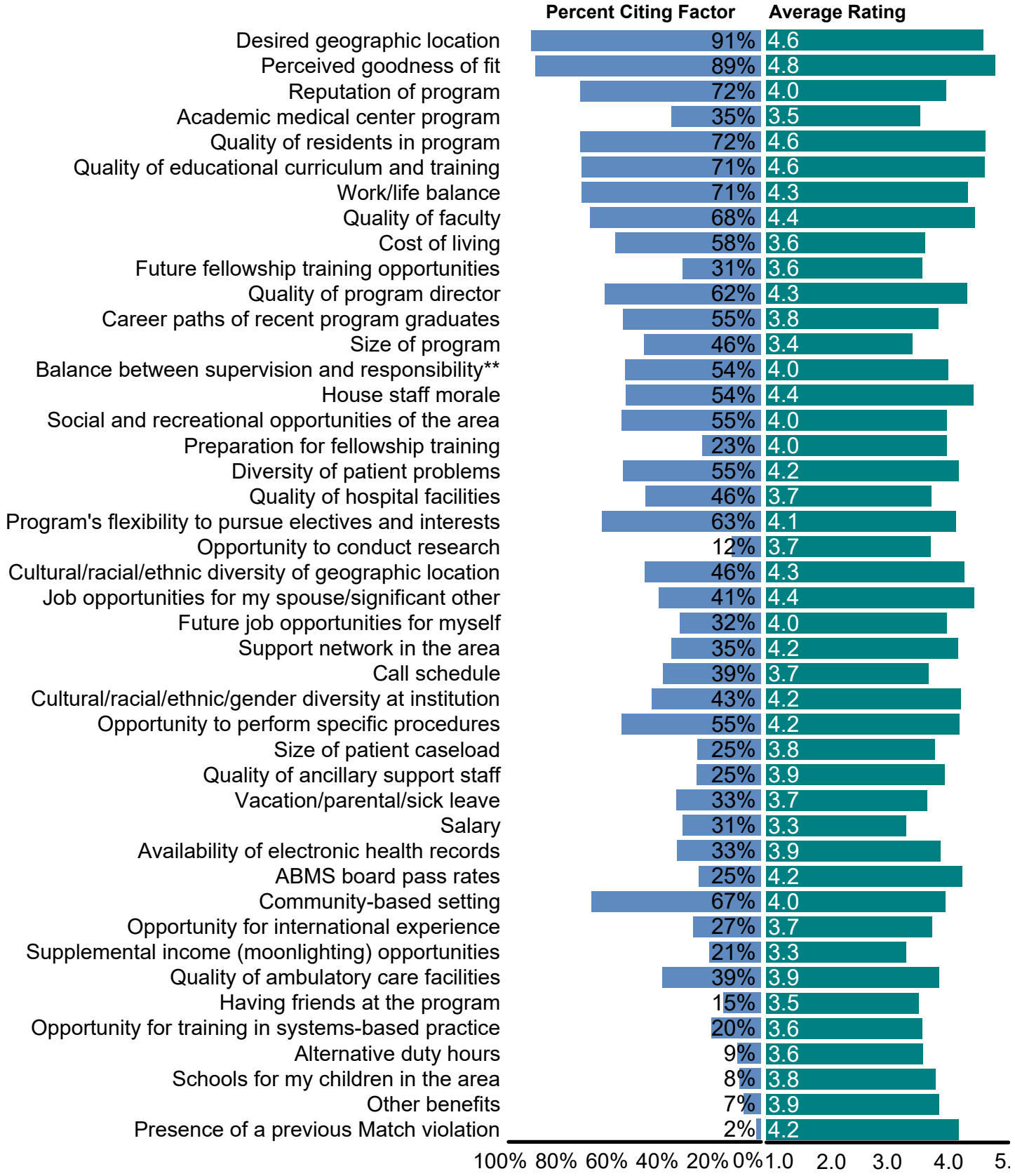
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Family Medicine

Figure FM-1

Family Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

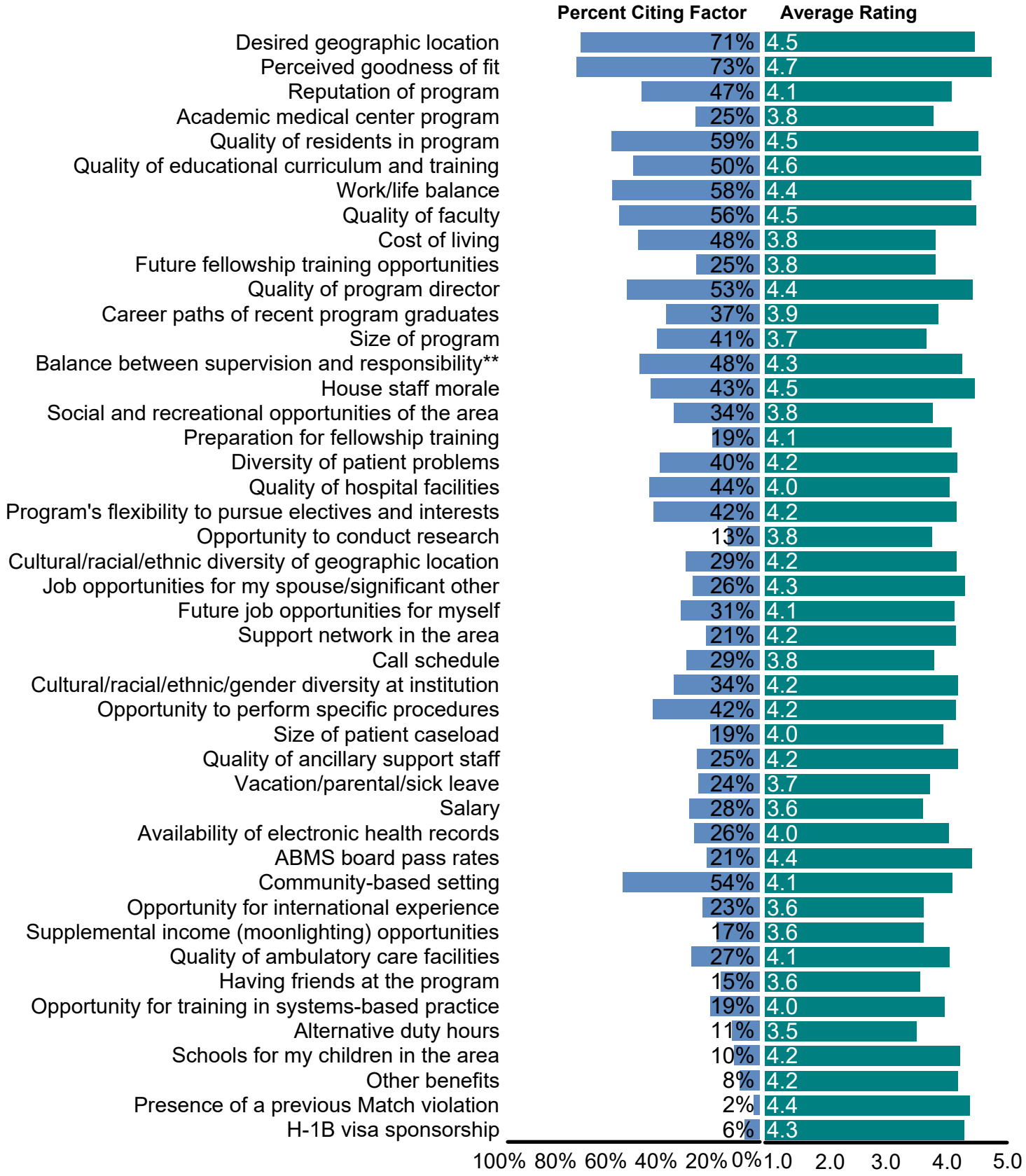
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure FM-1

Family Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure FM-2

Family Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

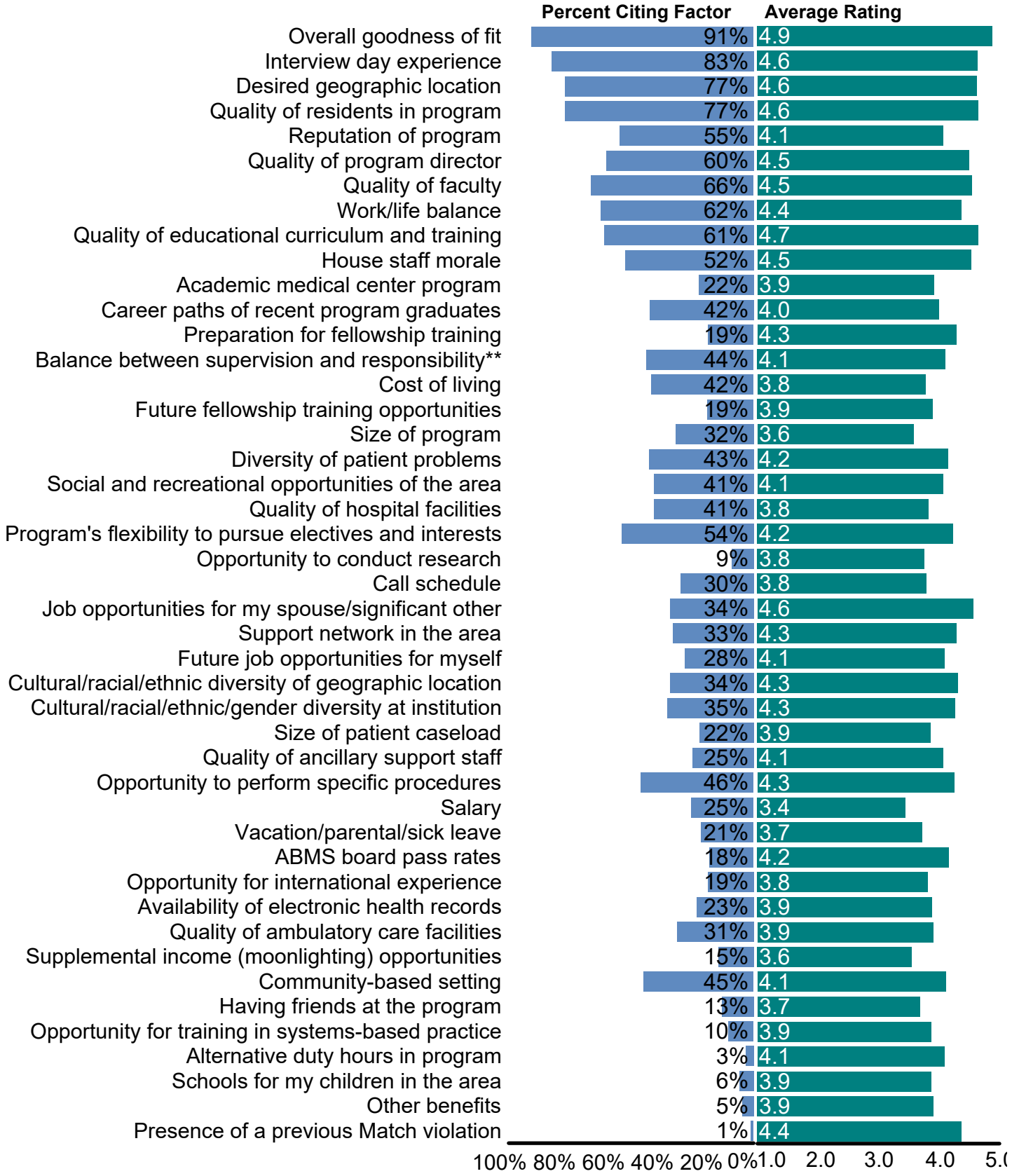


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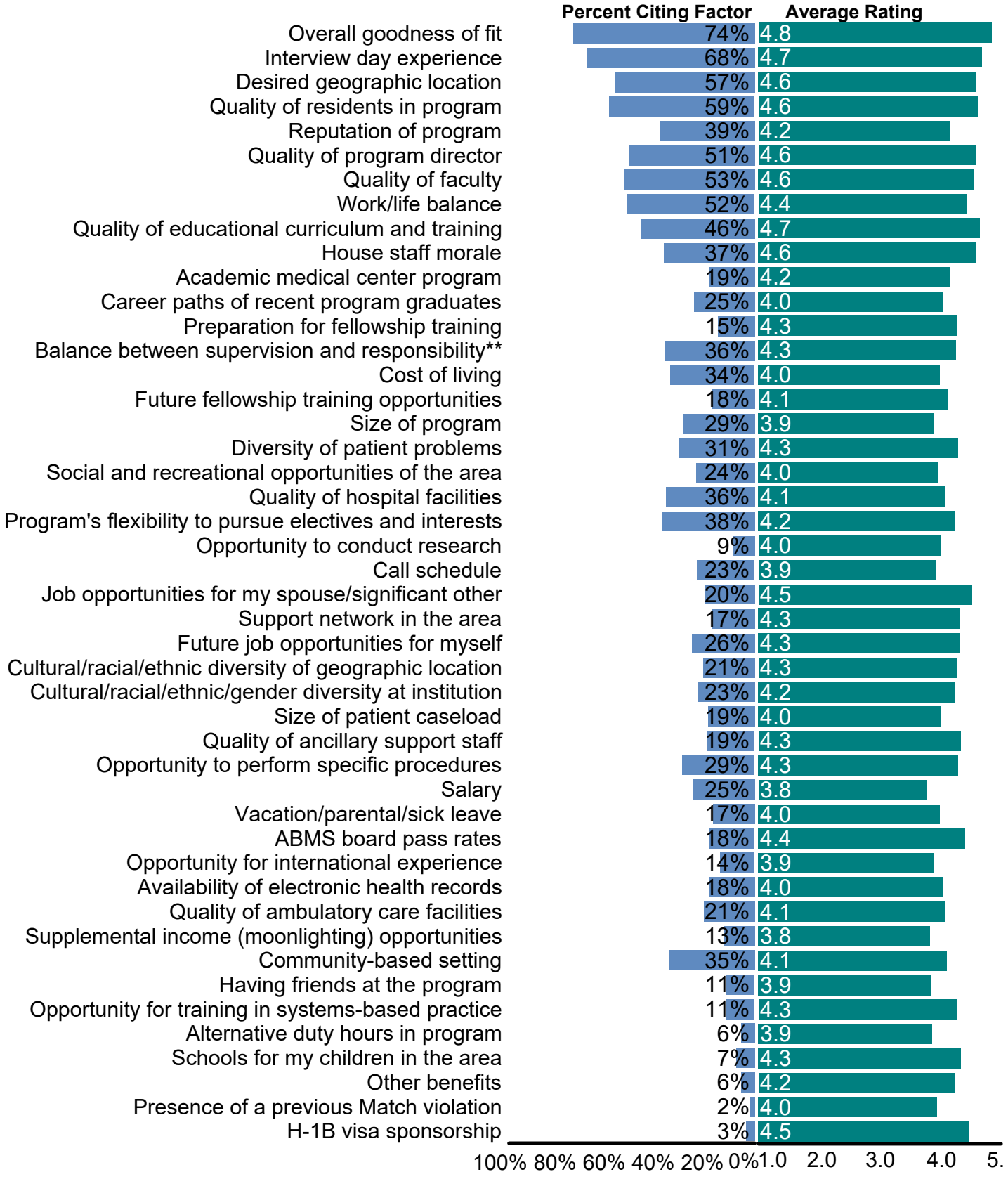
Figure FM-2

Family Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure FM-3

Family Medicine
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

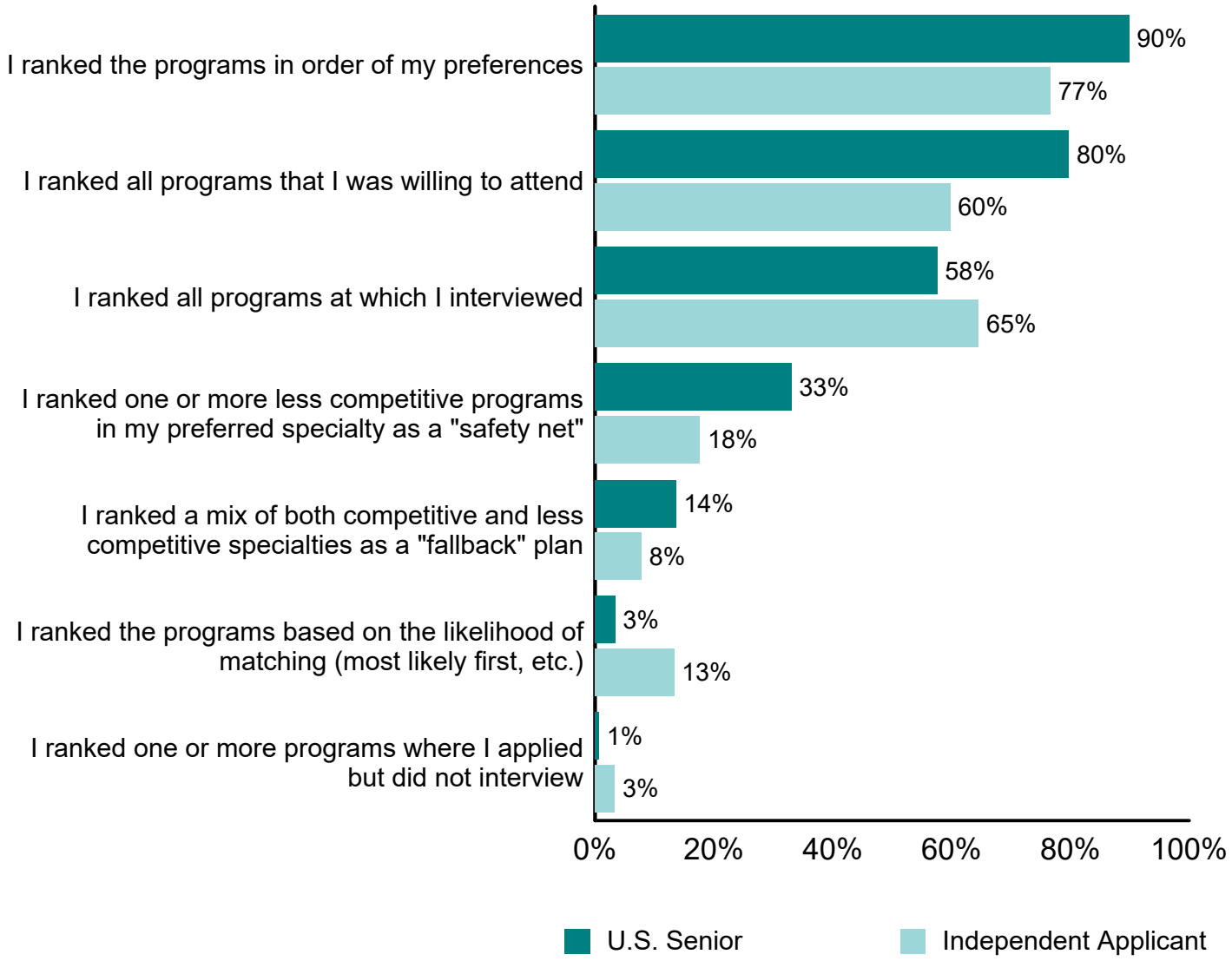
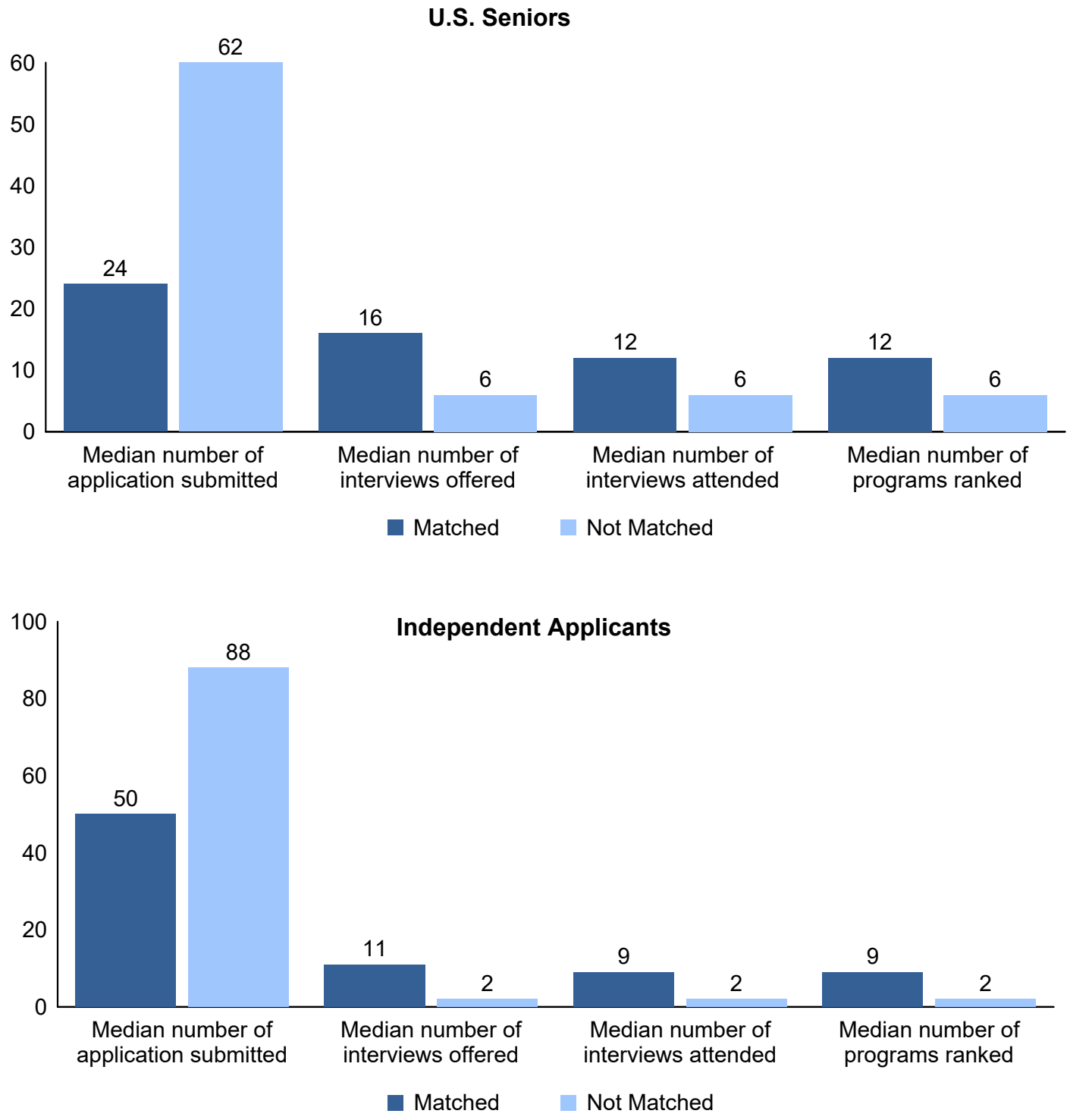


Figure FM-4

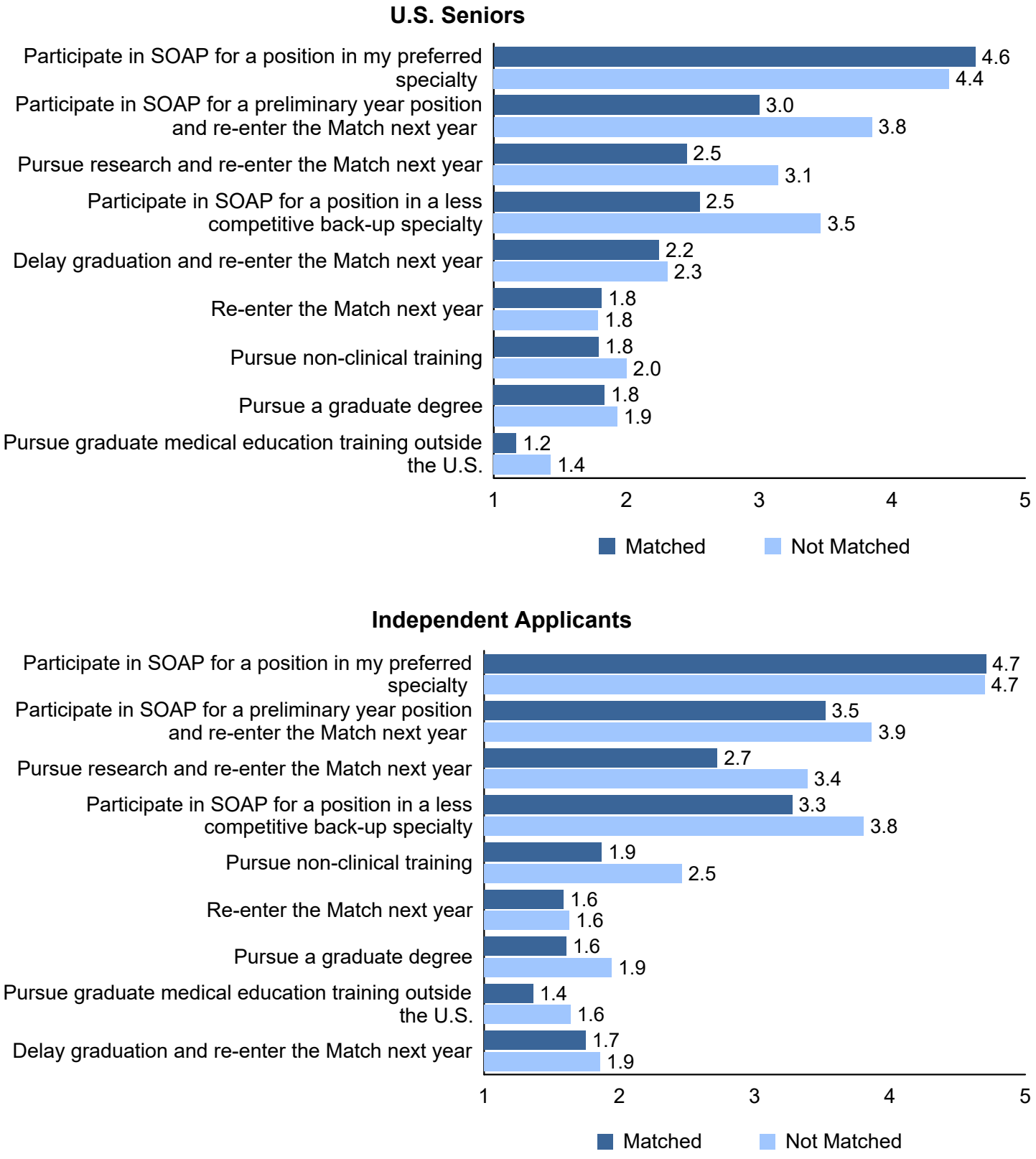
Family Medicine
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure FM-5

Family Medicine
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



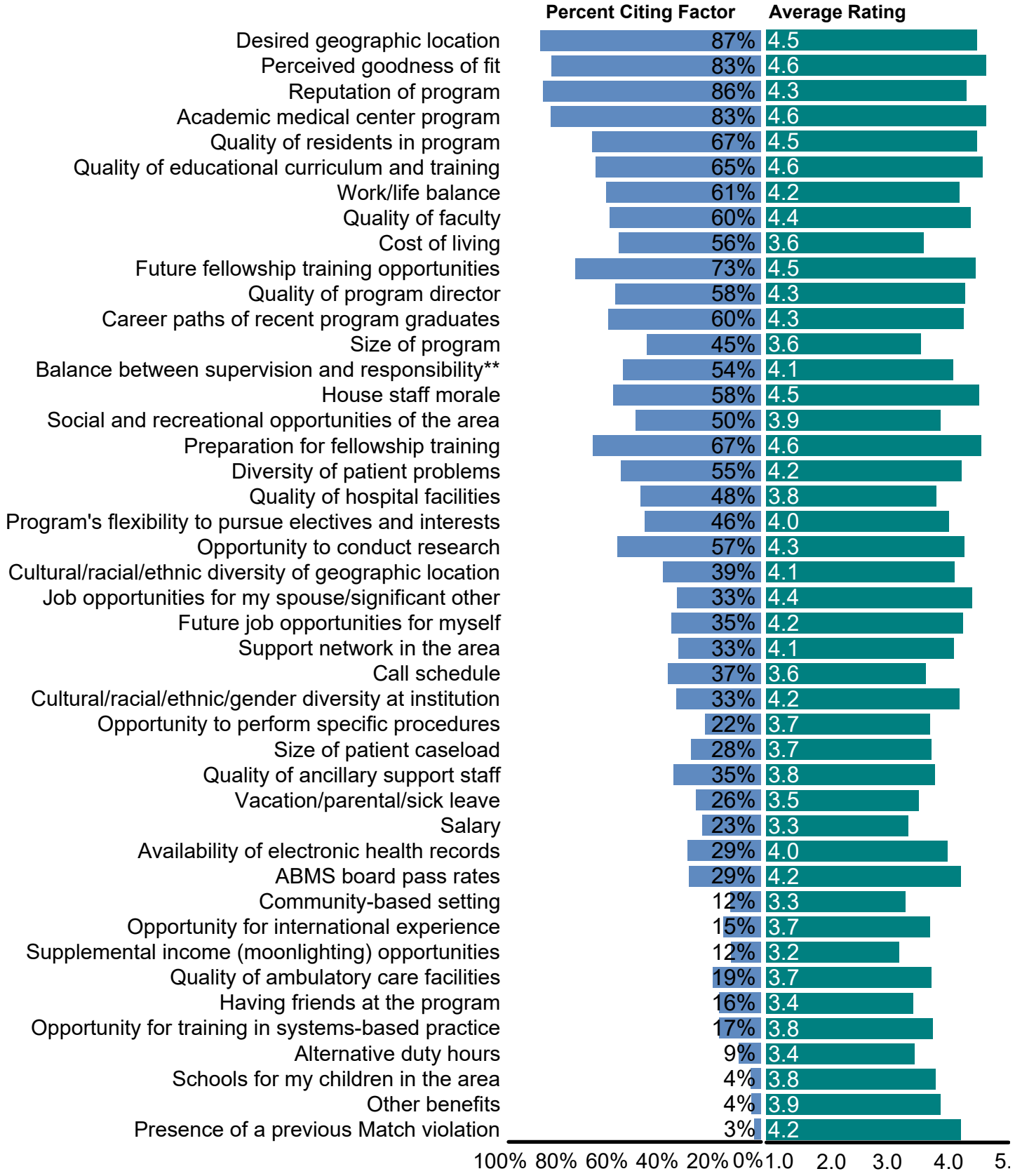
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Internal Medicine

Figure IM-1

Internal Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

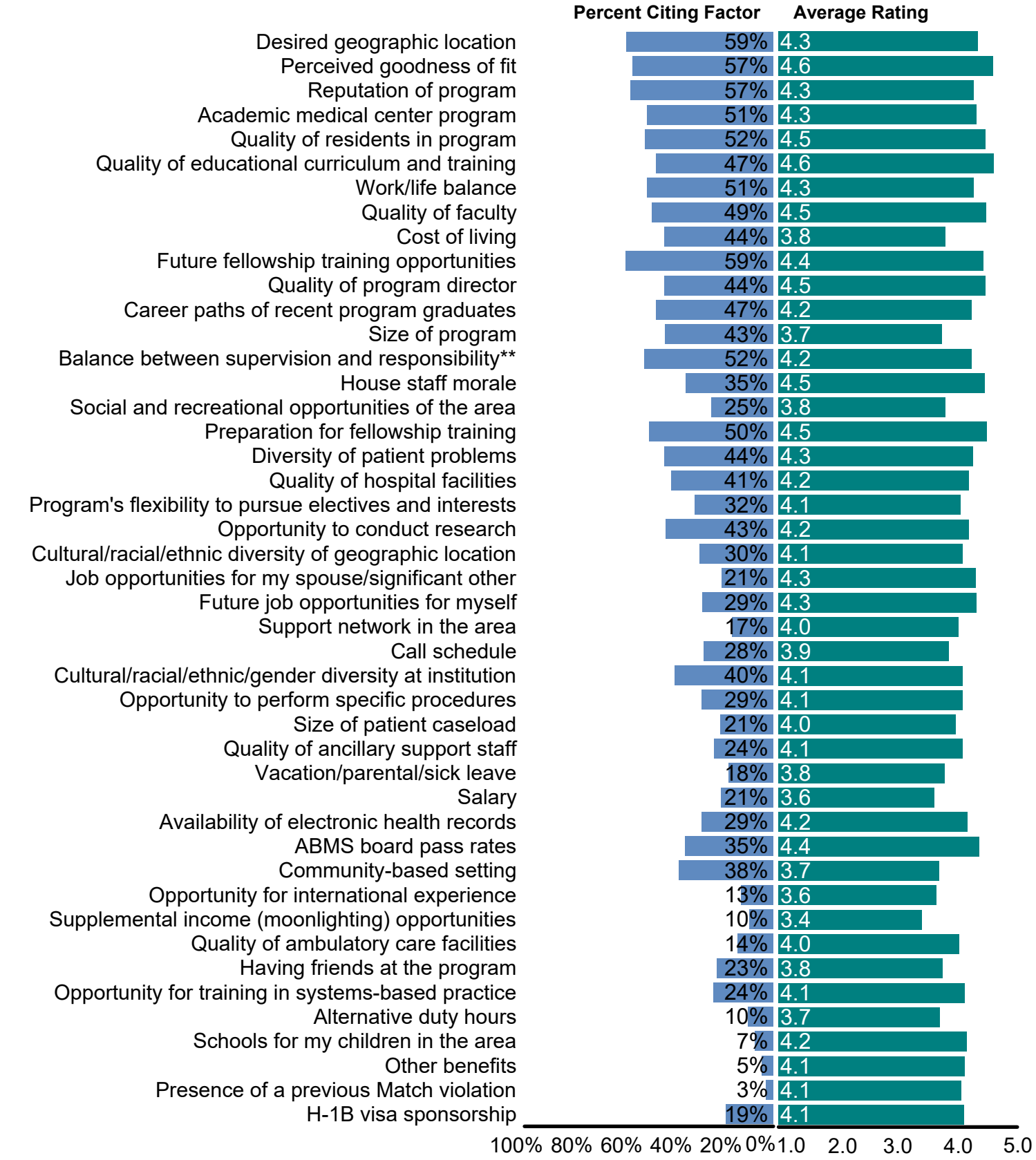
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IM-1

Internal Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

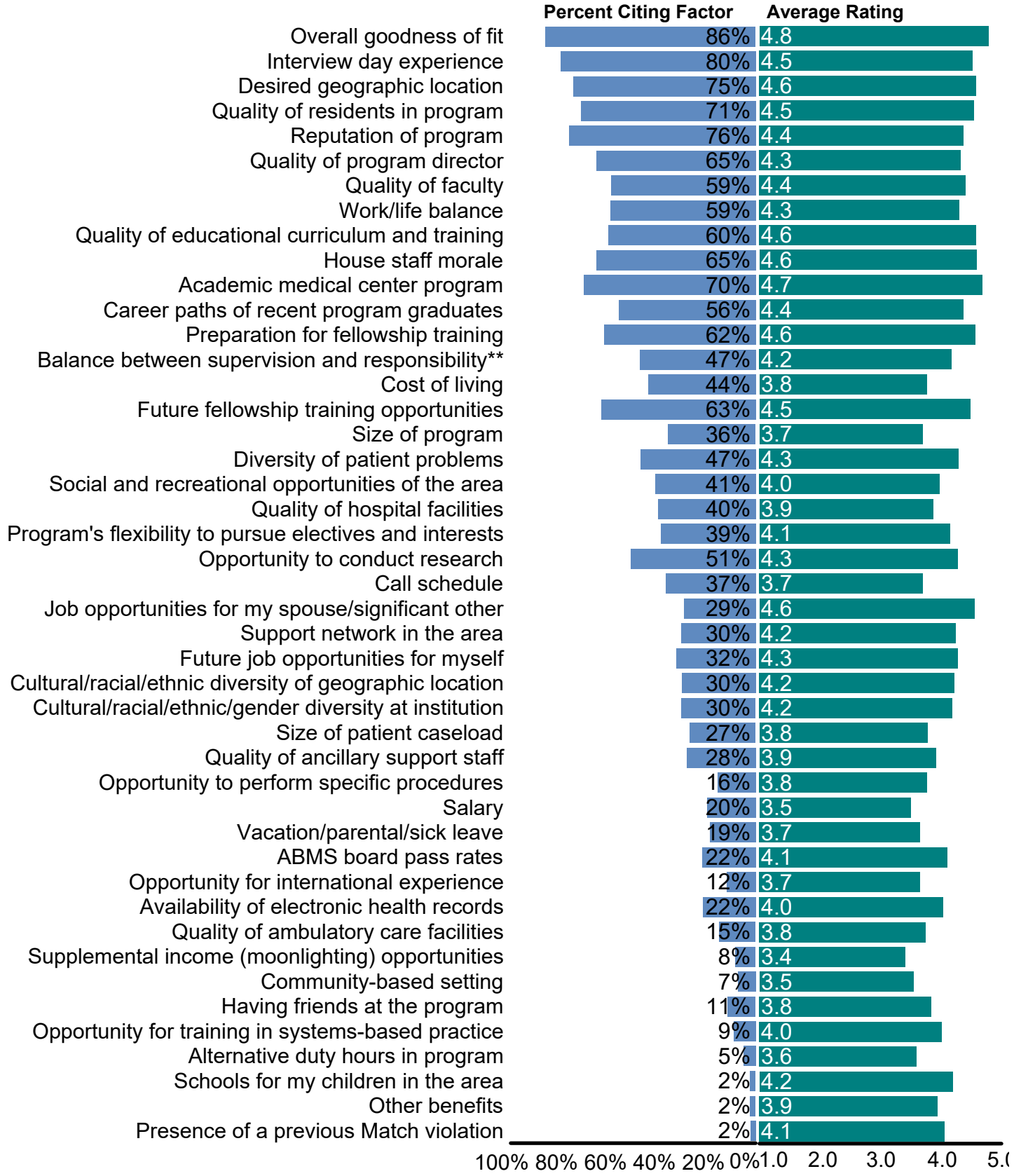
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IM-2

Internal Medicine

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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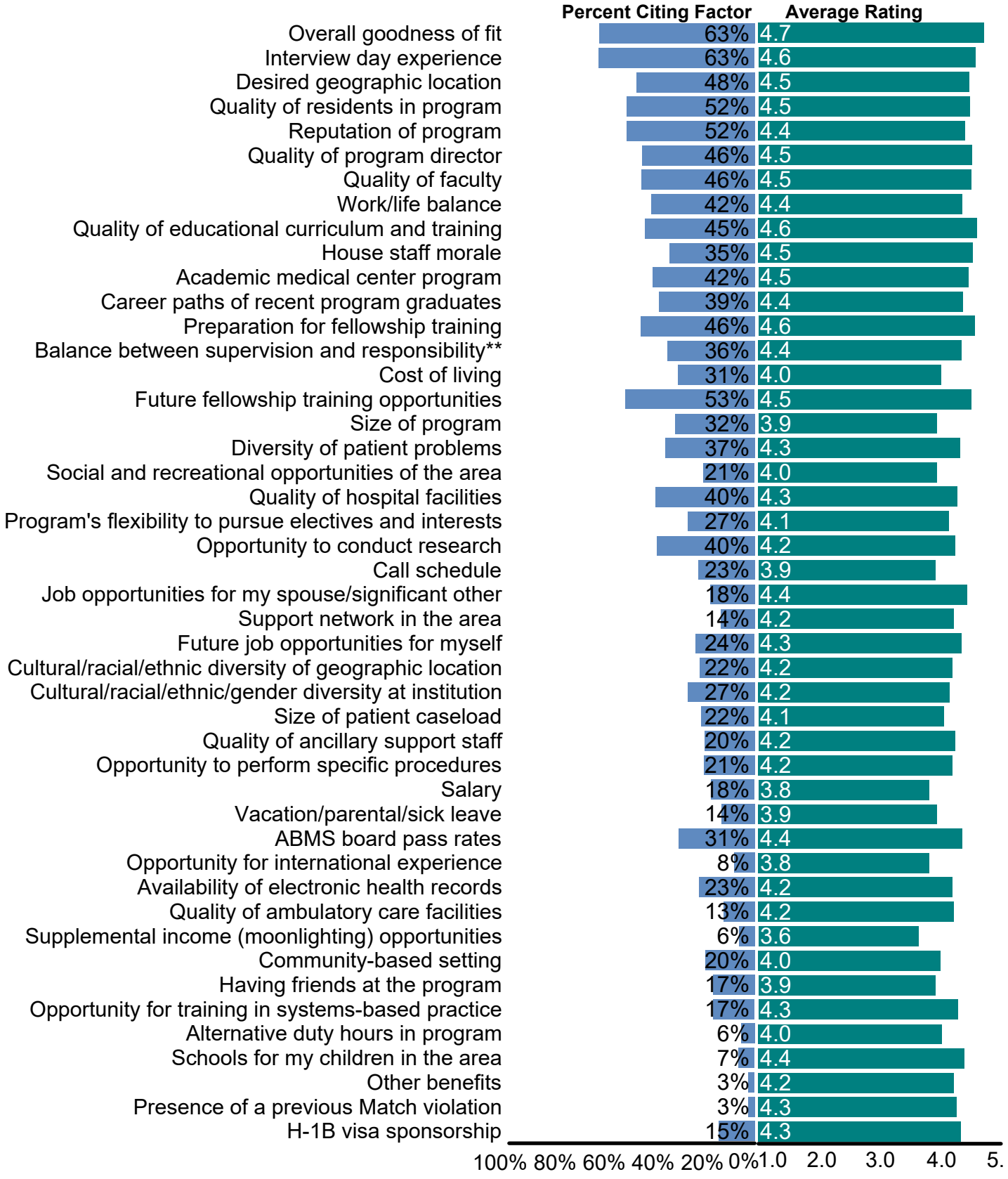
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IM-2

Internal Medicine

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IM-3

Internal Medicine
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

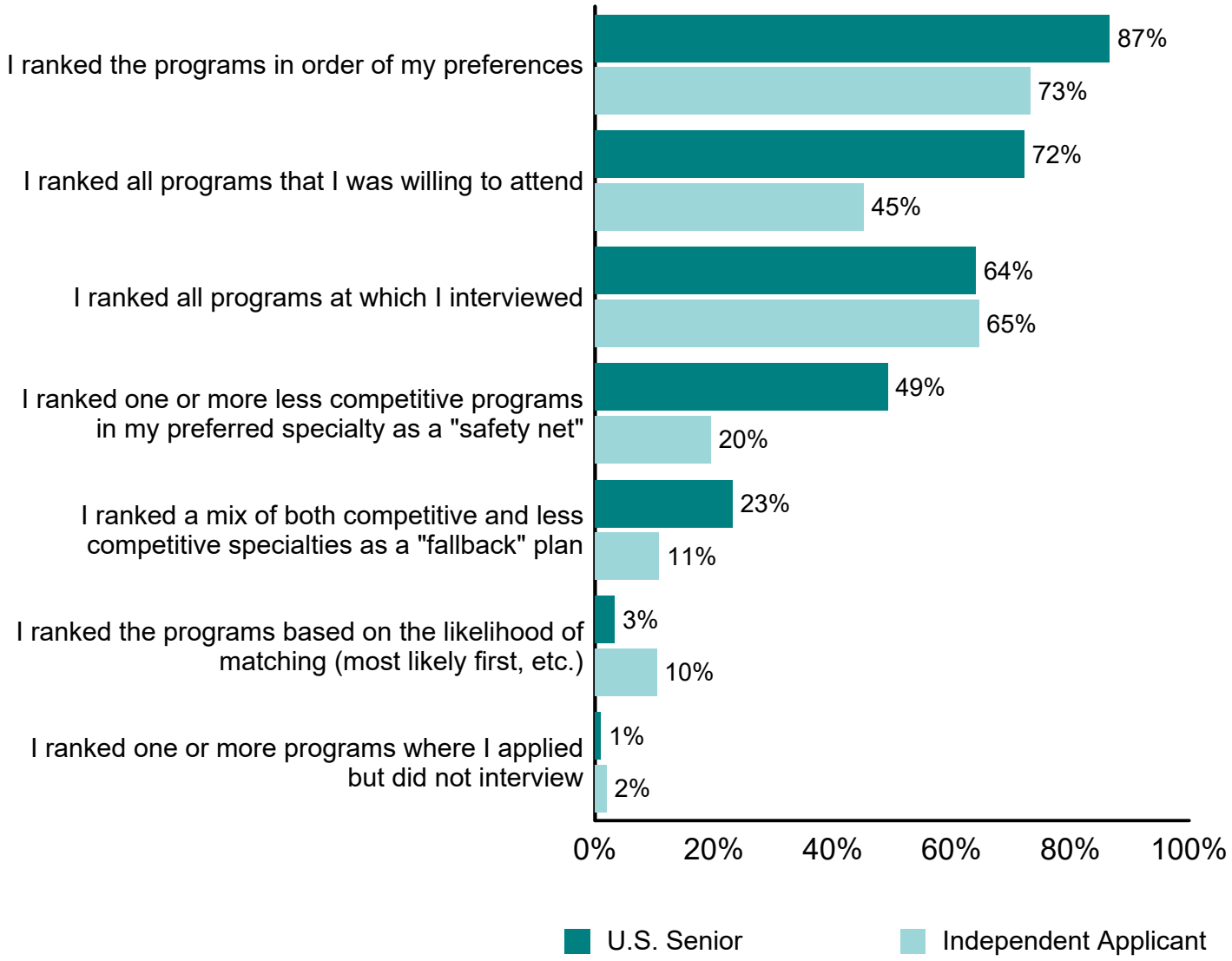
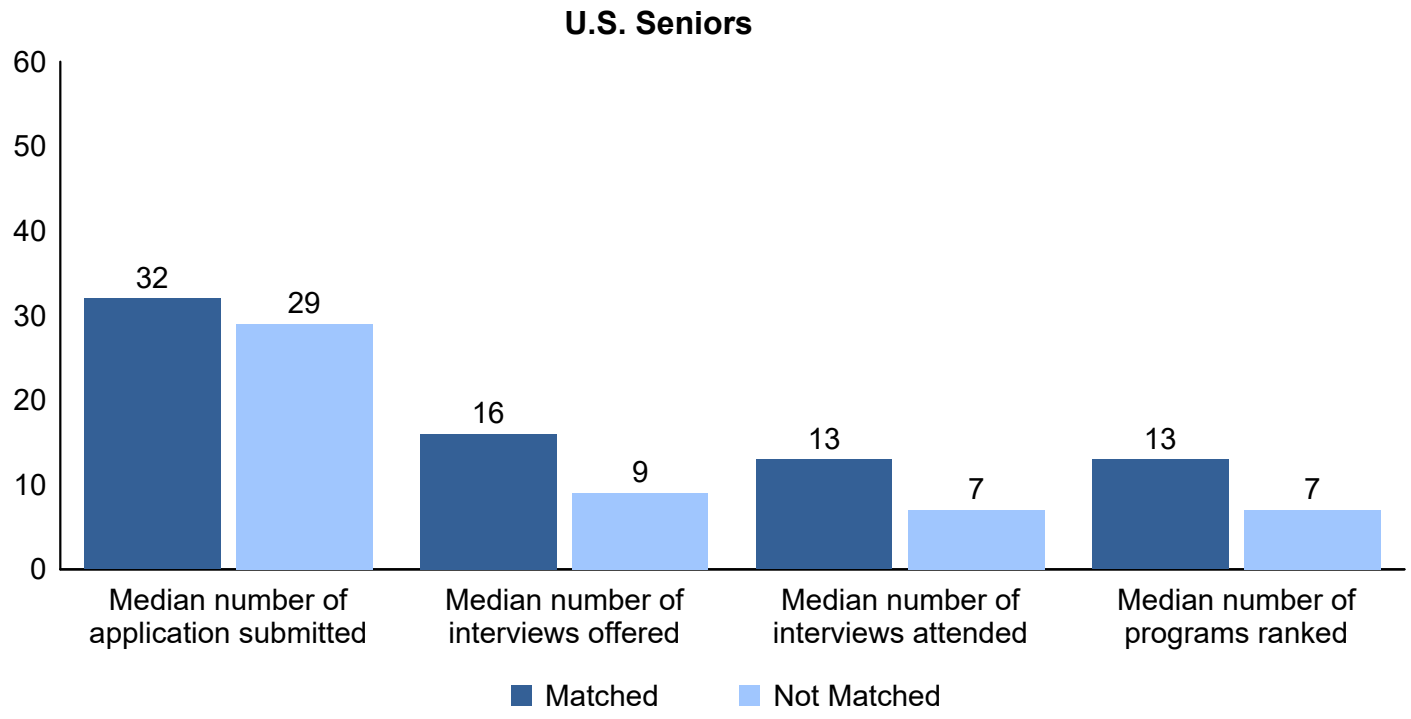
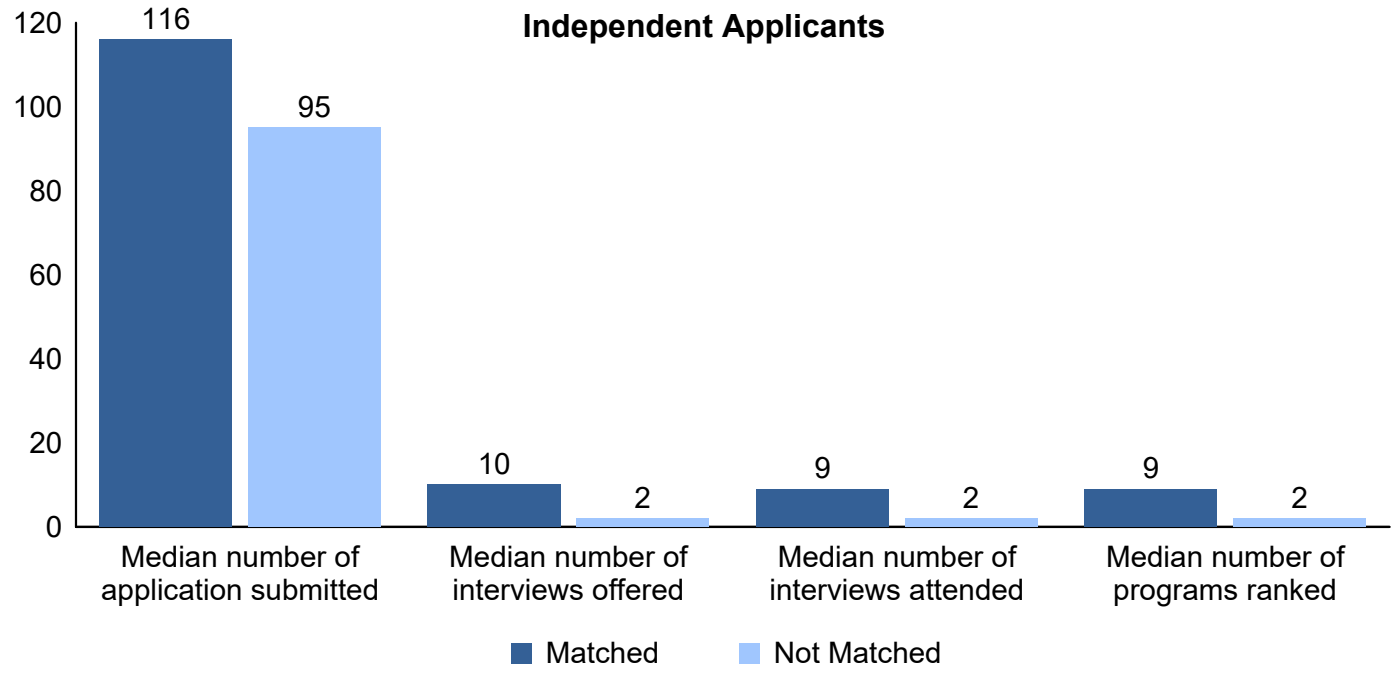


Figure IM-4

Internal Medicine
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

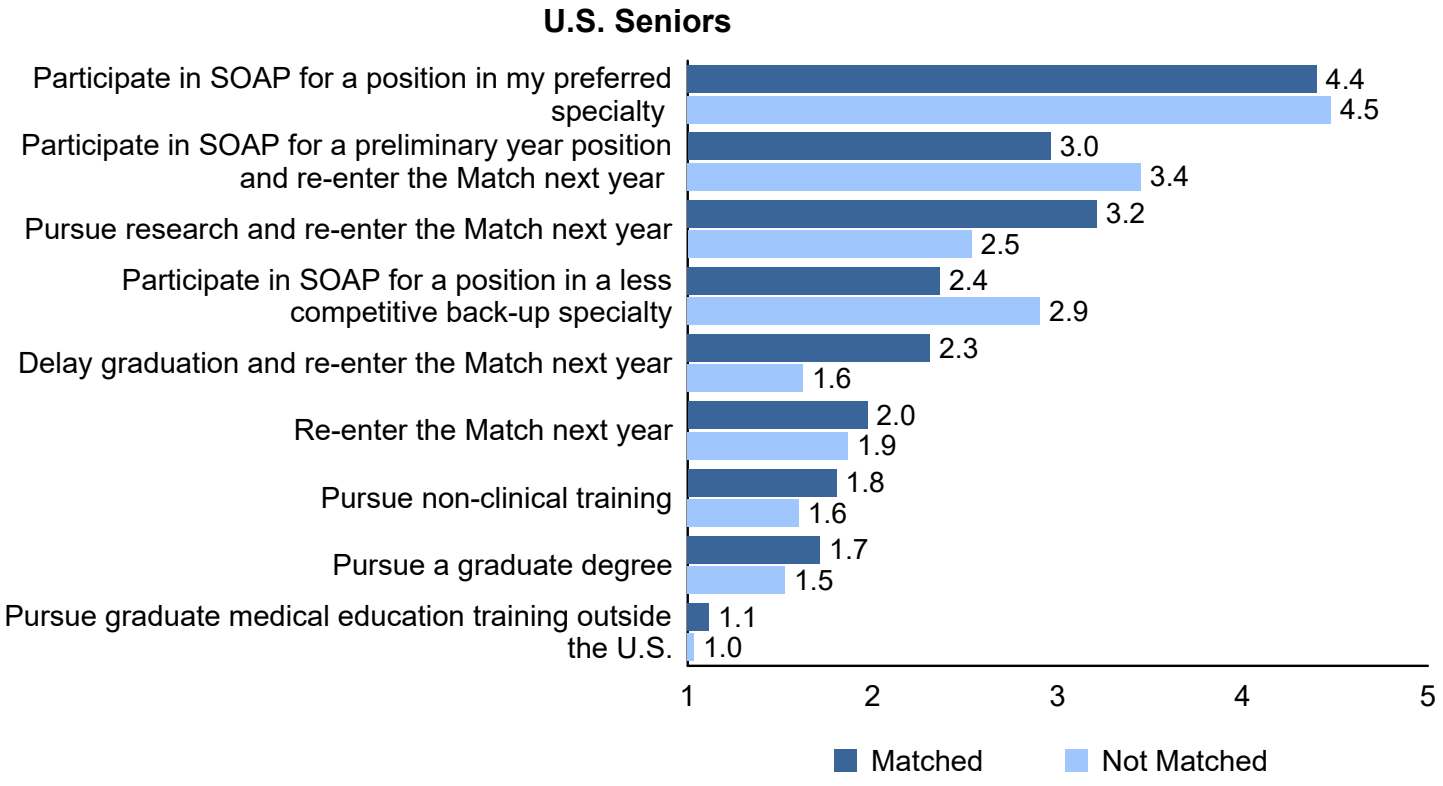


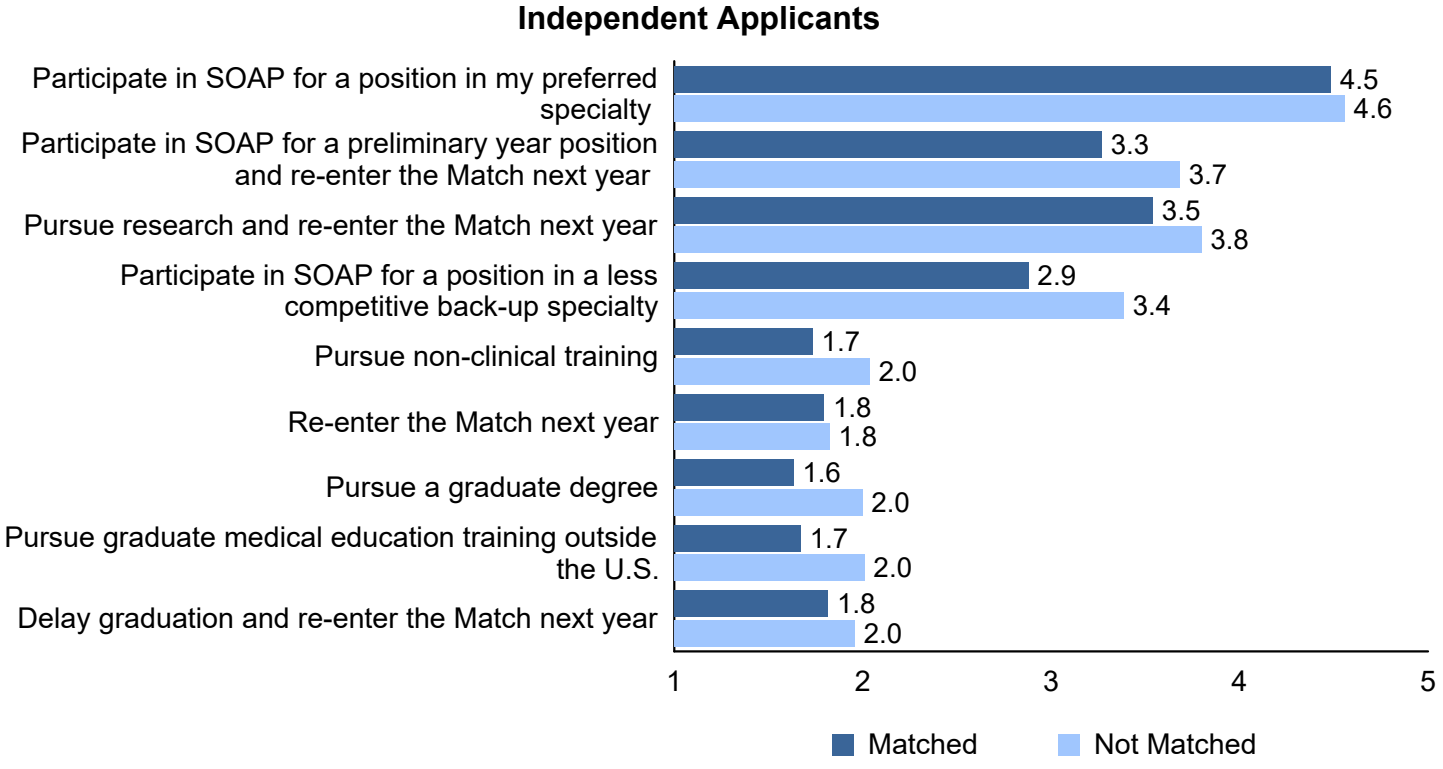


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure IM-5

Internal Medicine
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*





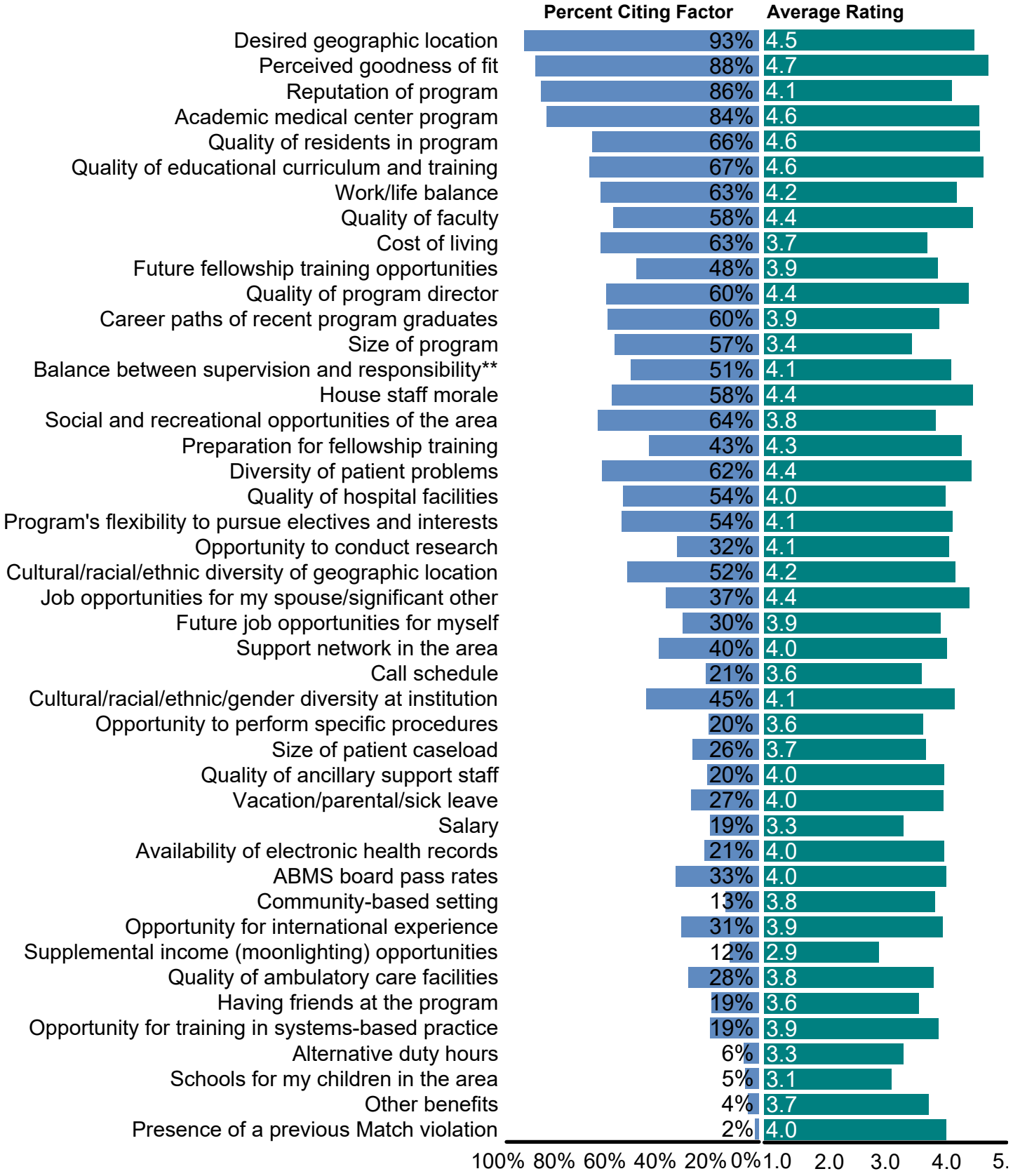
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Internal Medicine/Pediatrics

Figure MP-1

Internal Medicine/Pediatrics

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

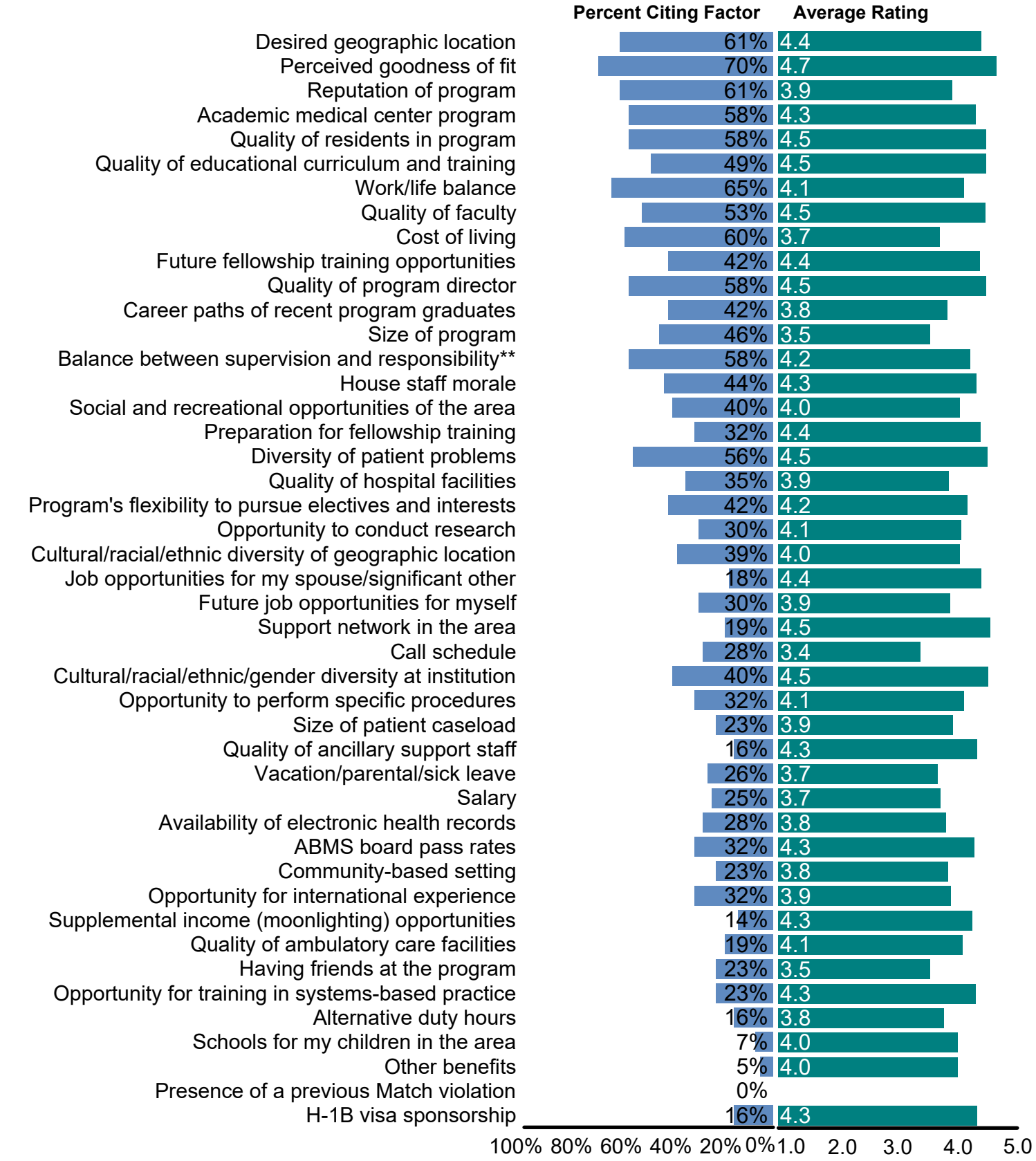
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure MP-1

Internal Medicine/Pediatrics

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

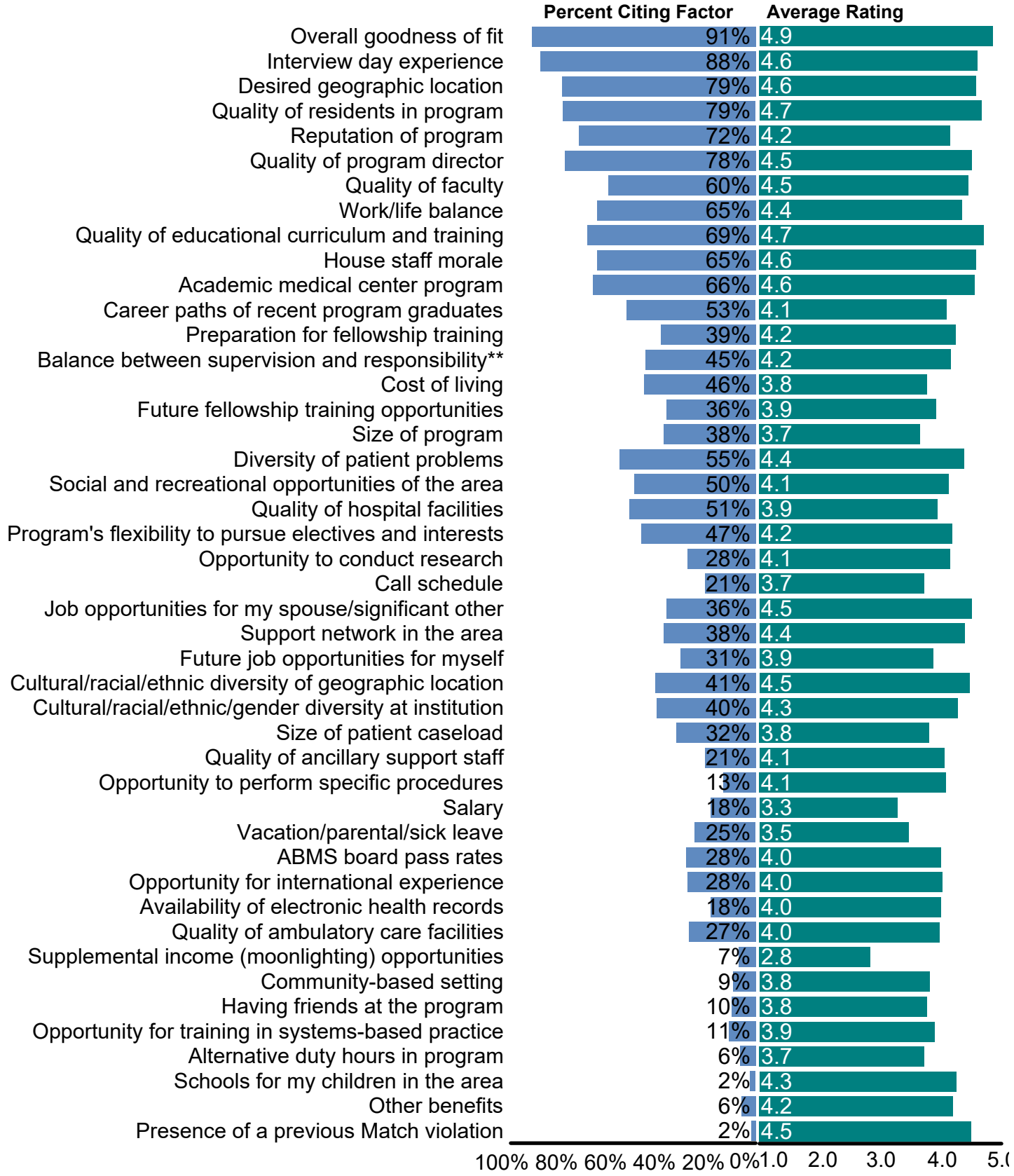
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure MP-2

Internal Medicine/Pediatrics

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

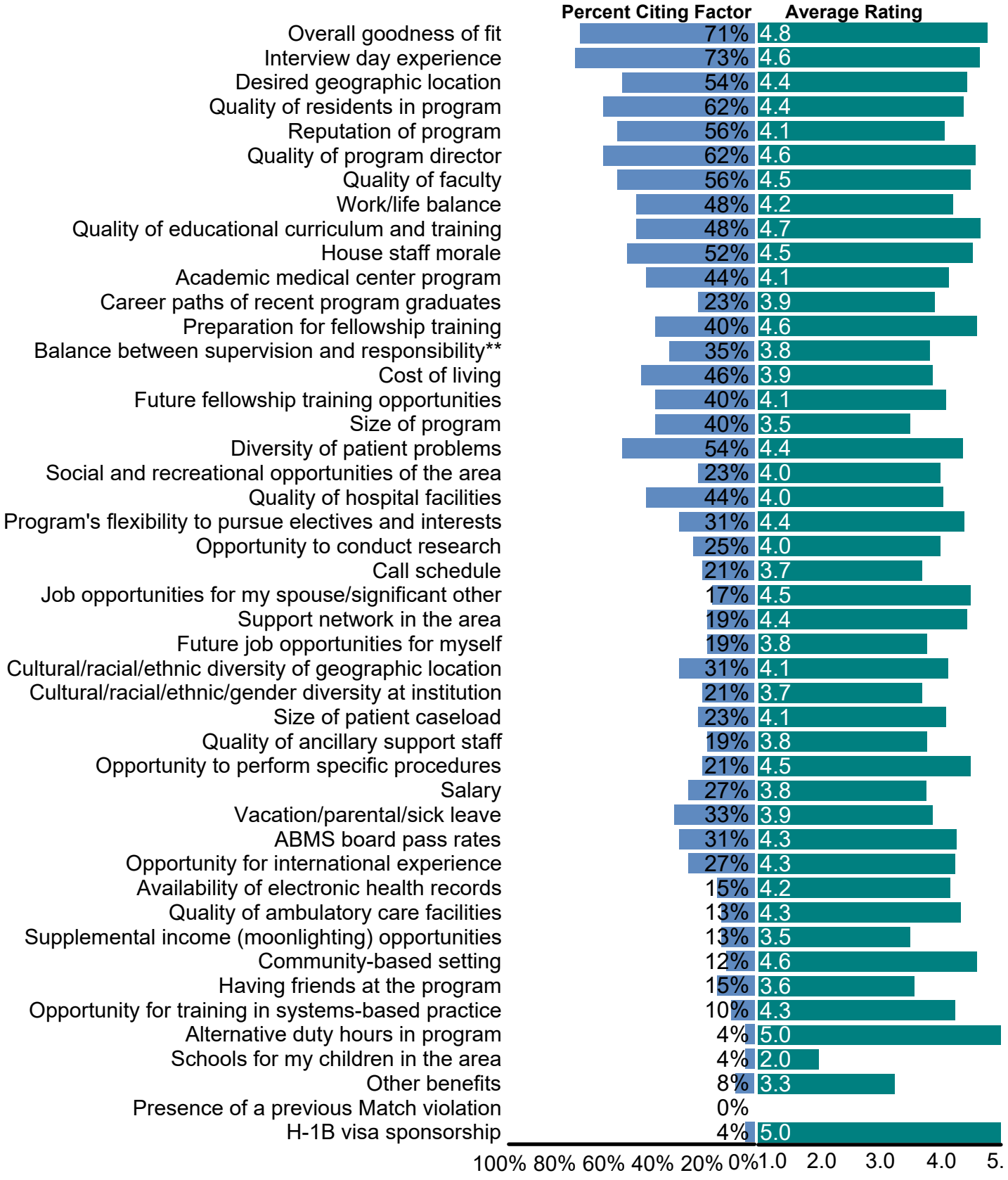
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure MP-2

Internal Medicine/Pediatrics

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure MP-3

Internal Medicine/Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

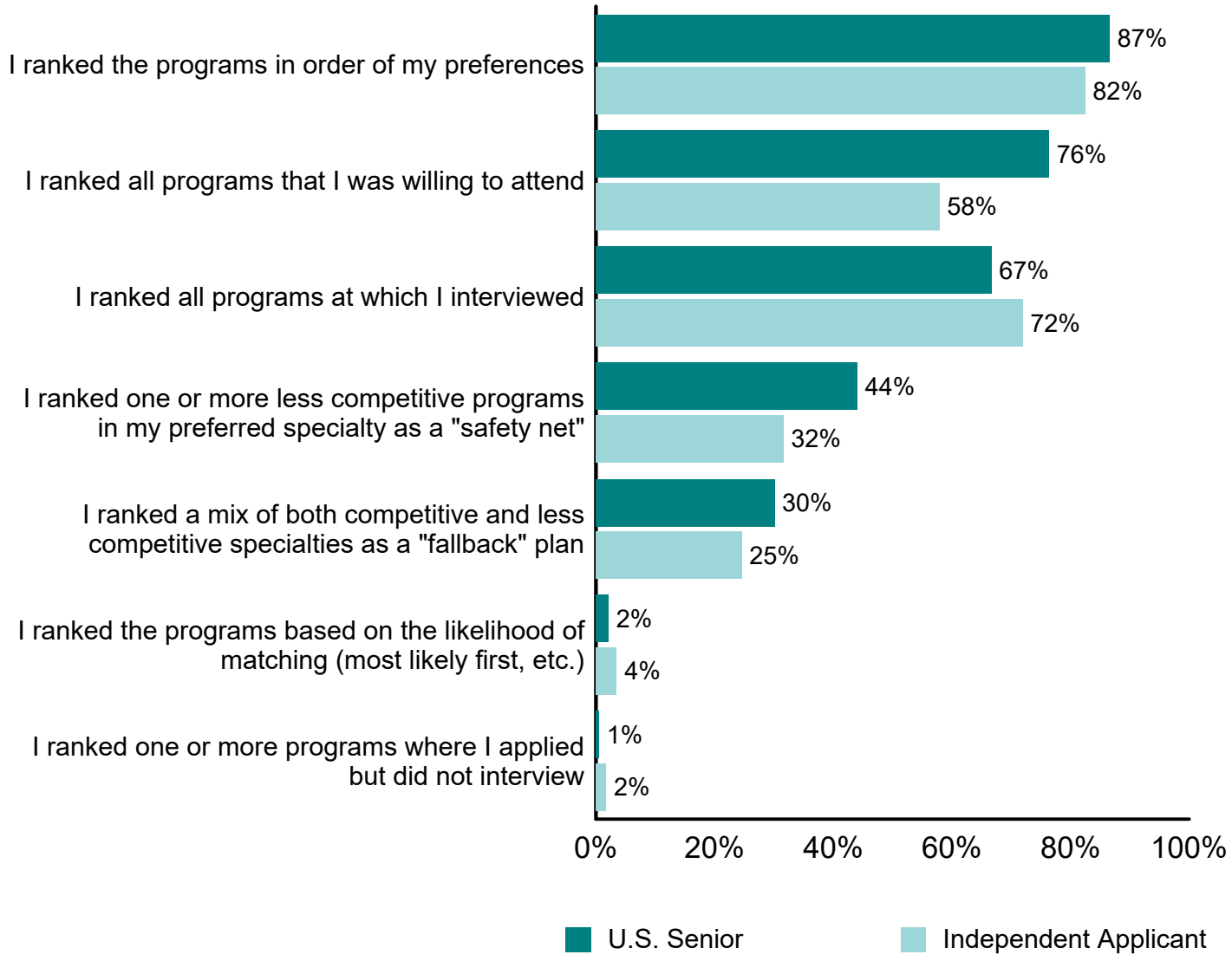
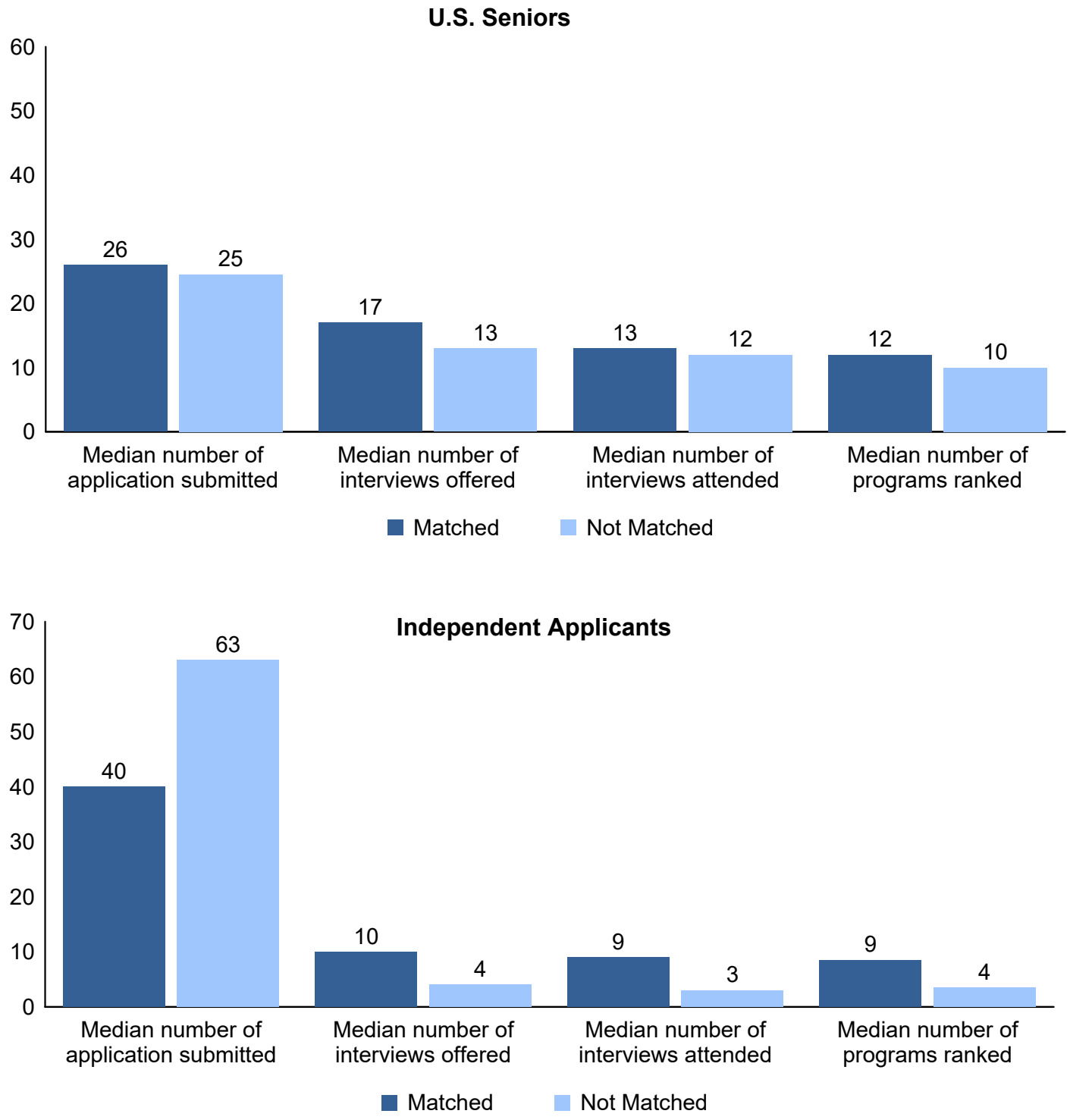


Figure MP-4

Internal Medicine/Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

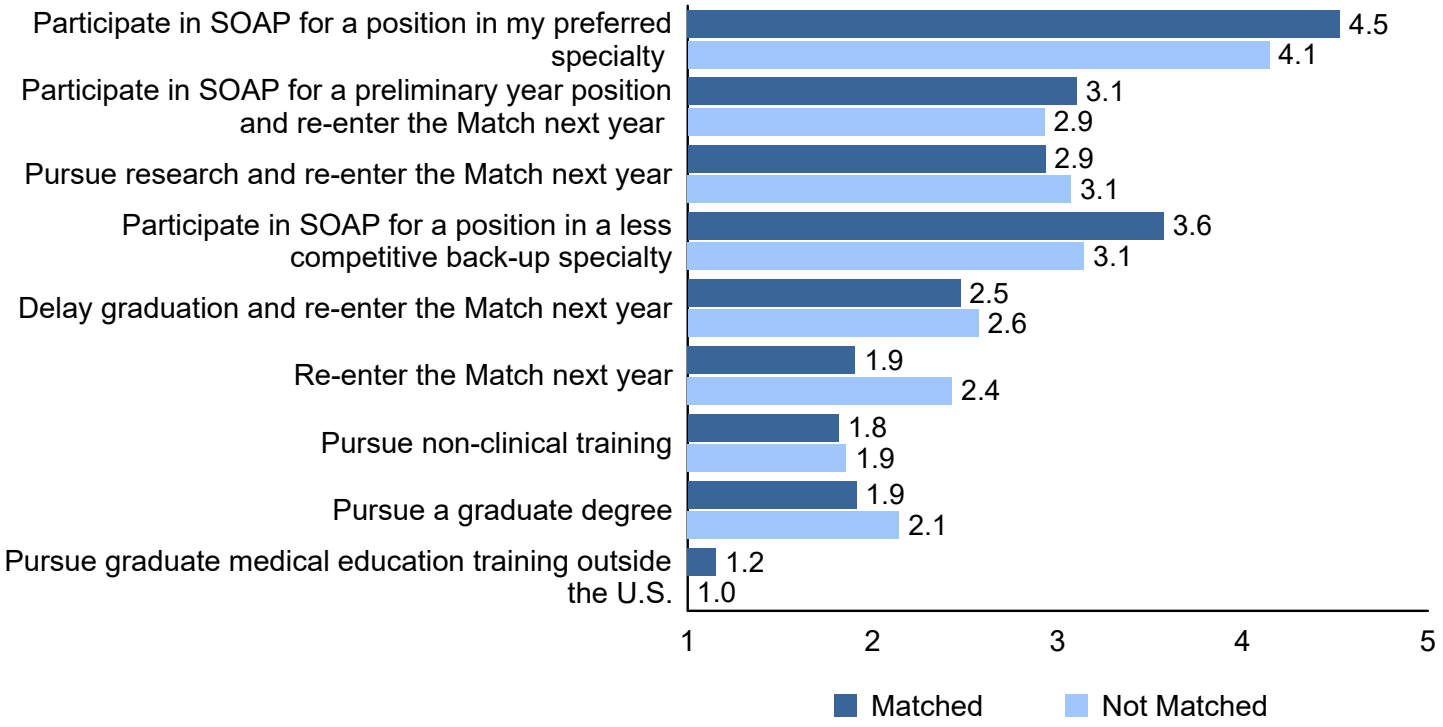


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

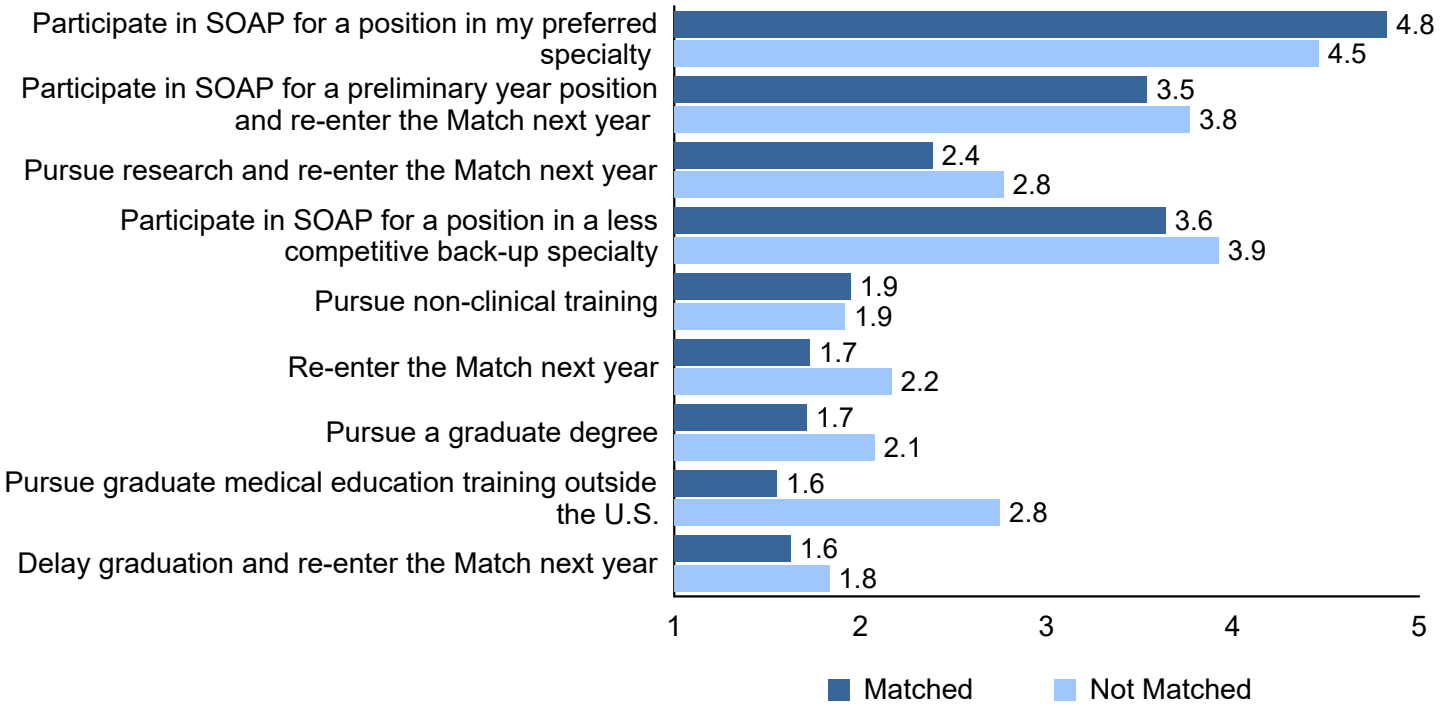
Figure MP-5

Internal Medicine/Pediatrics
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



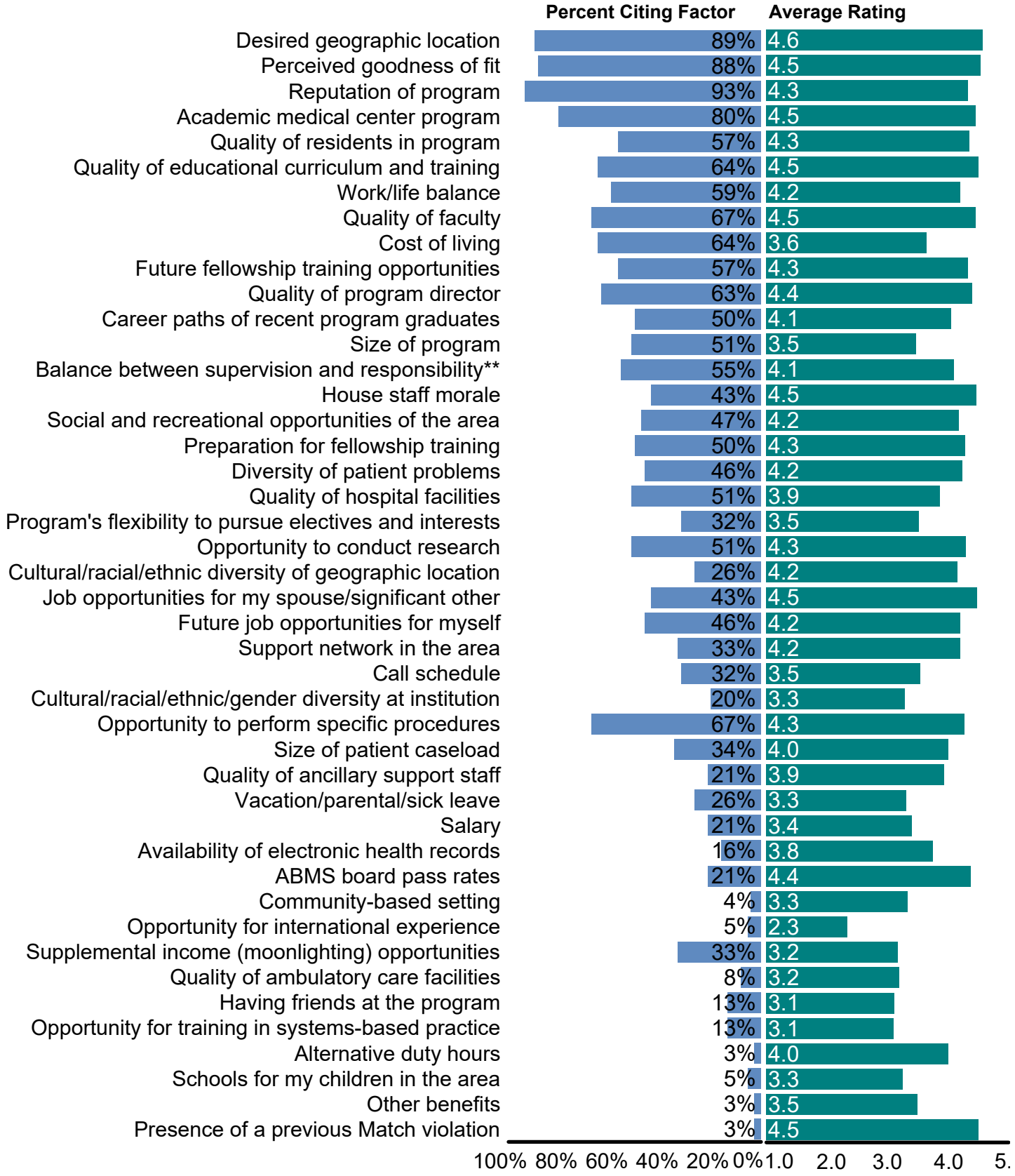
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Interventional Radiology (Integrated)

Figure IR-1

Interventional Radiology (Integrated)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



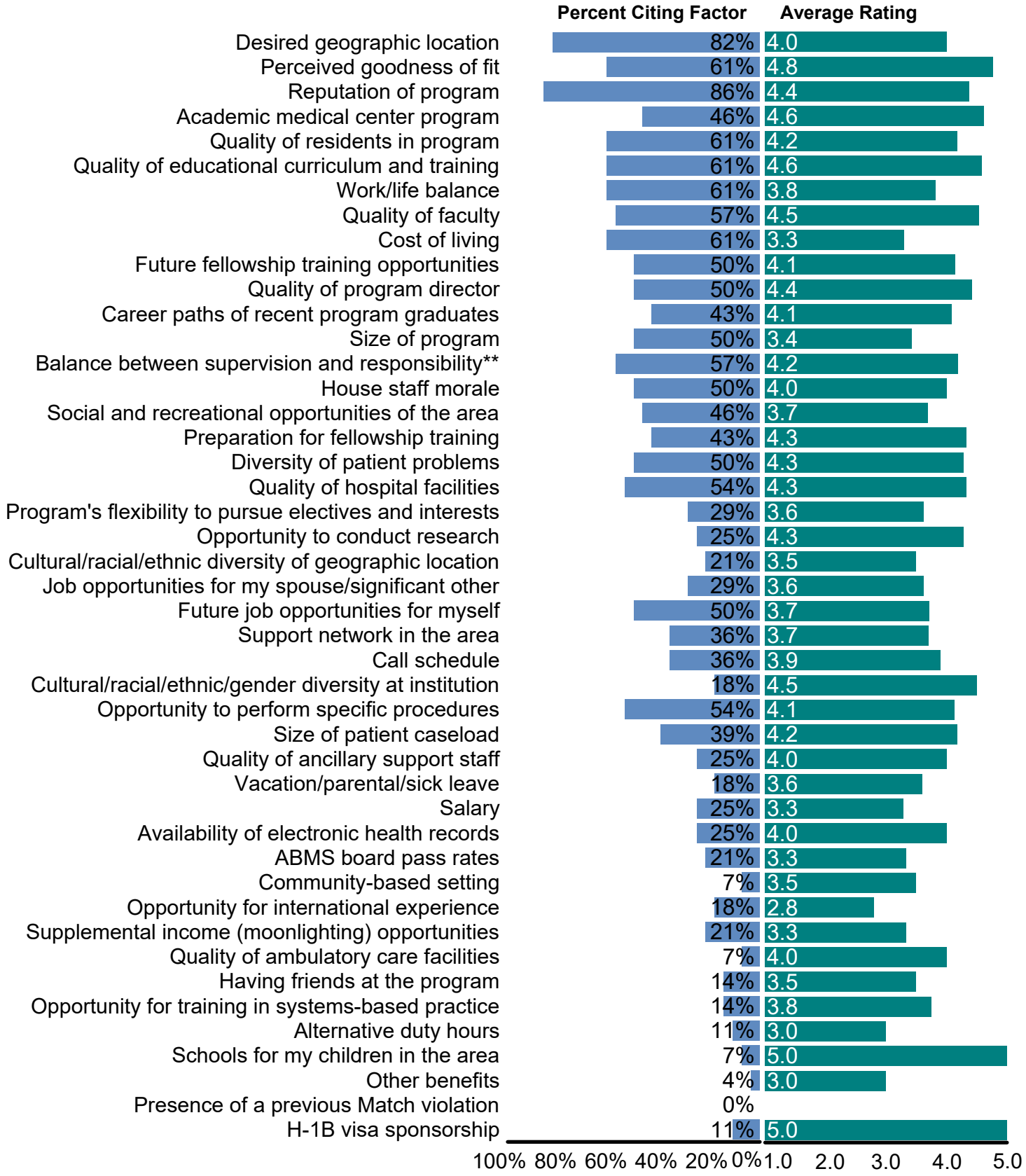
Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IR-1

Interventional Radiology (Integrated)
Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

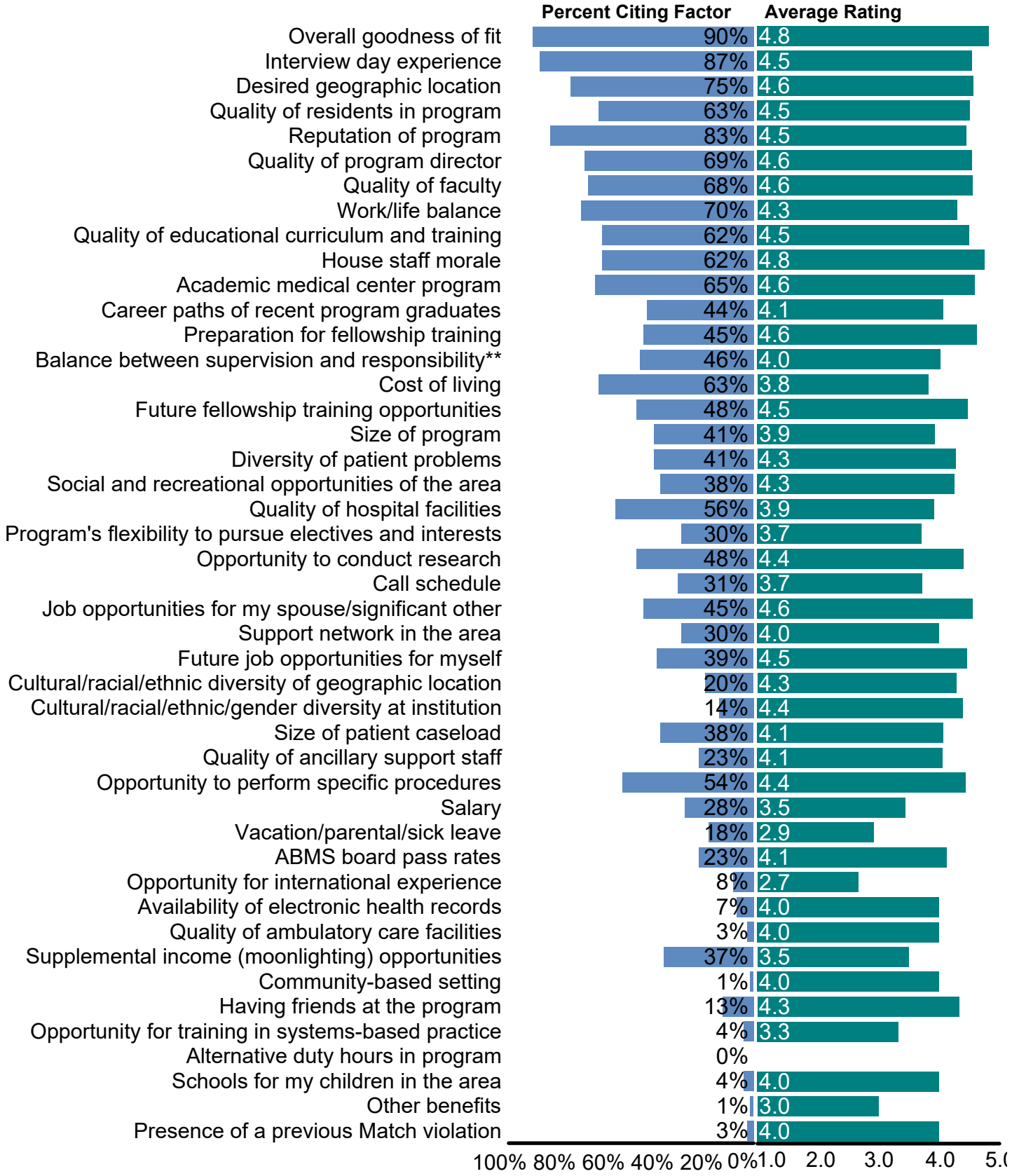


Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**
*Ratings on a scale from 1 (not important) to 5 (extremely important)
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IR-2

Interventional Radiology (Integrated)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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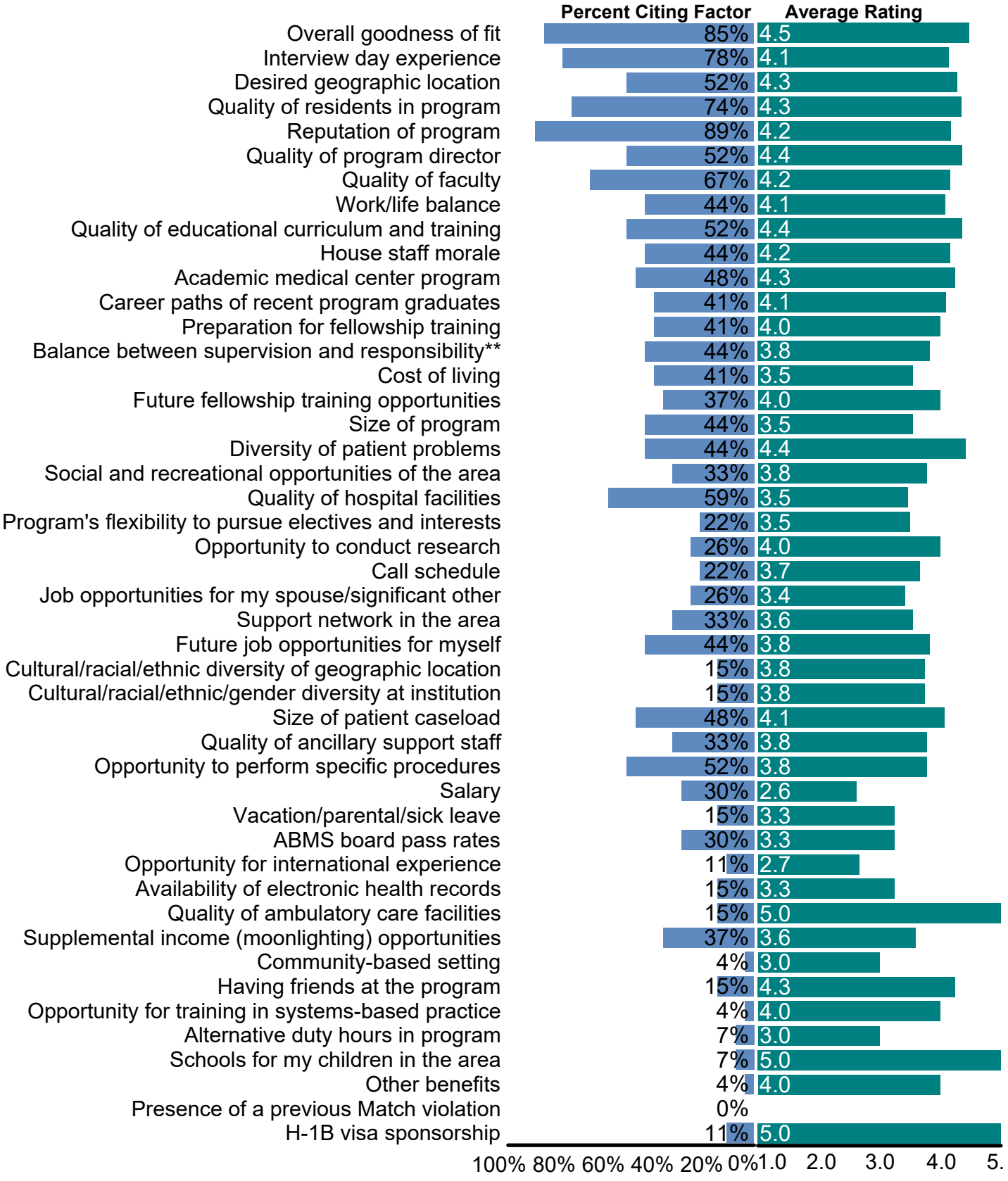
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IR-2

Interventional Radiology (Integrated)

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IR-3

Interventional Radiology (Integrated)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

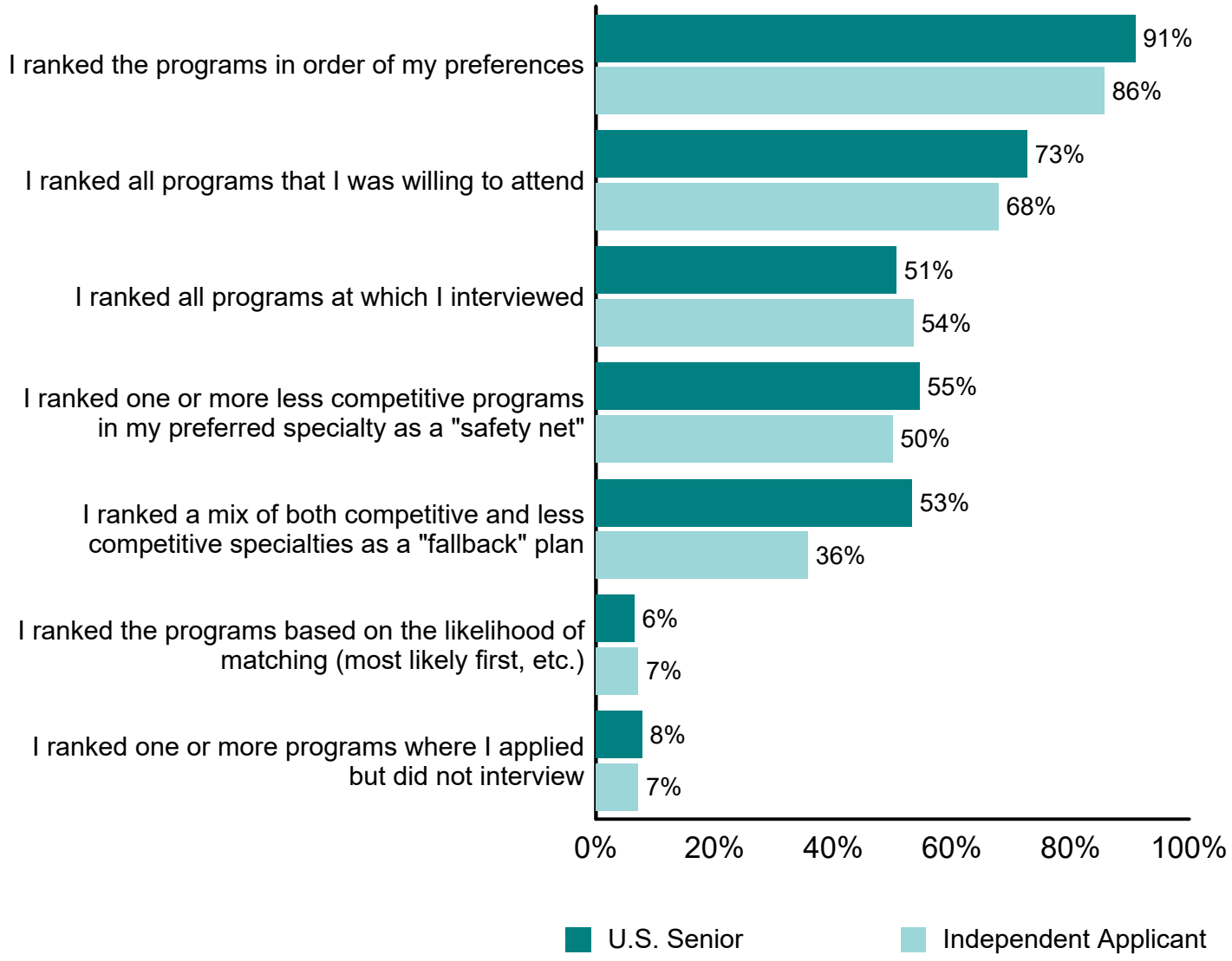
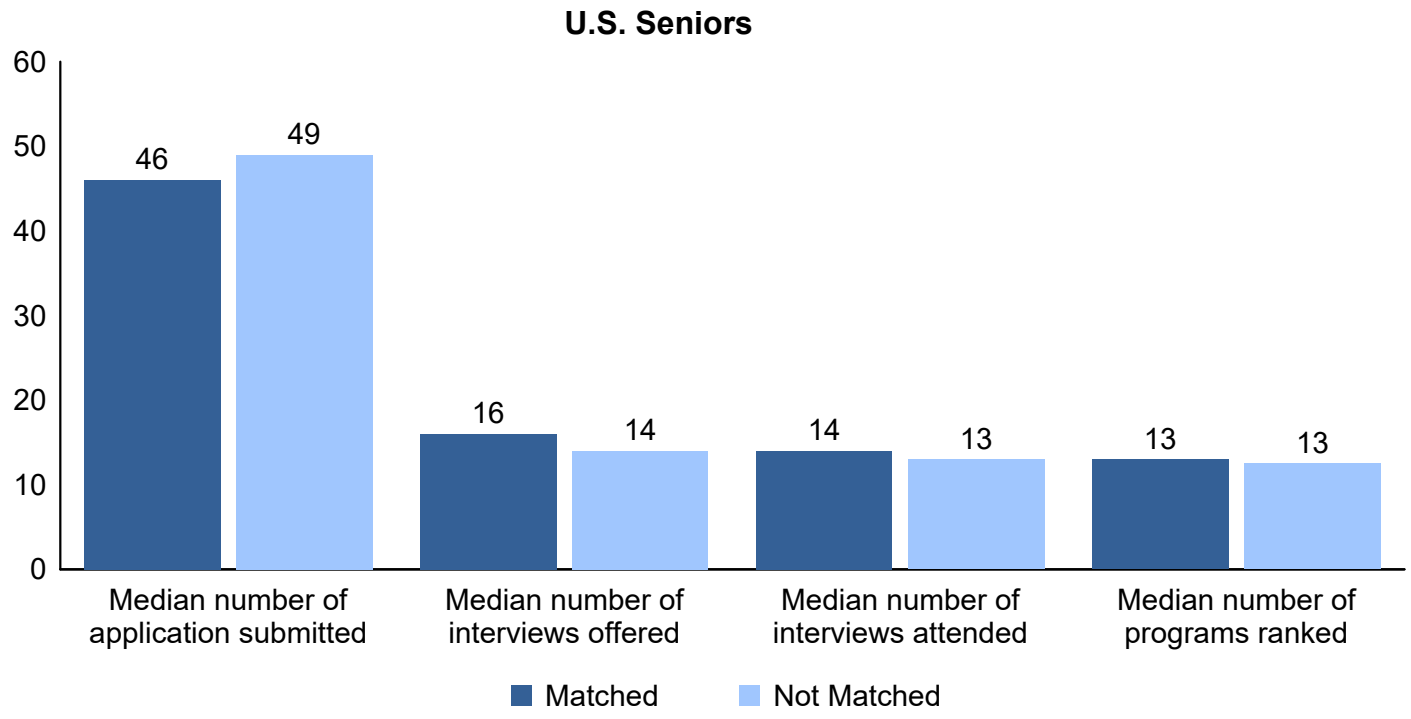
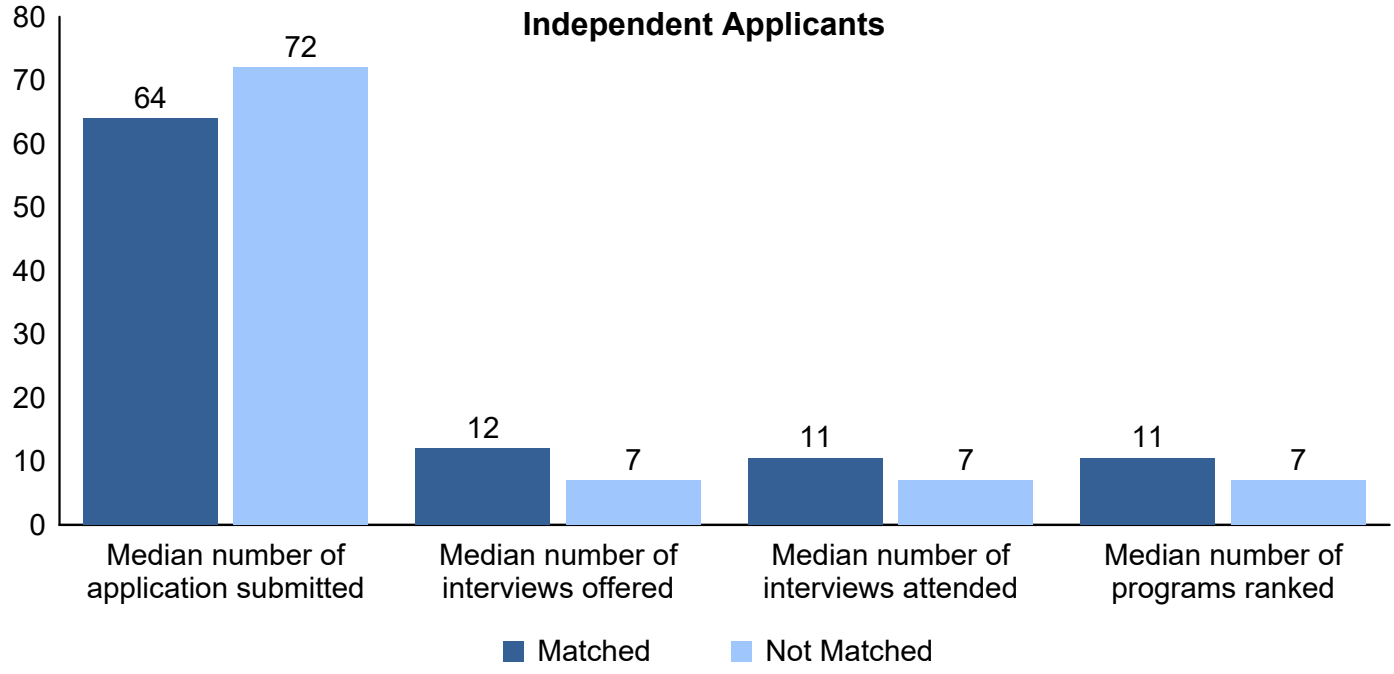


Figure IR-4

Interventional Radiology (Integrated)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

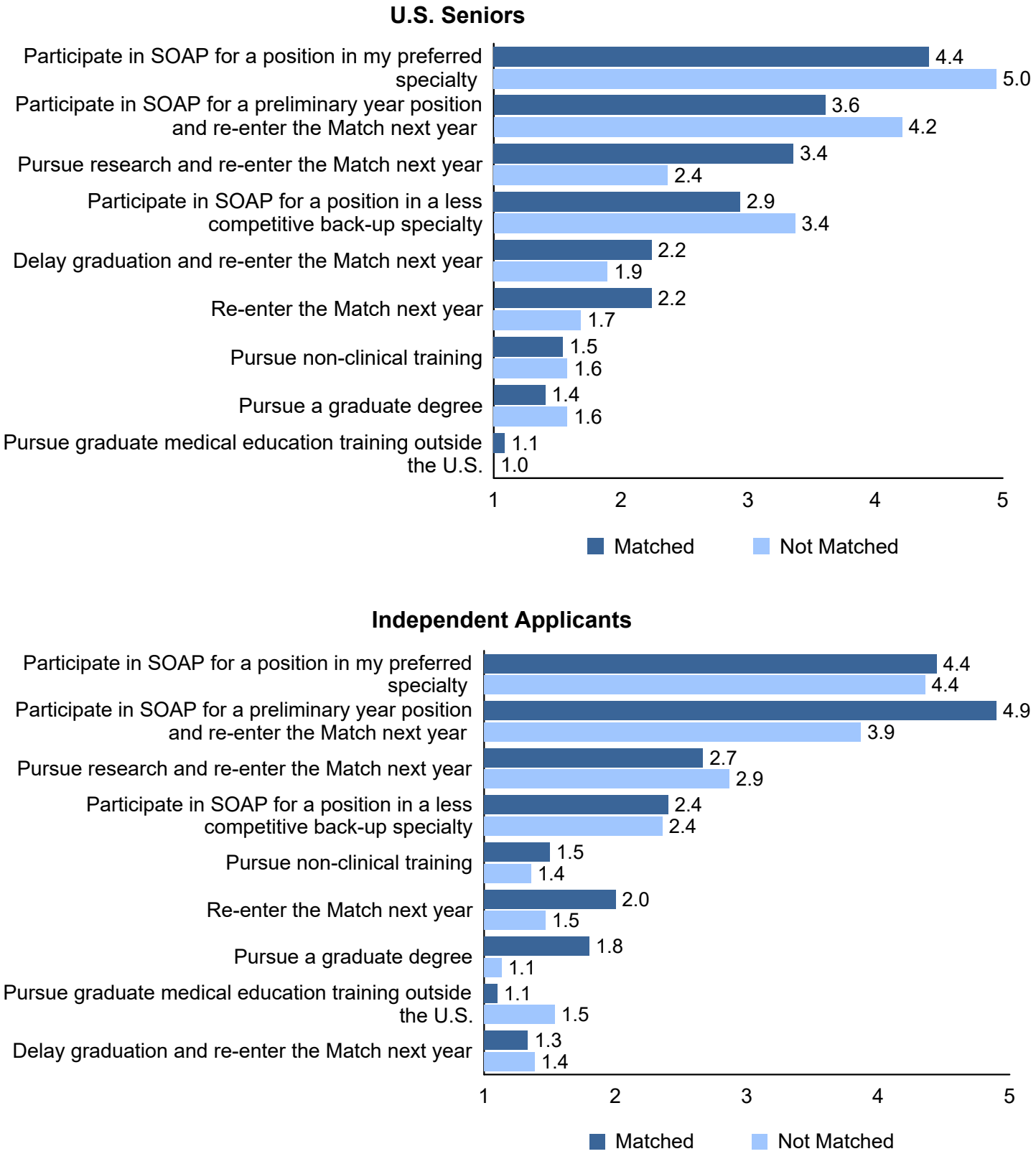




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure IR-5

Interventional Radiology (Integrated)
Likelihood to Pursue a Strategy If Applicant Did Not Match*
*By Applicant Type and Match Outcome**



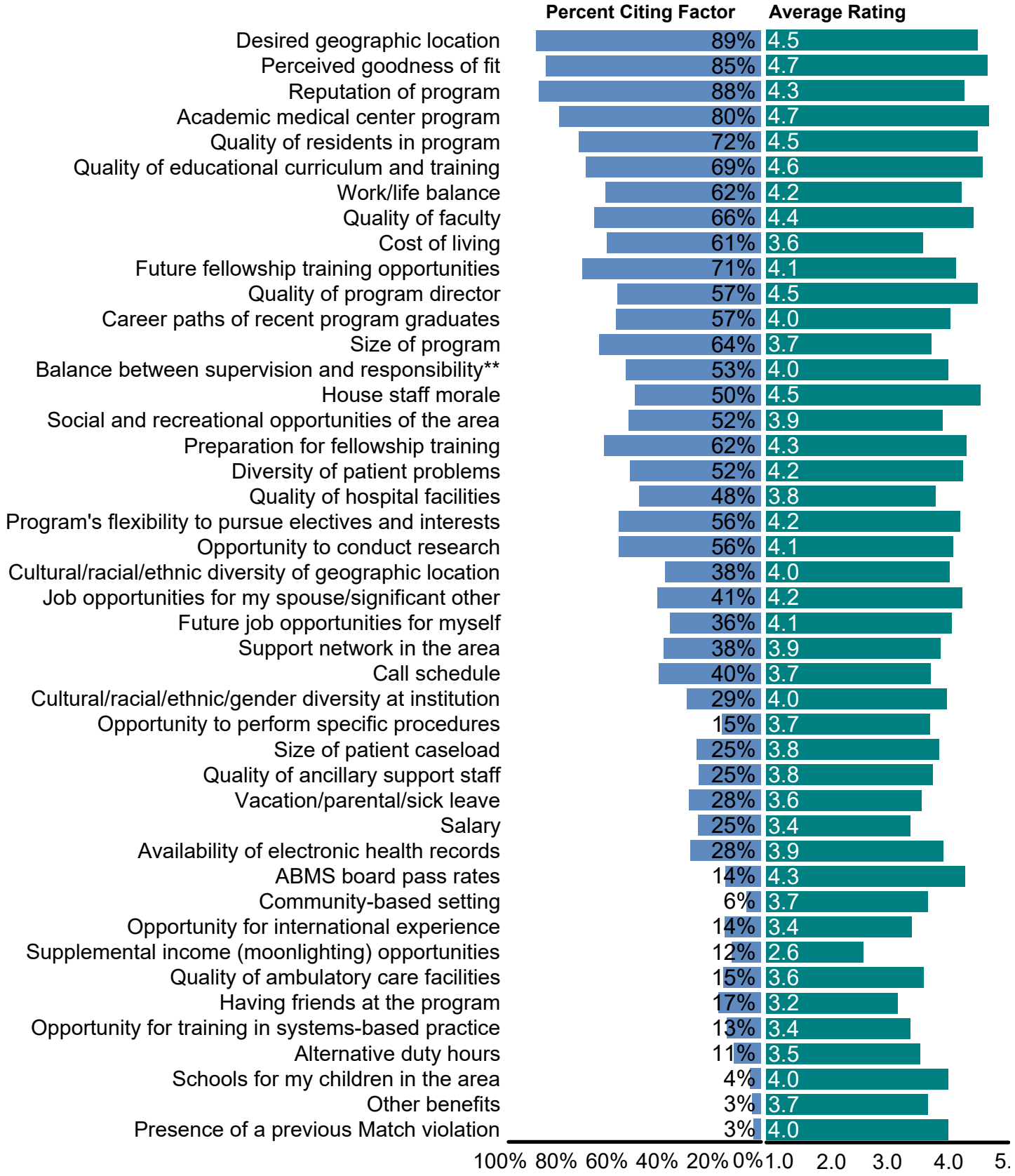
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Neurology

Figure NE-1

Neurology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

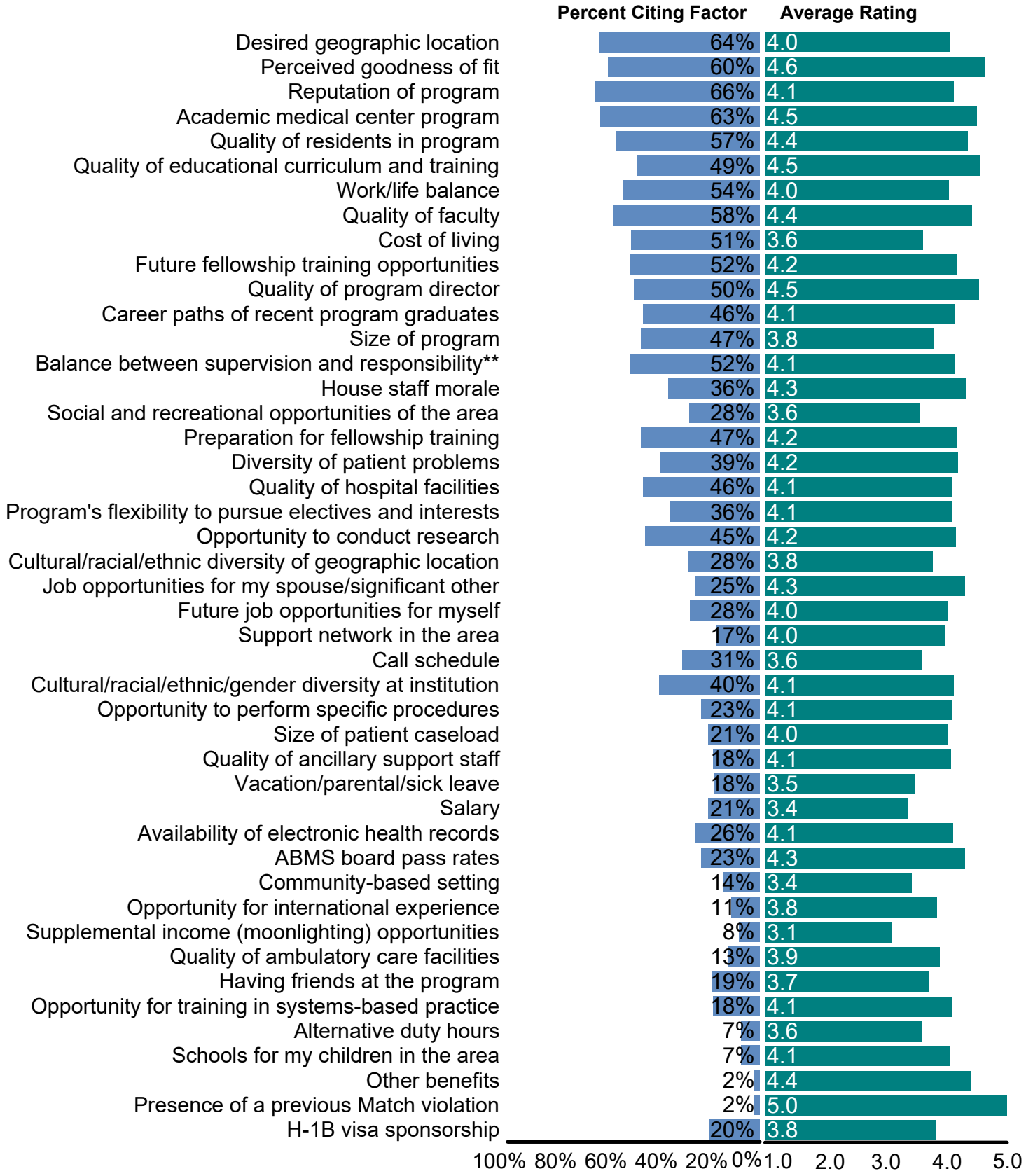
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NE-1

Neurology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

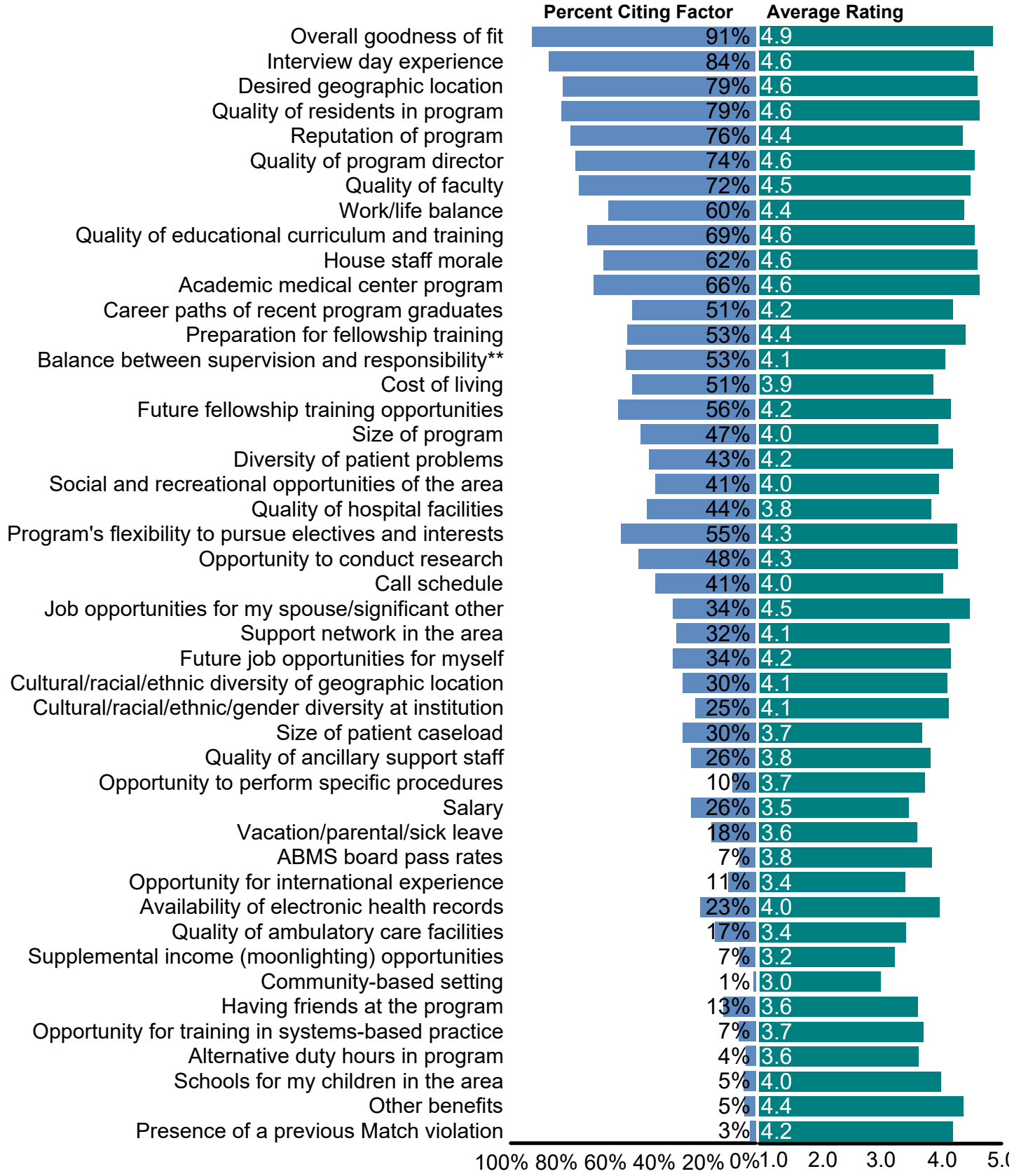
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NE-2

Neurology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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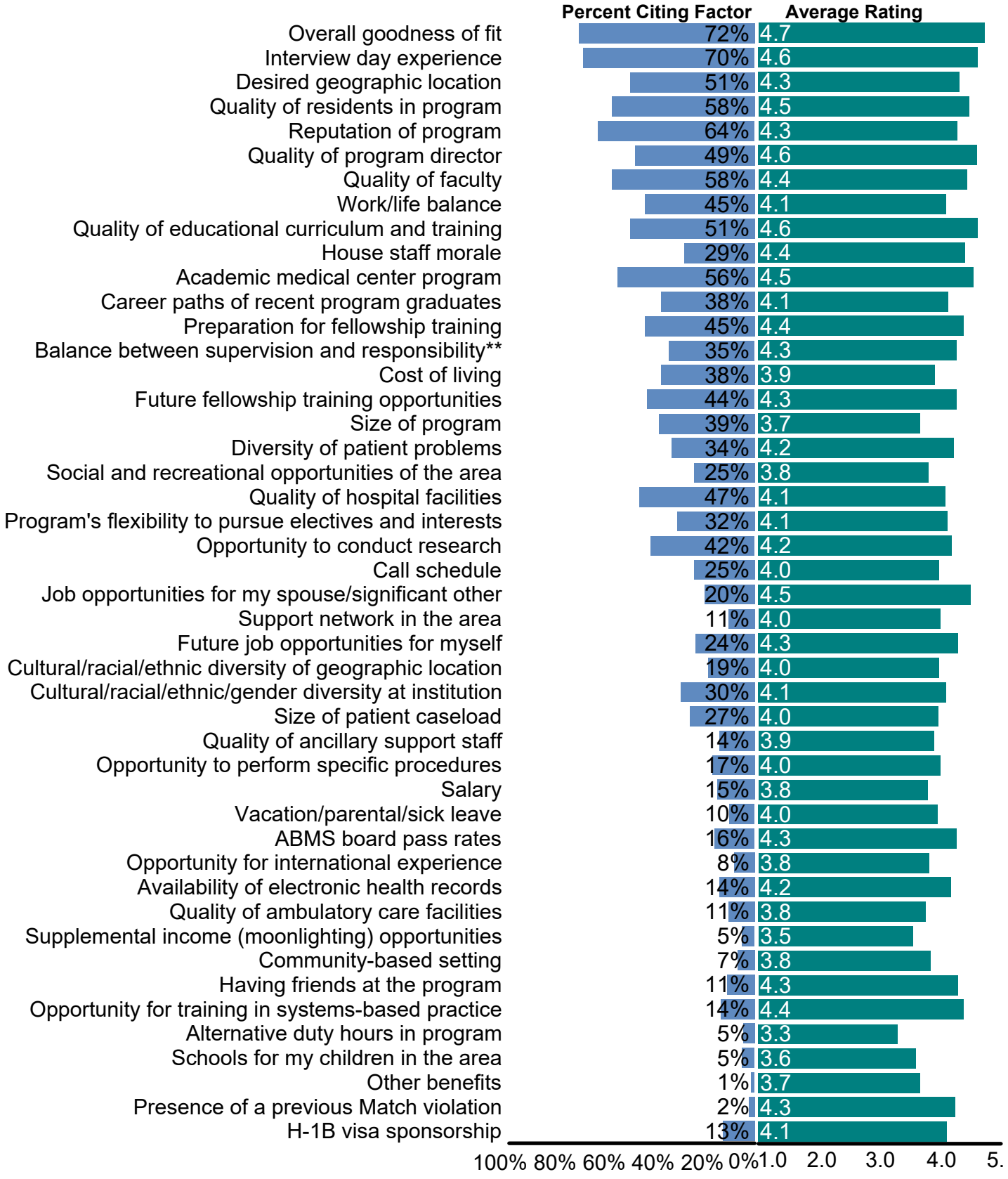
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NE-2

Neurology
Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NE-3

Neurology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

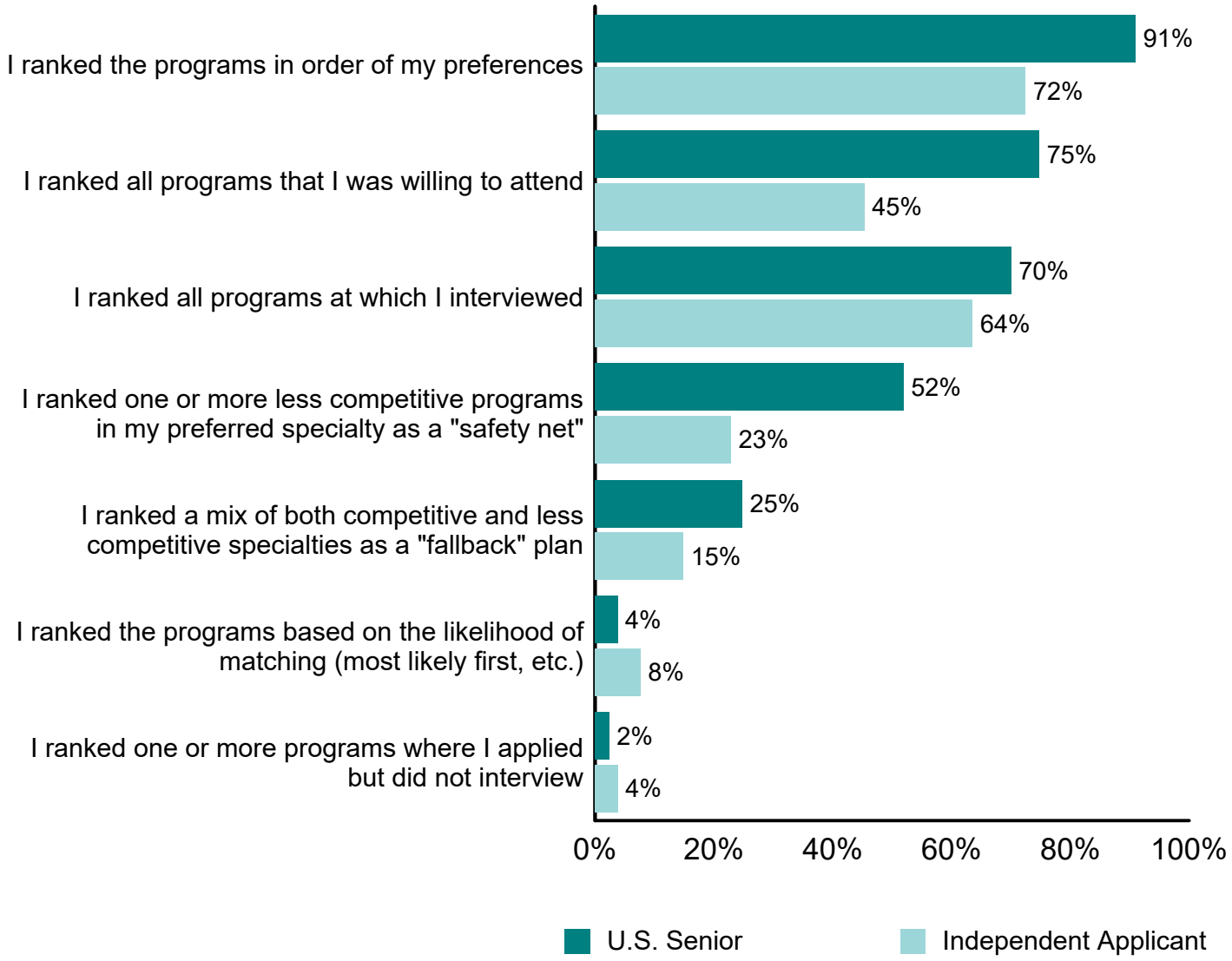
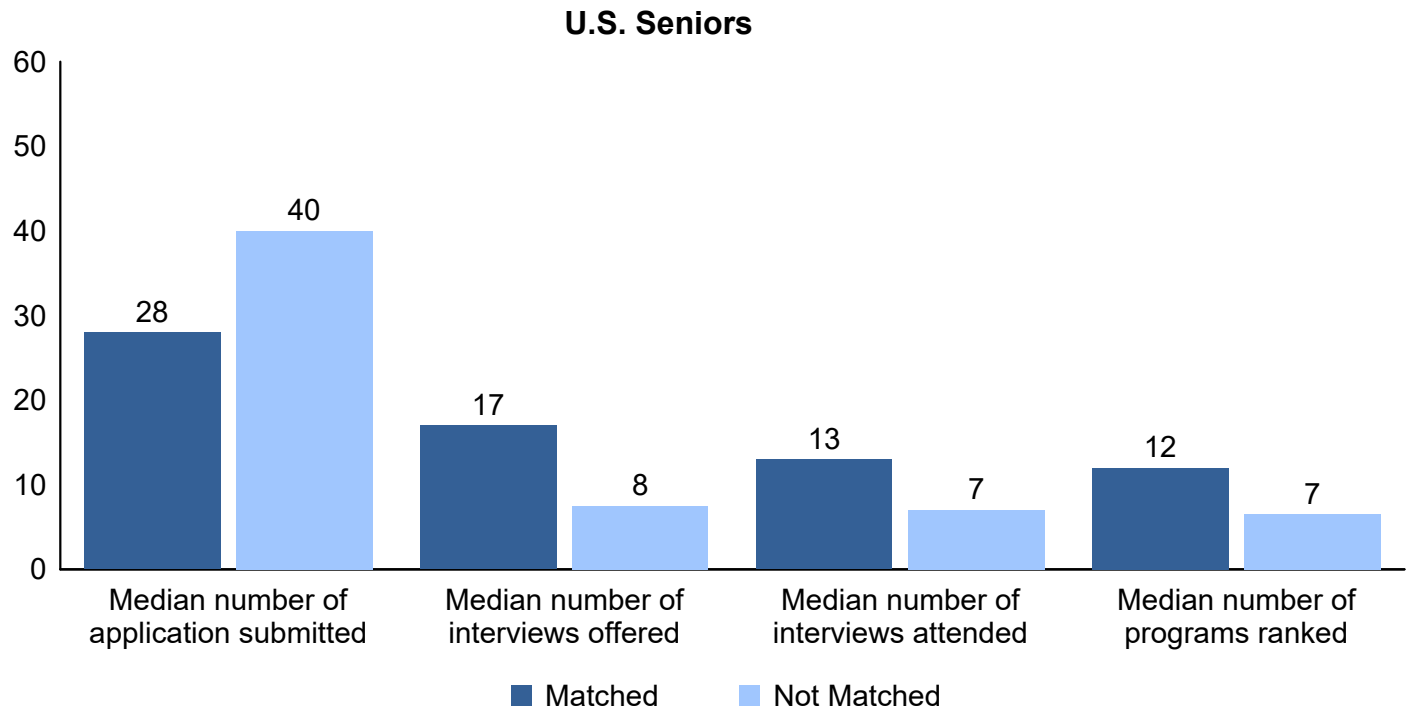
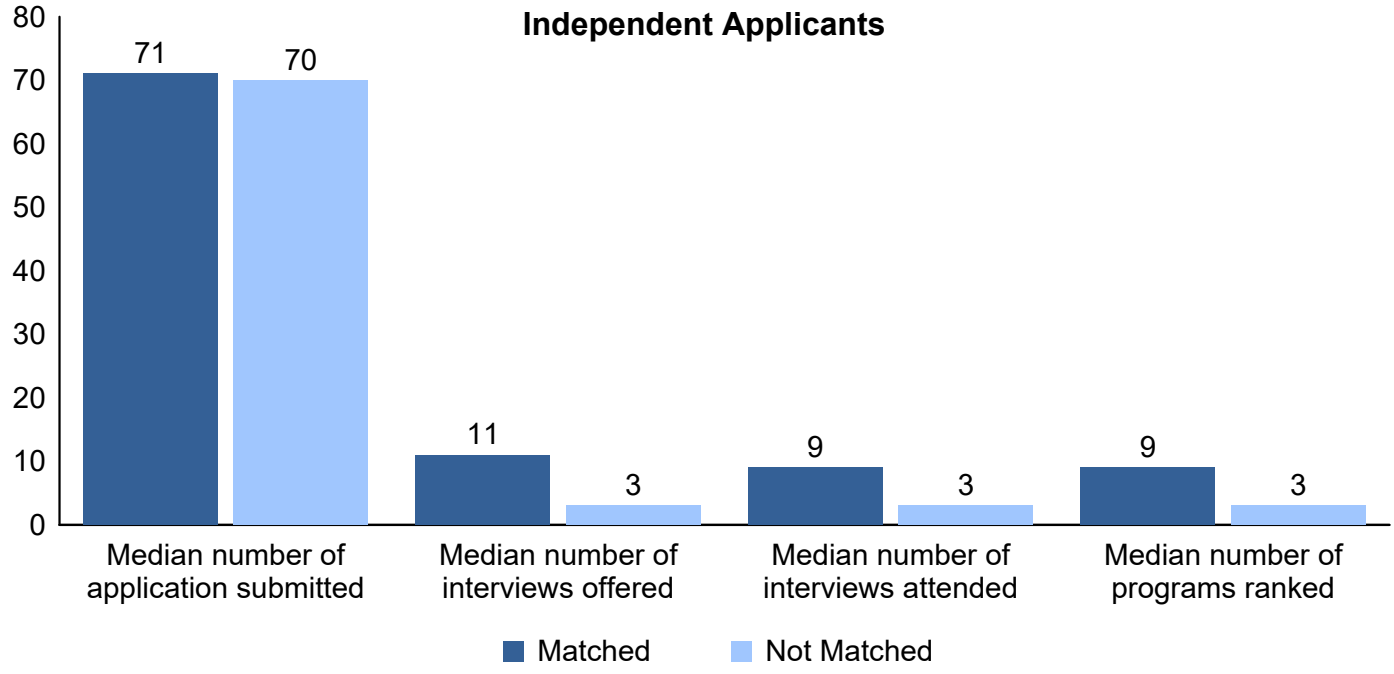


Figure NE-4

Neurology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

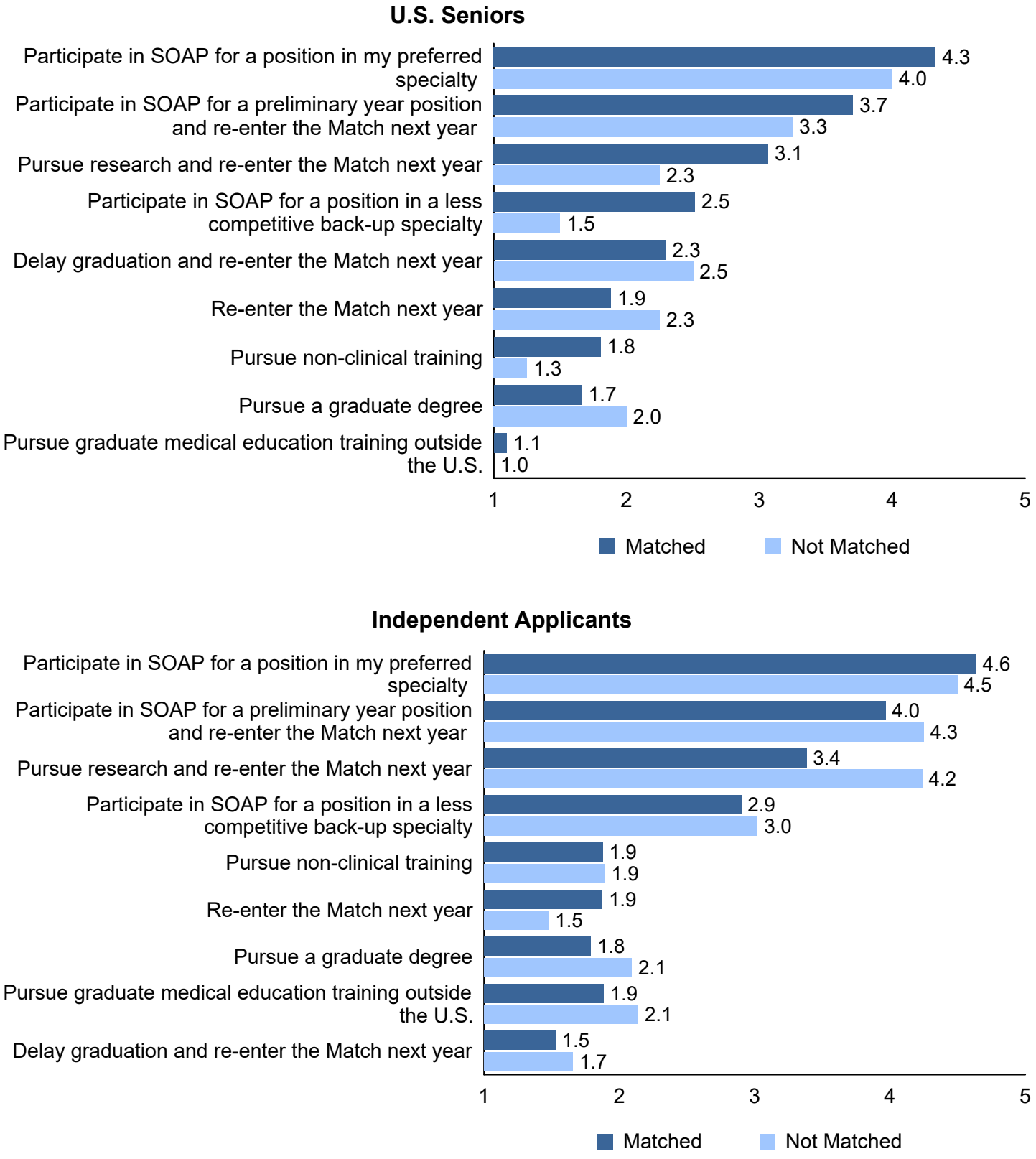




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure NE-5

Neurology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



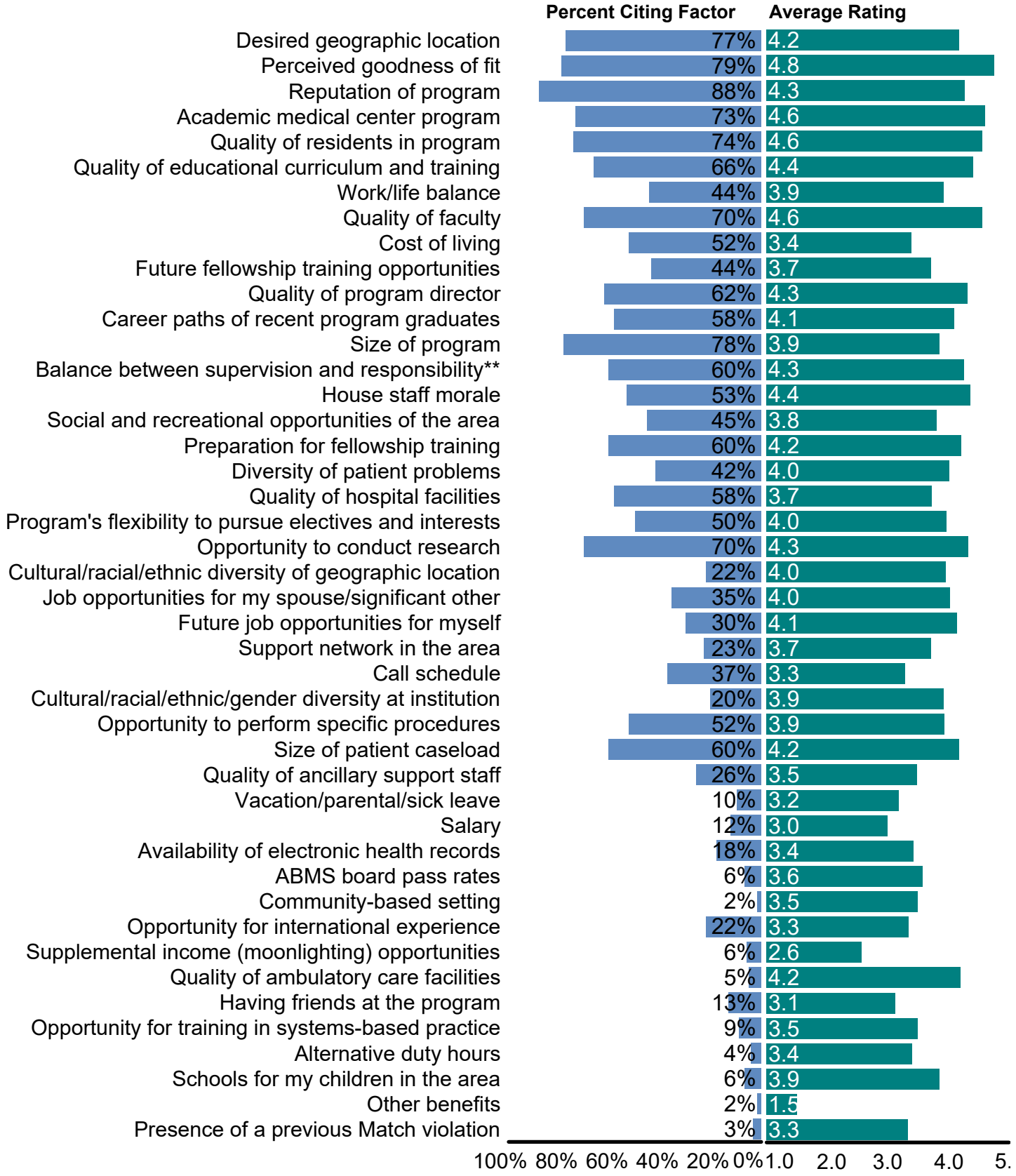
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Neurological Surgery

Figure NS-1

Neurological Surgery

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

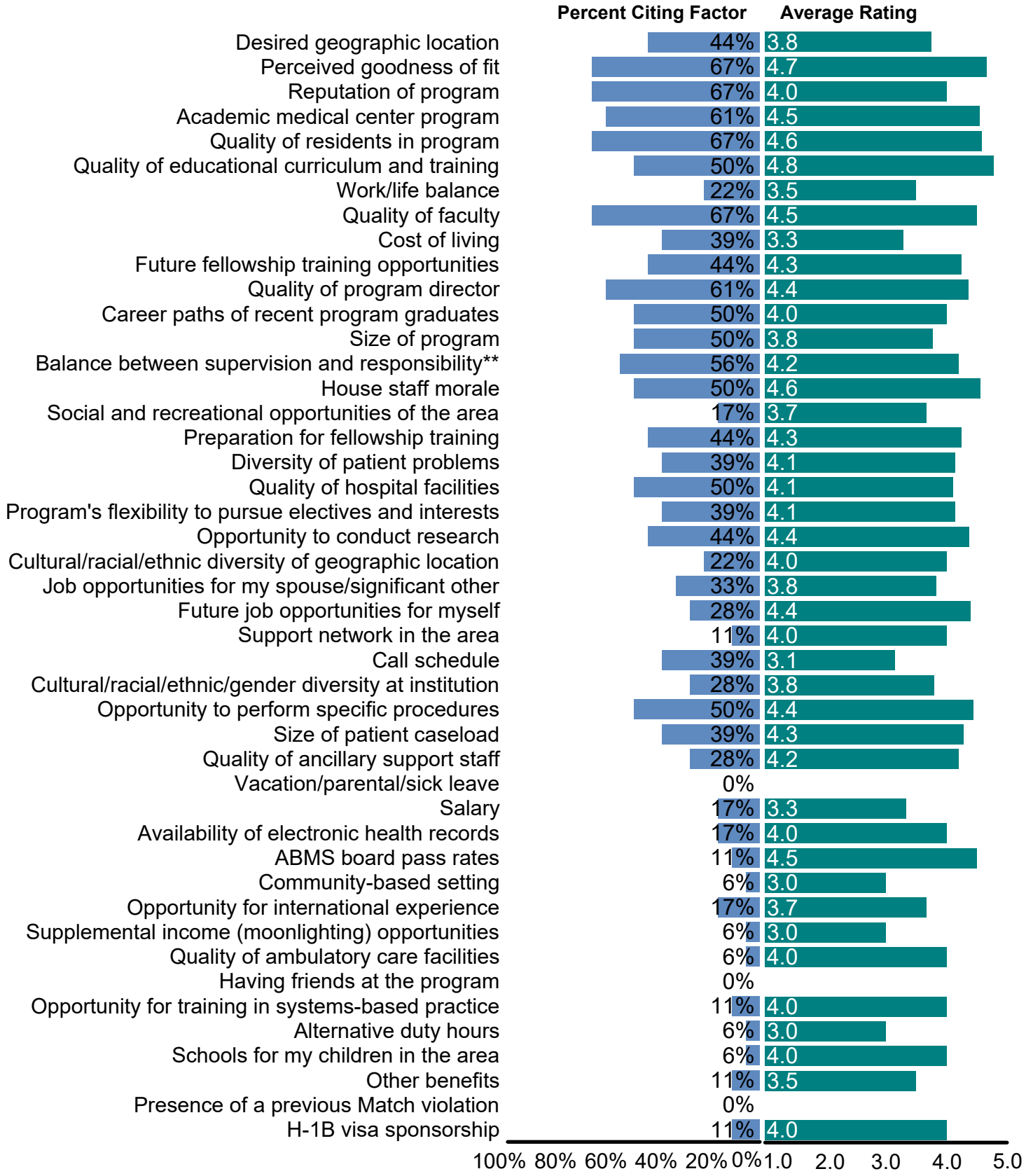
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NS-1

Neurological Surgery

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NS-2

Neurological Surgery

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

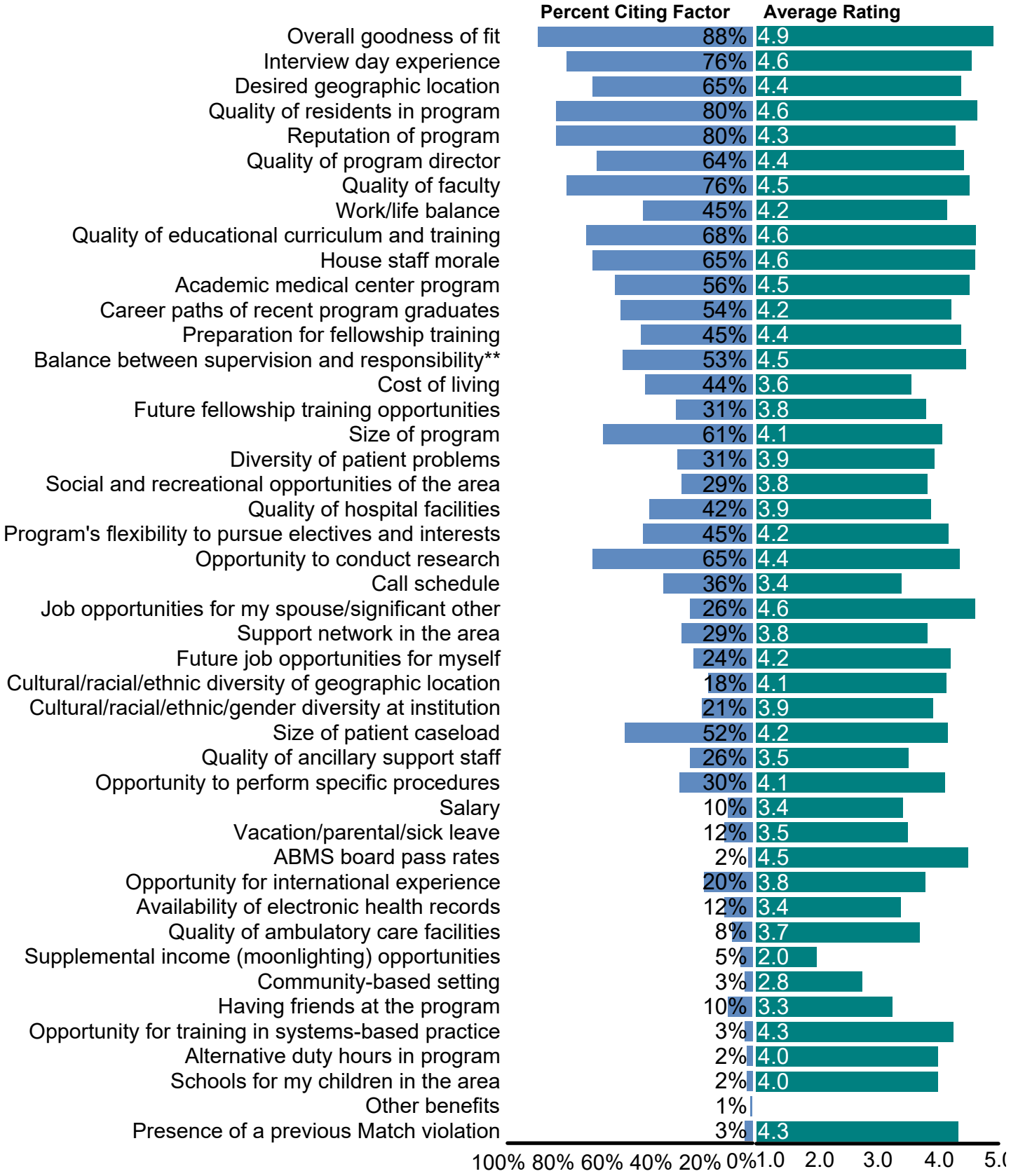


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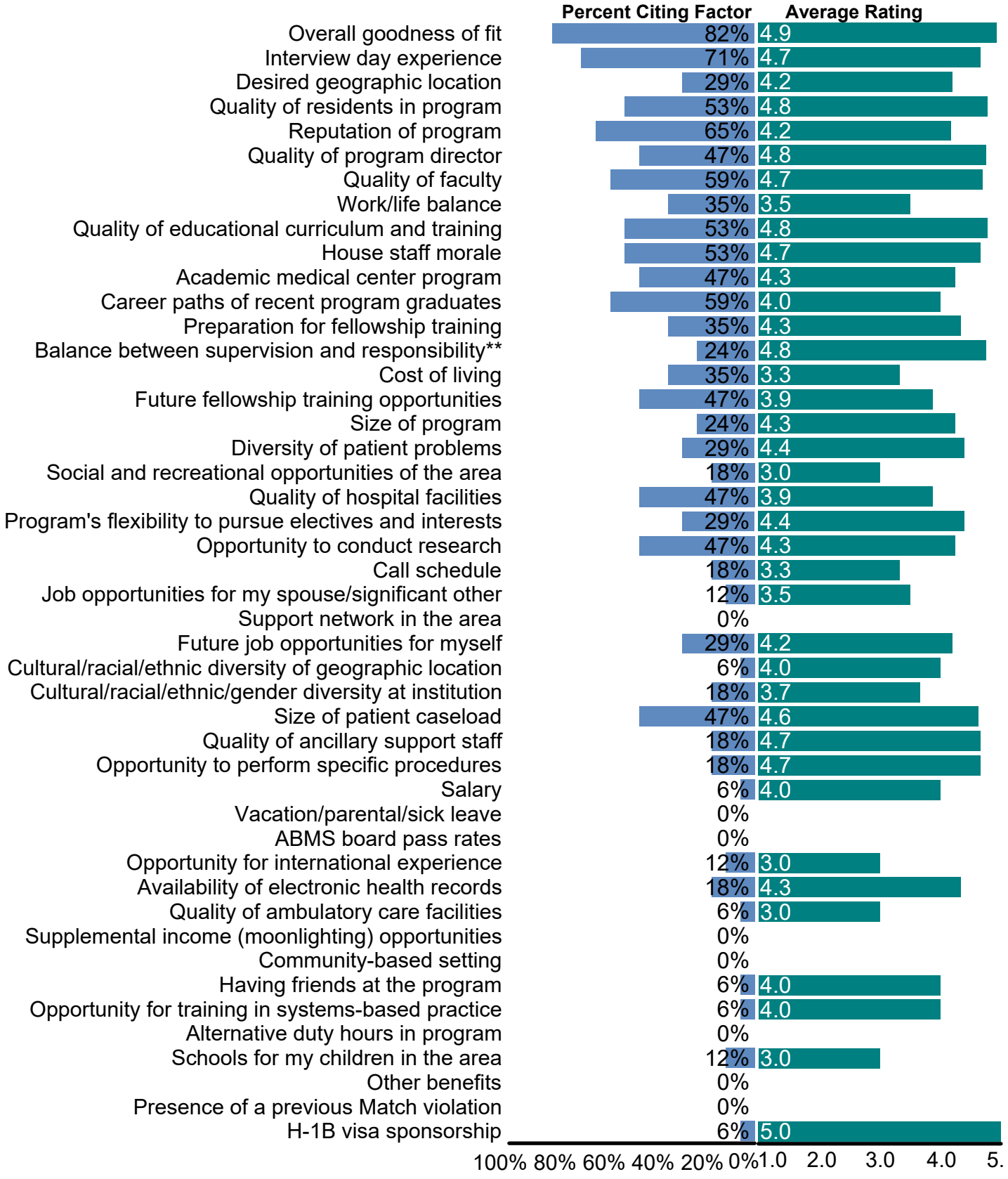
Figure NS-2

Neurological Surgery

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NS-3

Neurological Surgery
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

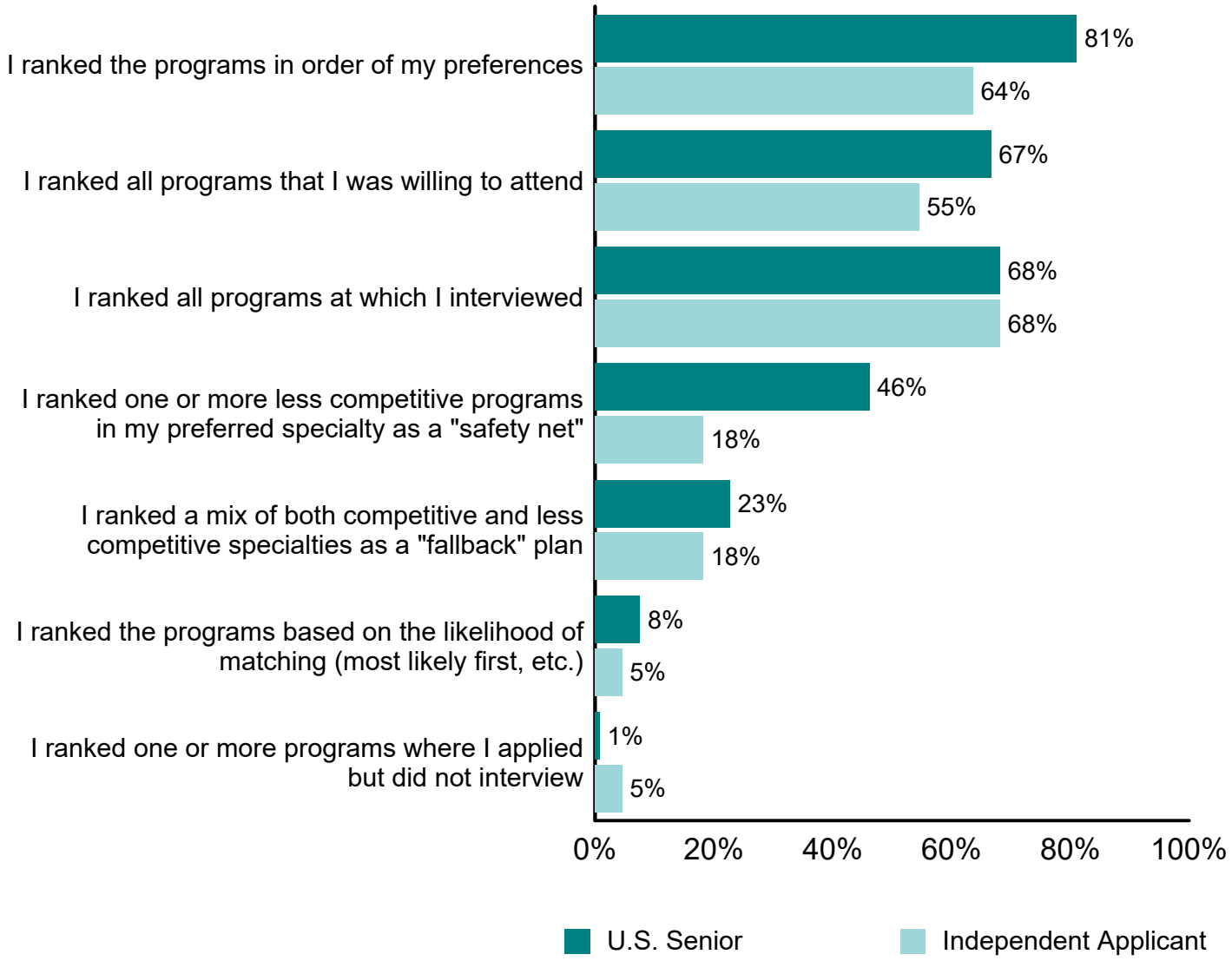
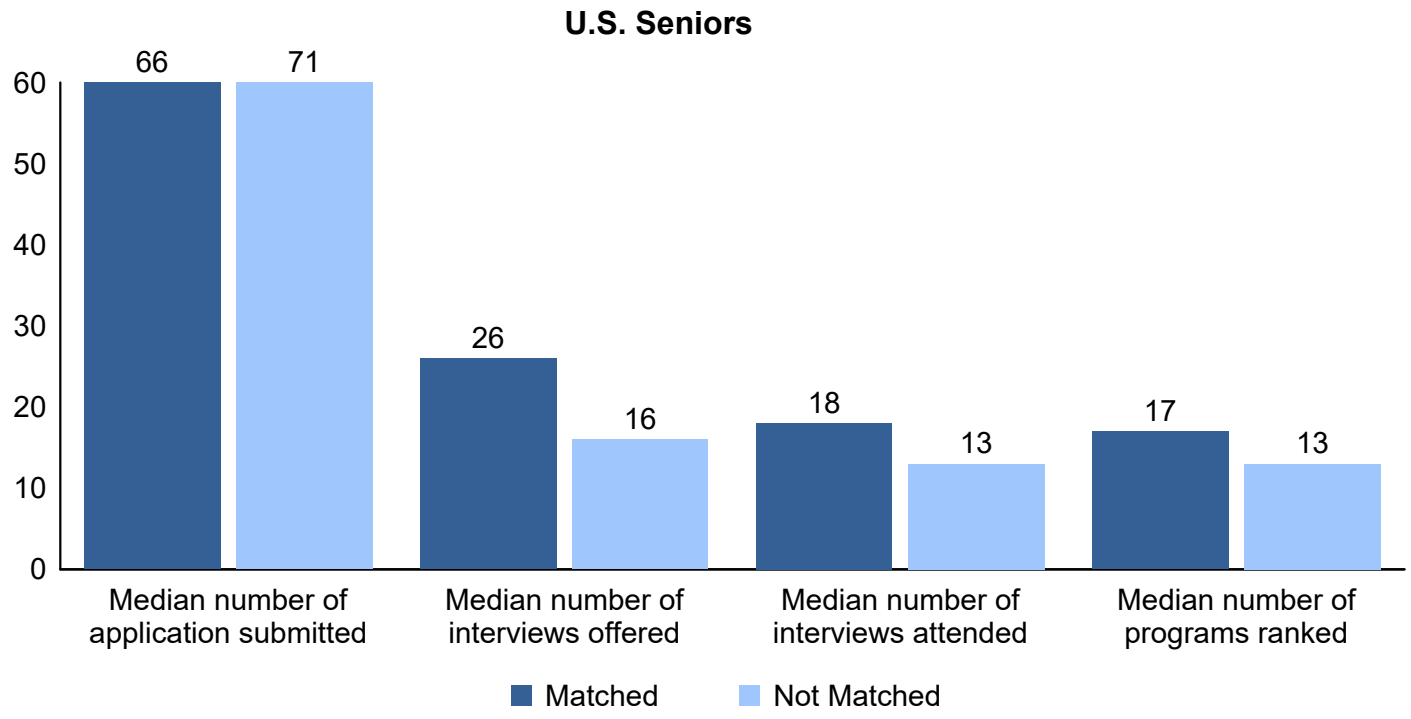
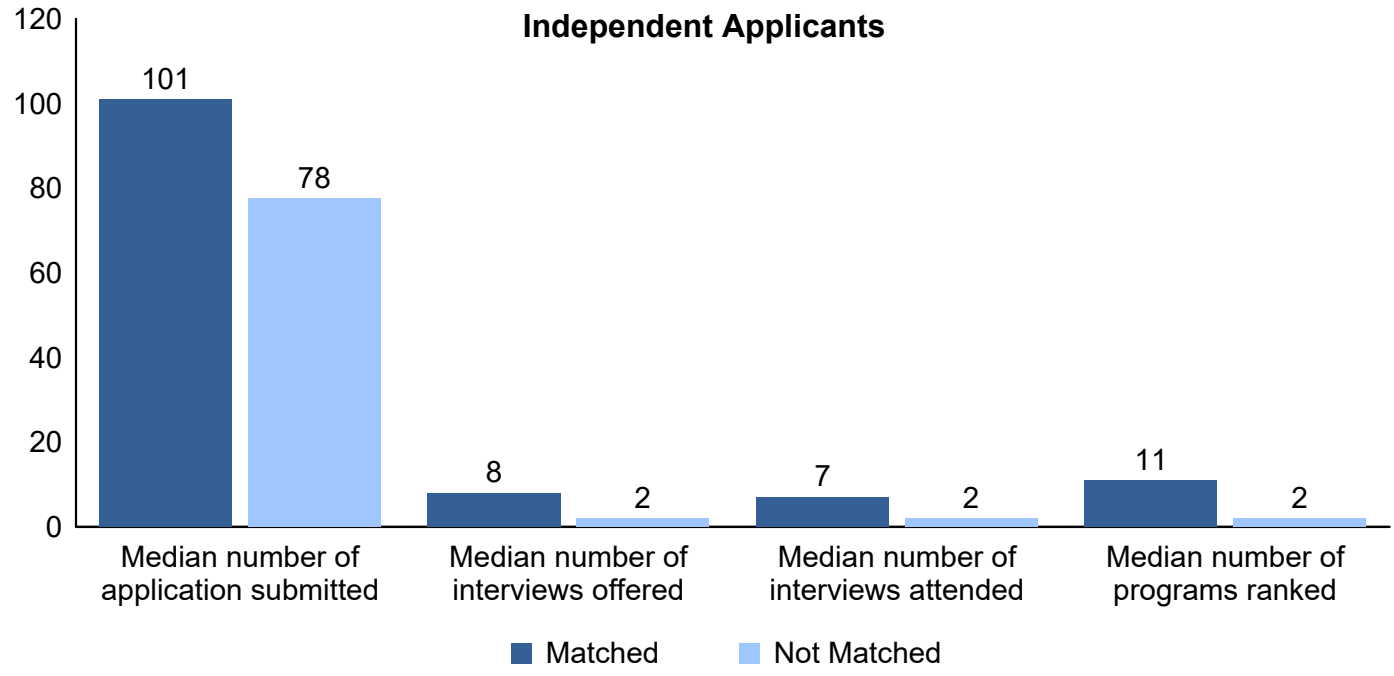


Figure NS-4

Neurological Surgery
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

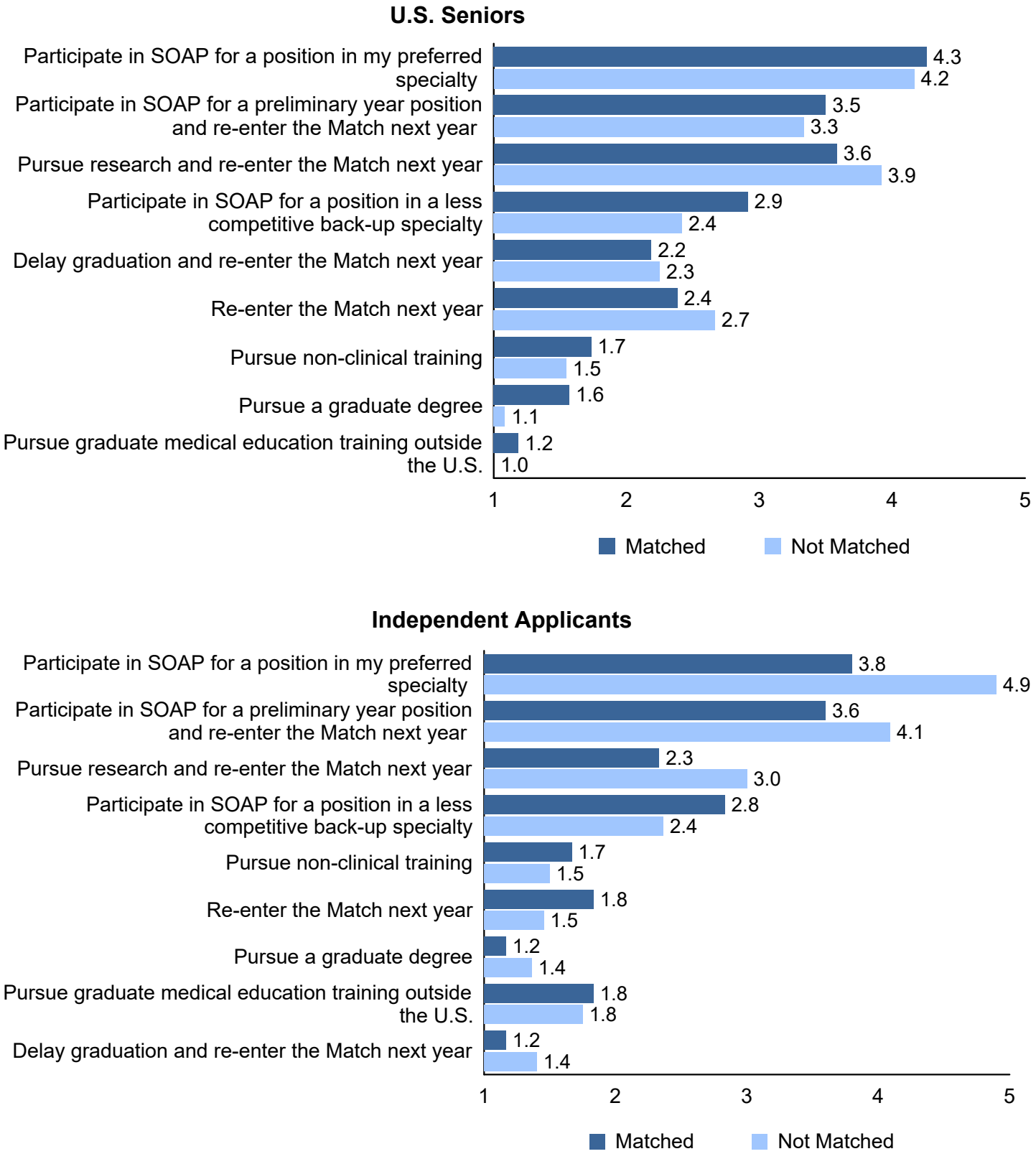




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure NS-5

Neurological Surgery
Likelihood to Pursue a Strategy If Applicant Did Not Match*
*By Applicant Type and Match Outcome**



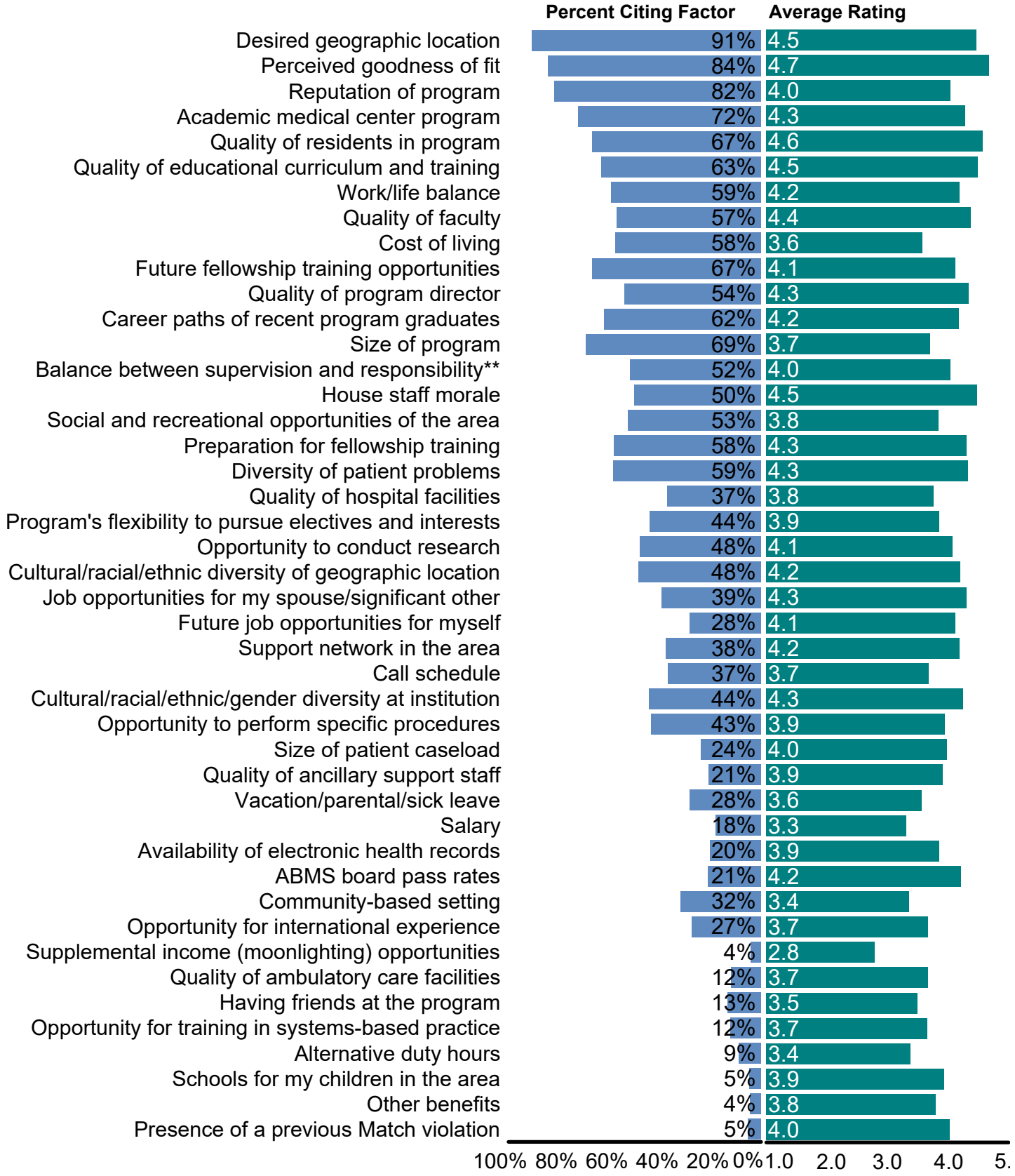
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Obstetrics and Gynecology

Figure OB-1

Obstetrics and Gynecology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

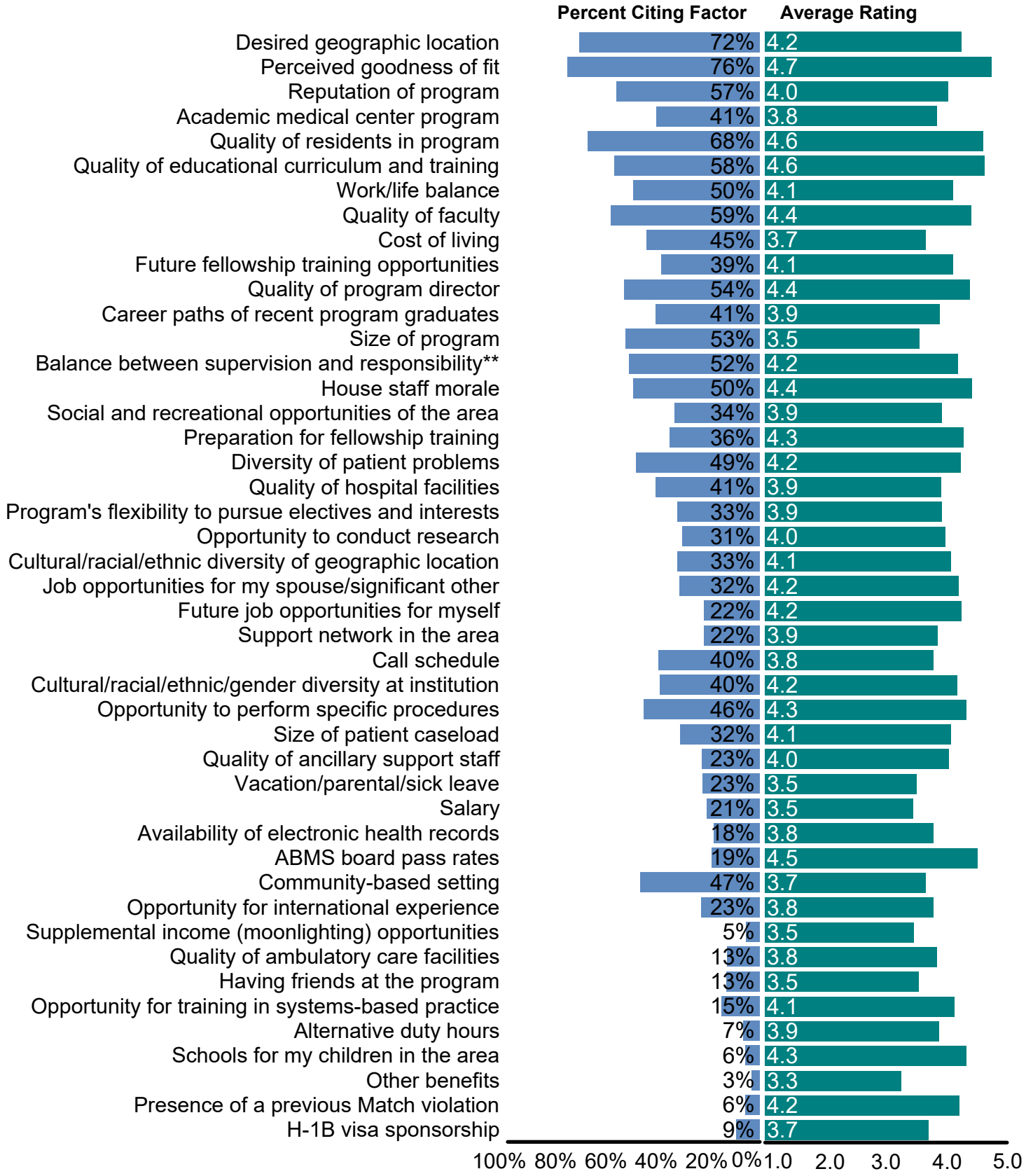
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OB-1

Obstetrics and Gynecology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

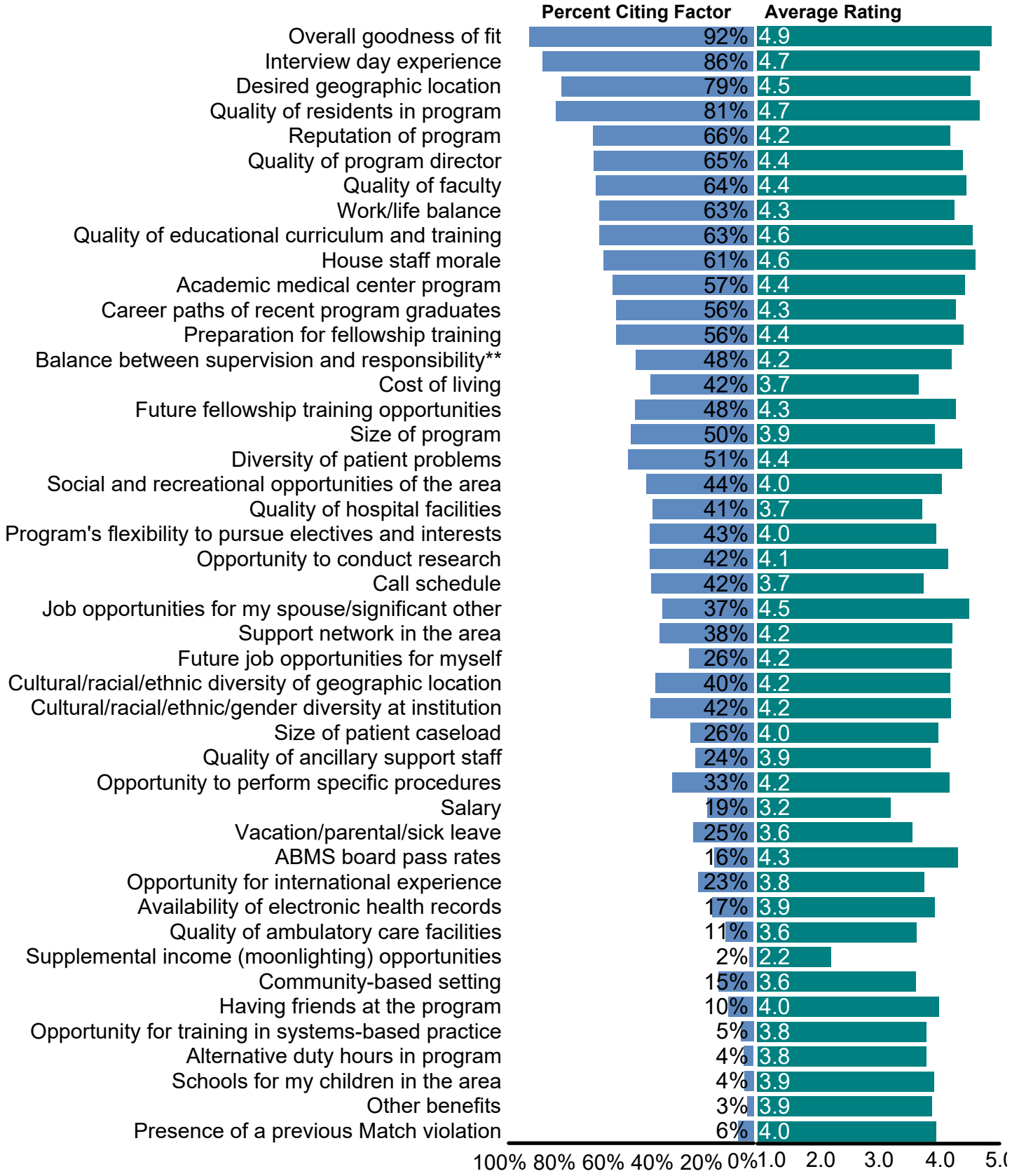
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OB-2

Obstetrics and Gynecology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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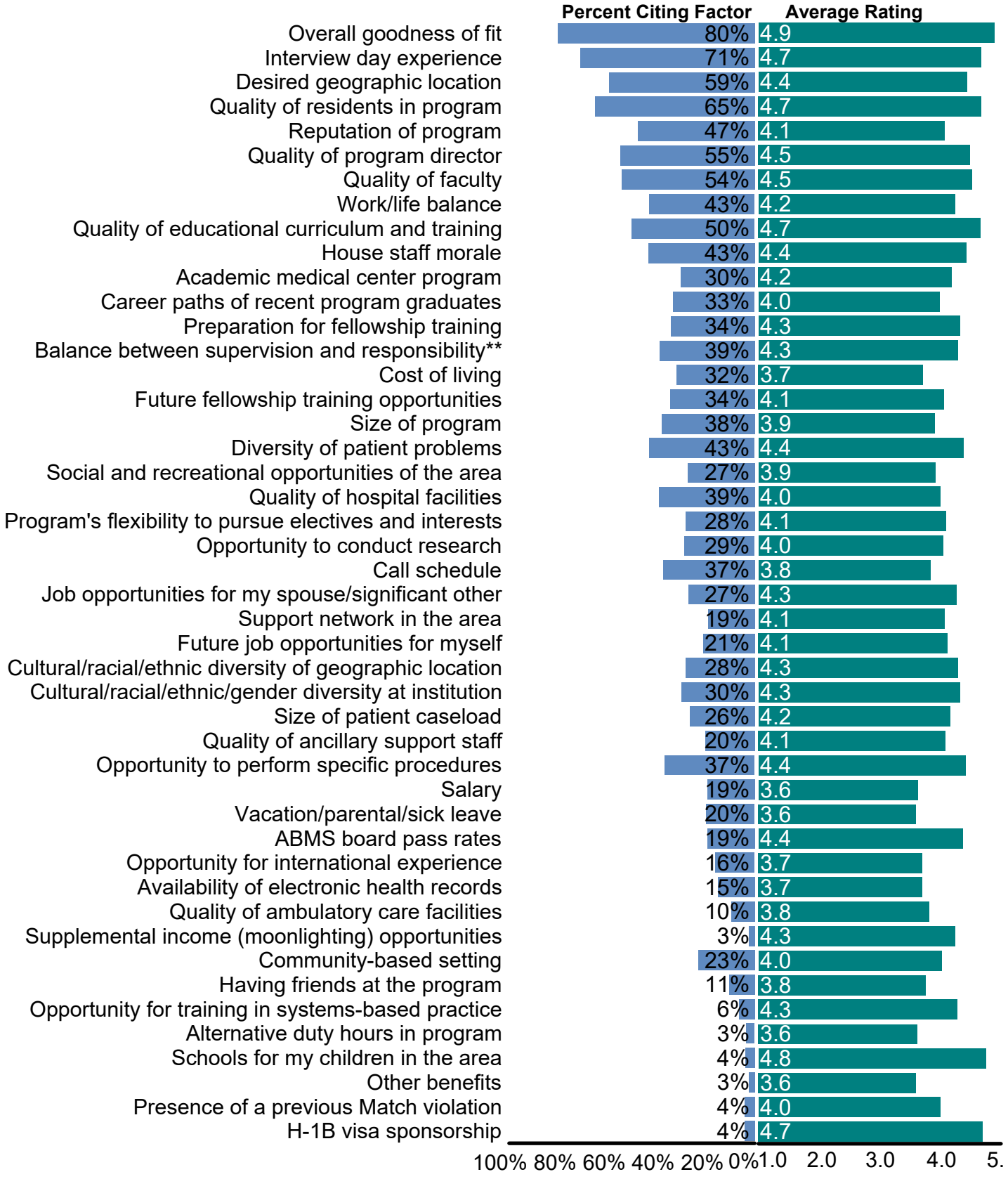
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OB-2

Obstetrics and Gynecology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OB-3

Obstetrics and Gynecology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

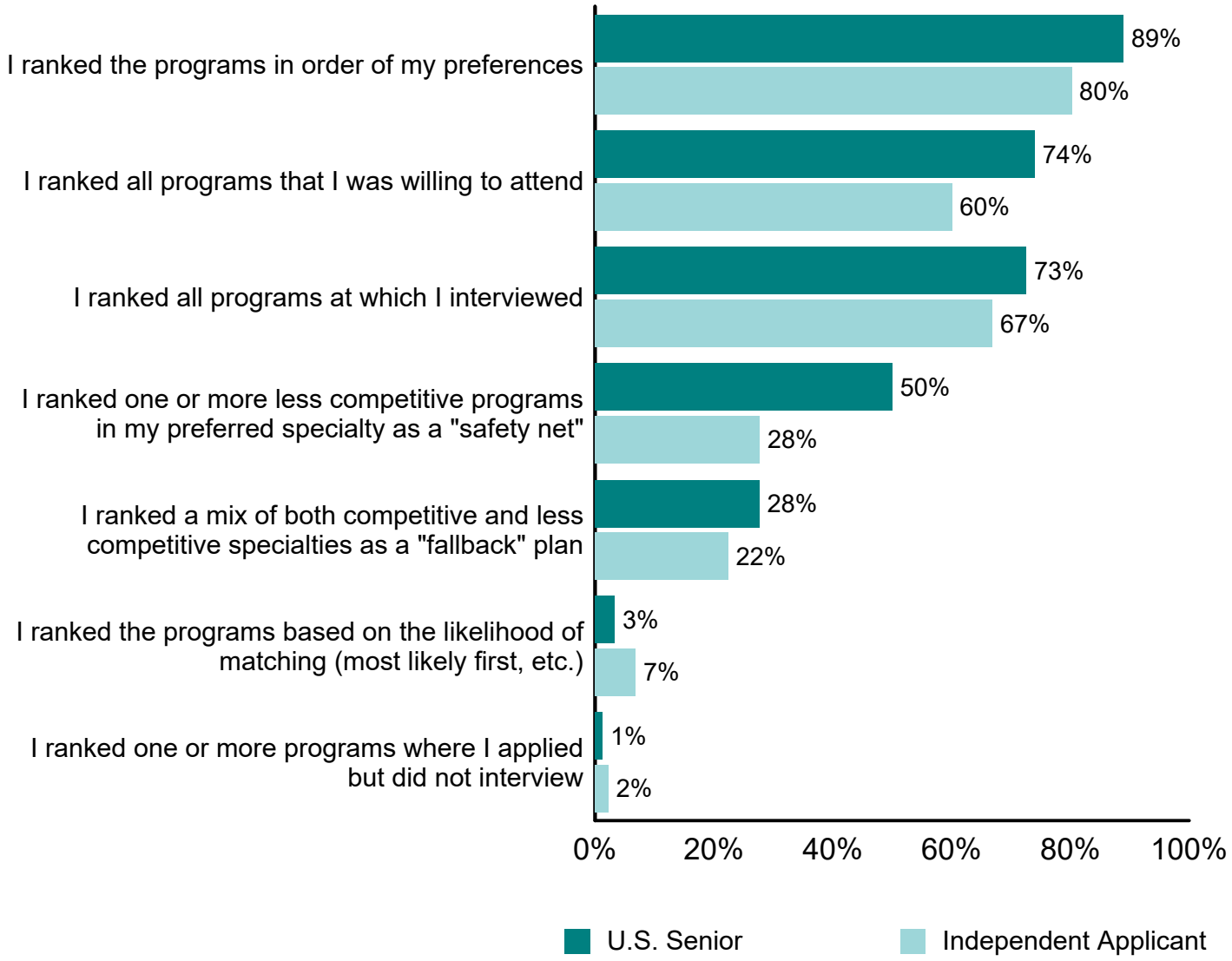
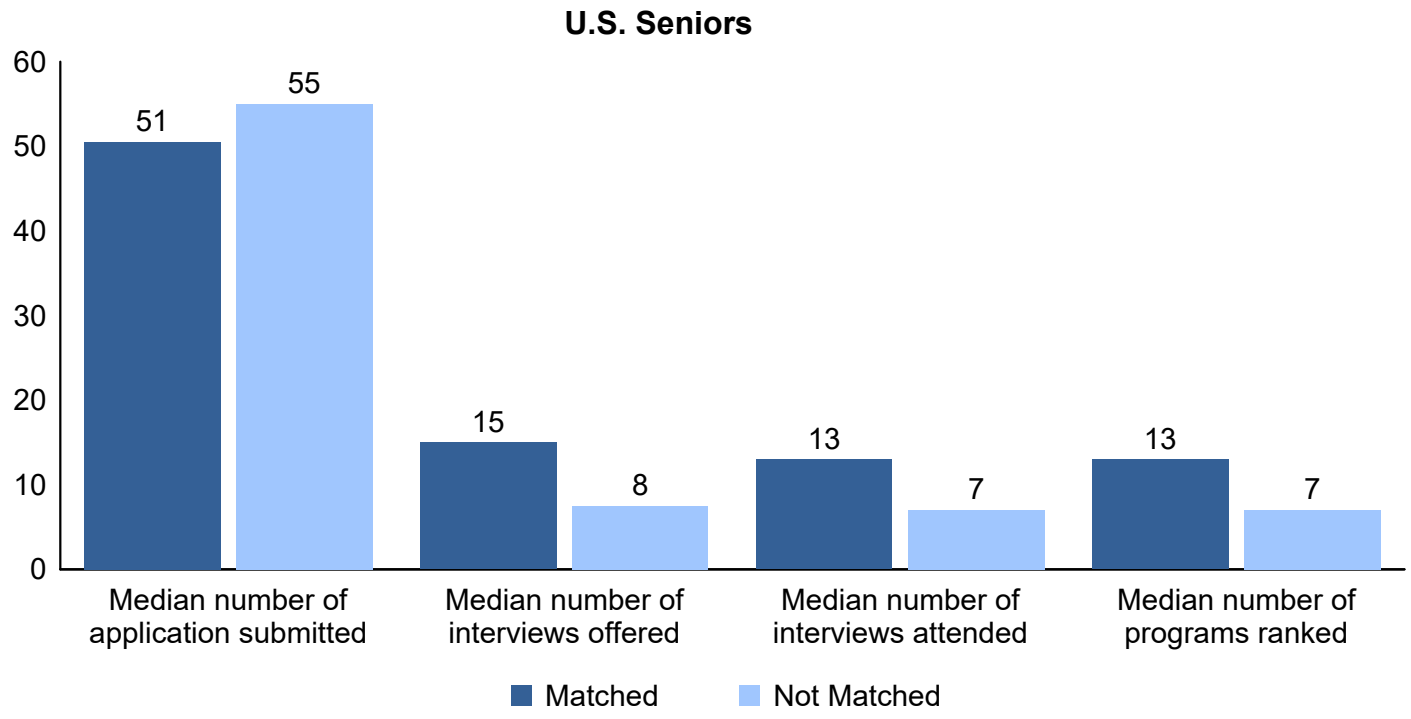
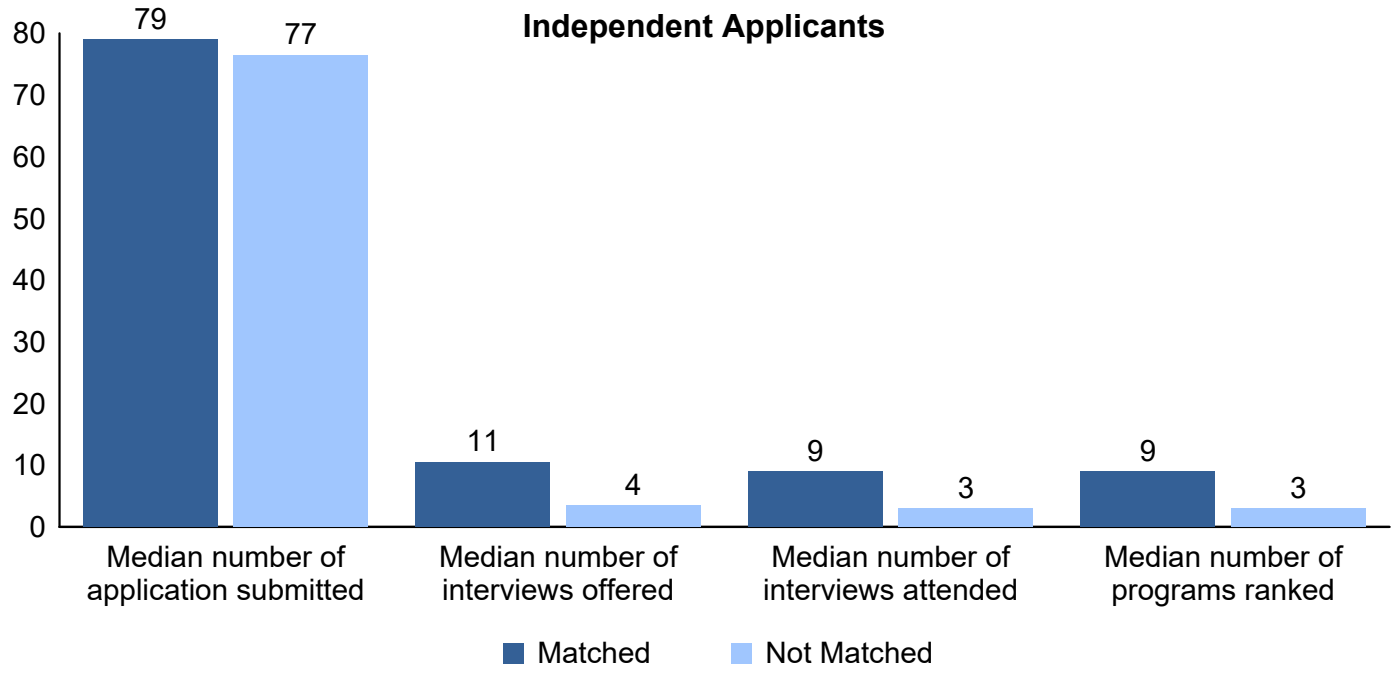


Figure OB-4

Obstetrics and Gynecology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



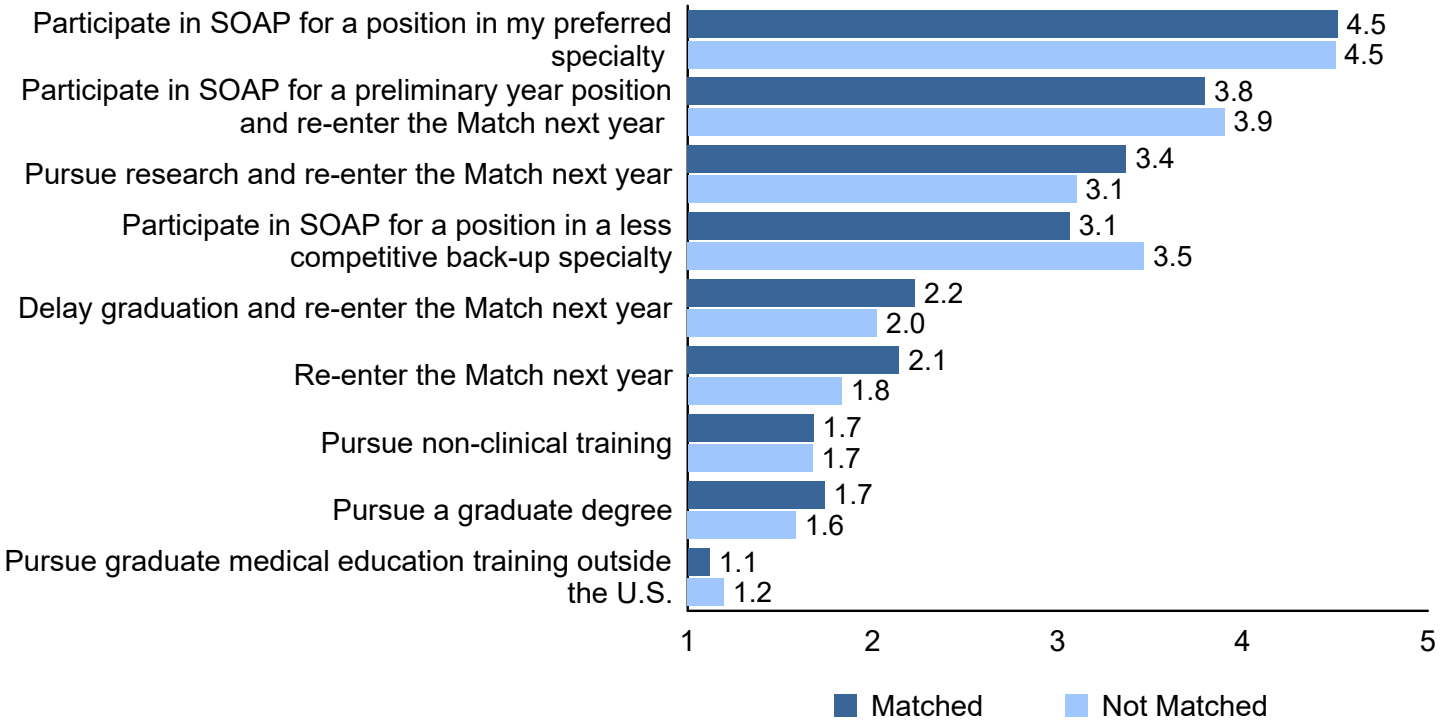


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

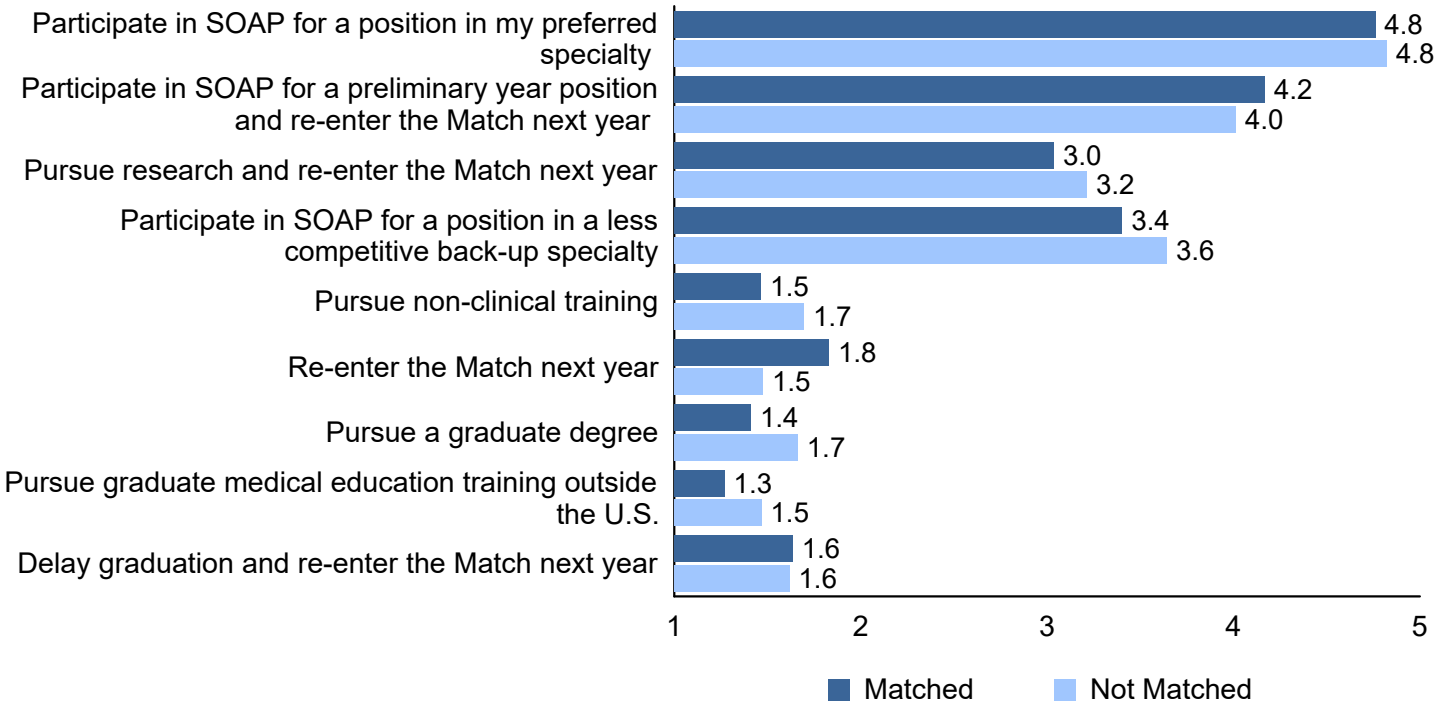
Figure OB-5

Obstetrics and Gynecology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



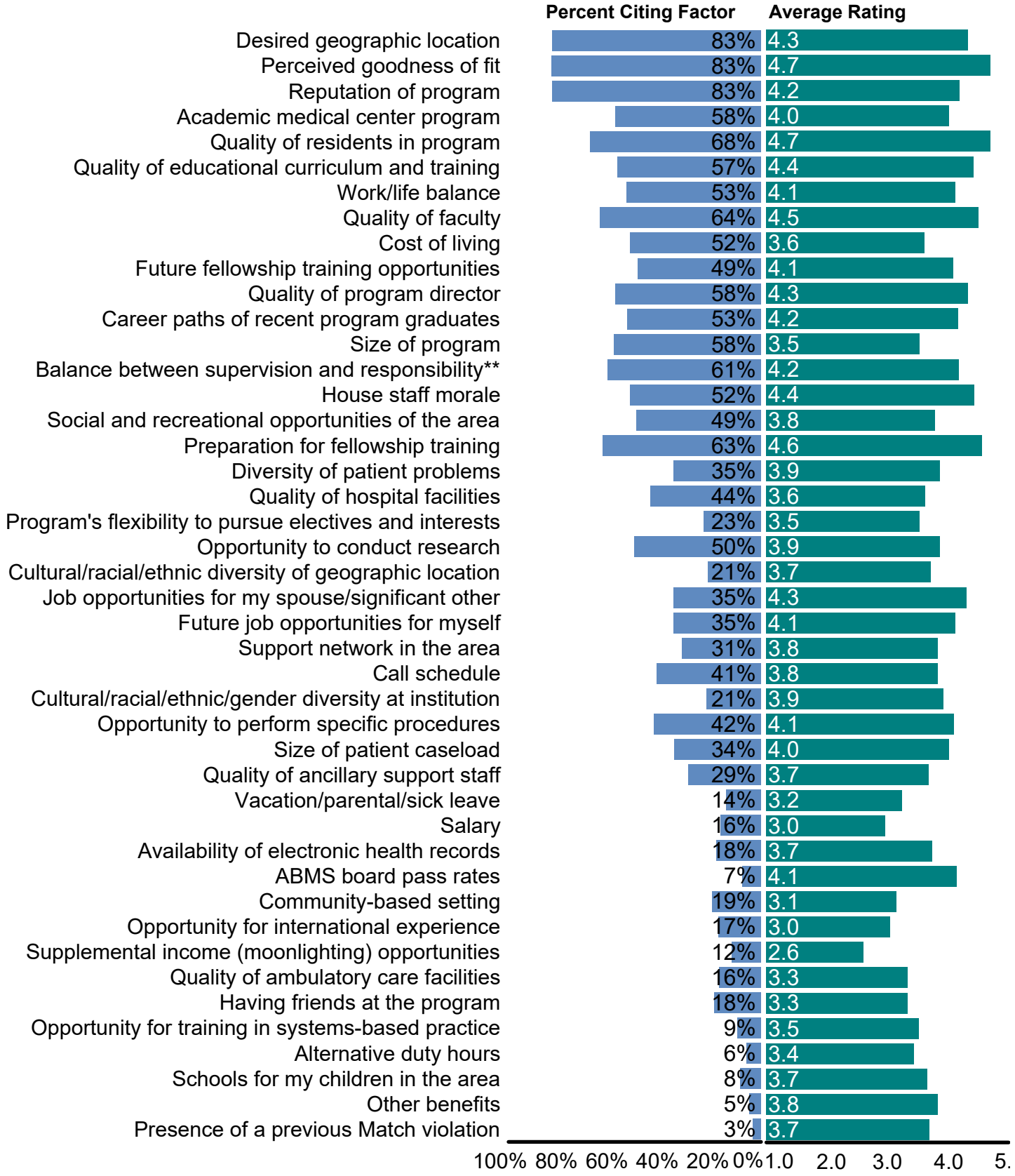
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Orthopaedic Surgery

Figure OS-1

Orthopaedic Surgery

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

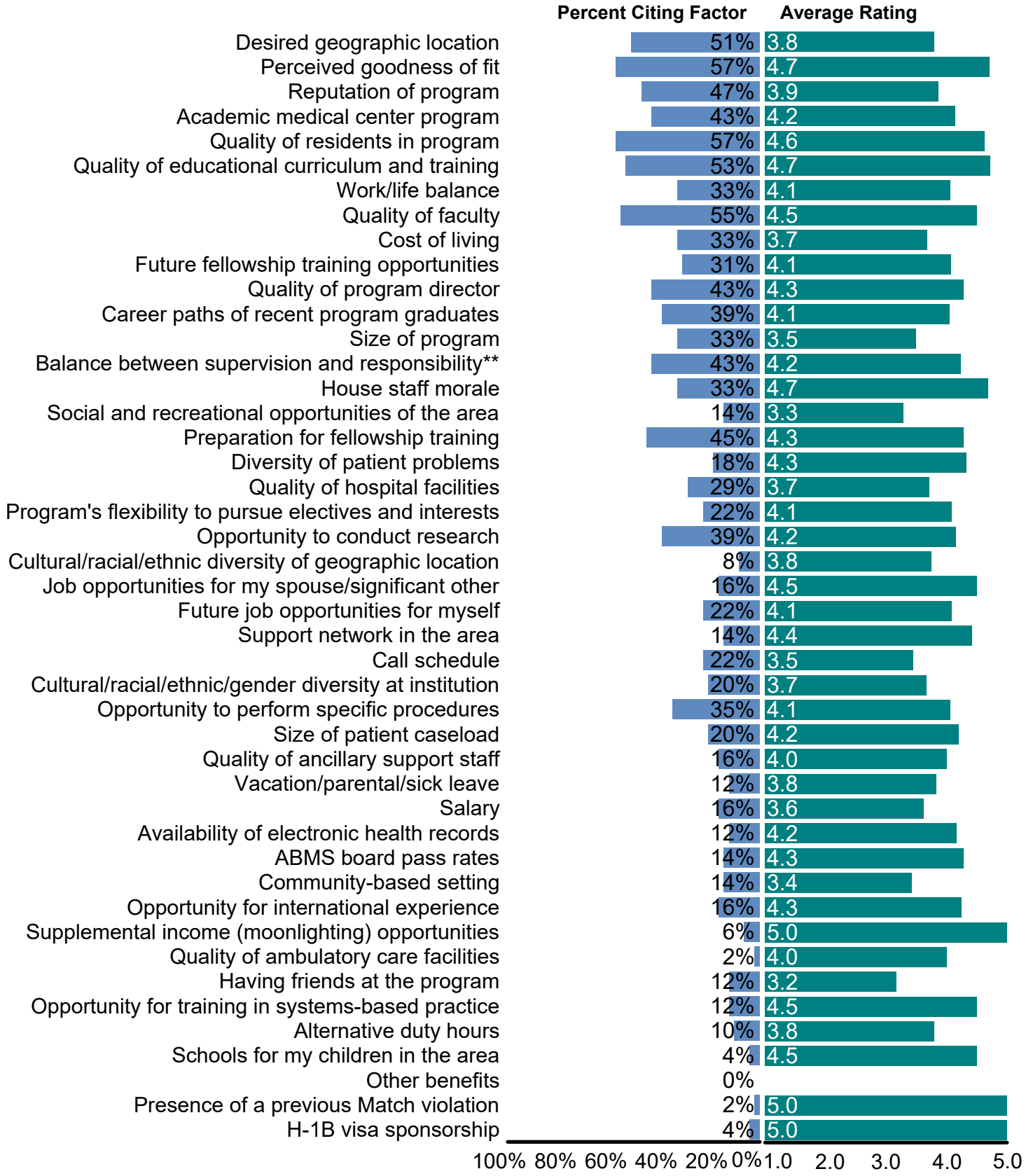
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OS-1

Orthopaedic Surgery

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OS-2

Orthopaedic Surgery

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

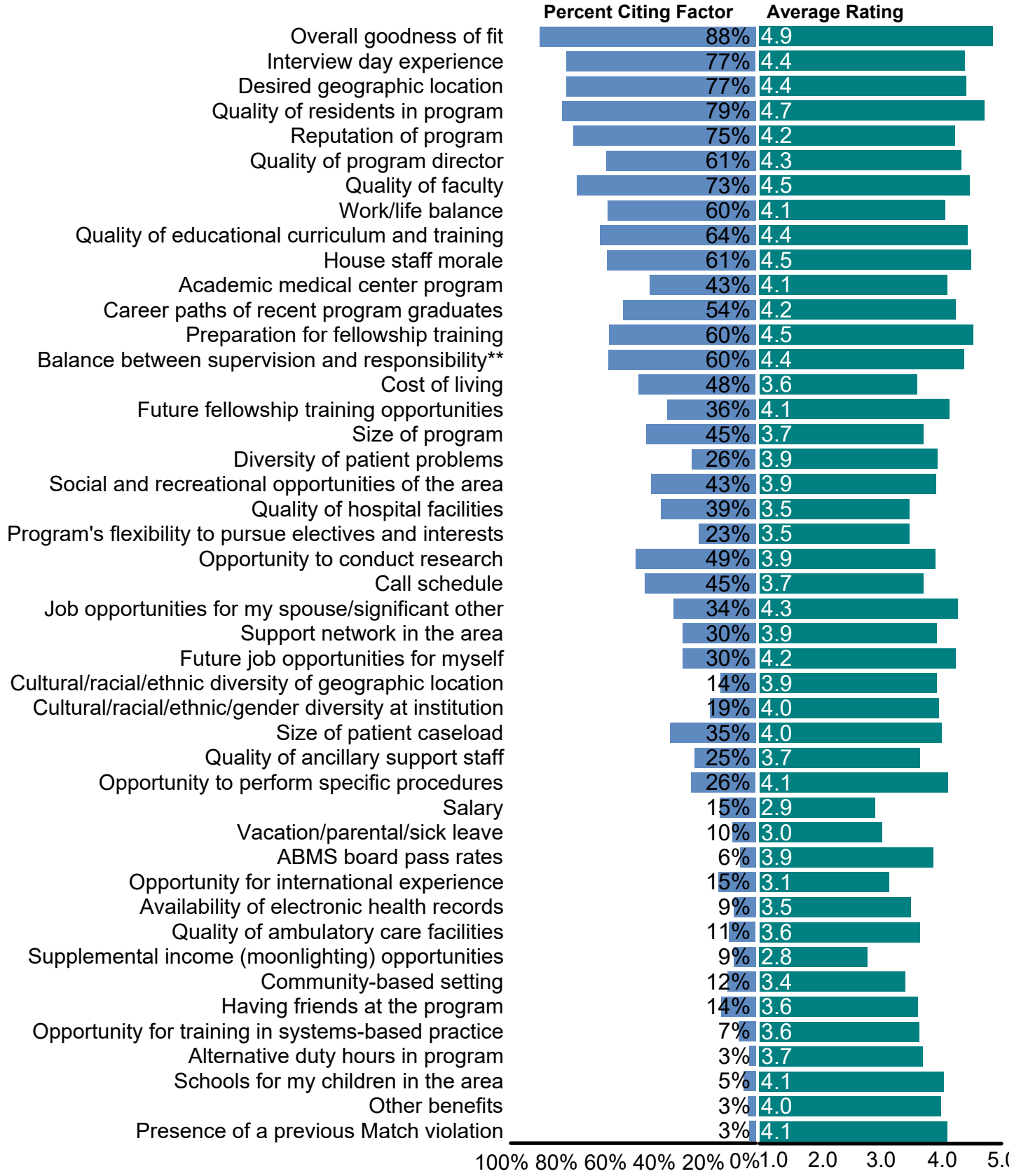


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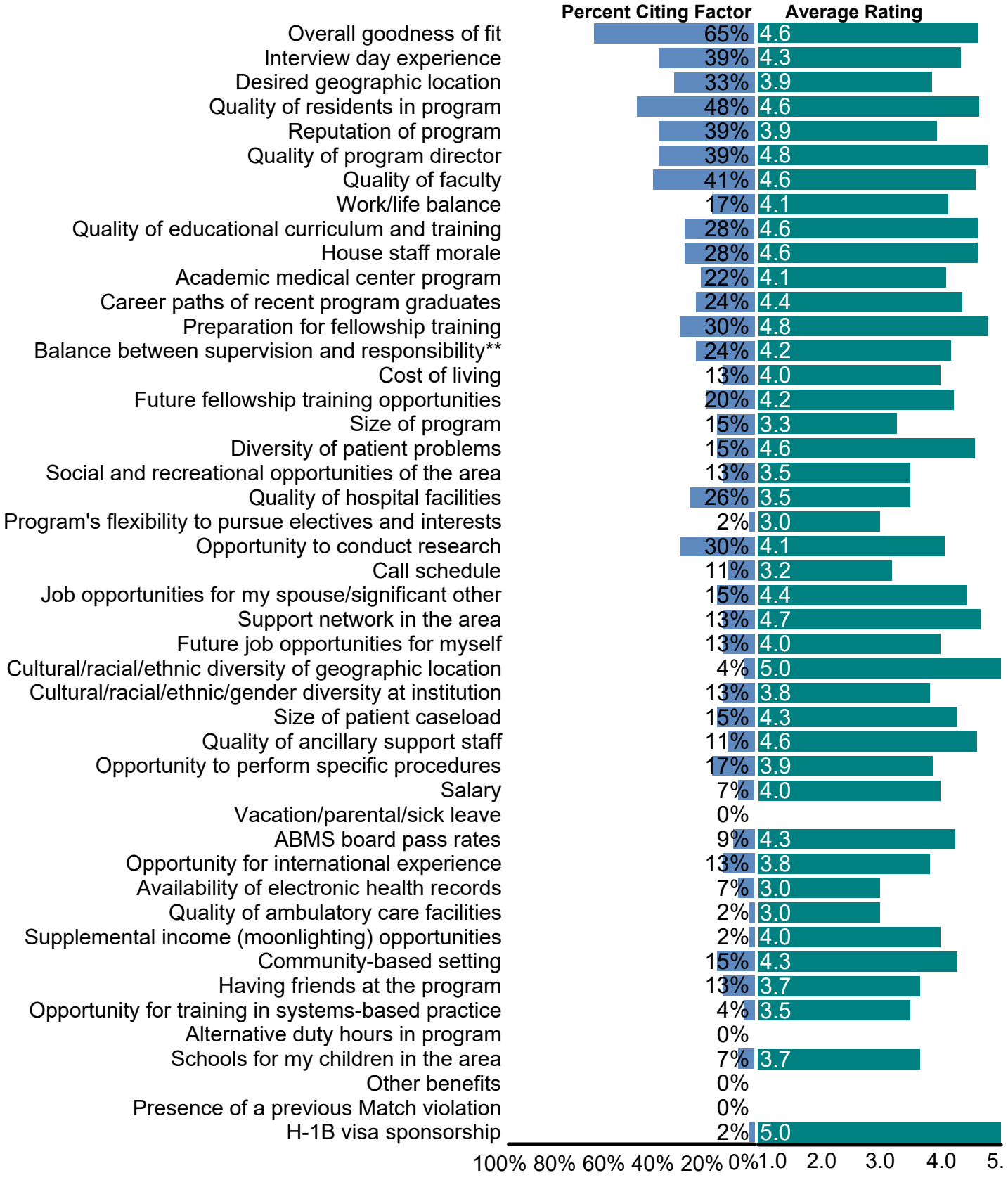
Figure OS-2

Orthopaedic Surgery

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OS-3

Orthopaedic Surgery
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

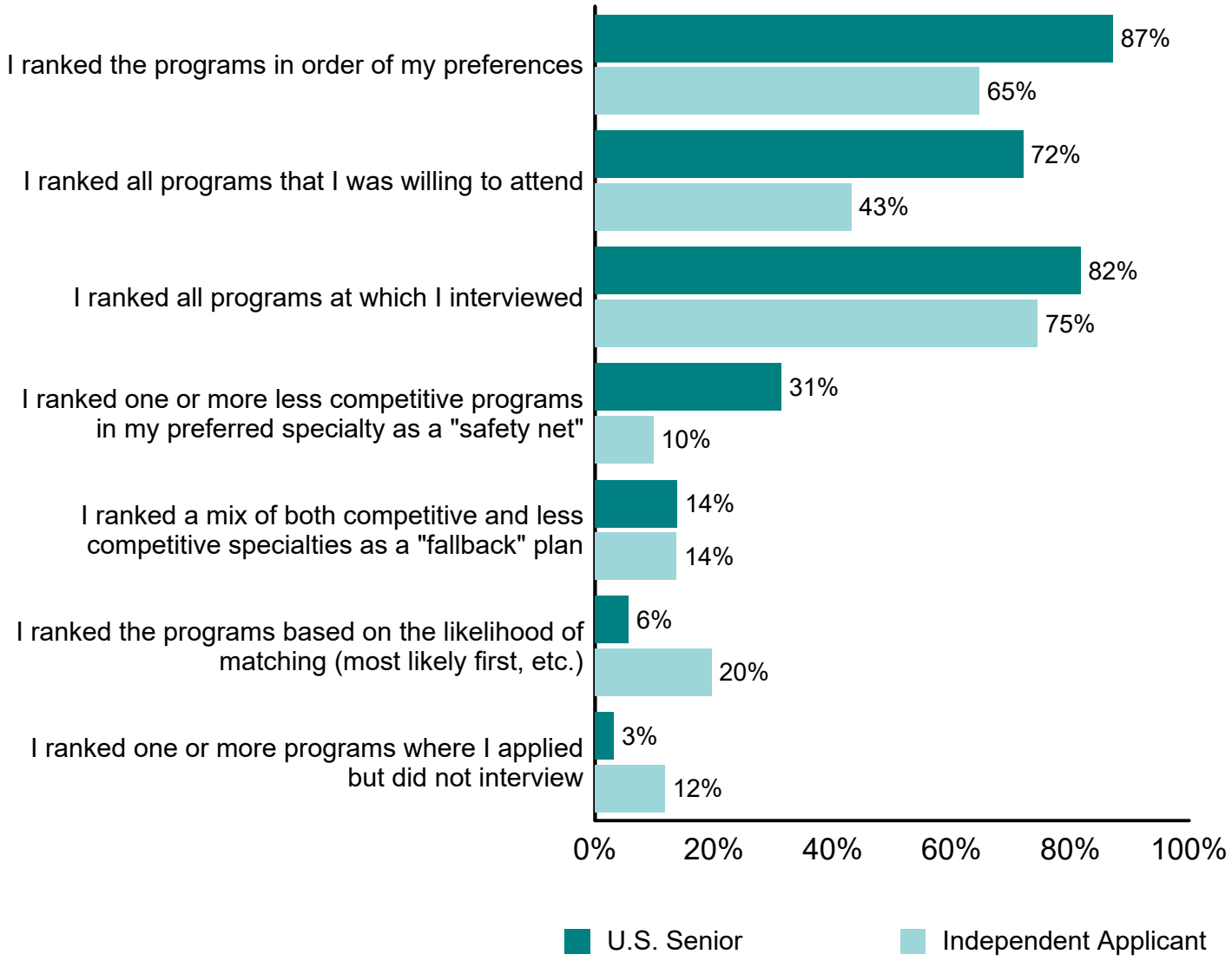
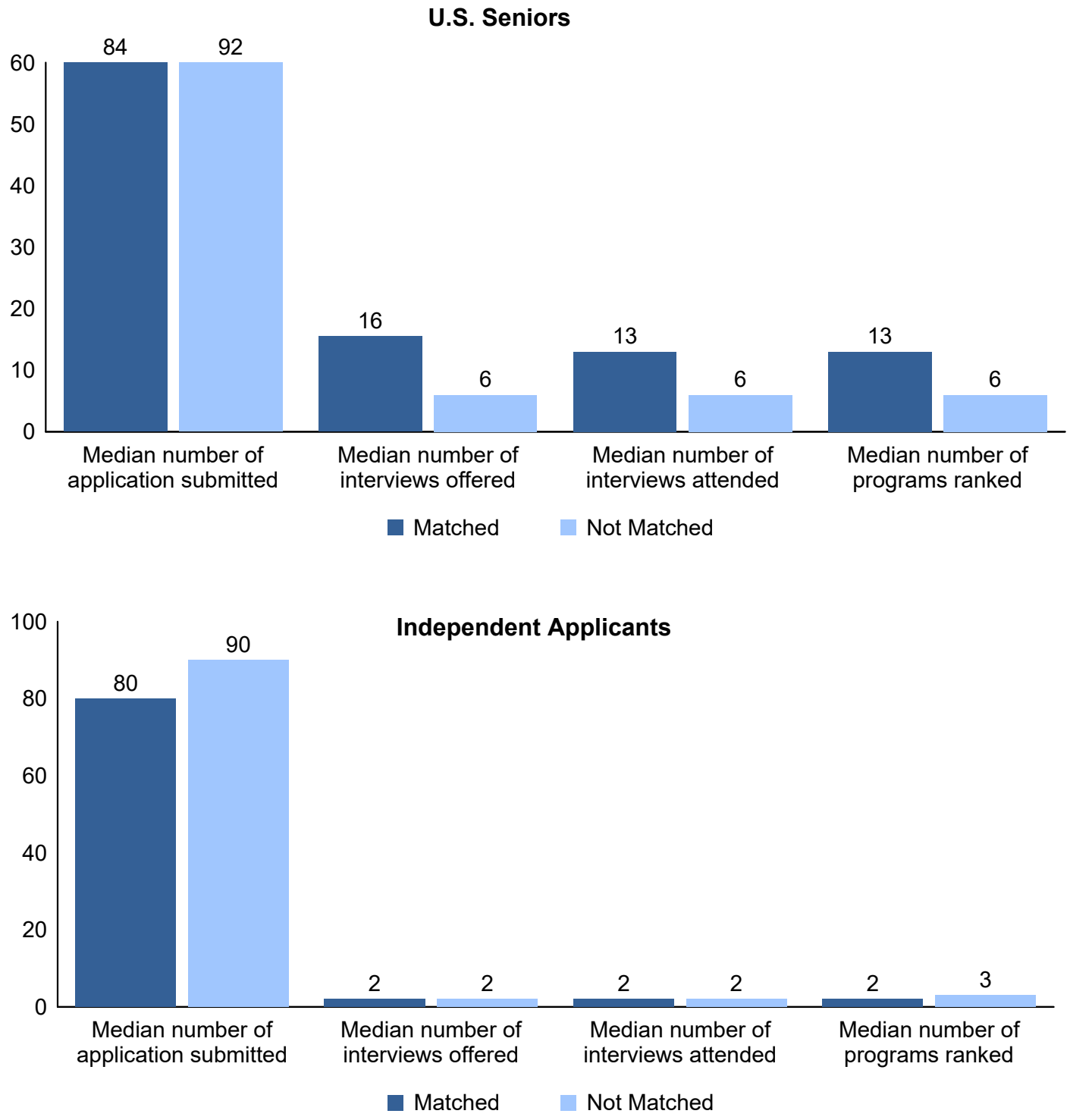


Figure OS-4

Orthopaedic Surgery
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

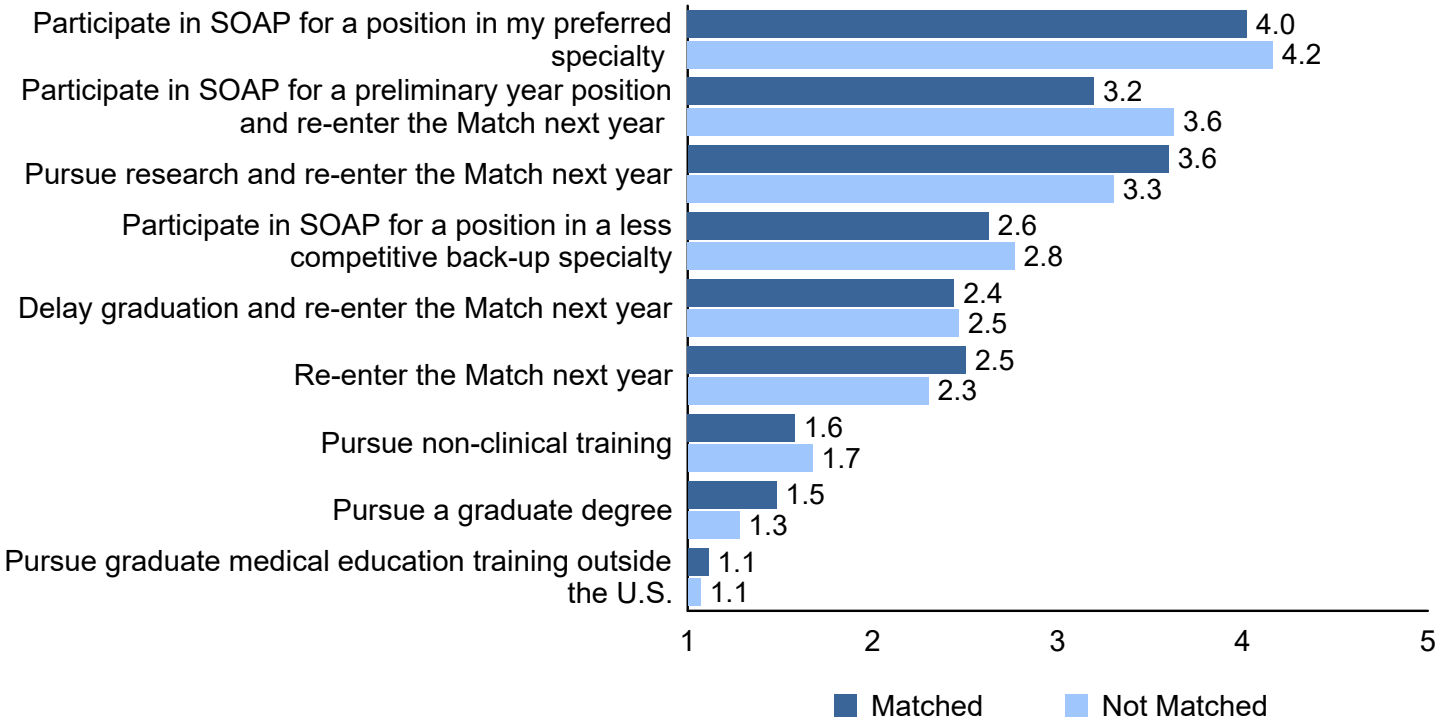


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

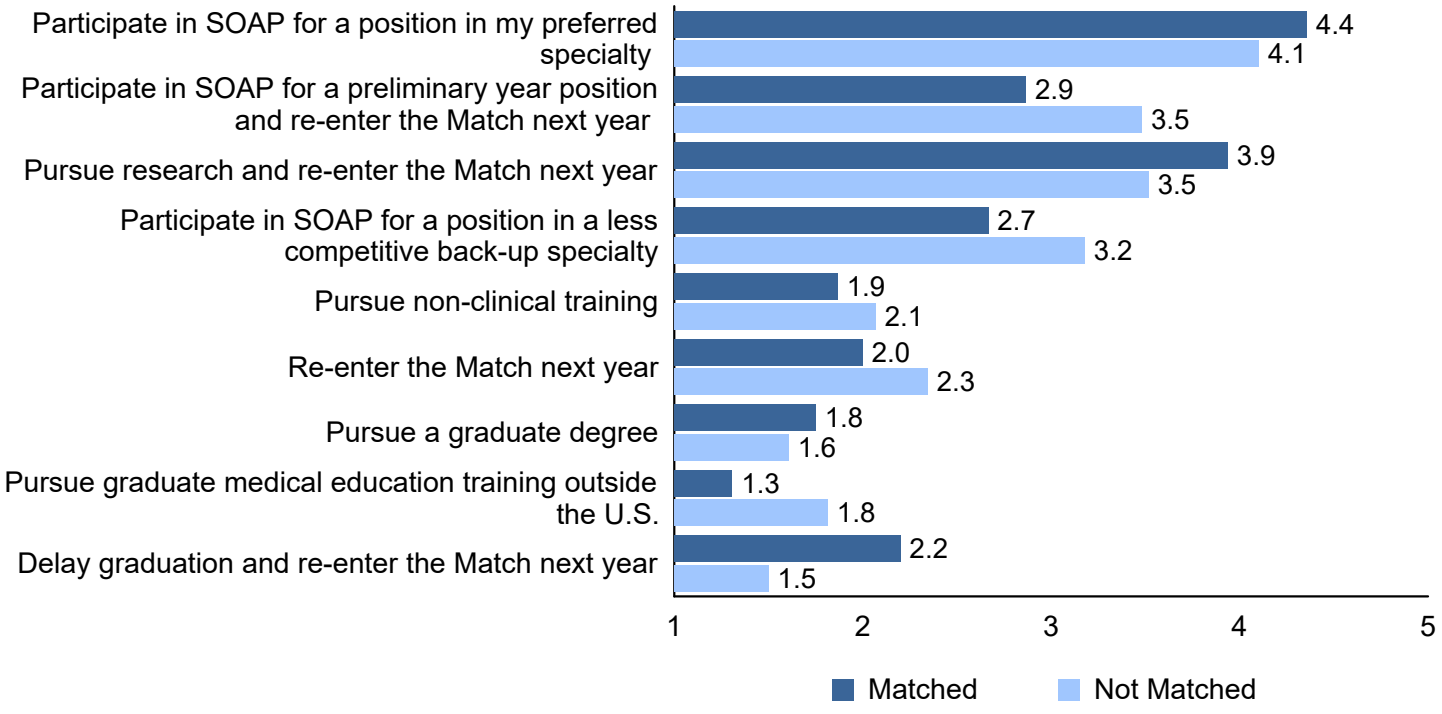
Figure OS-5

Orthopaedic Surgery
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



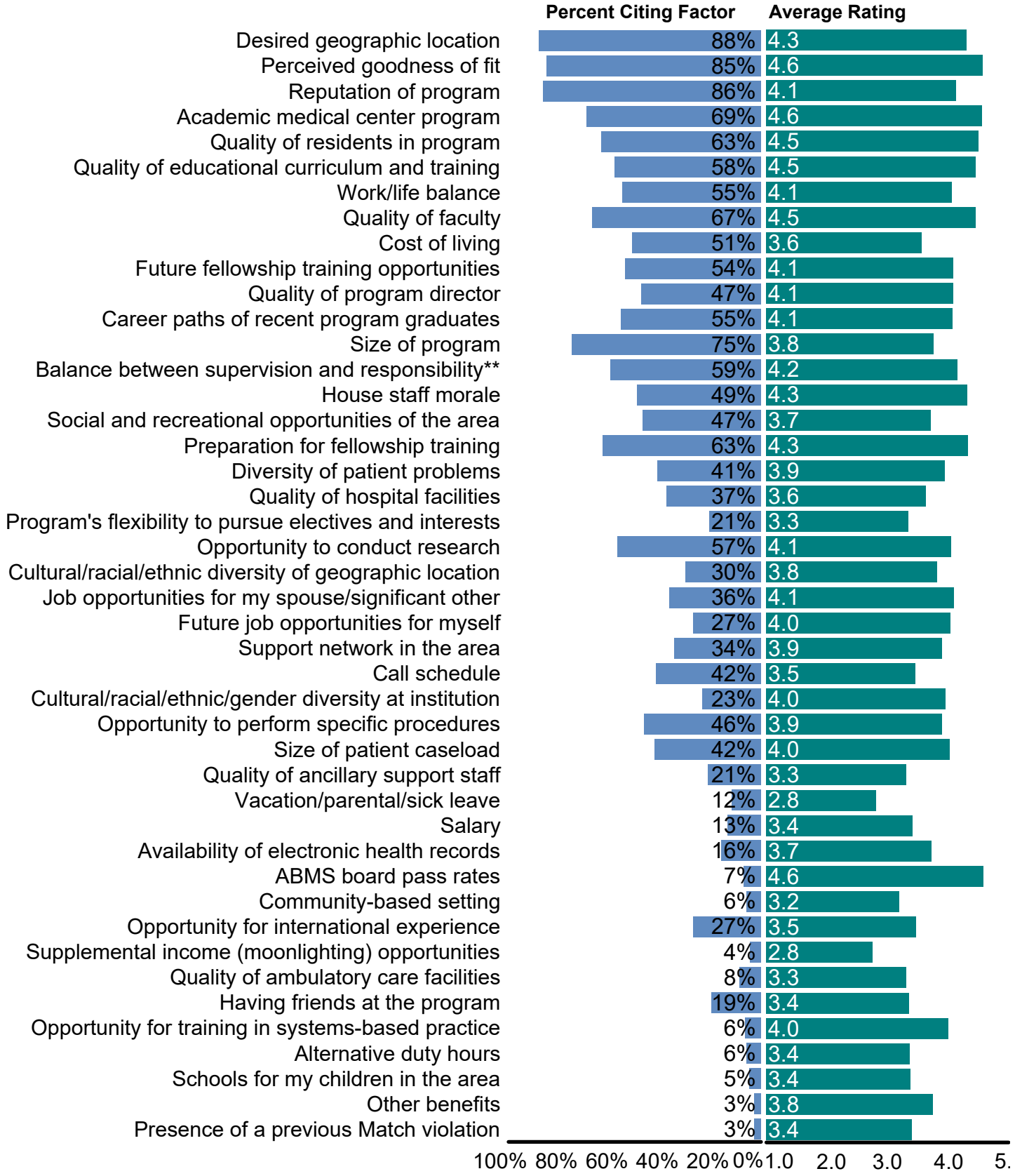
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Otolaryngology

Figure OT-1

Otolaryngology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

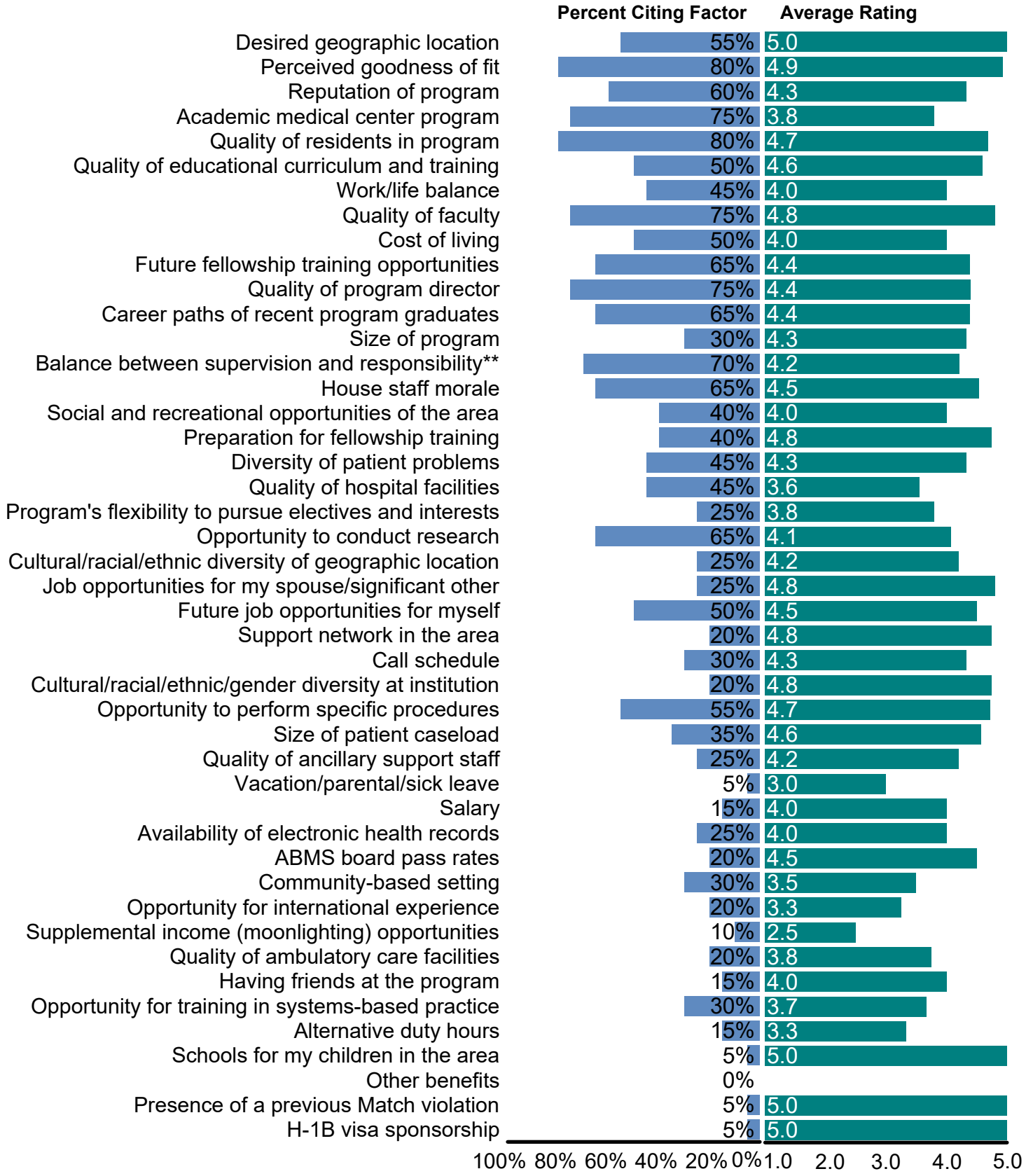
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OT-1

Otolaryngology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



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*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OT-2

Otolaryngology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

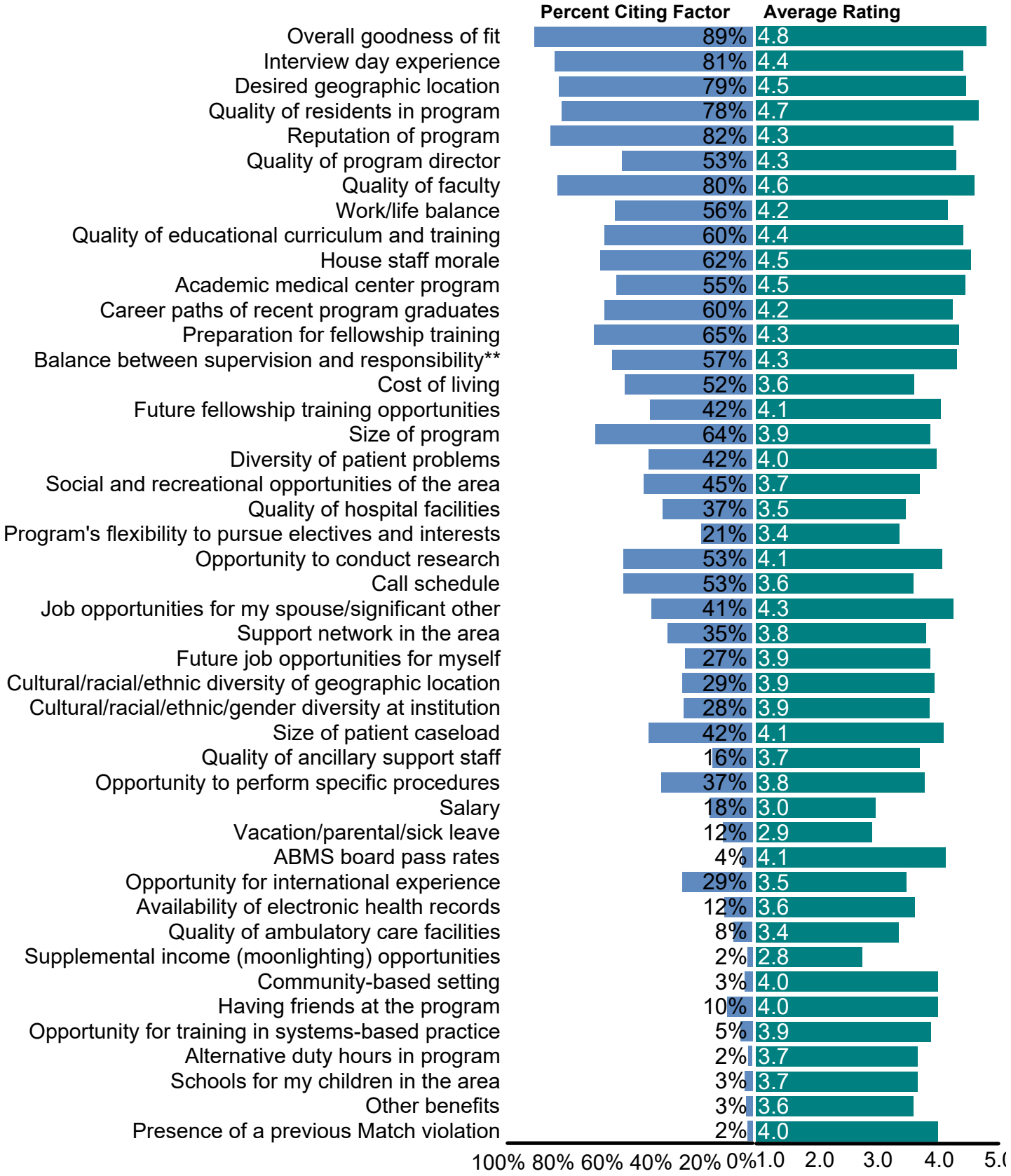

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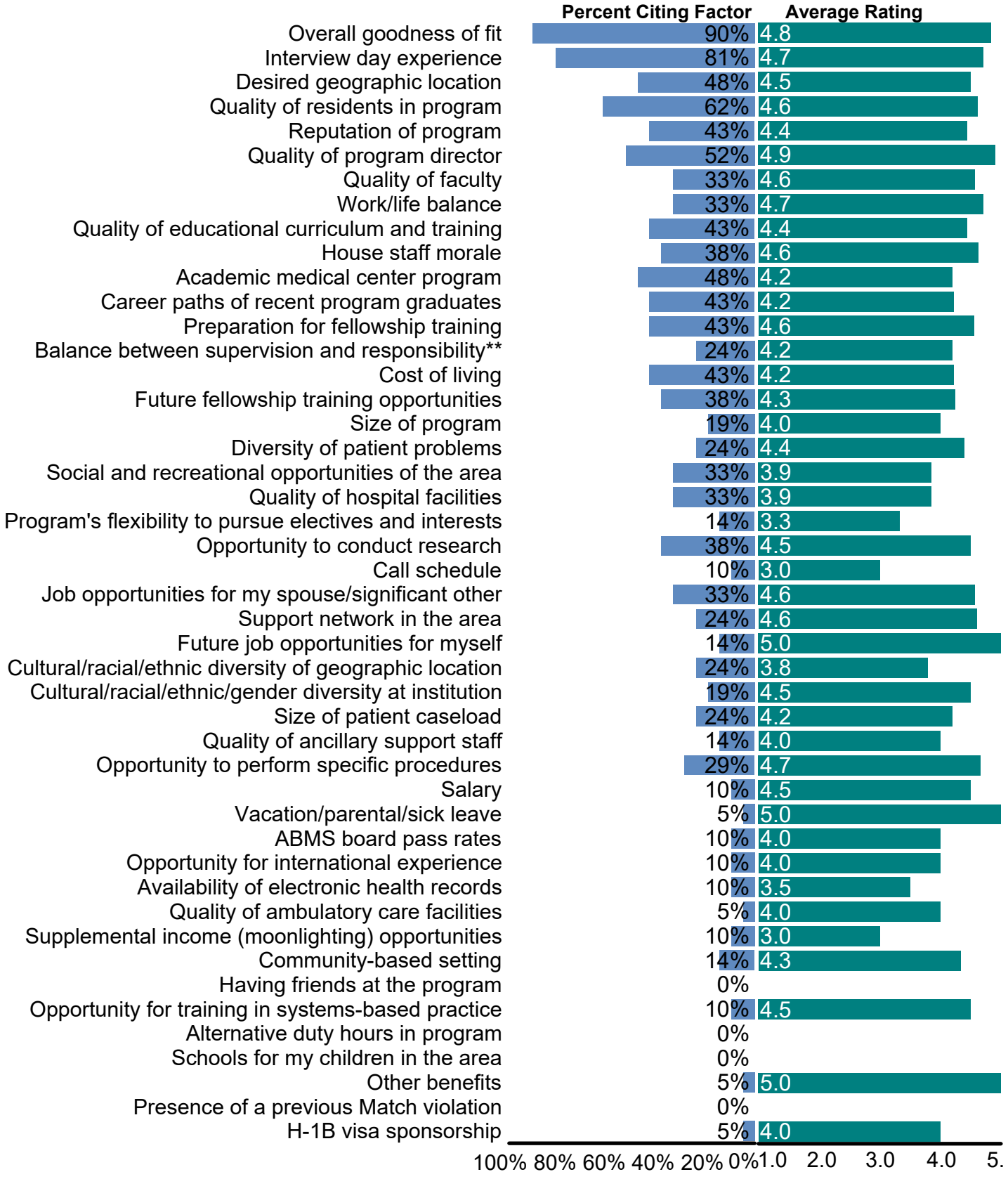
Figure OT-2

Otolaryngology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure OT-3

Otolaryngology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

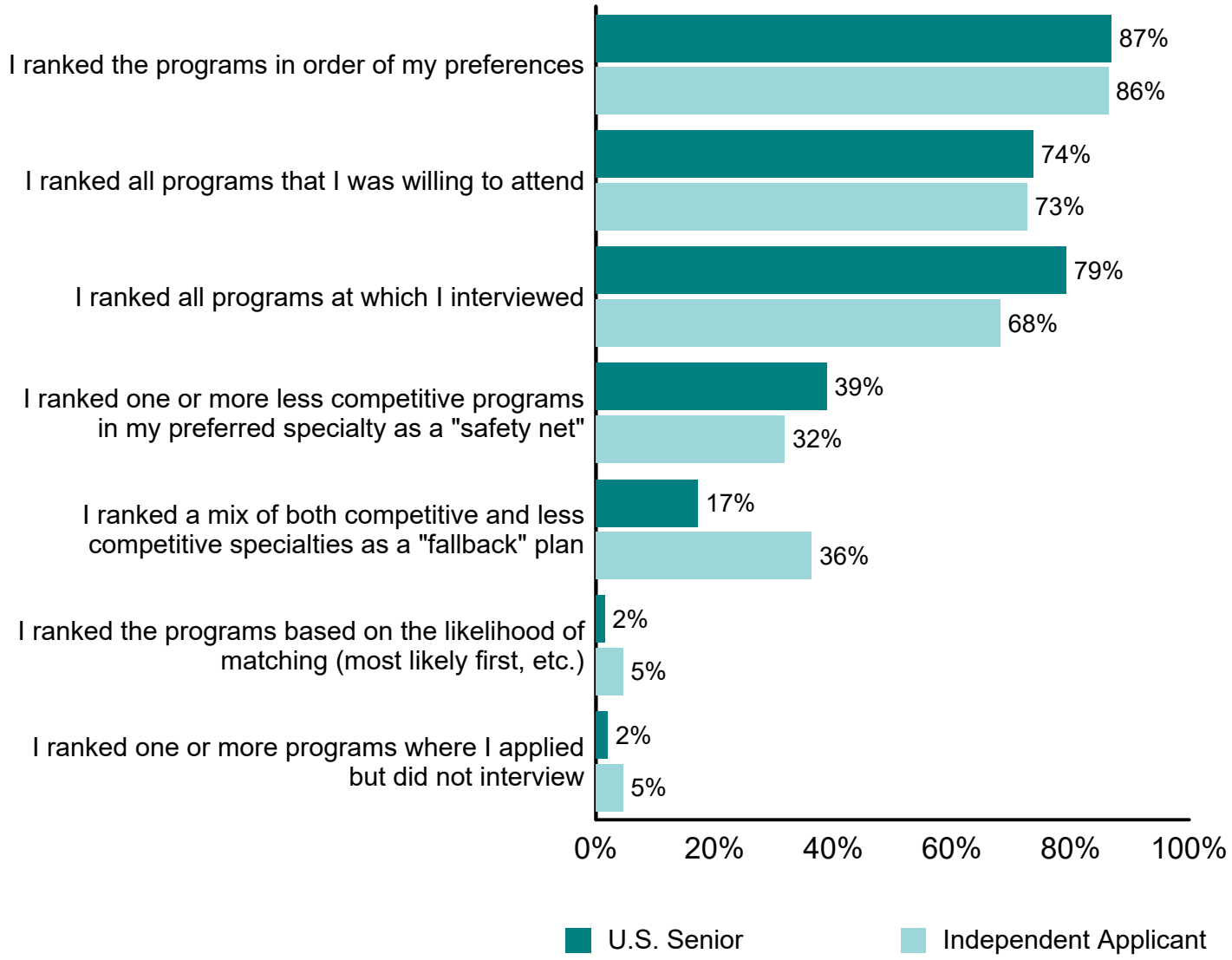
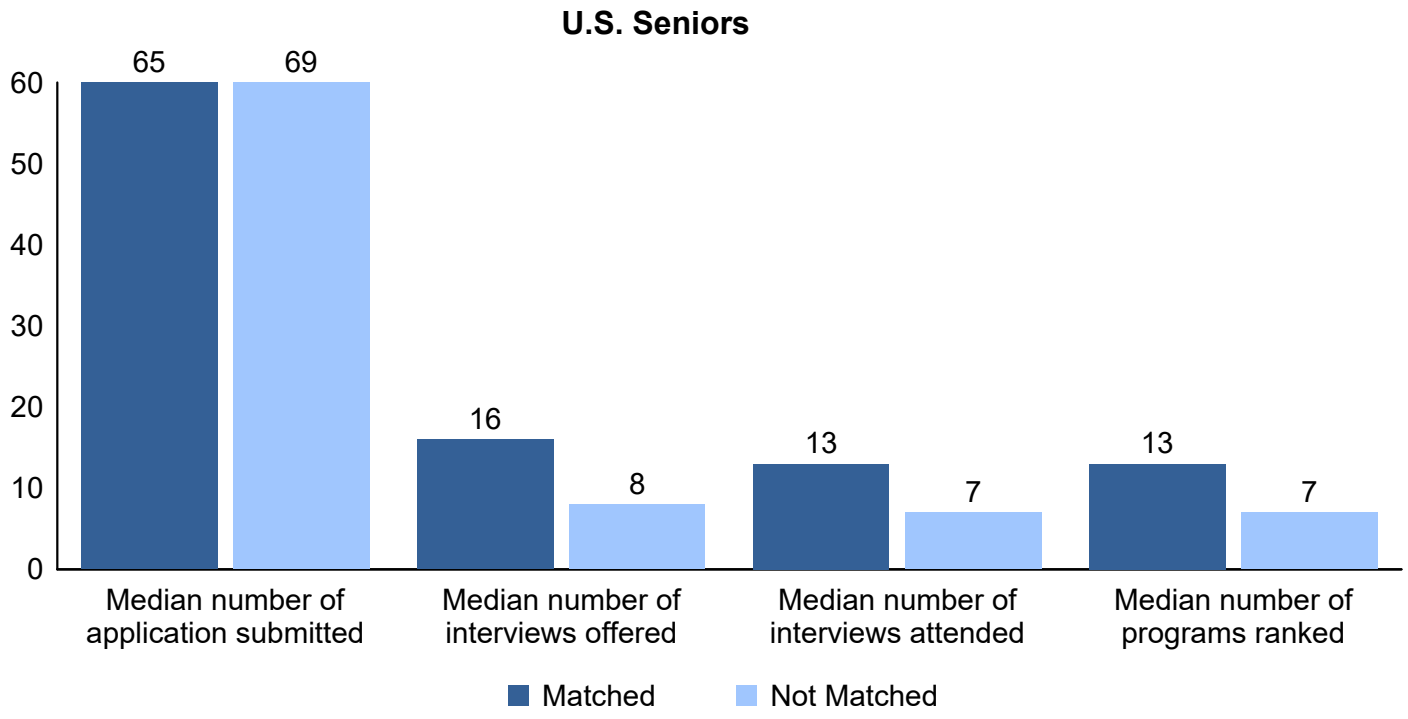
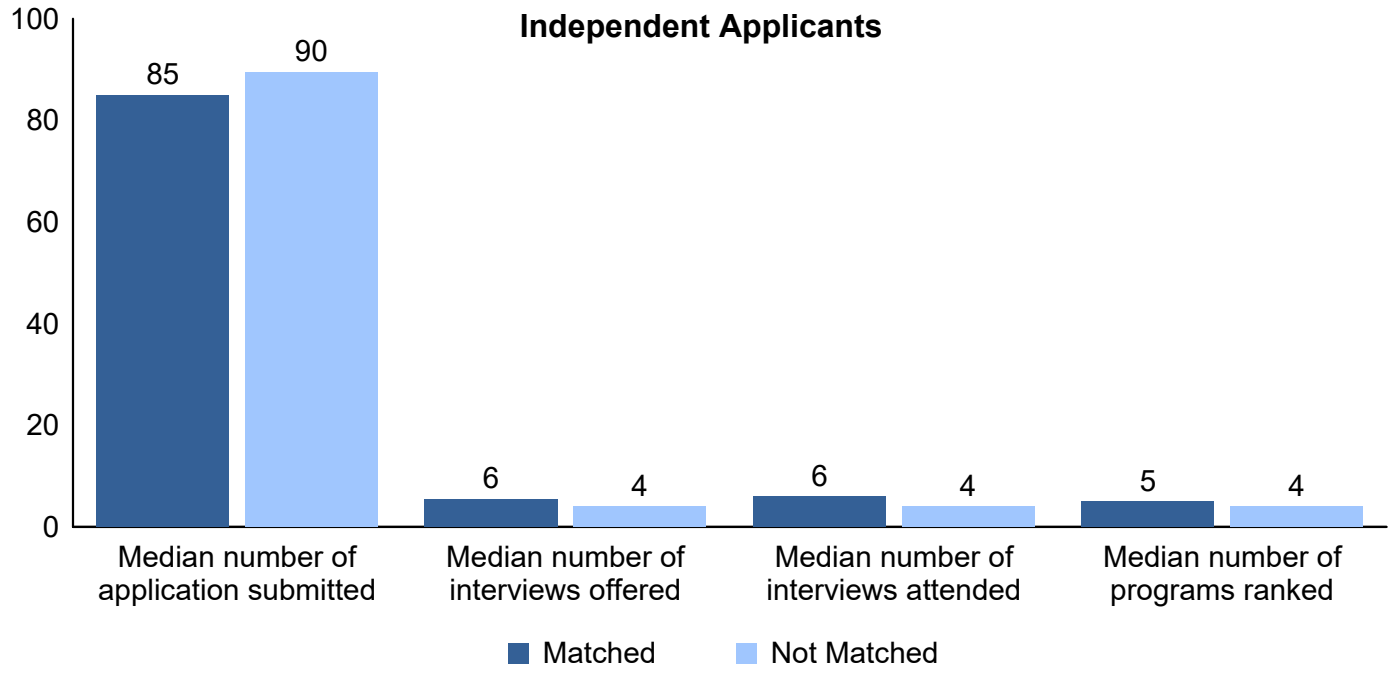


Figure OT-4

Otolaryngology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

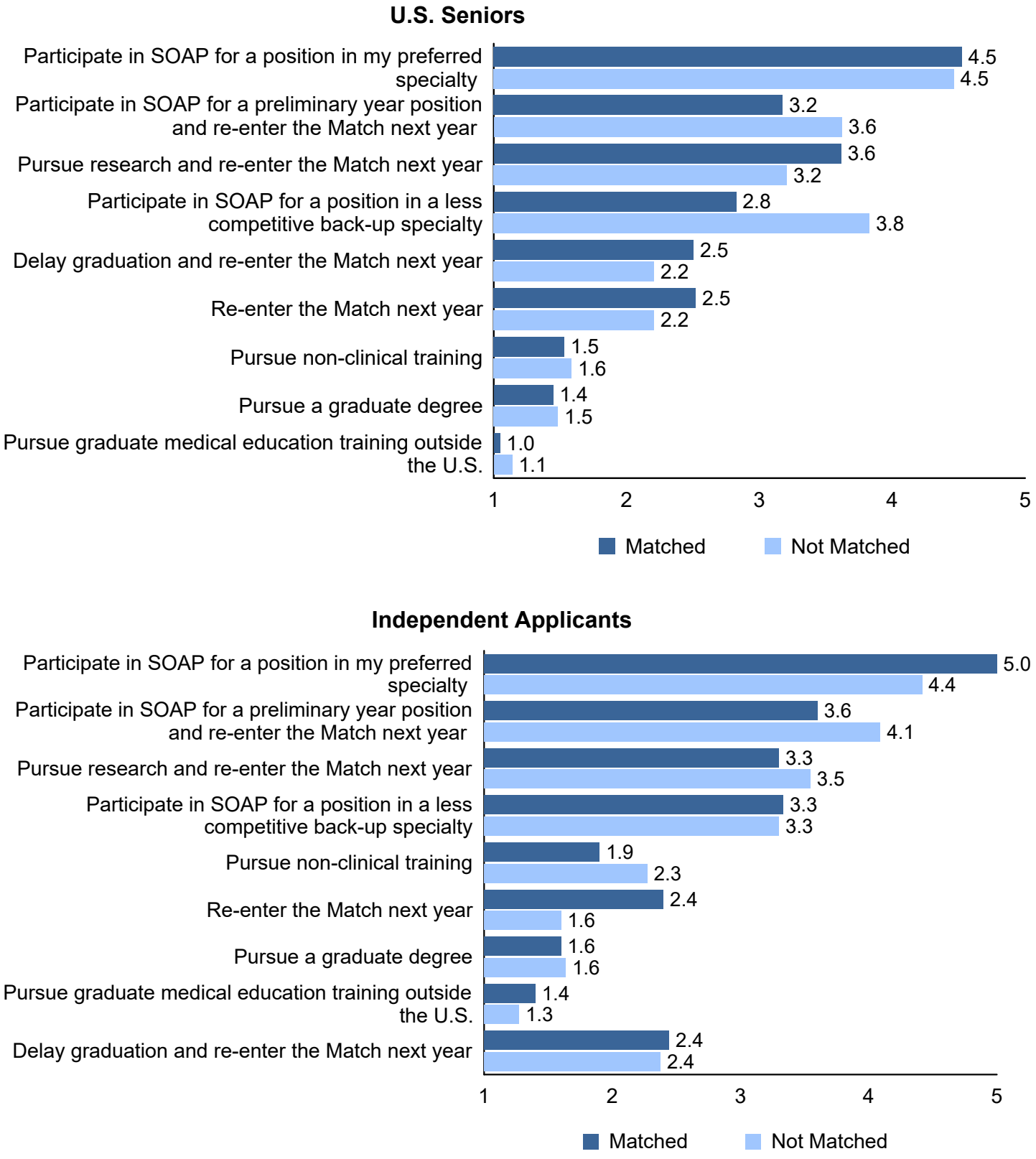




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure OT-5

Otolaryngology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



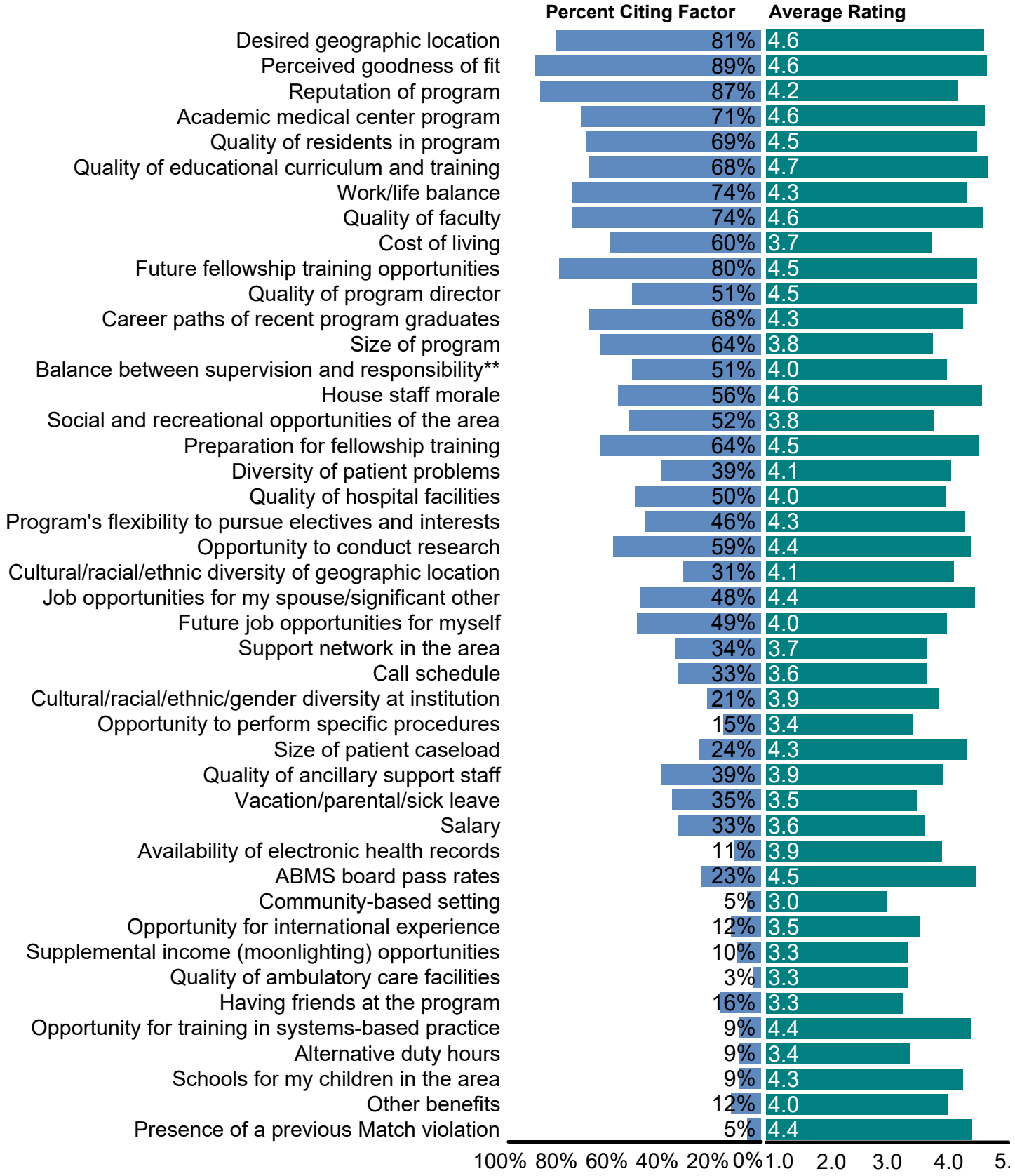
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pathology-Anatomic and Clinical

Figure PA-1

Pathology-Anatomic and Clinical

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

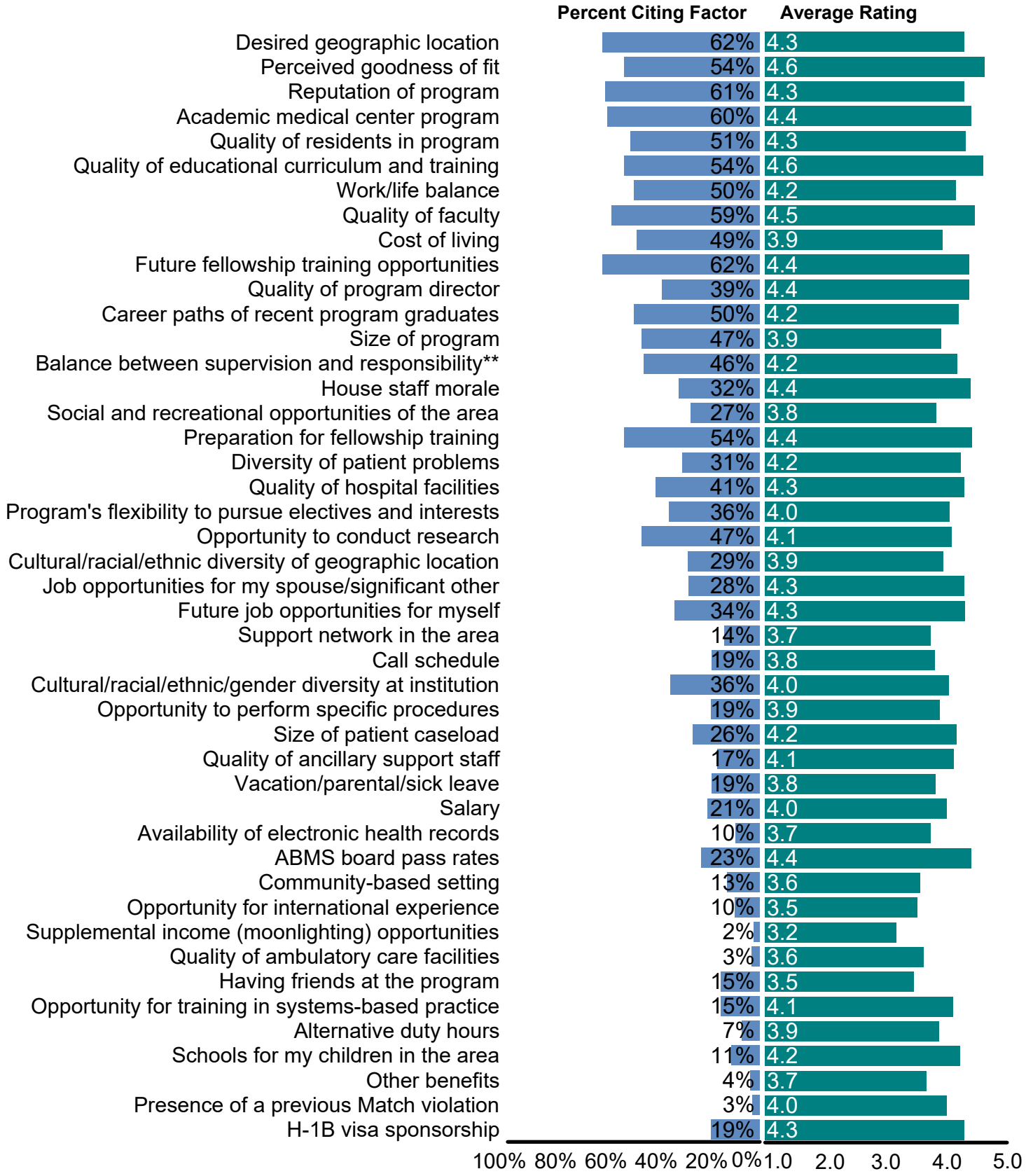
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PA-1

Pathology-Anatomic and Clinical

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PA-2

Pathology-Anatomic and Clinical

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

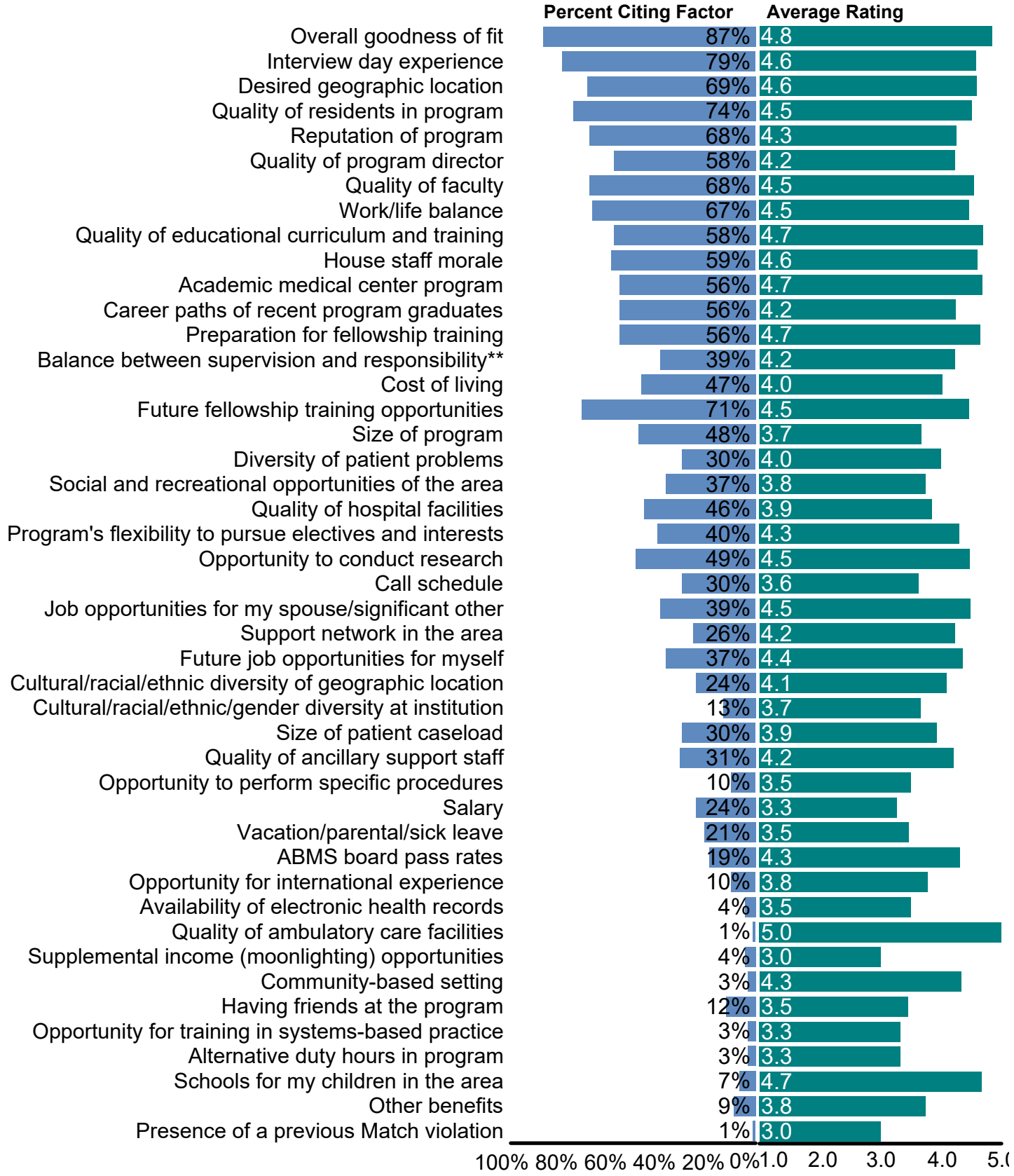

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Figure PA-2

Pathology-Anatomic and Clinical

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

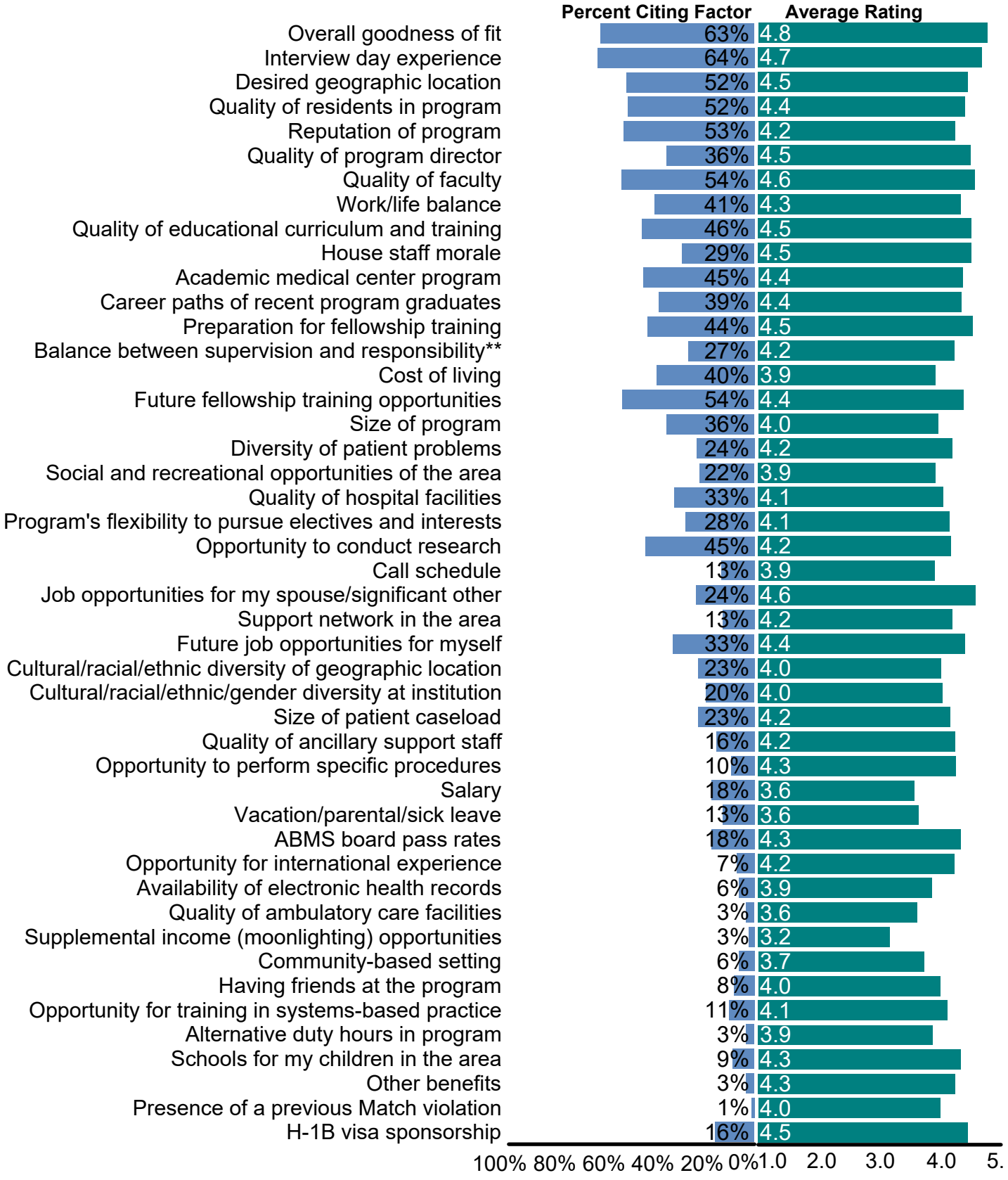

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Figure PA-3

Pathology-Anatomic and Clinical

Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

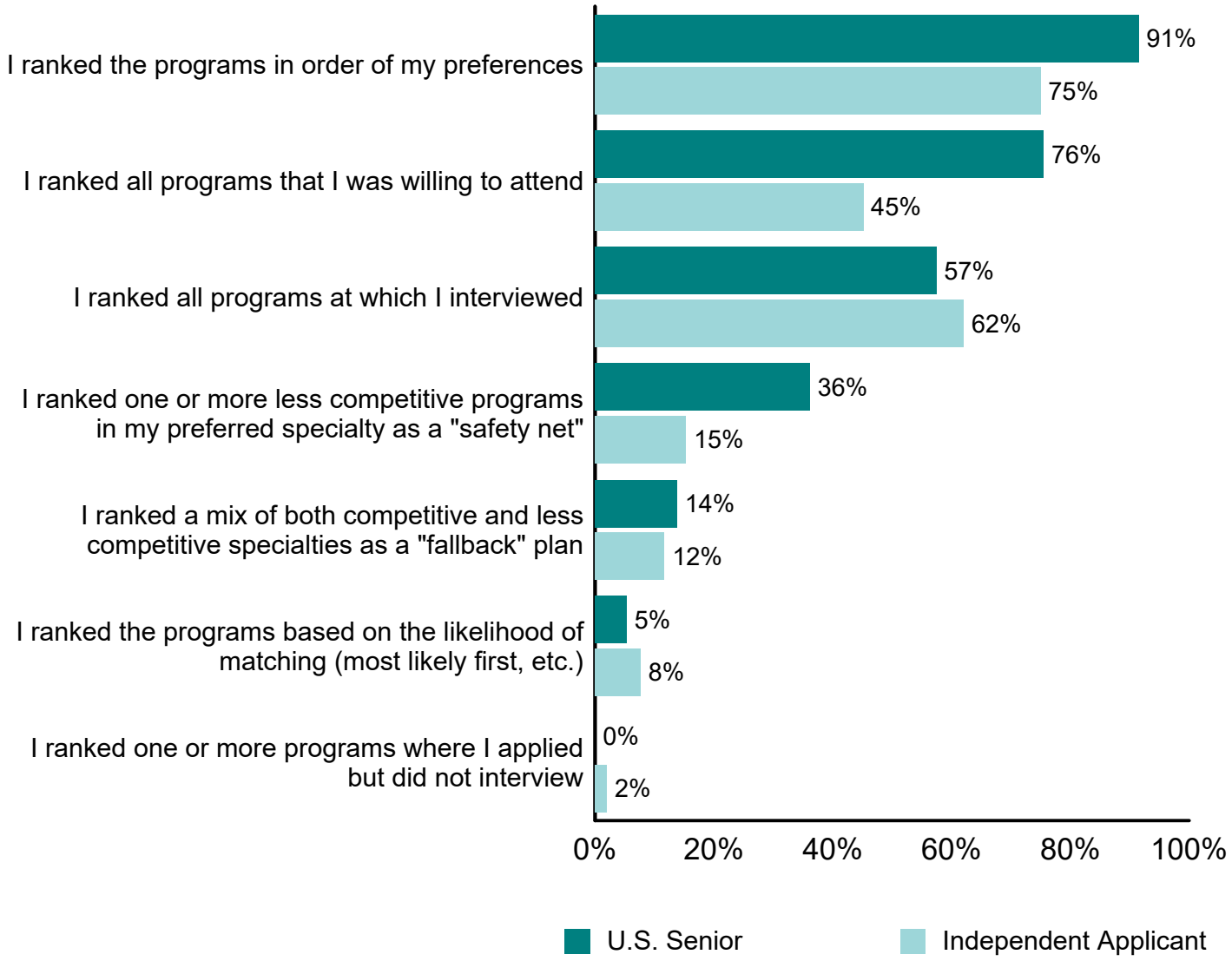
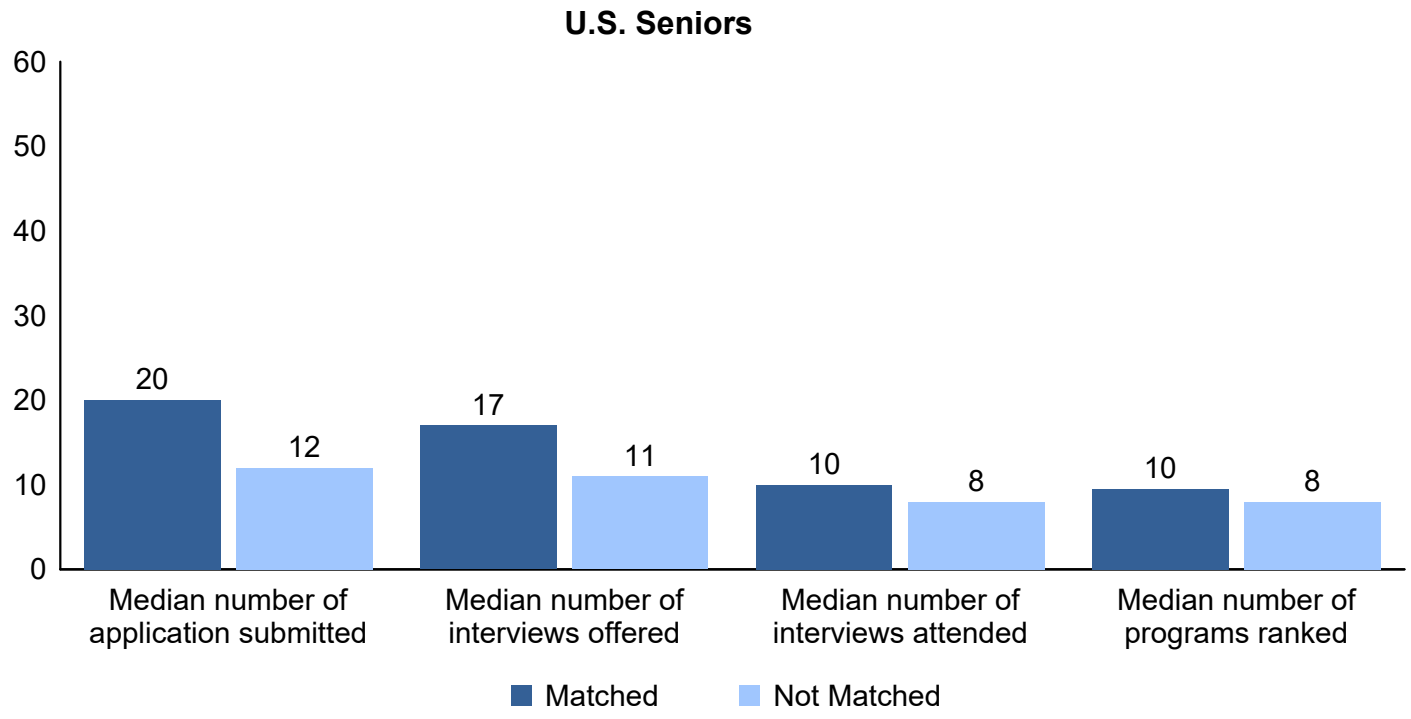
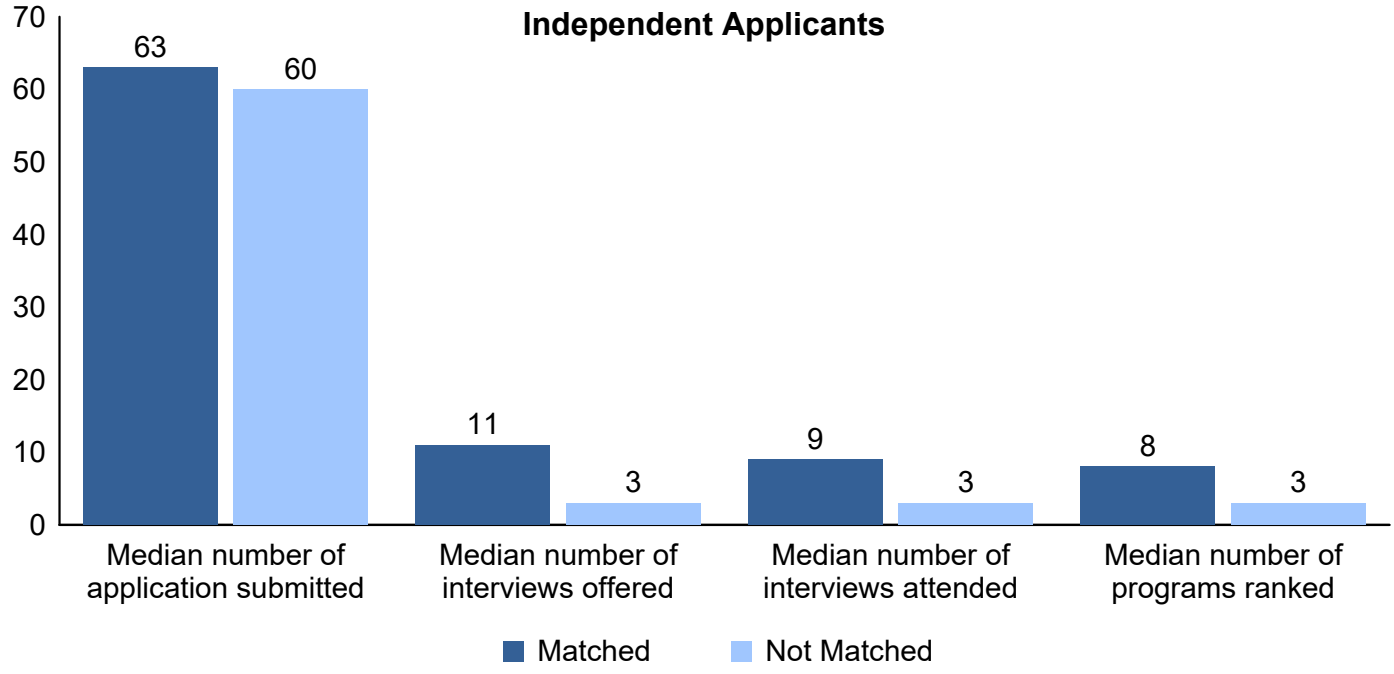


Figure PA-4

Pathology-Anatomic and Clinical
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

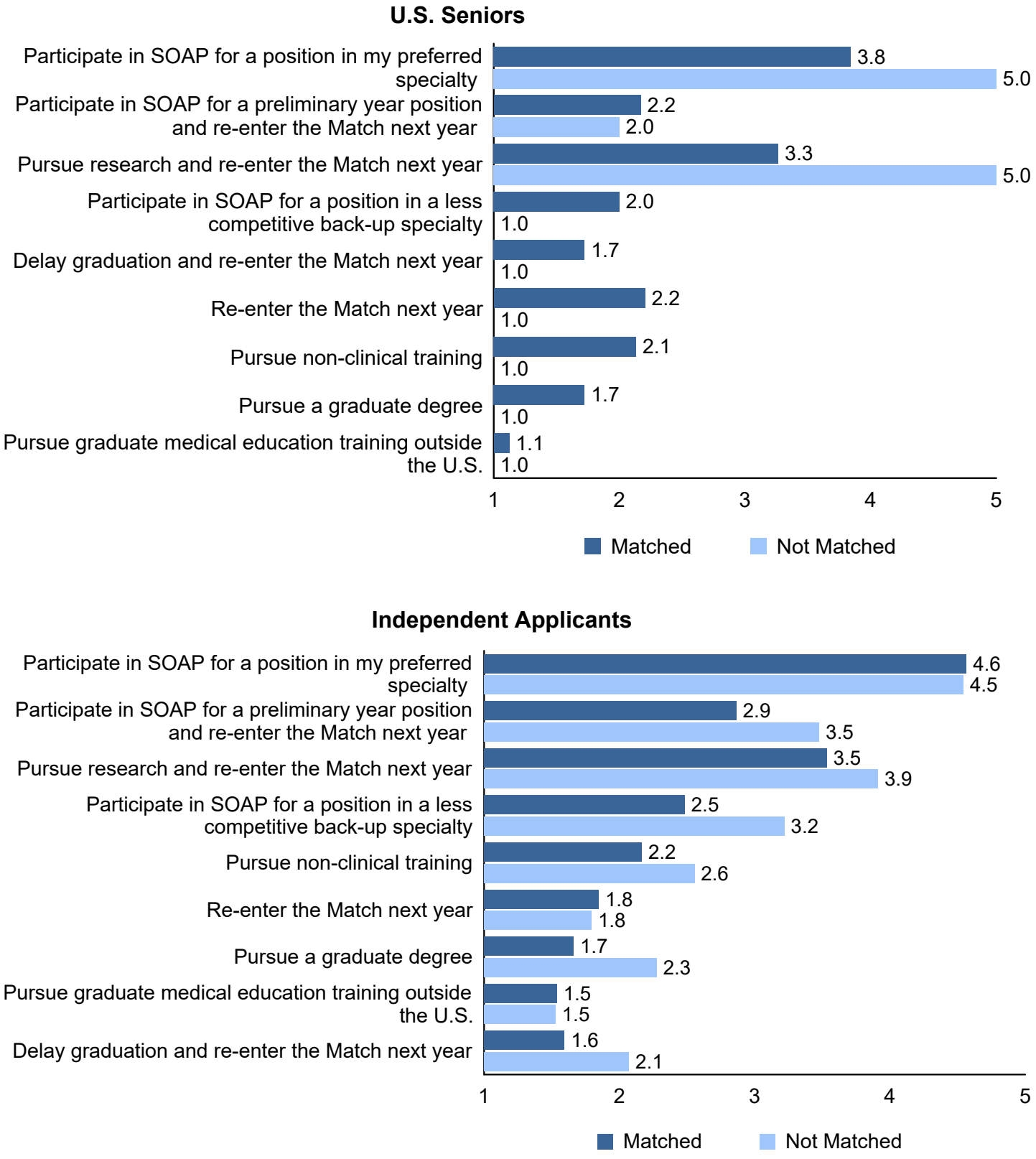




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PA-5

Pathology-Anatomic and Clinical
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



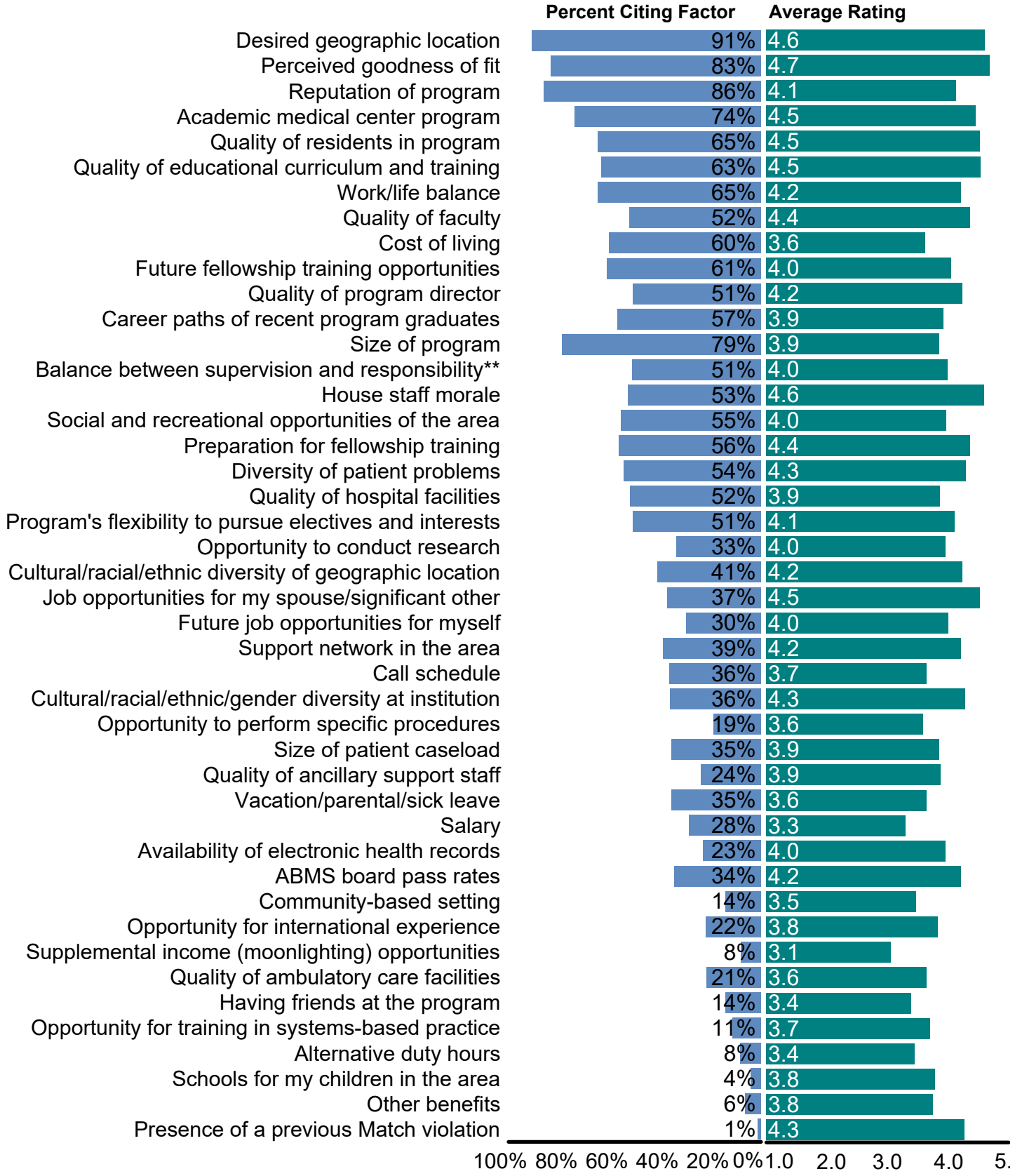
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pediatrics

Figure PD-1

Pediatrics

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

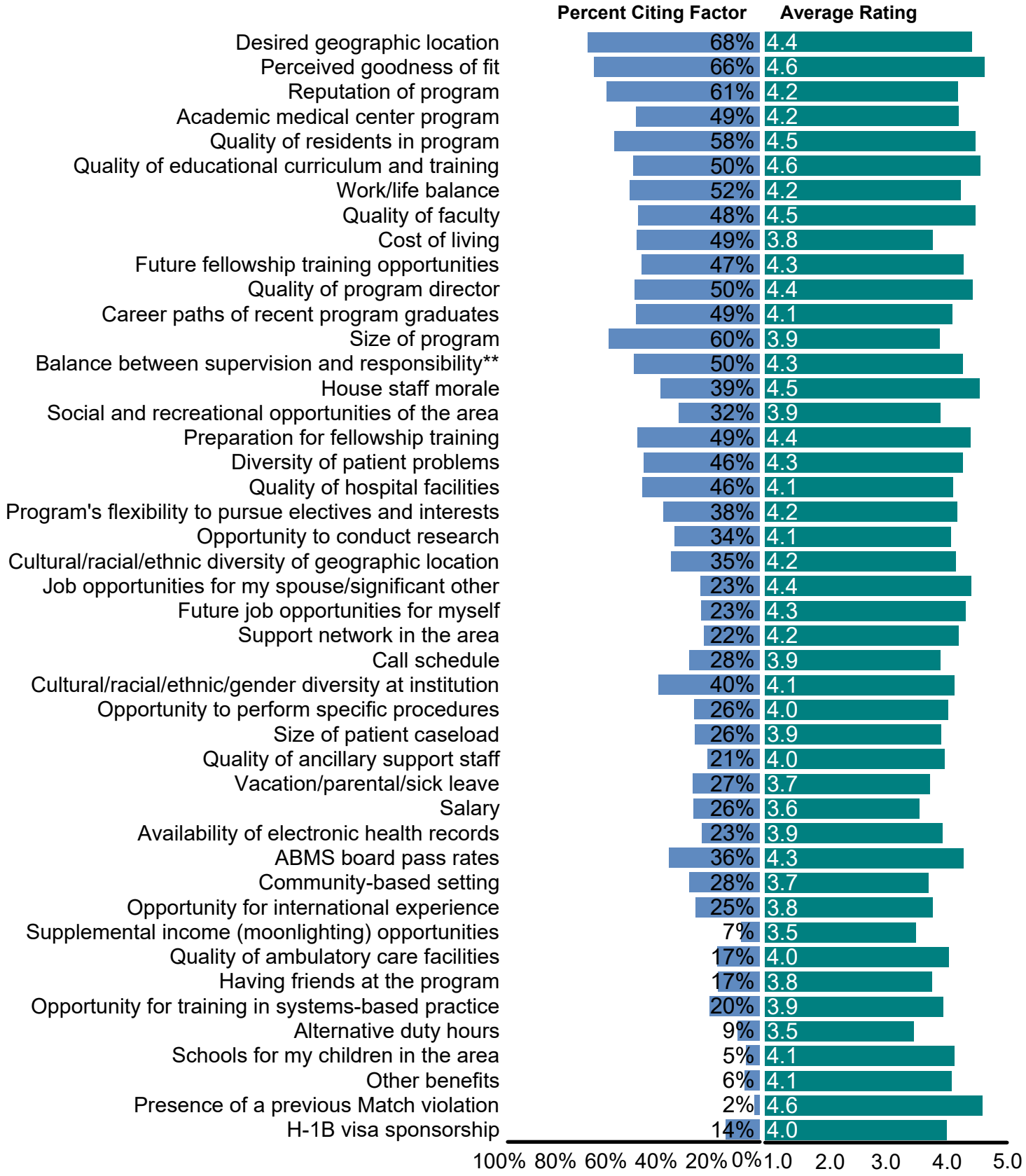
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PD-1

Pediatrics

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PD-2

Pediatrics

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

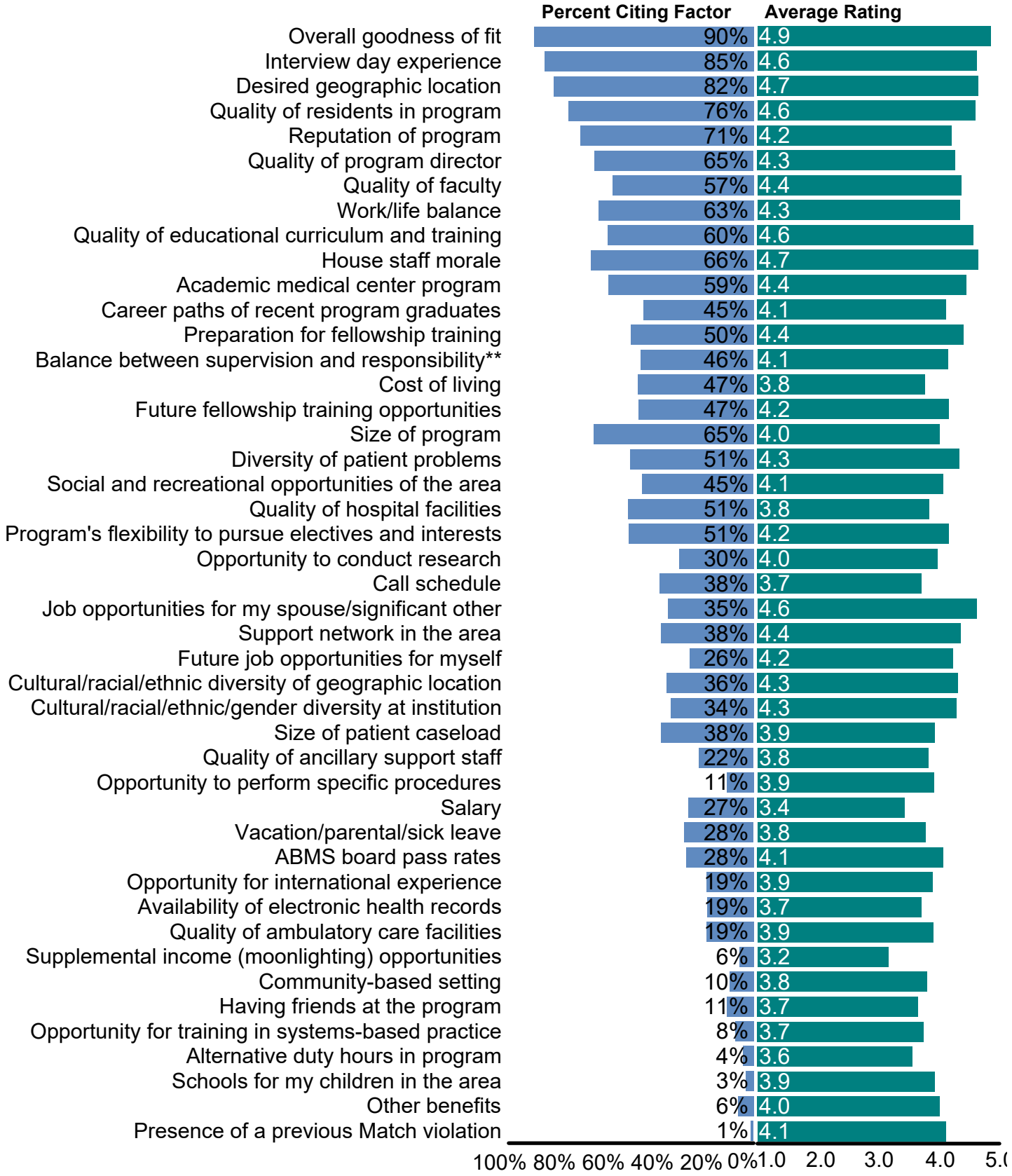

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Figure PD-2

Pediatrics

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

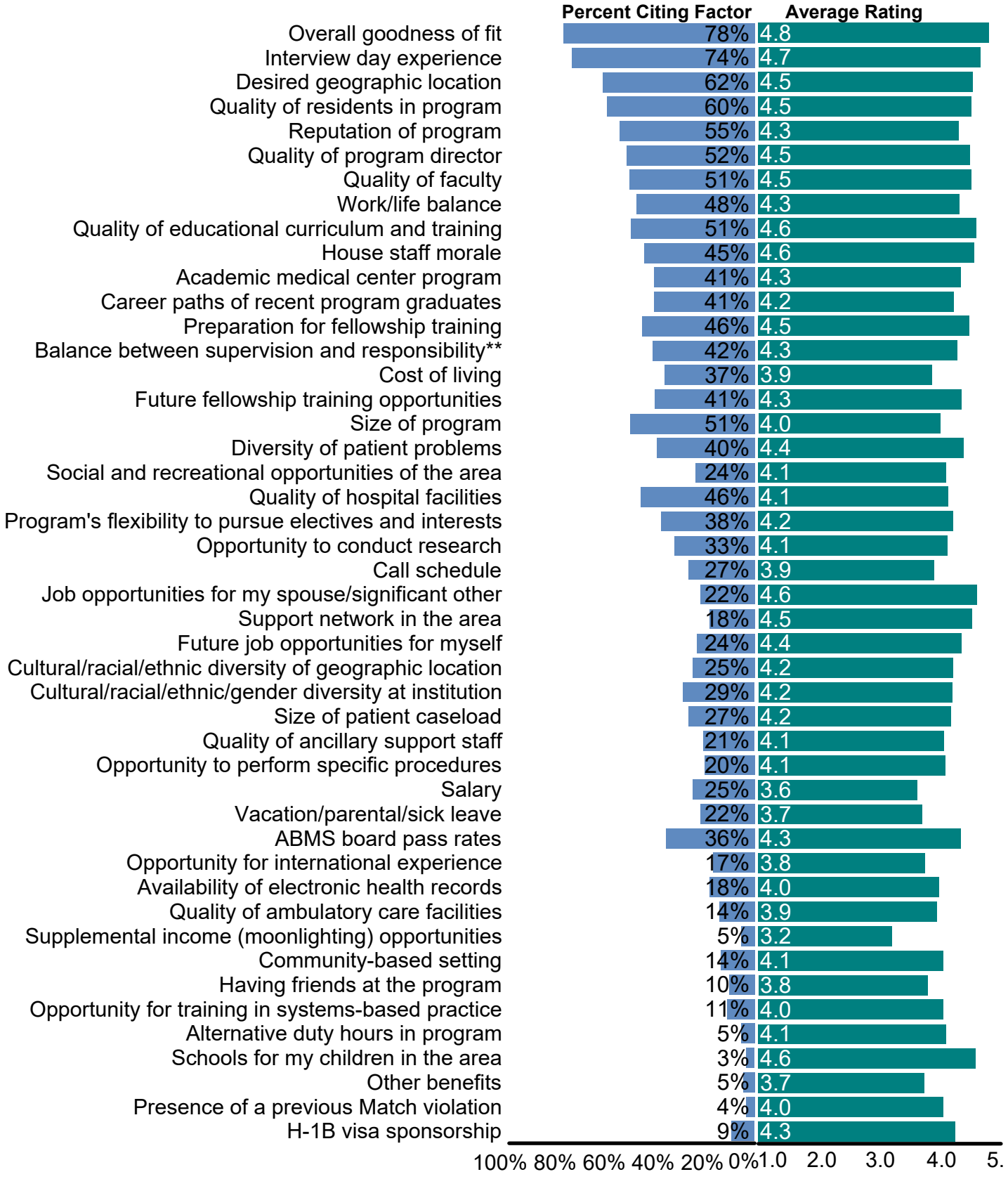

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Figure PD-3

Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

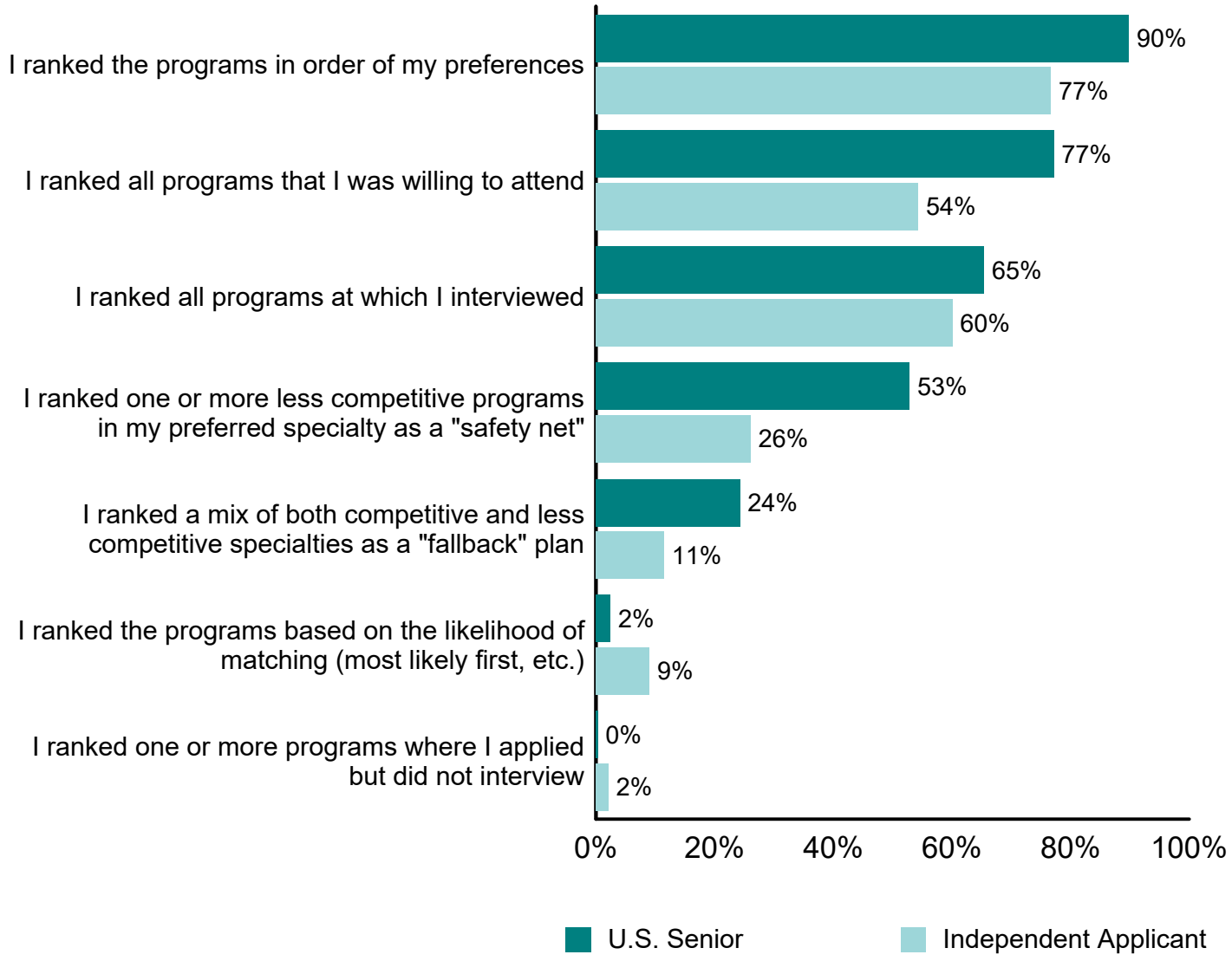
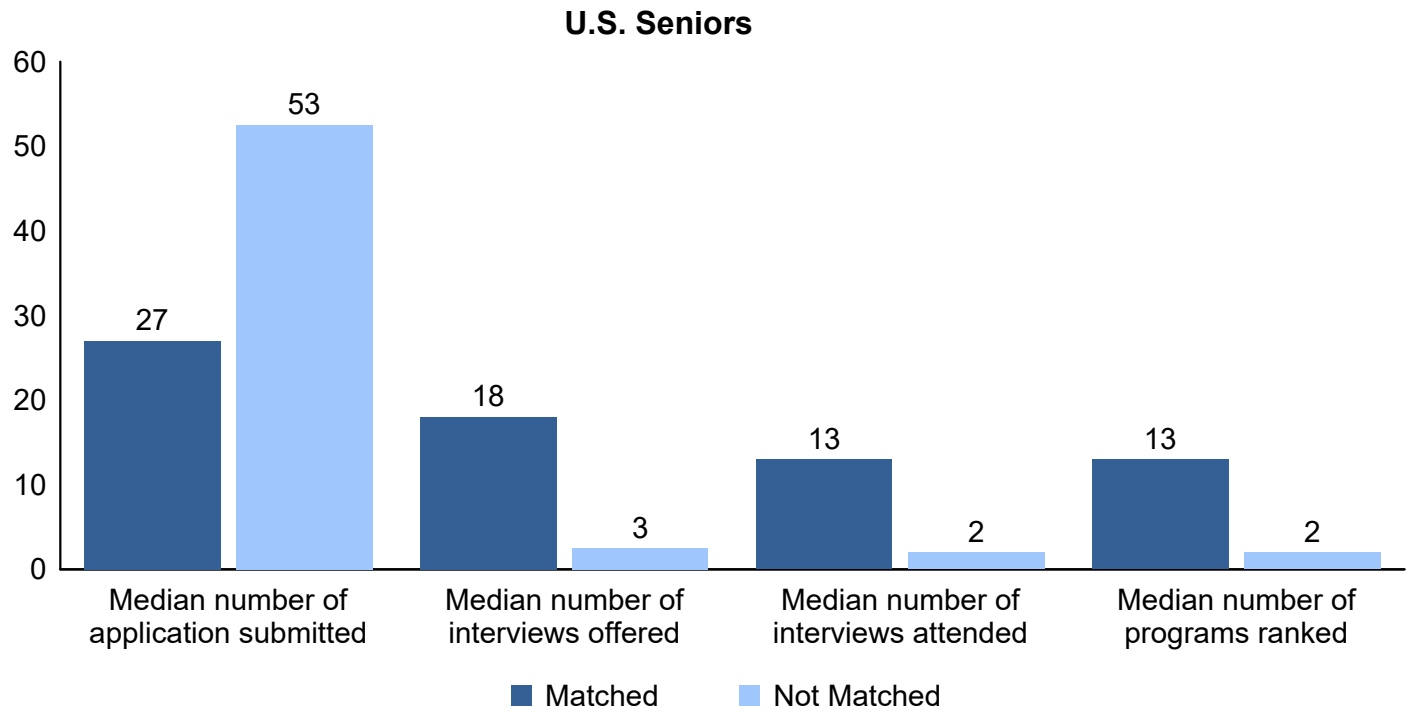


Figure PD-4

Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



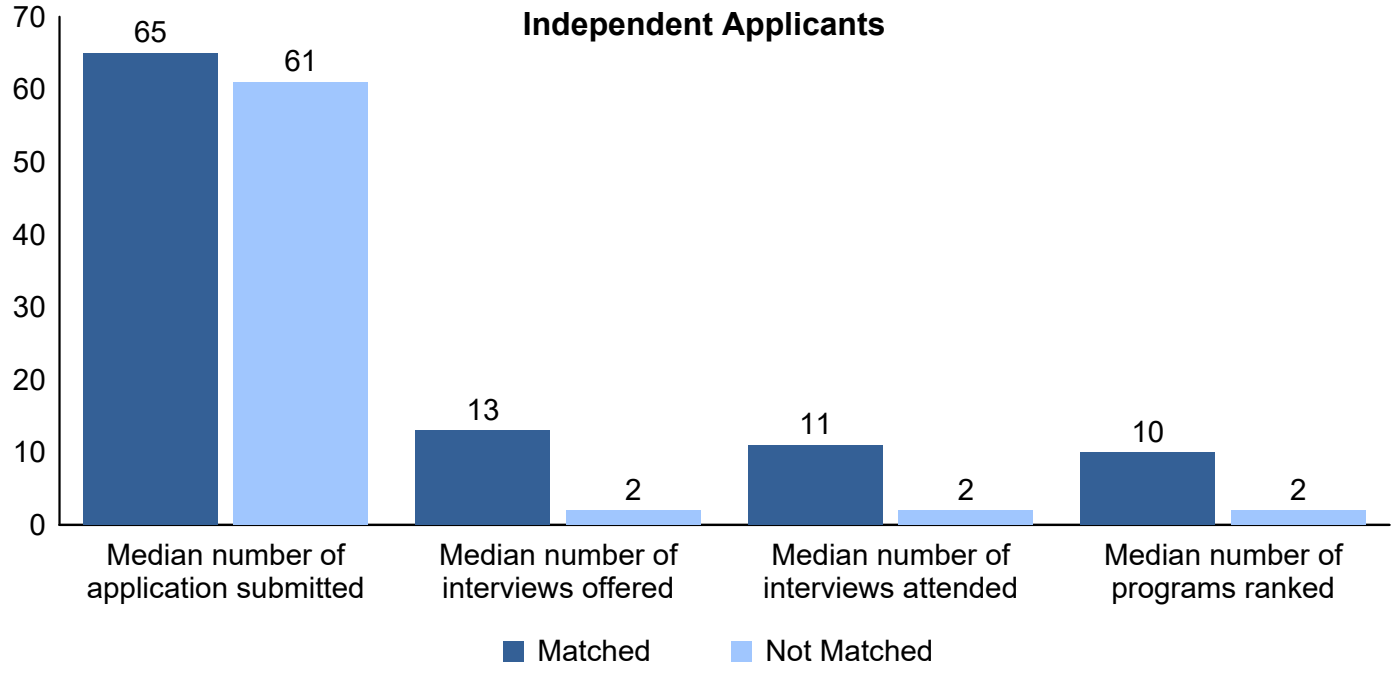


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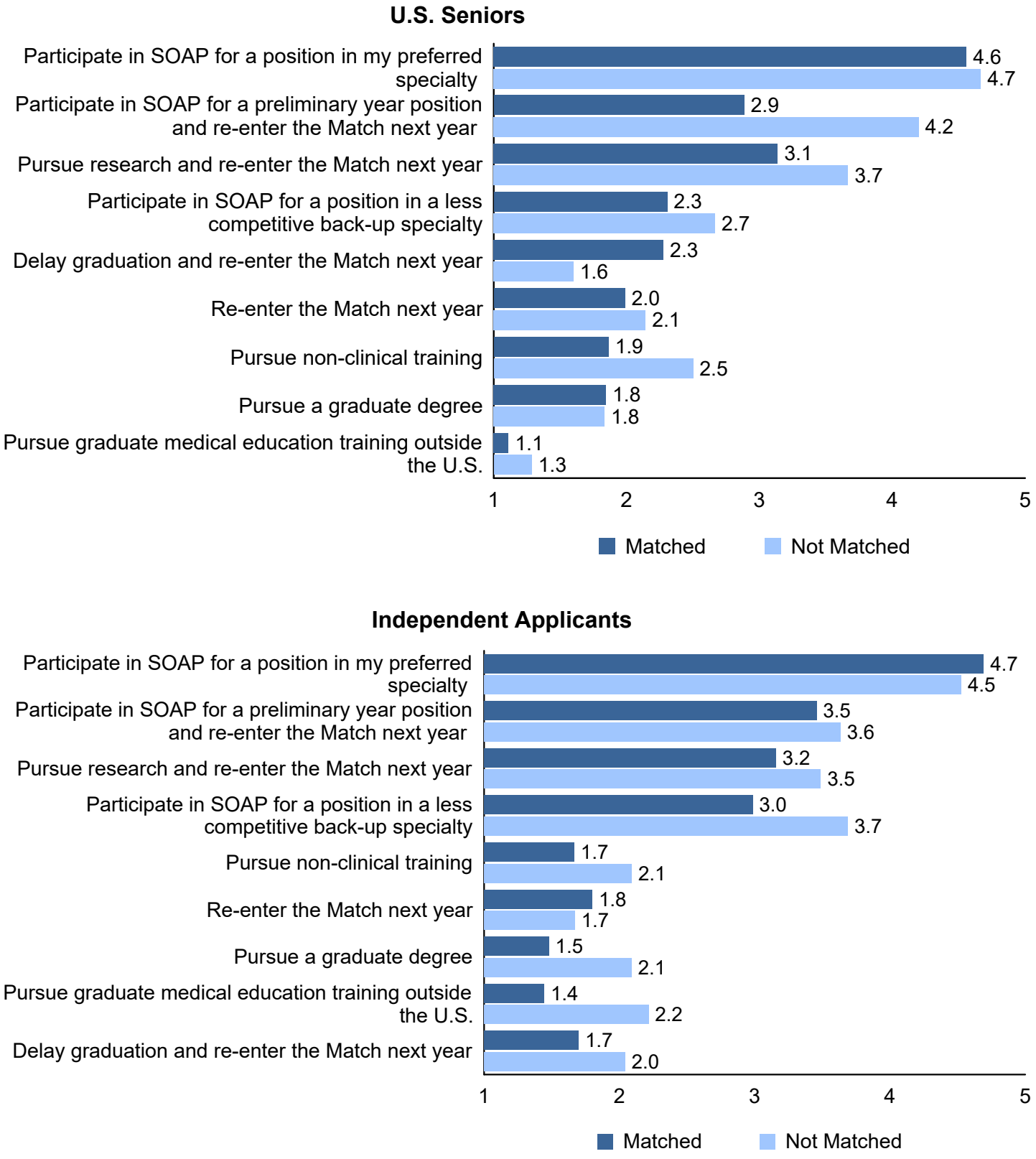
Figure PD-5

Pediatrics
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



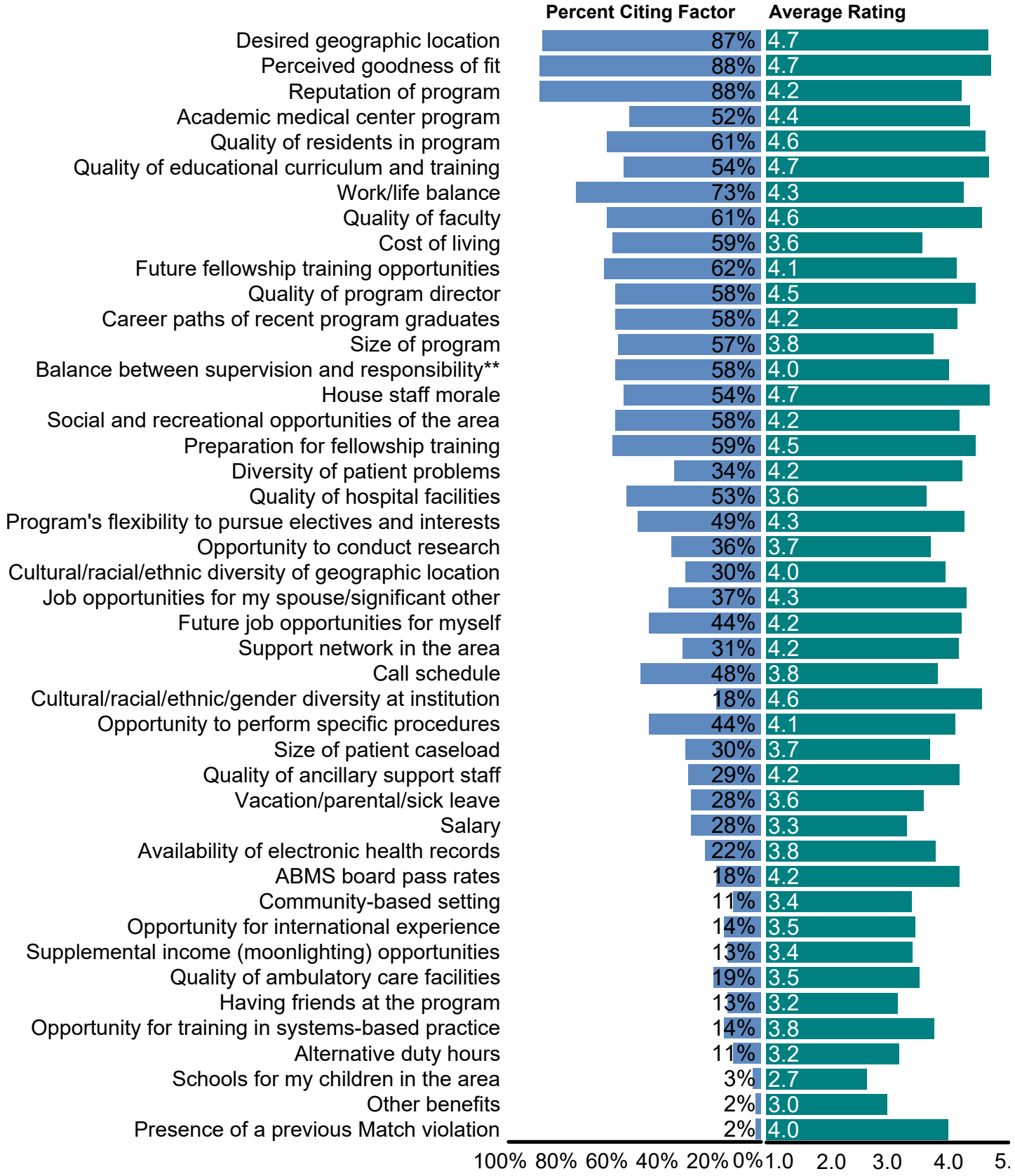
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Physical Medicine and Rehabilitation

Figure PM-1

Physical Medicine and Rehabilitation

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

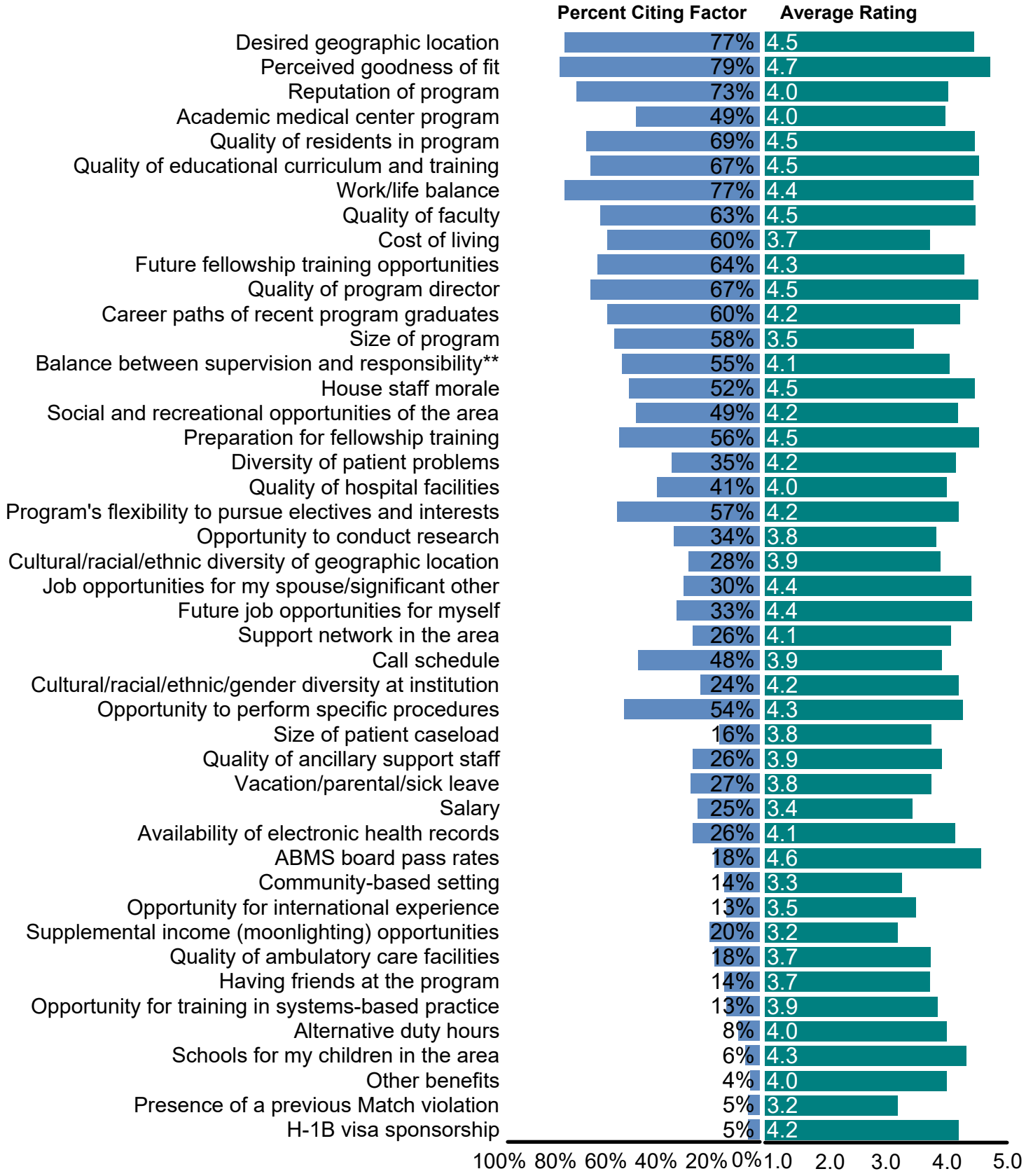
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PM-1

Physical Medicine and Rehabilitation

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PM-2

Physical Medicine and Rehabilitation

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

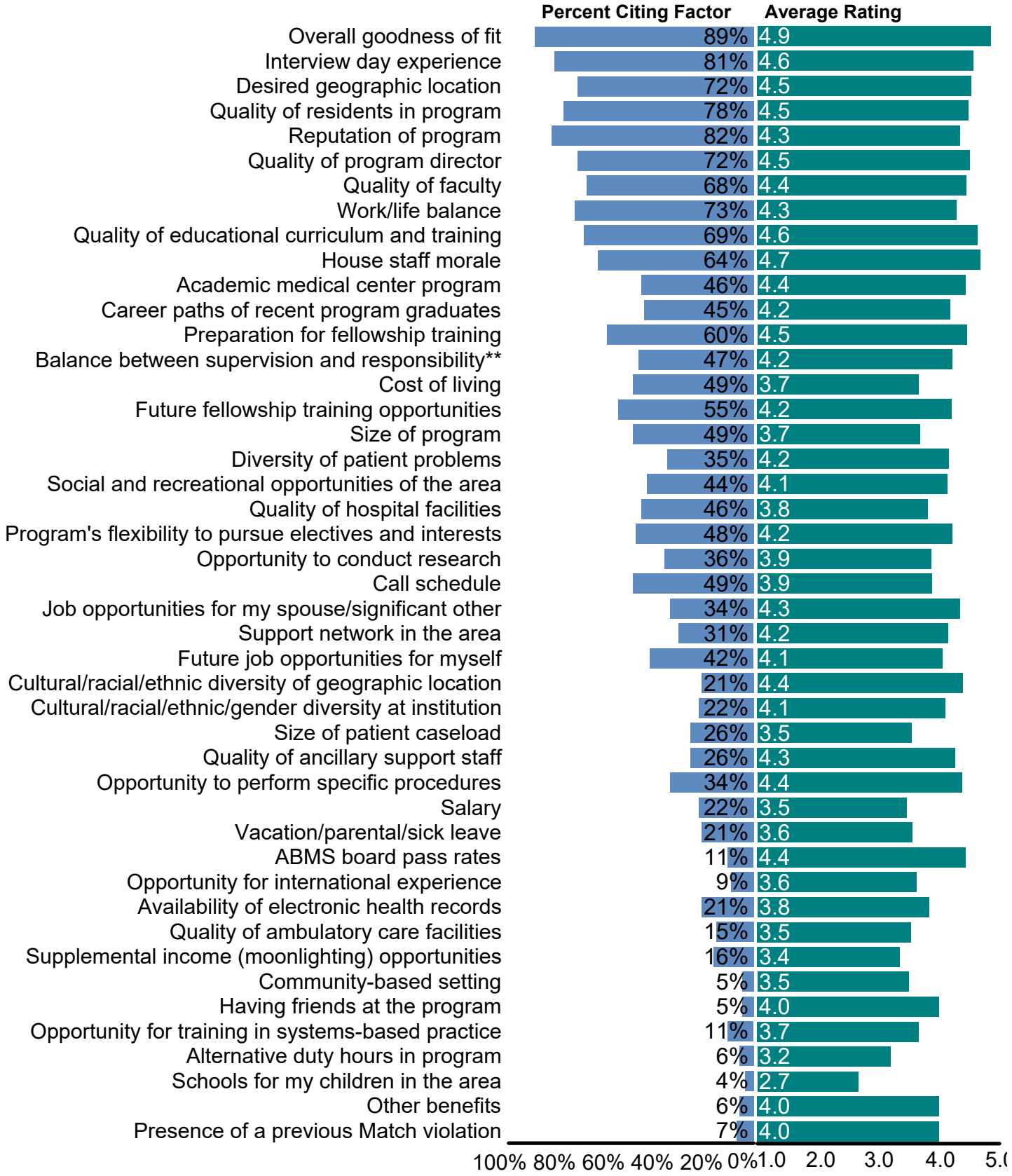


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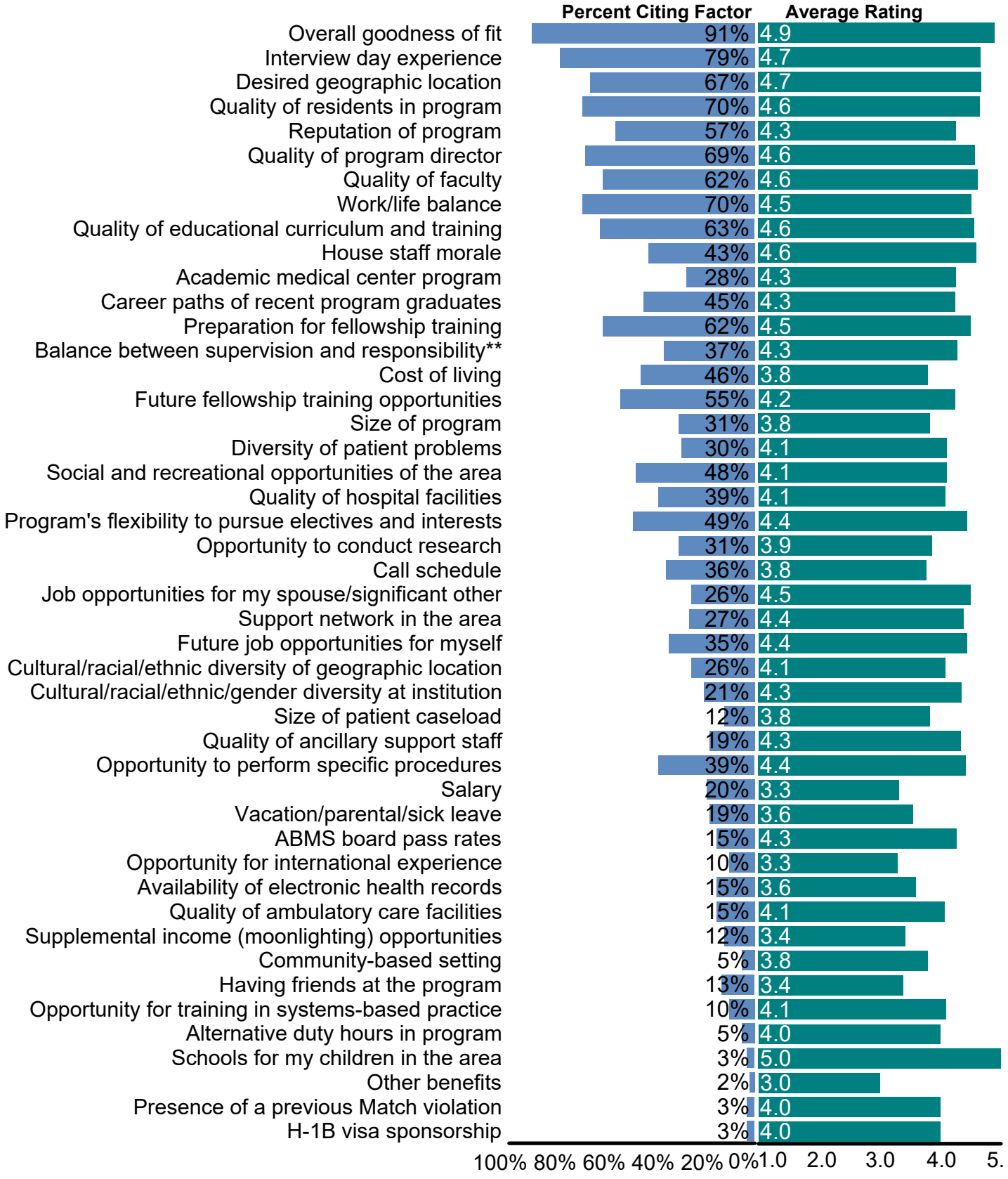
Figure PM-2

Physical Medicine and Rehabilitation

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PM-3

Physical Medicine and Rehabilitation

Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

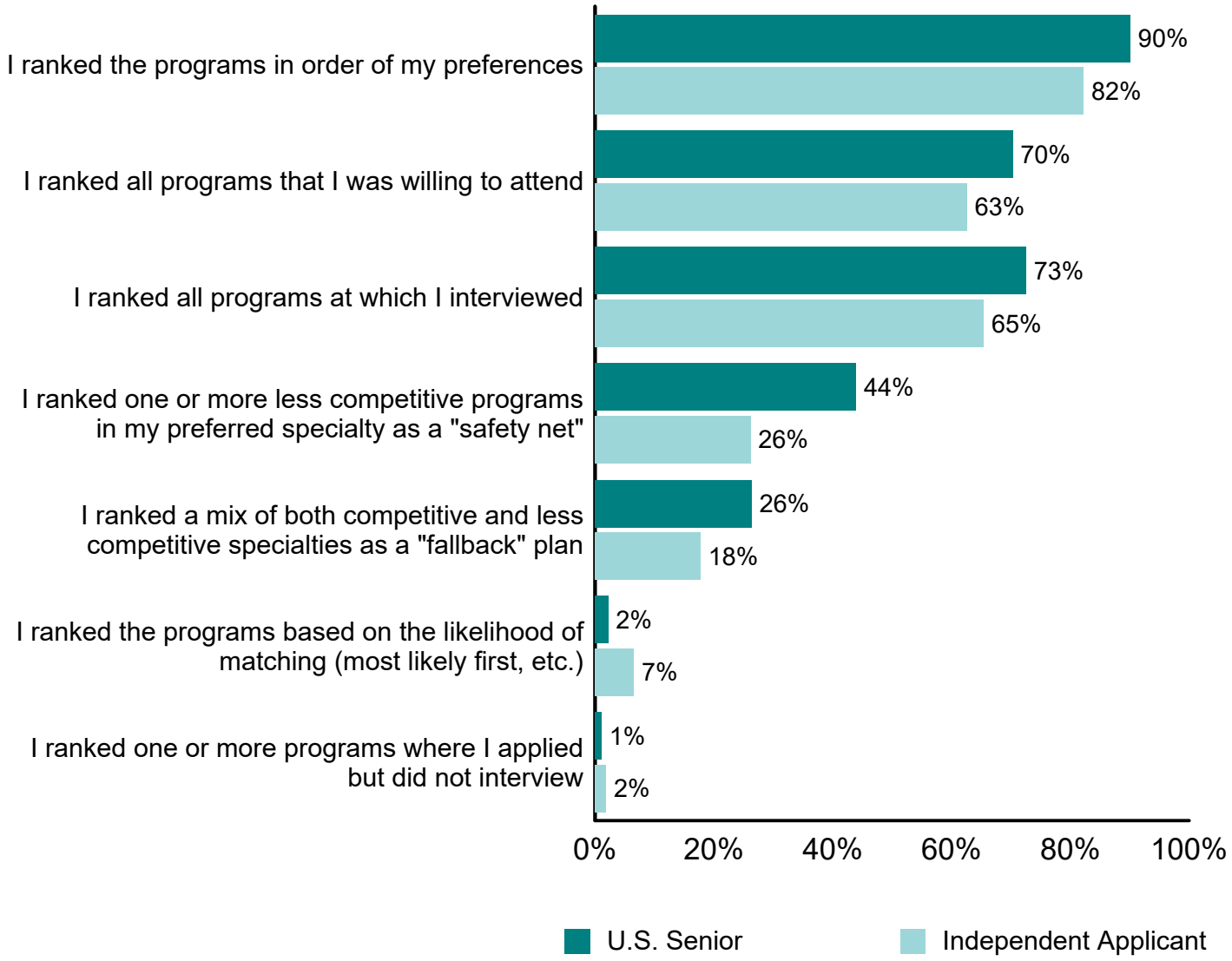
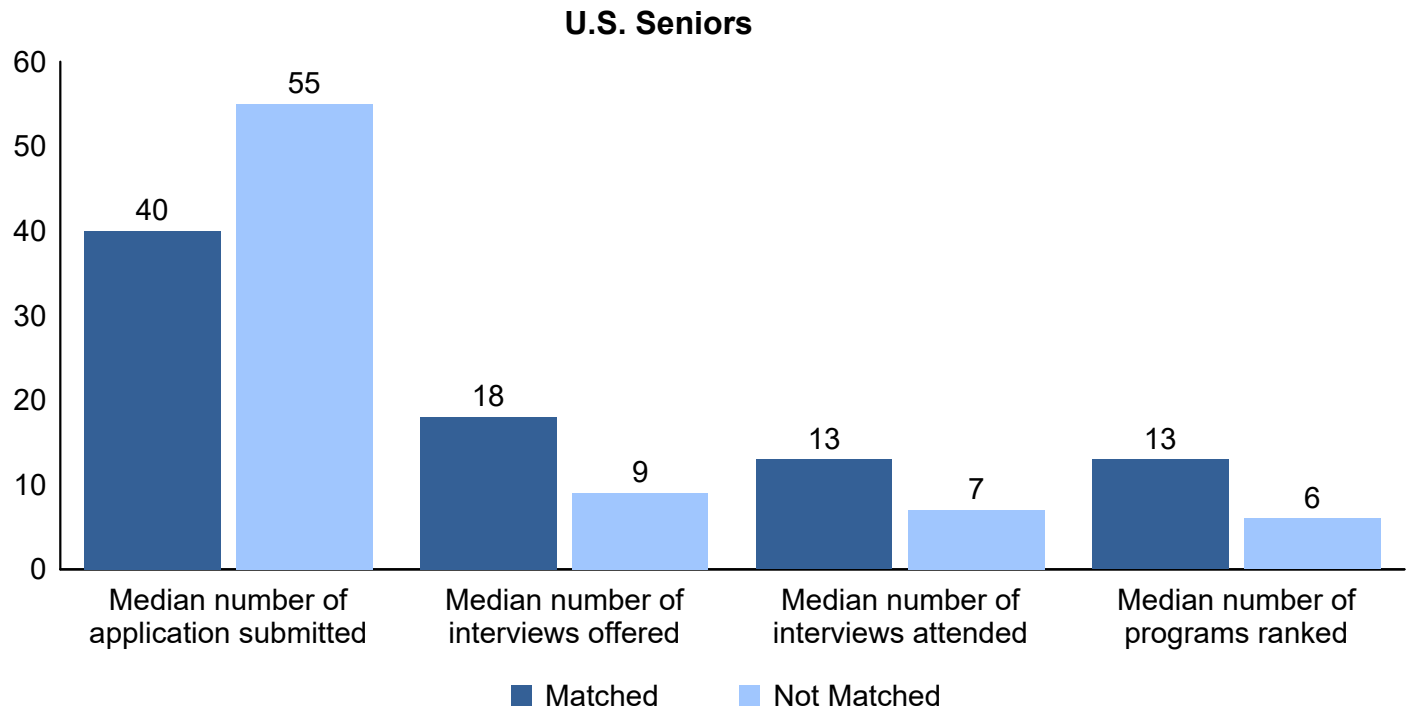
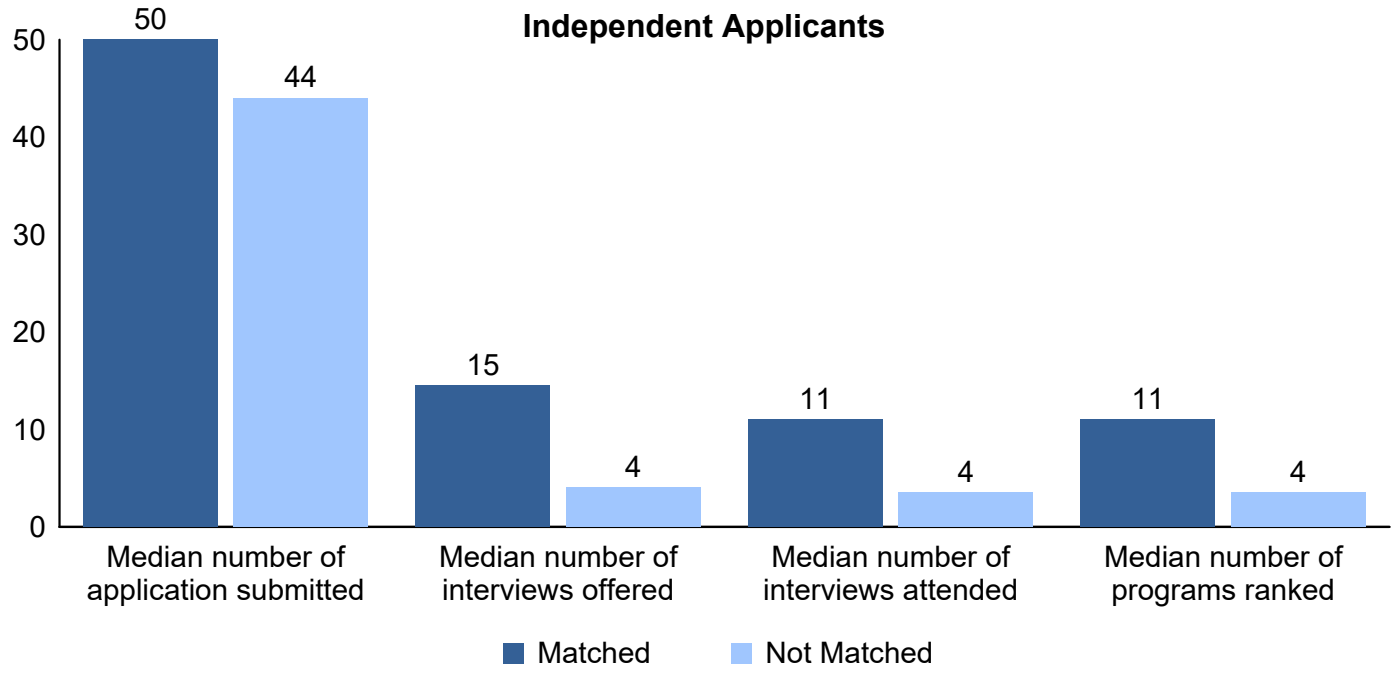


Figure PM-4

Physical Medicine and Rehabilitation
Percentage of Applicants Citing Different Ranking Strategies *by Applicant Type*

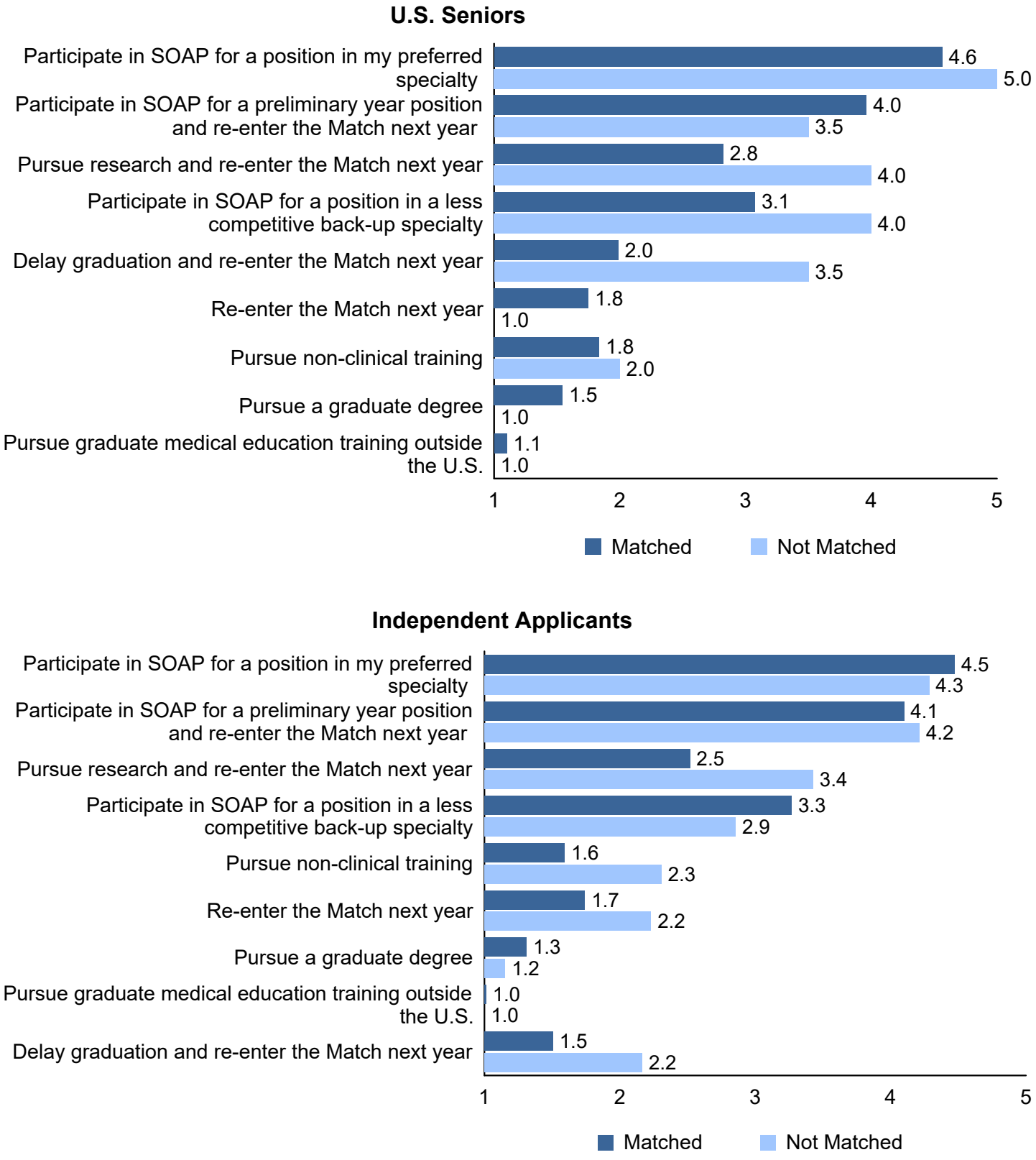




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PM-5

Physical Medicine and Rehabilitation
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



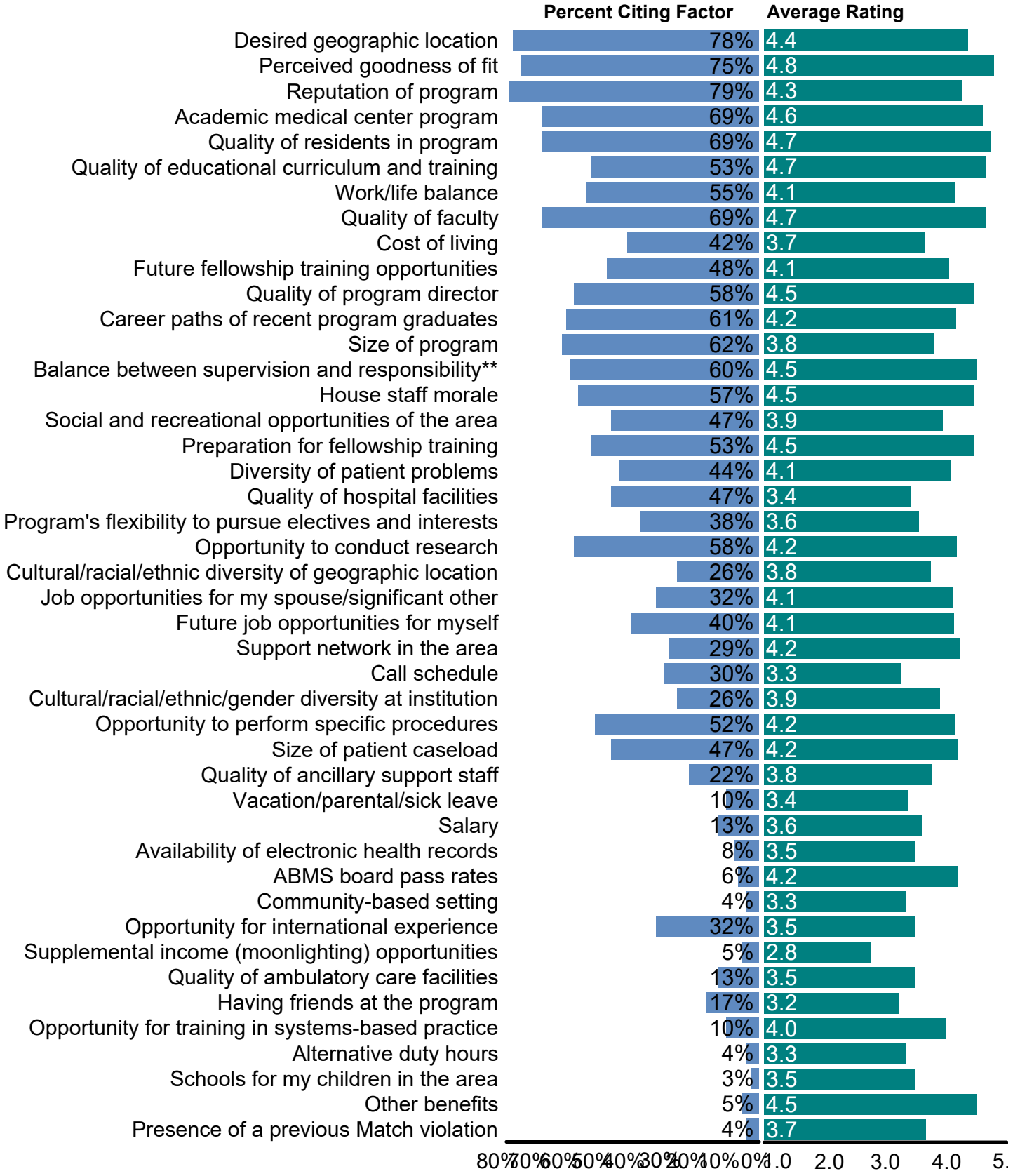
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Plastic Surgery (Integrated)

Figure PS-1

Plastic Surgery (Integrated)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

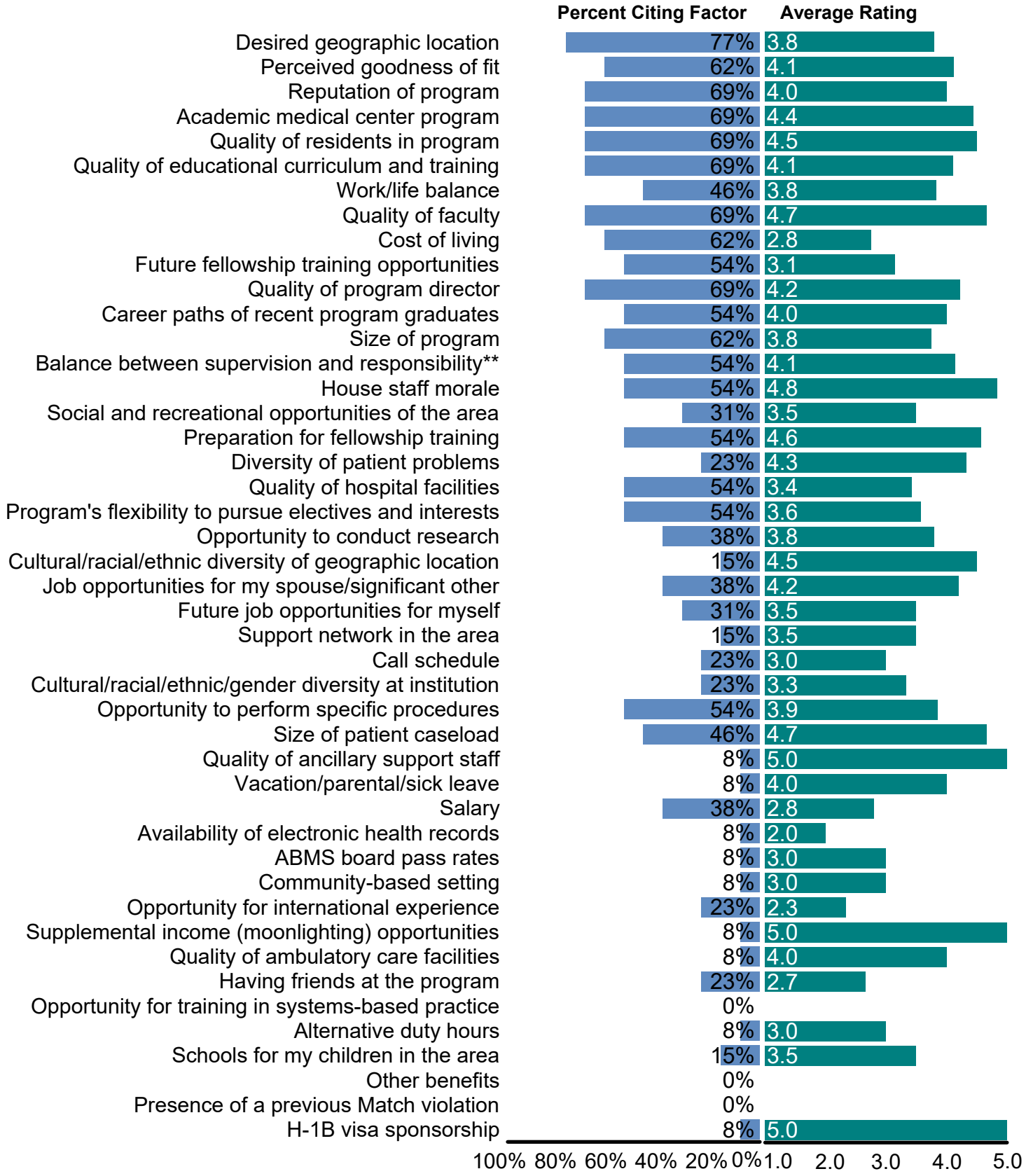
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PS-1

Plastic Surgery (Integrated)

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PS-2

Plastic Surgery (Integrated)

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

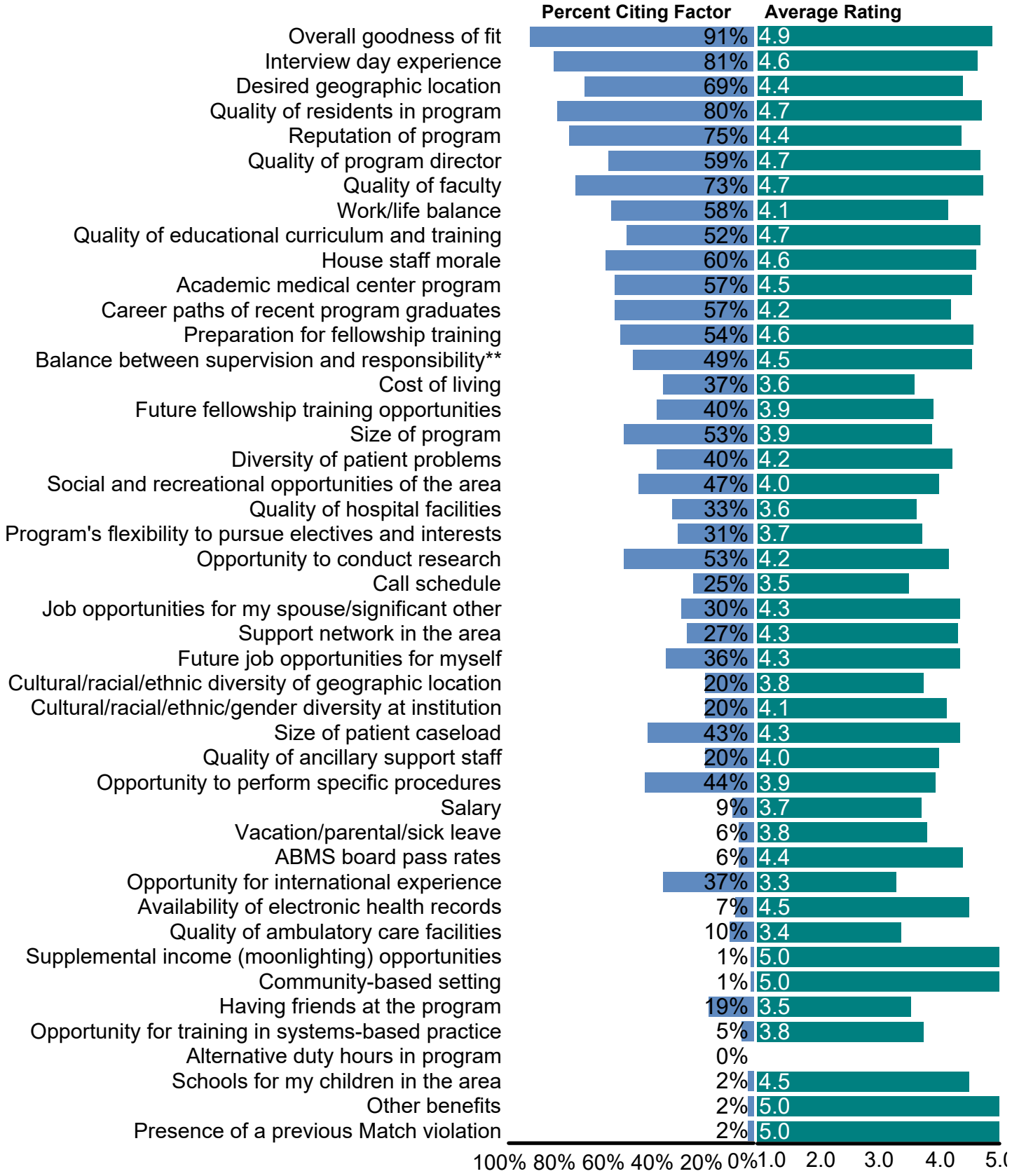

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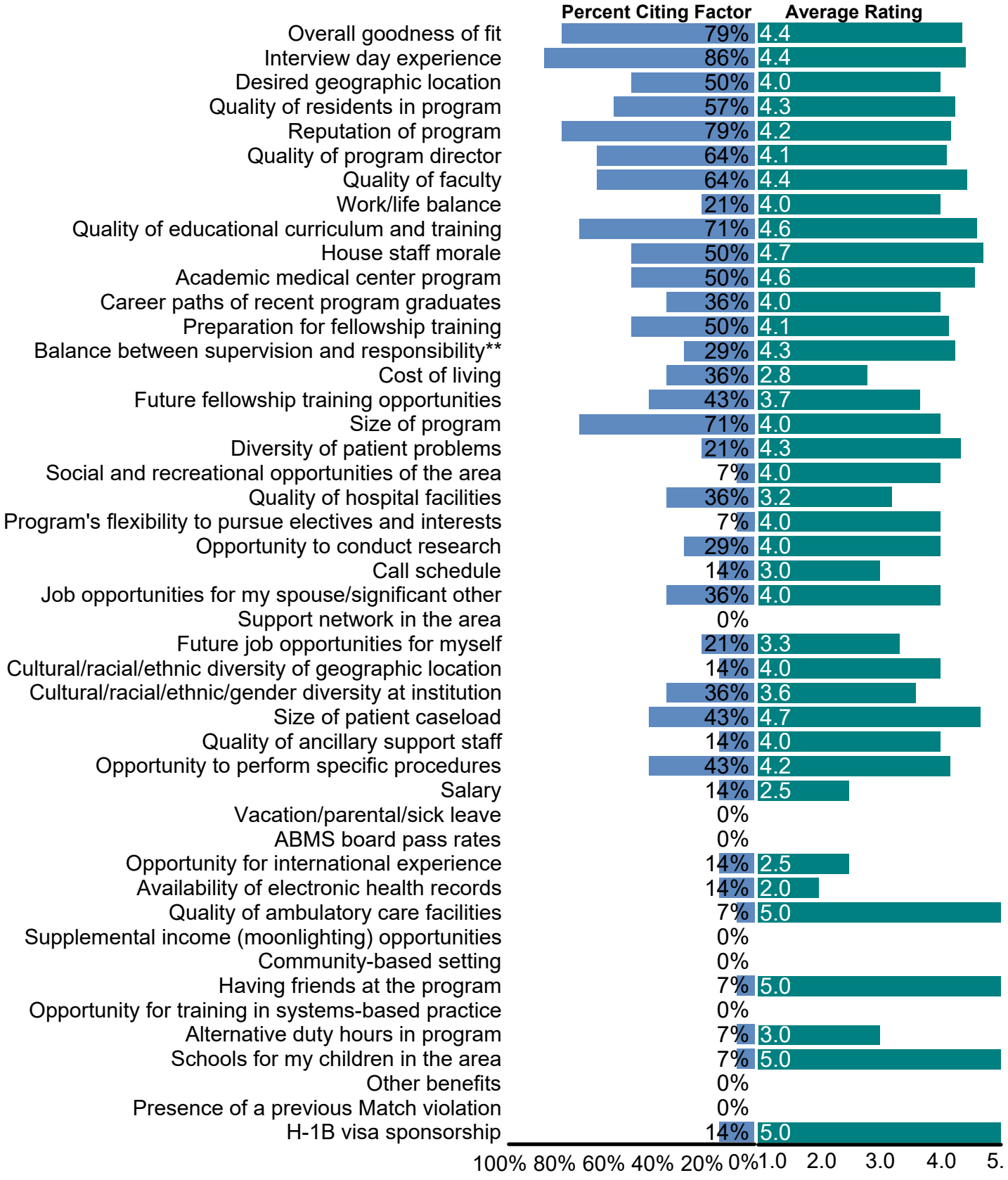
Figure PS-2

Plastic Surgery (Integrated)

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PS-3

Plastic Surgery (Integrated)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

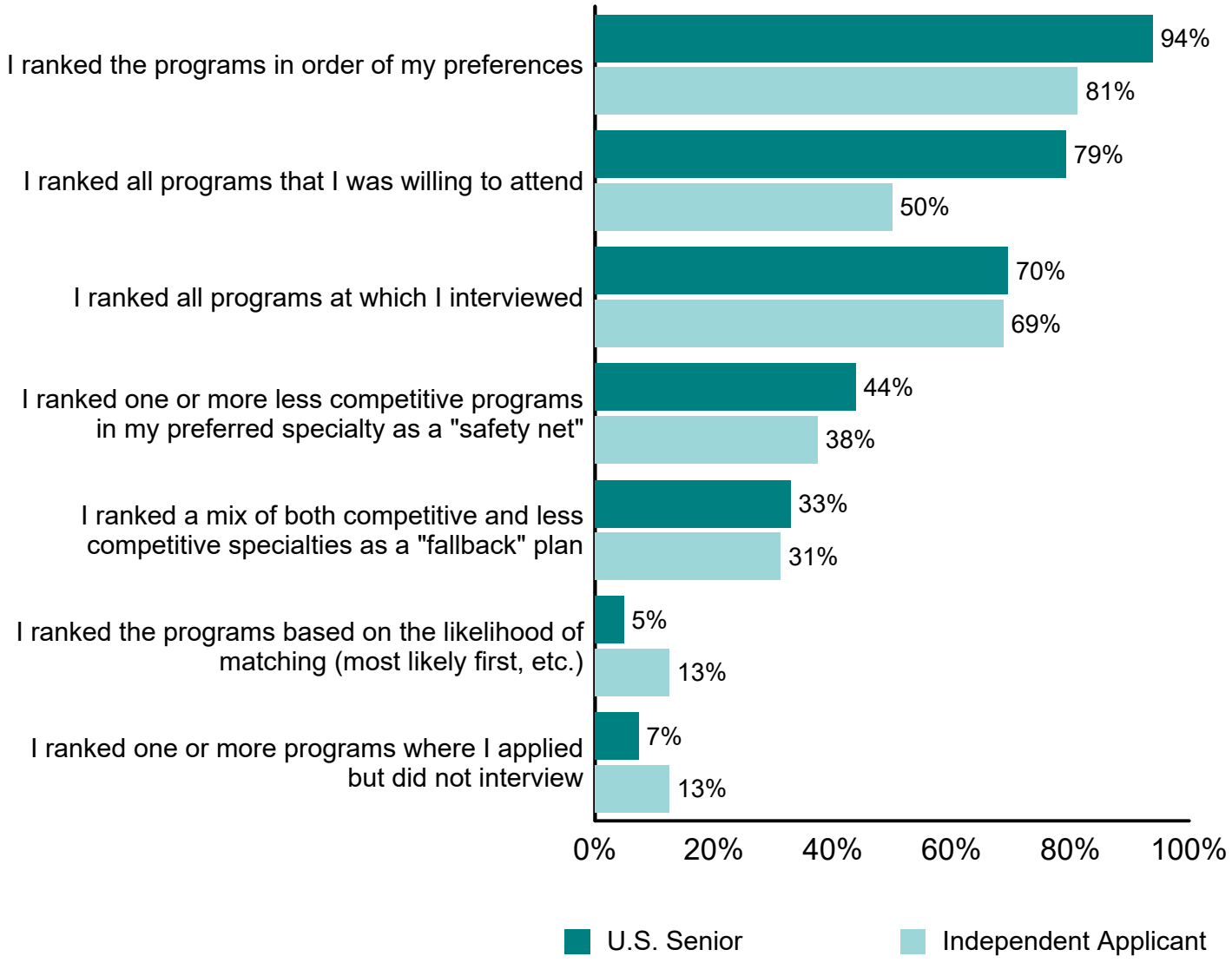
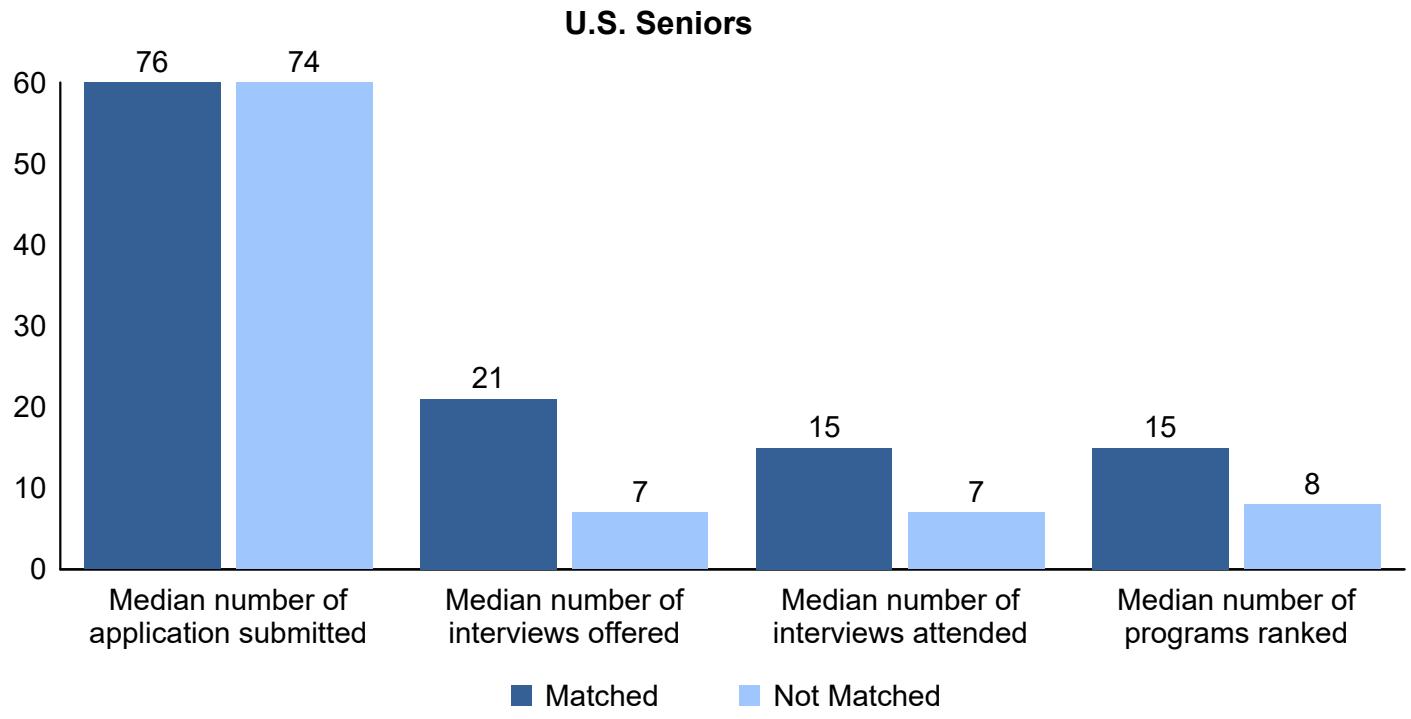
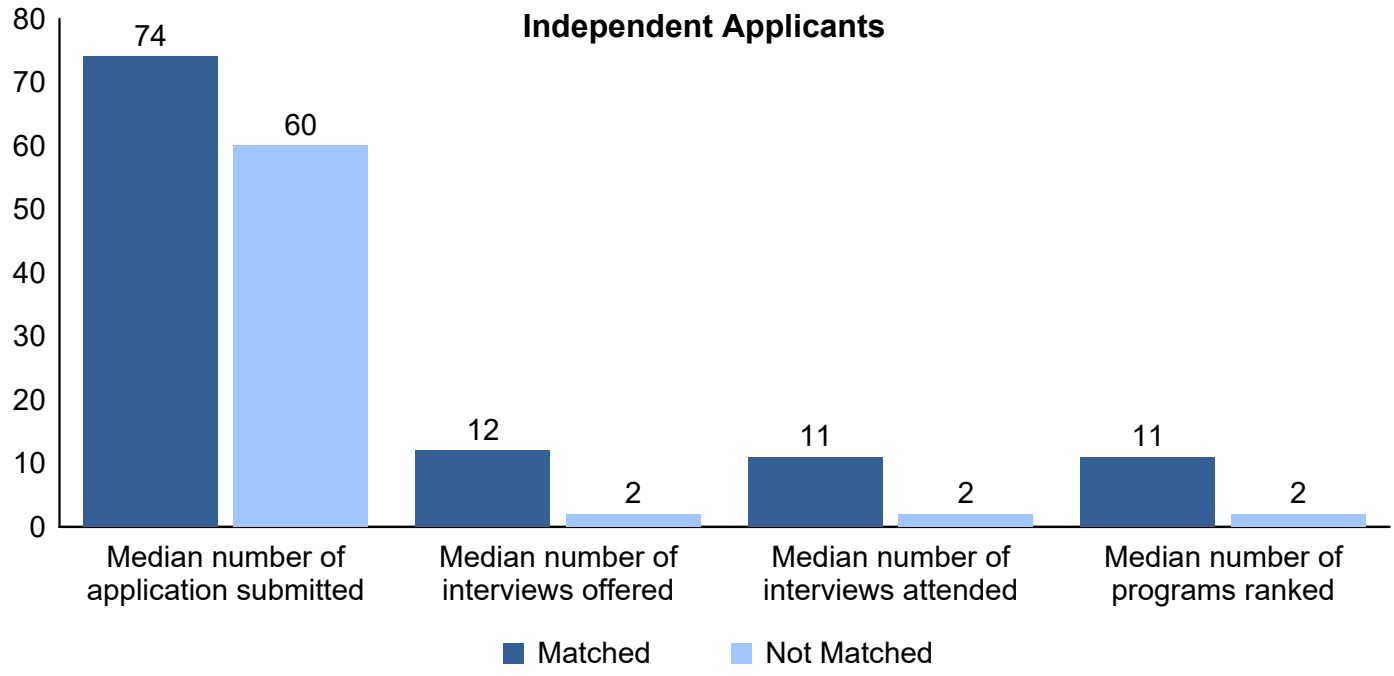


Figure PS-4

Plastic Surgery (Integrated)
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

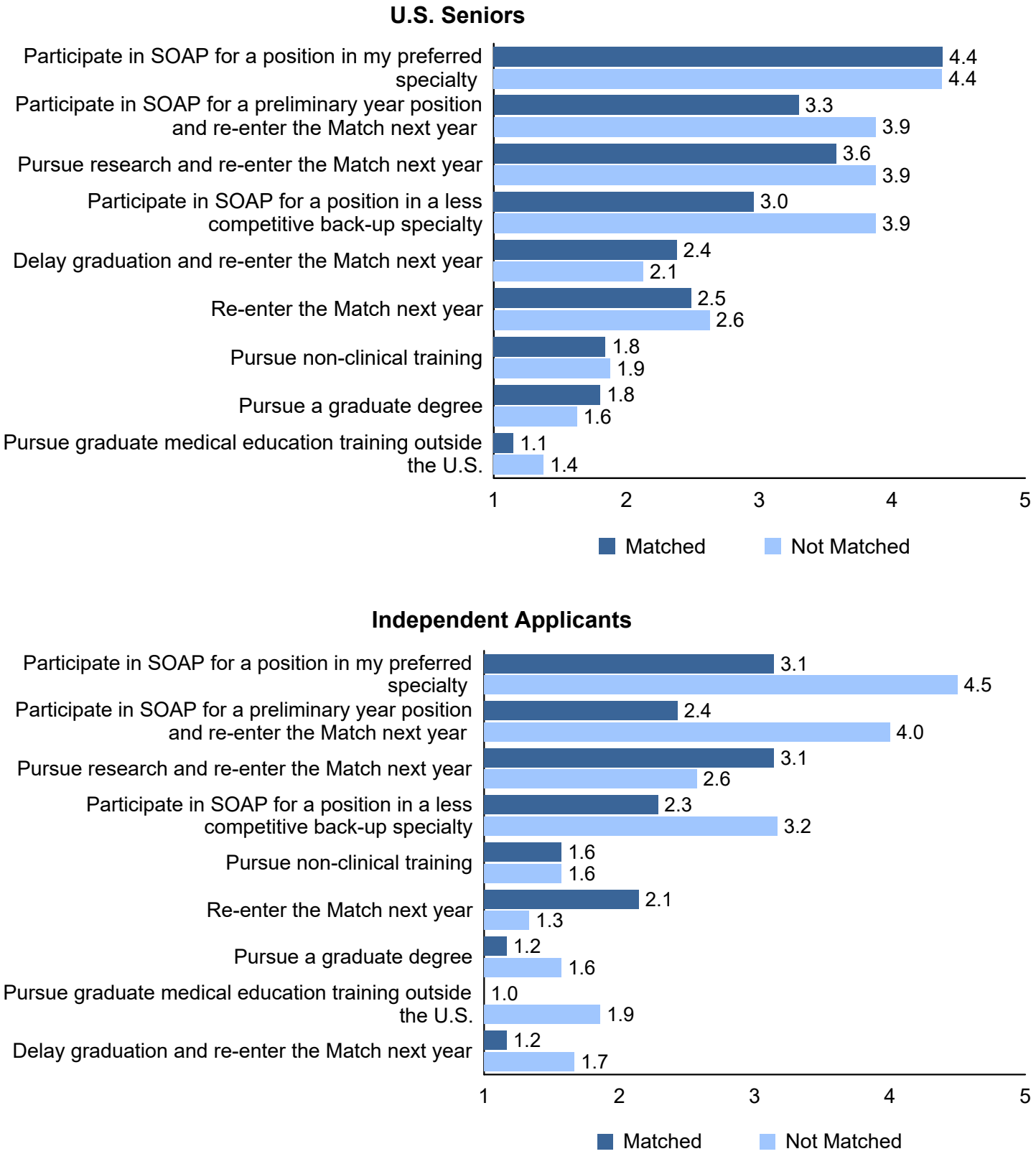




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PS-5

Plastic Surgery (Integrated)
Likelihood to Pursue a Strategy If Applicant Did Not Match*
*By Applicant Type and Match Outcome**



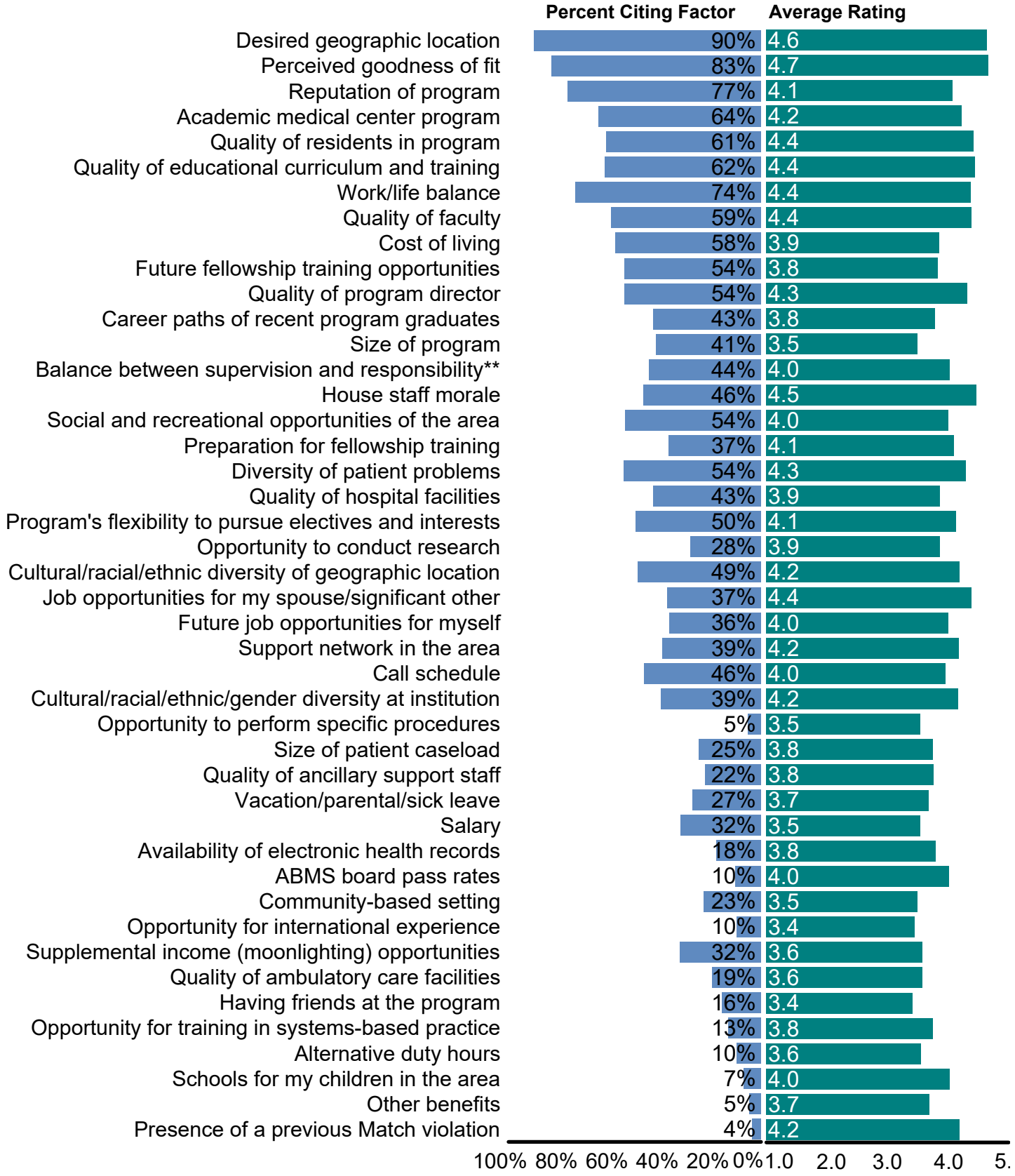
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Psychiatry

Figure PY-1

Psychiatry

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

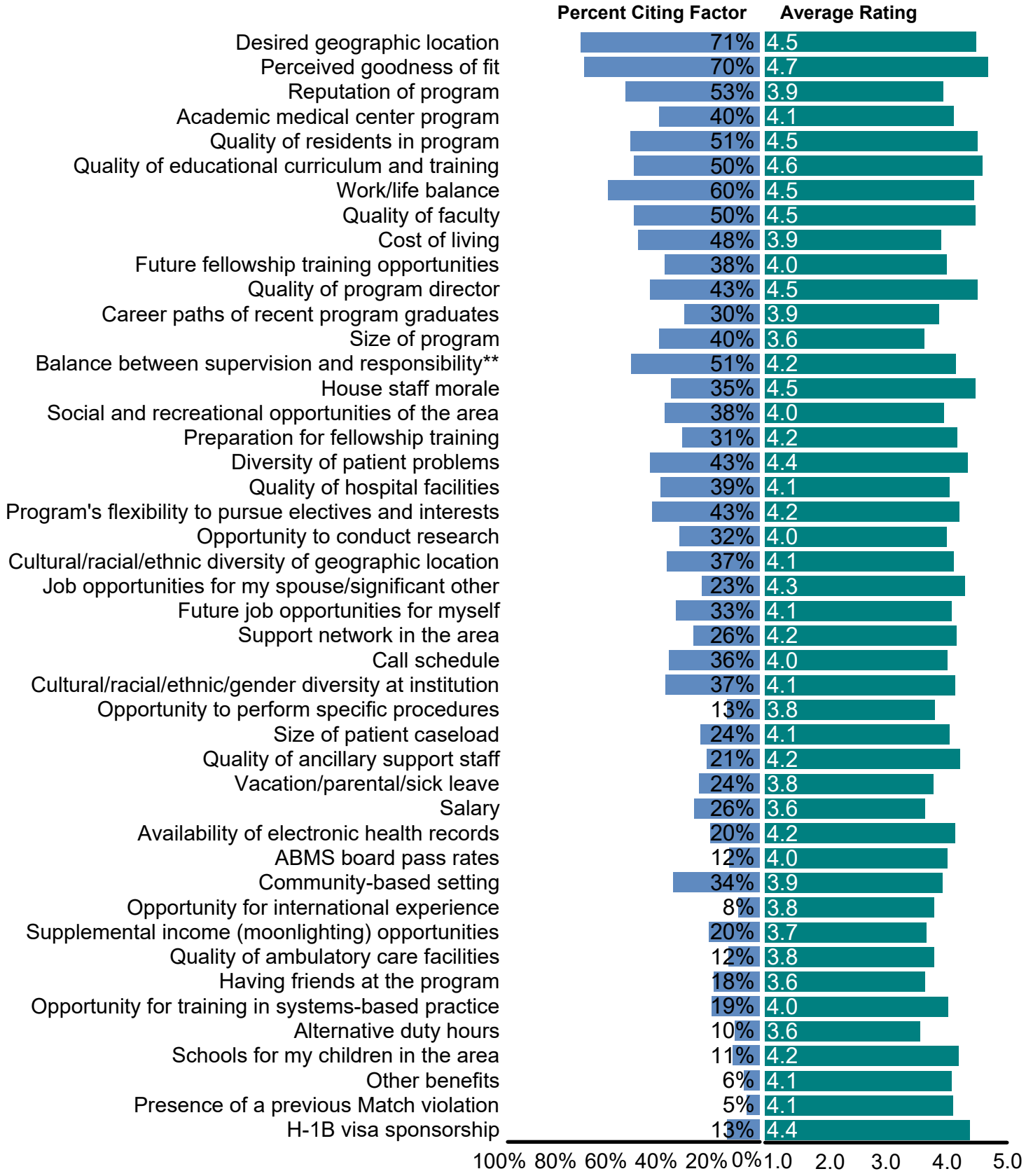
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PY-1

Psychiatry

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PY-2

Psychiatry

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

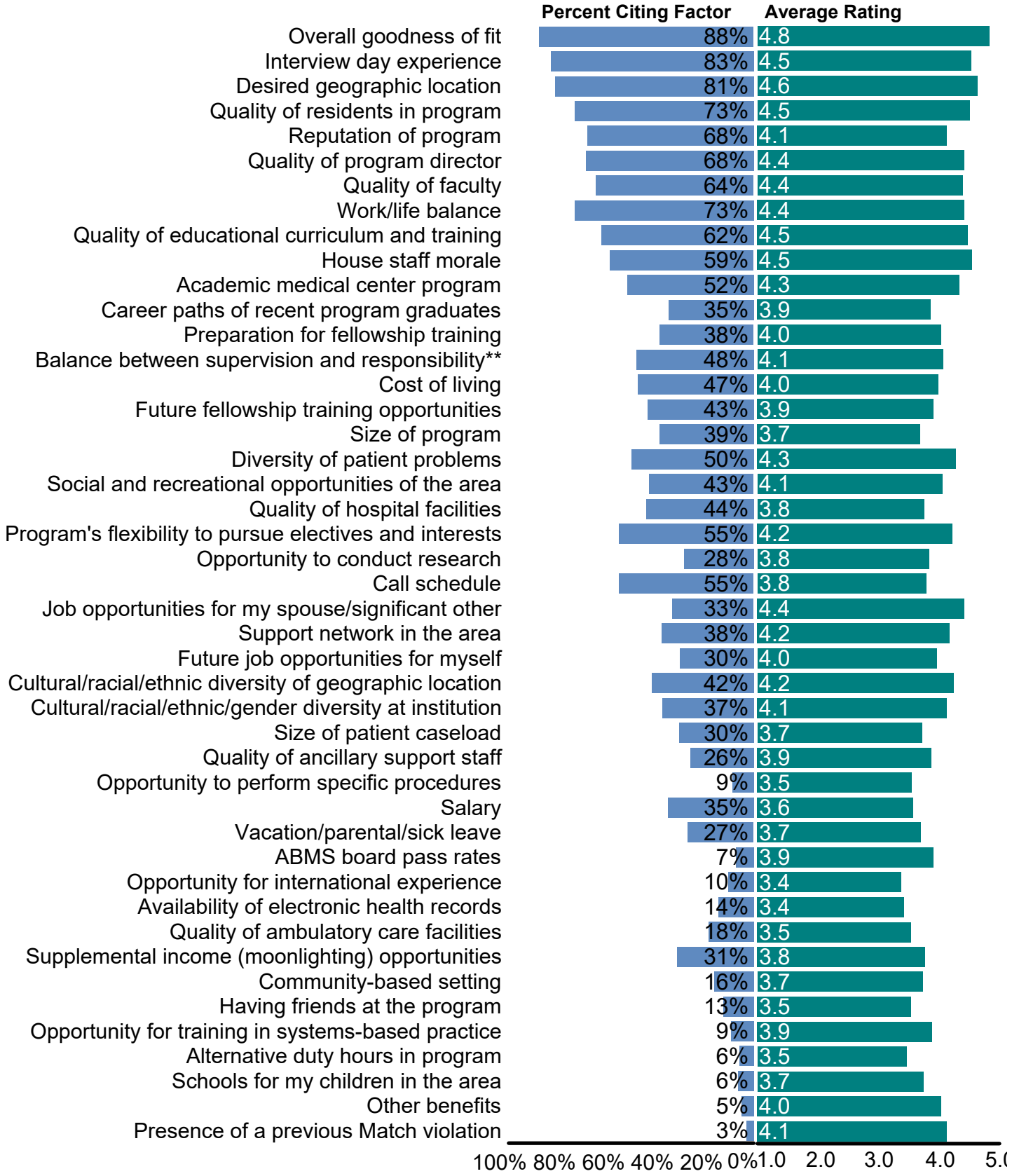


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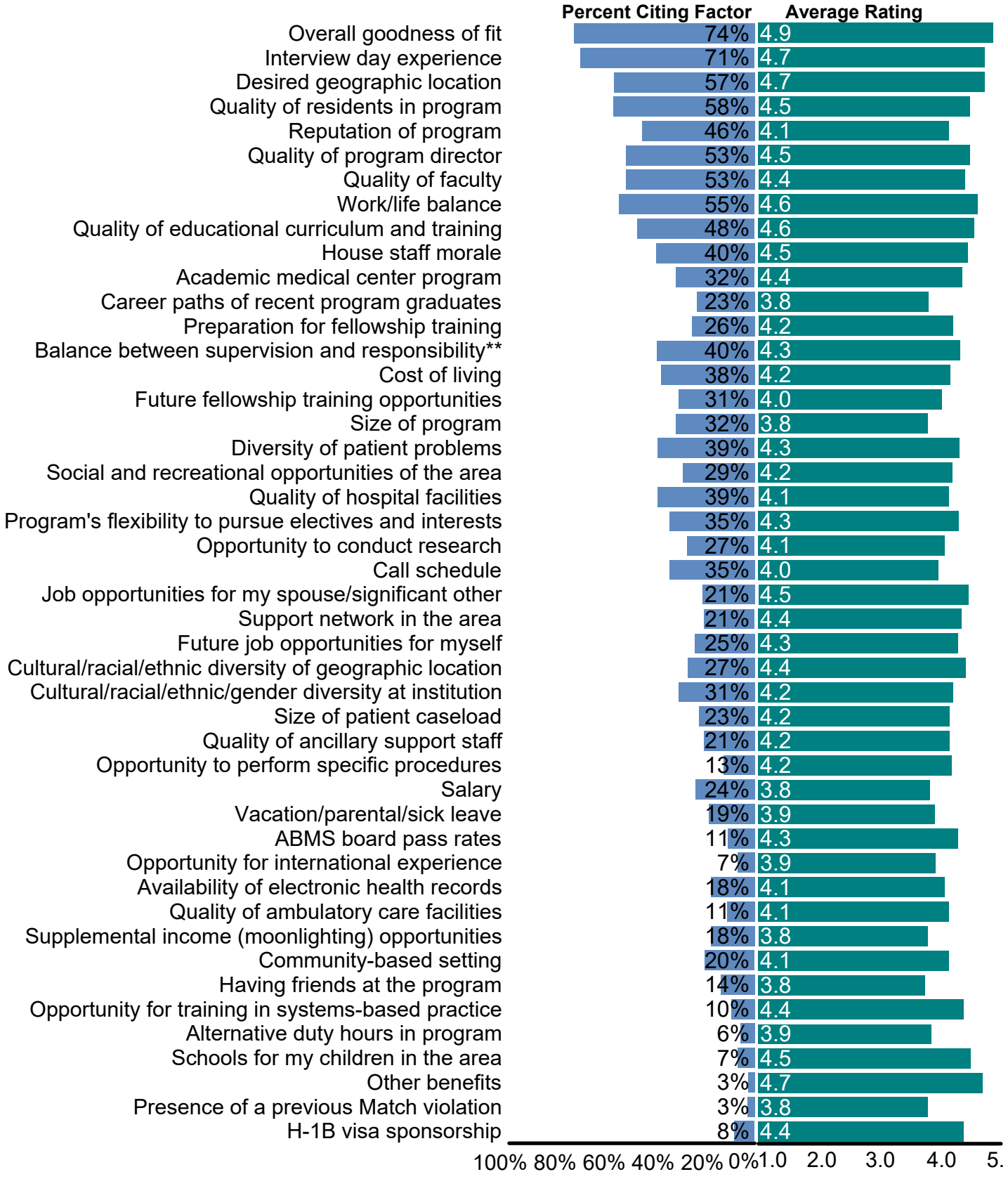
Figure PY-2

Psychiatry

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PY-3

Psychiatry
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

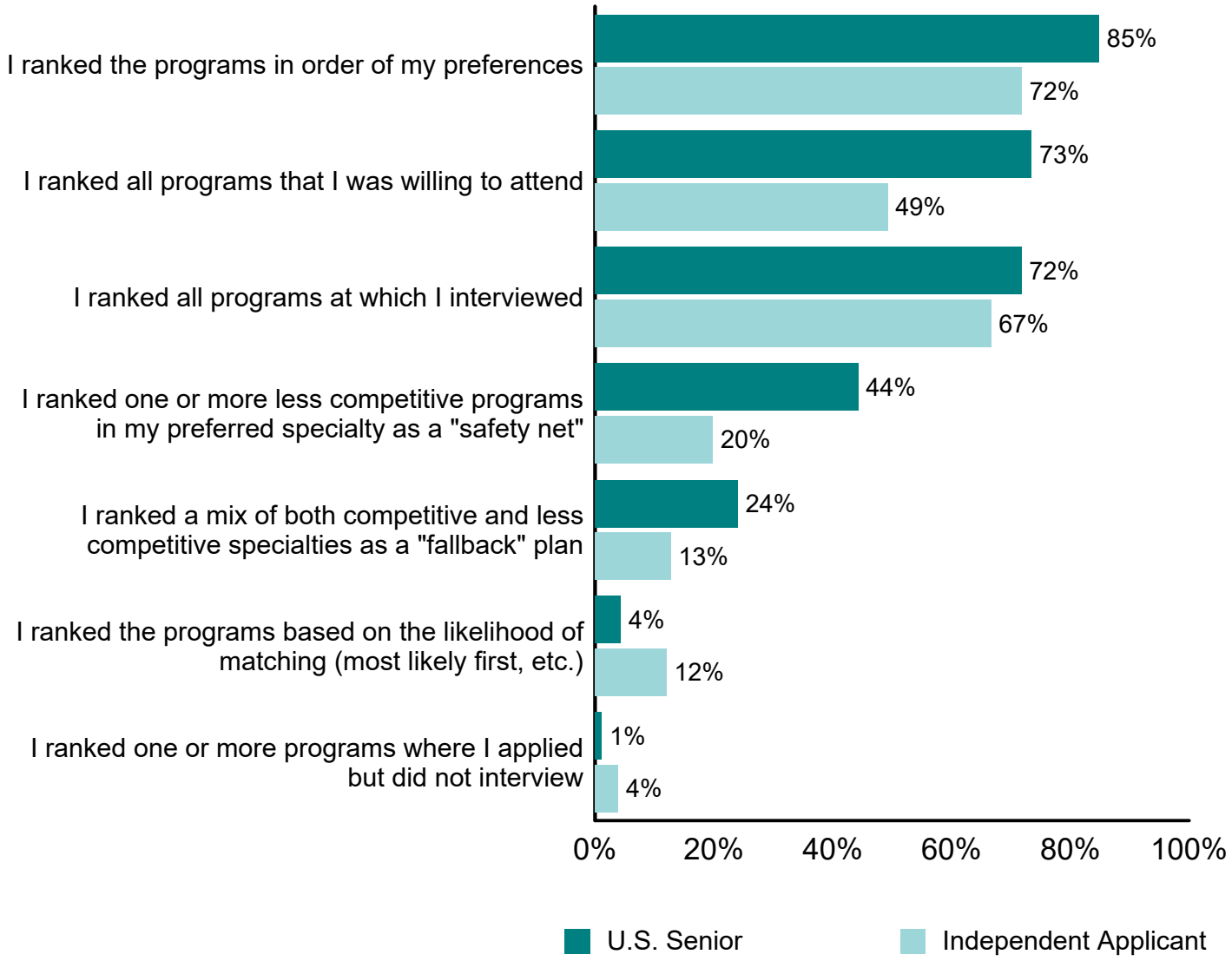
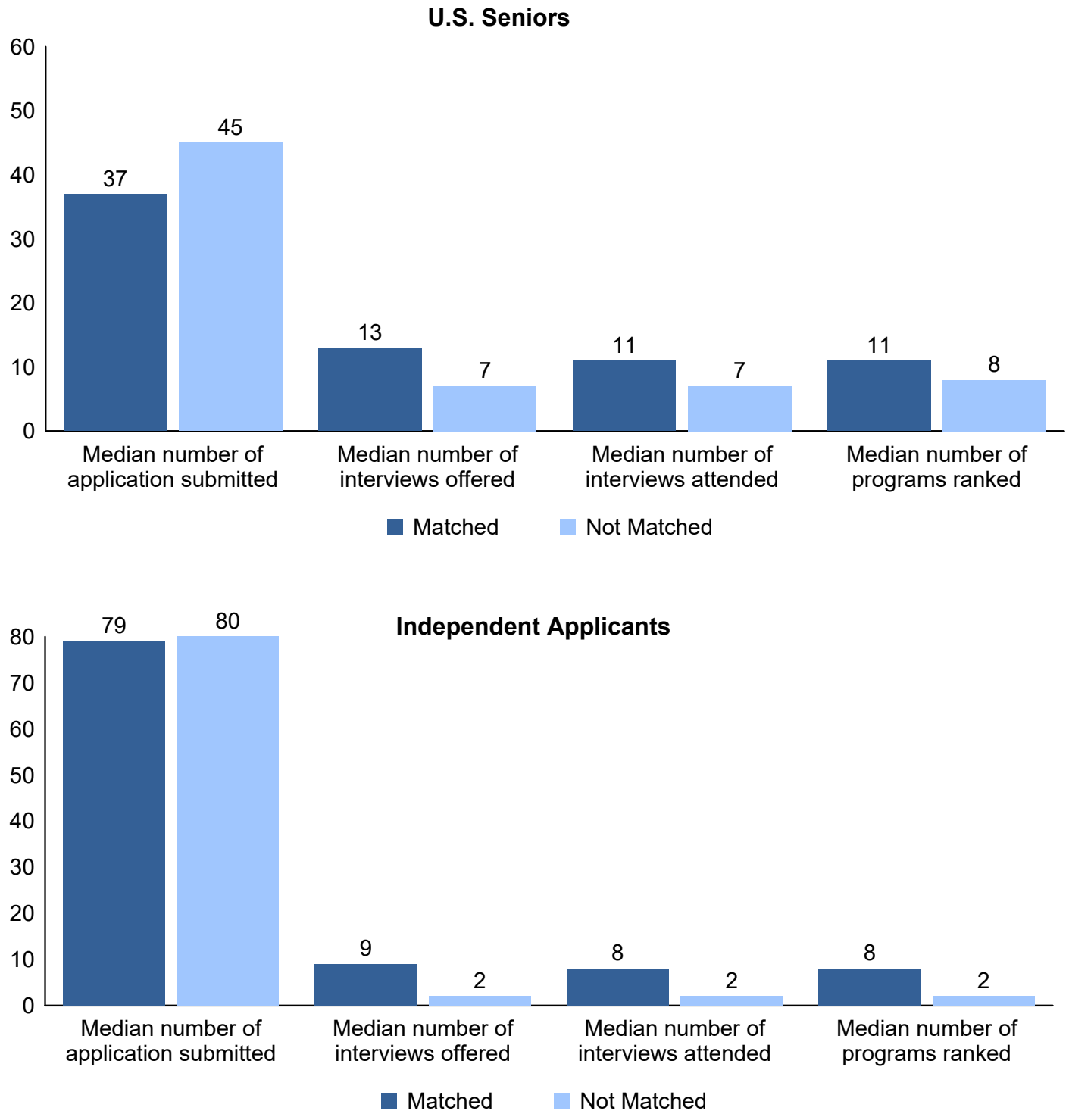


Figure PY-4

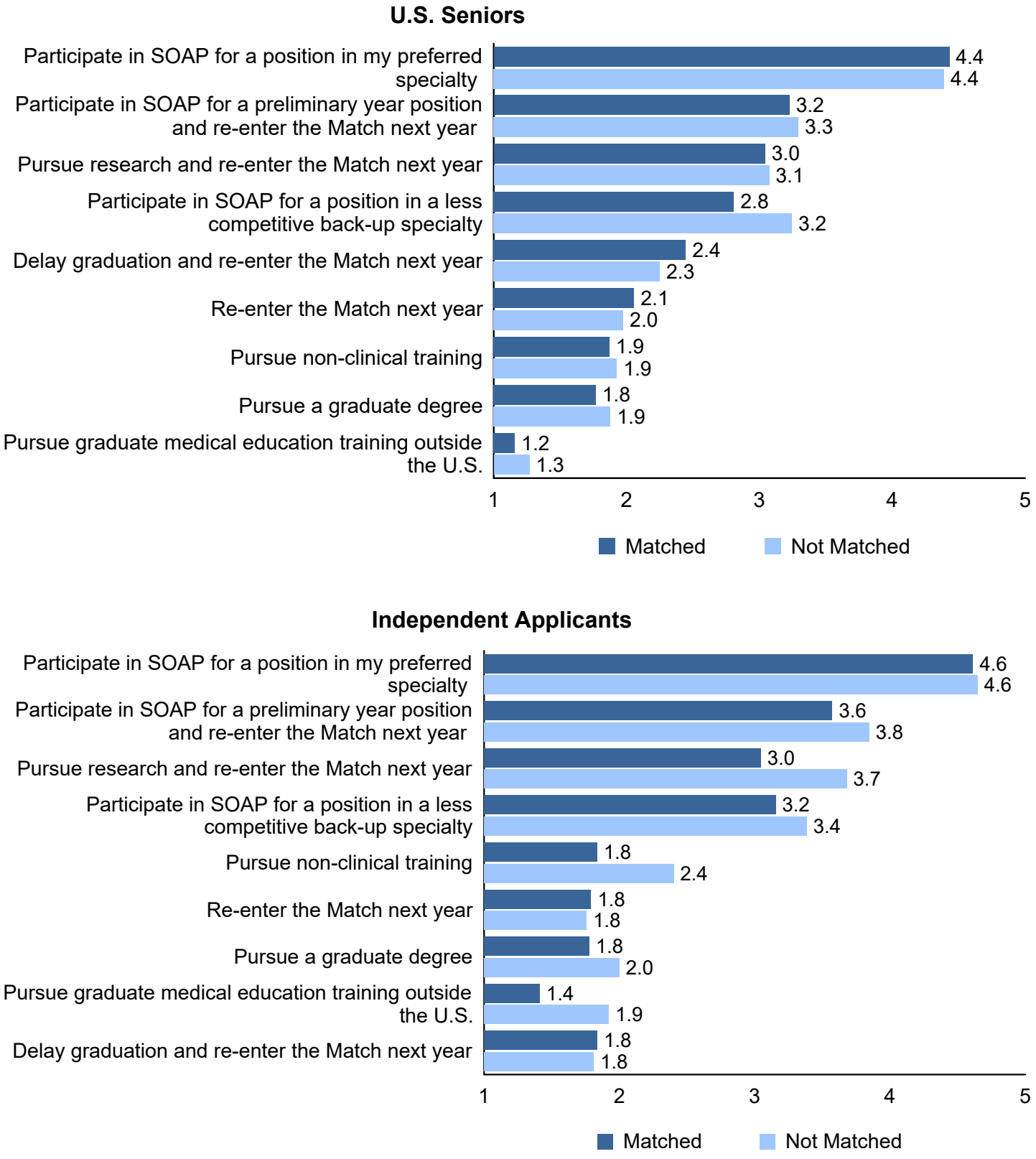
Psychiatry
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PY-5

Psychiatry
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



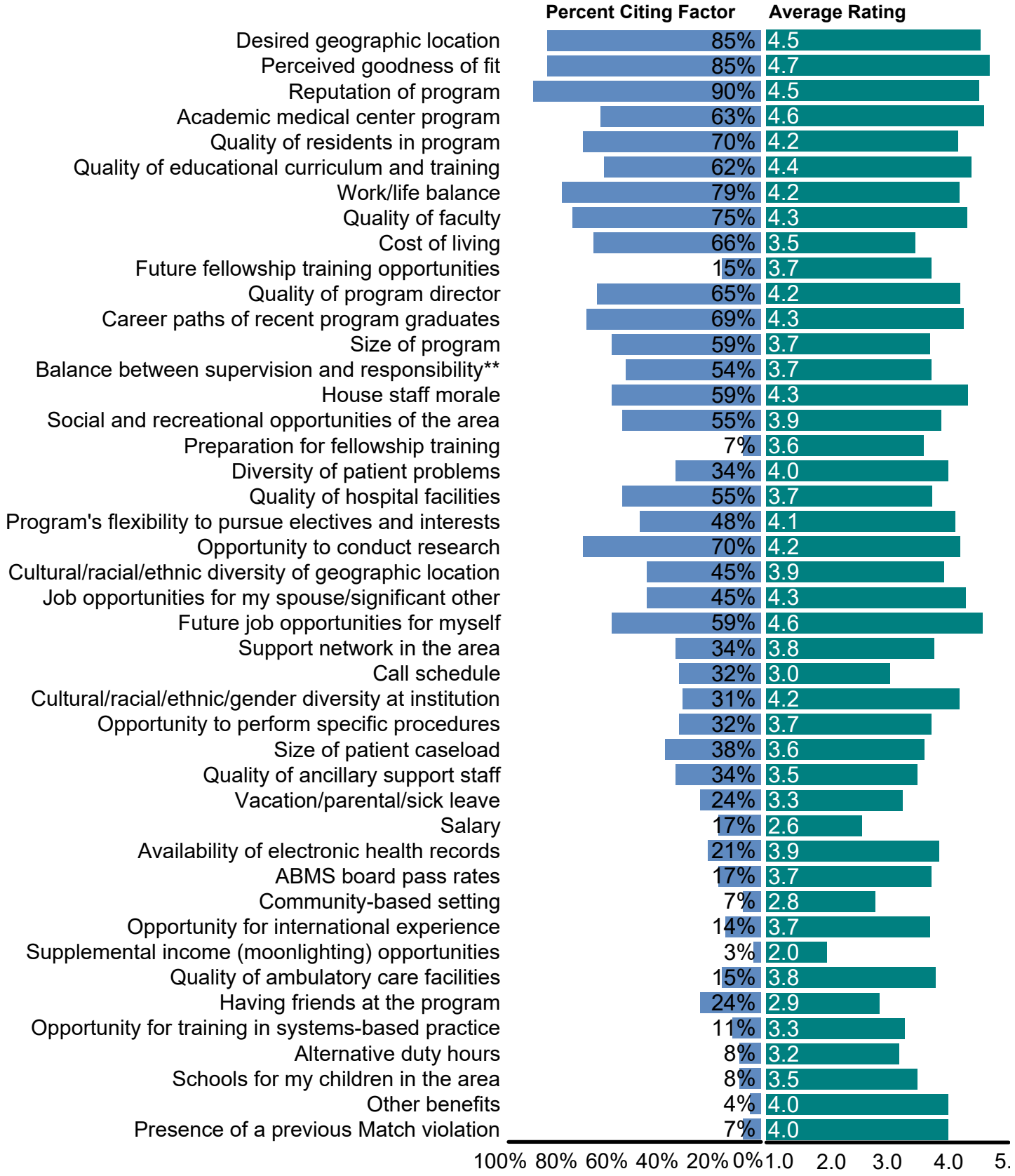
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Radiation Oncology

Figure RD-1

Radiation Oncology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

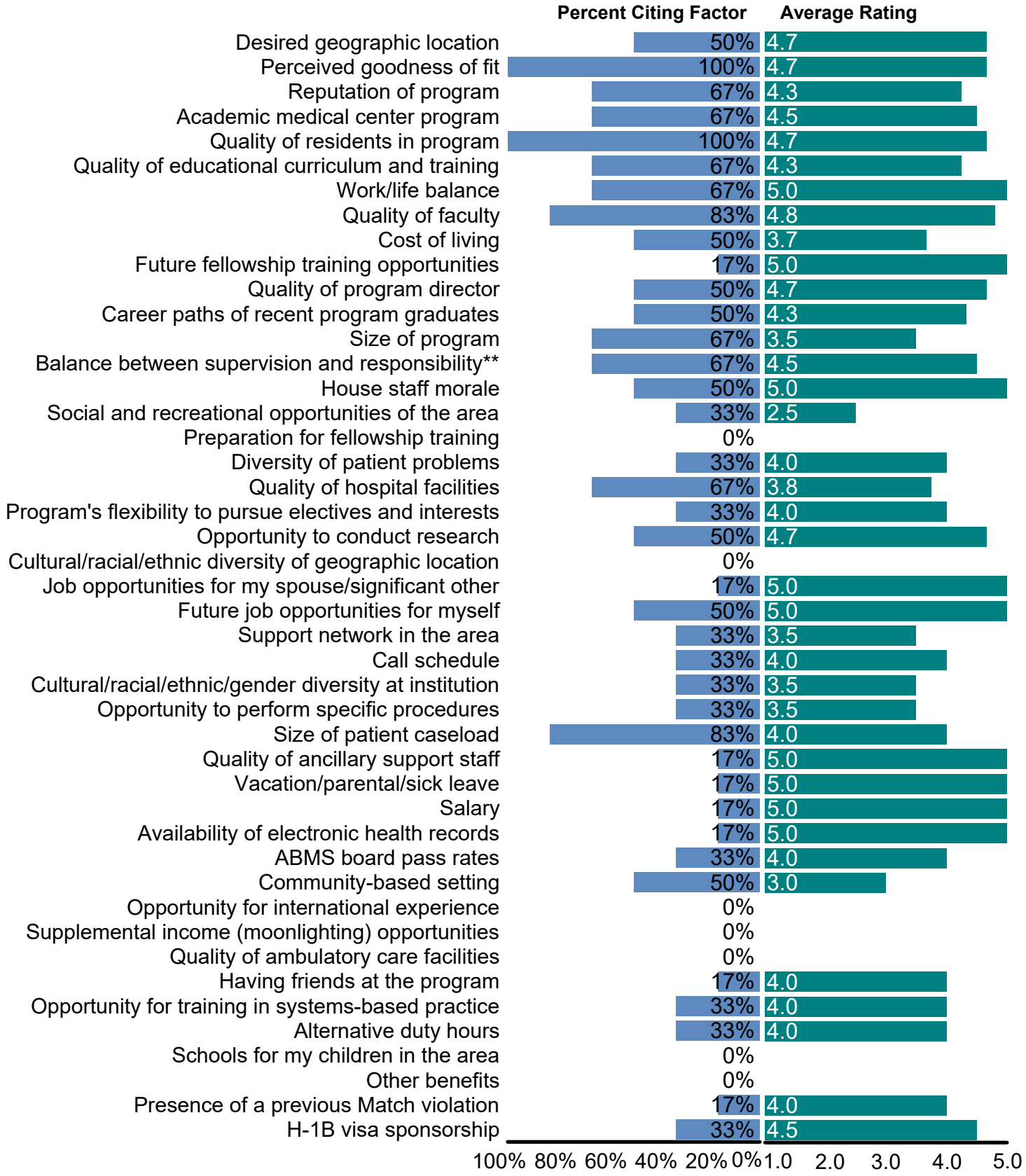
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure RD-1

Radiation Oncology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

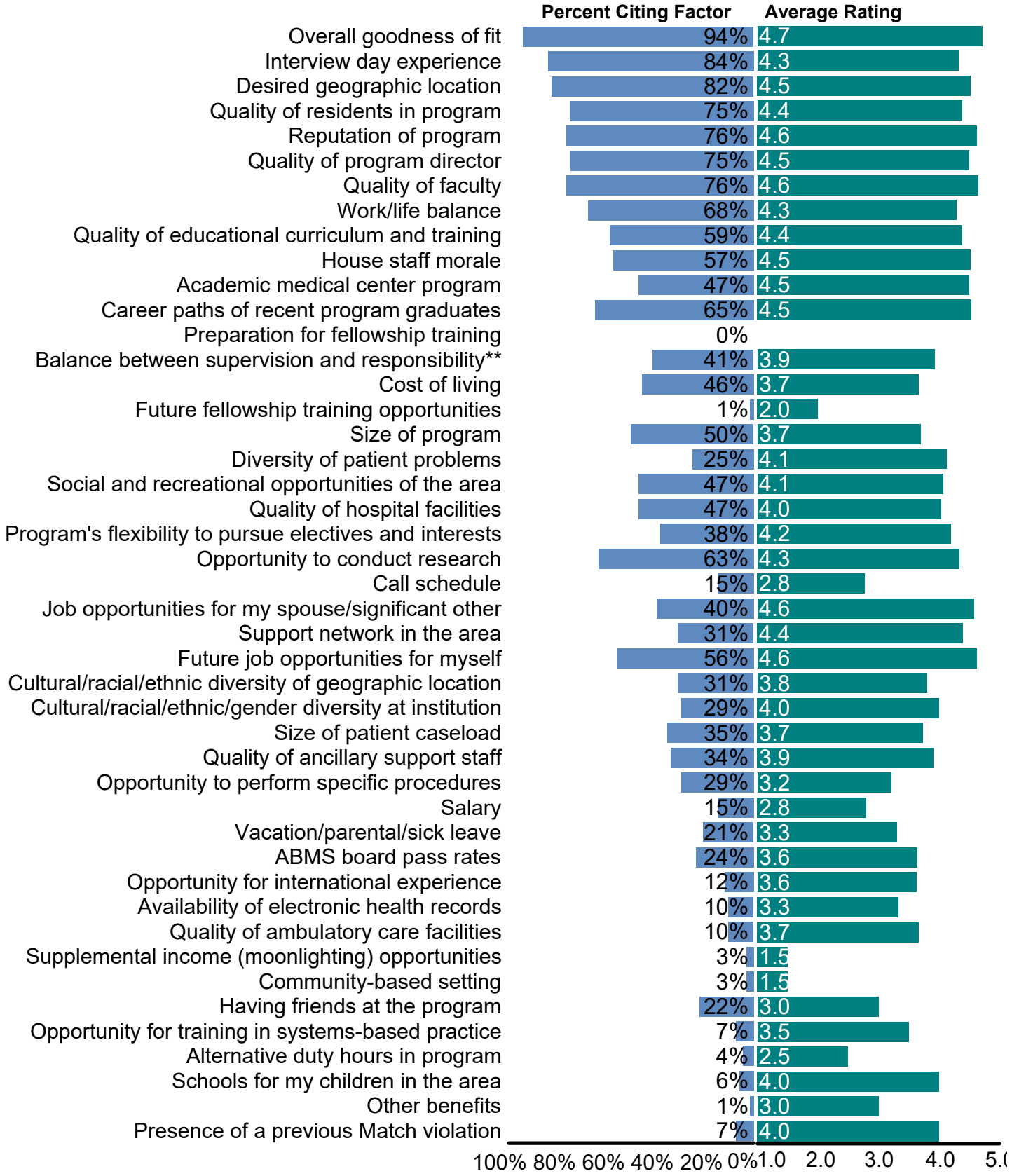
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure RD-2

Radiation Oncology

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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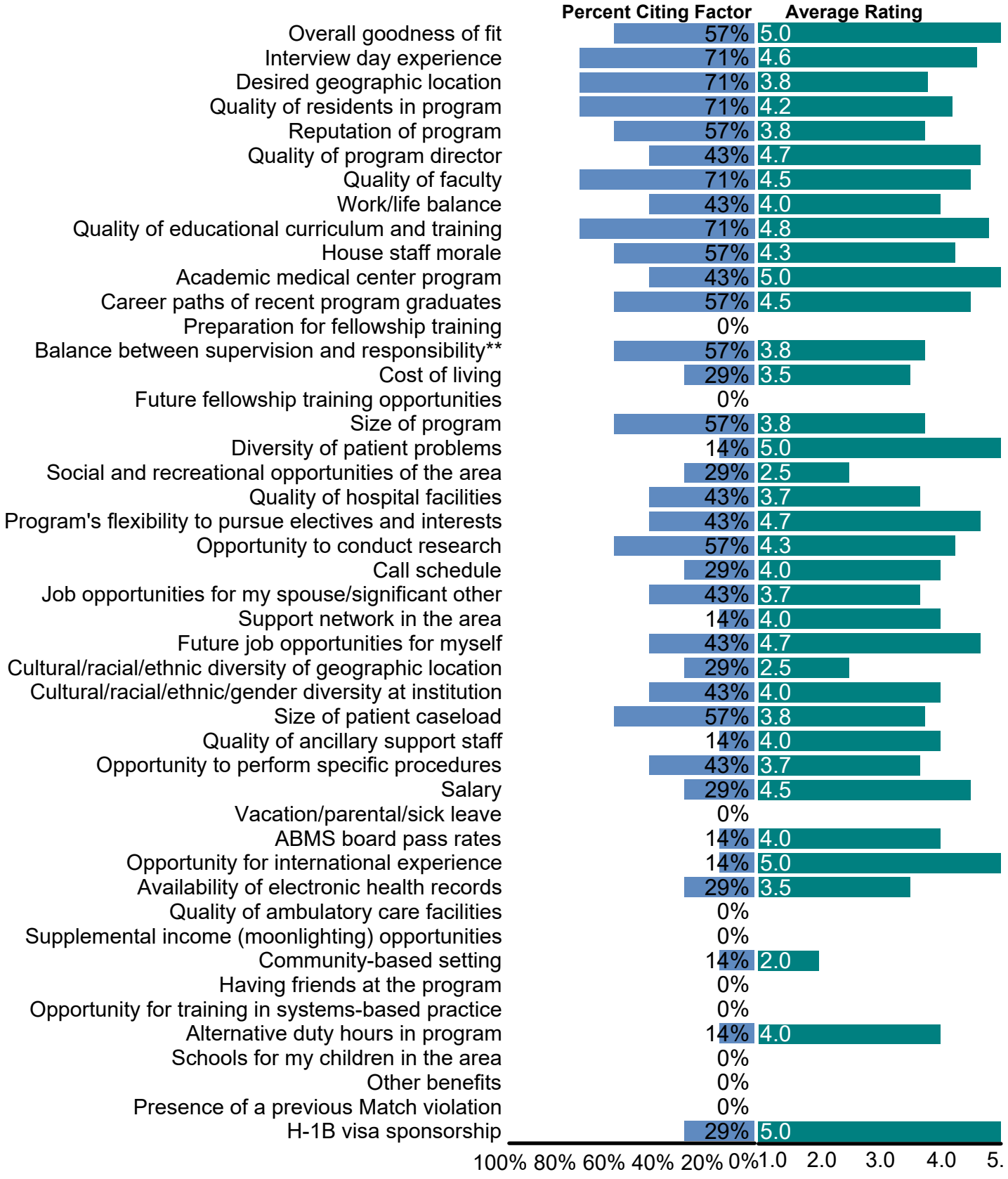
Radiation Oncology

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure RD-3

Radiation Oncology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

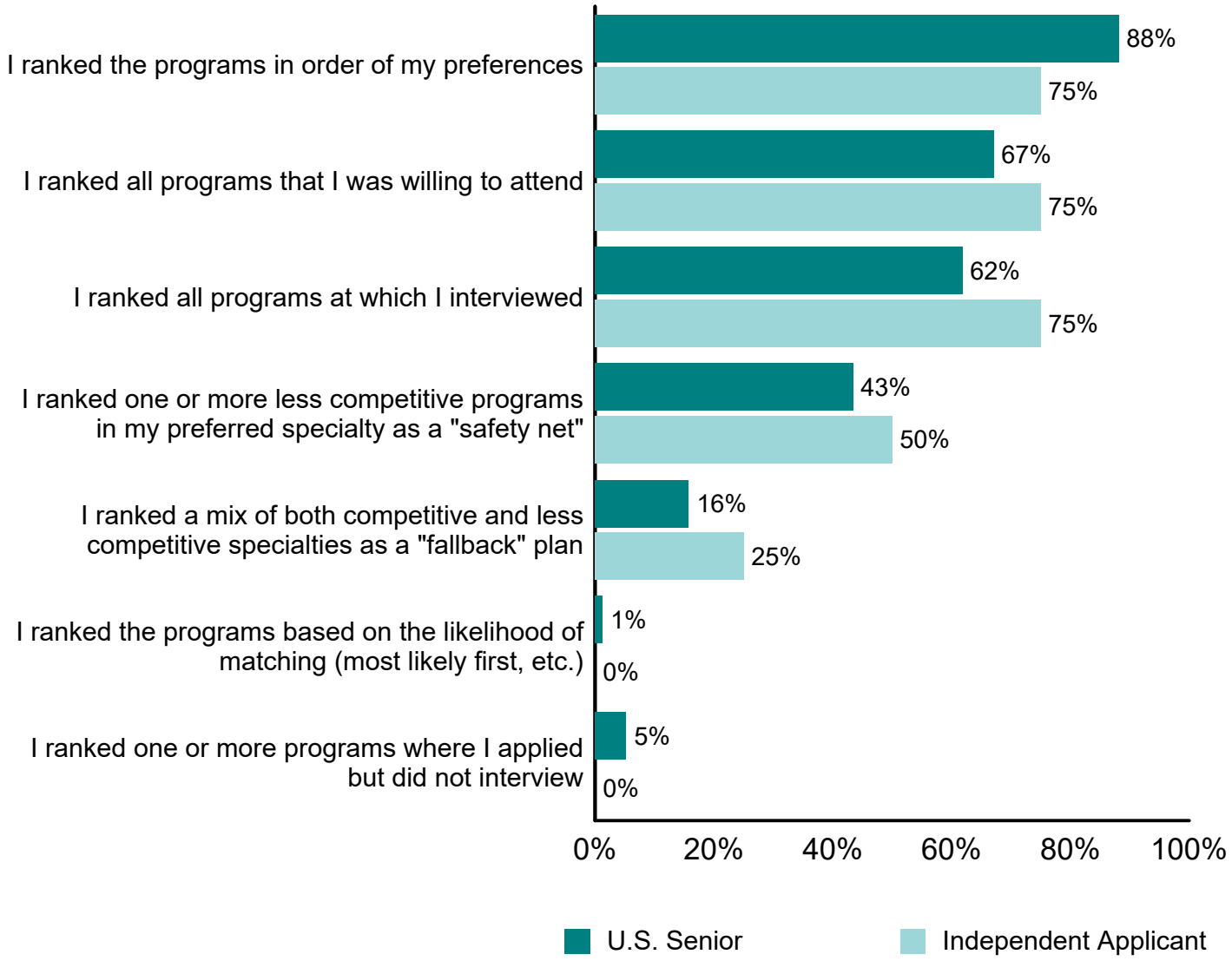
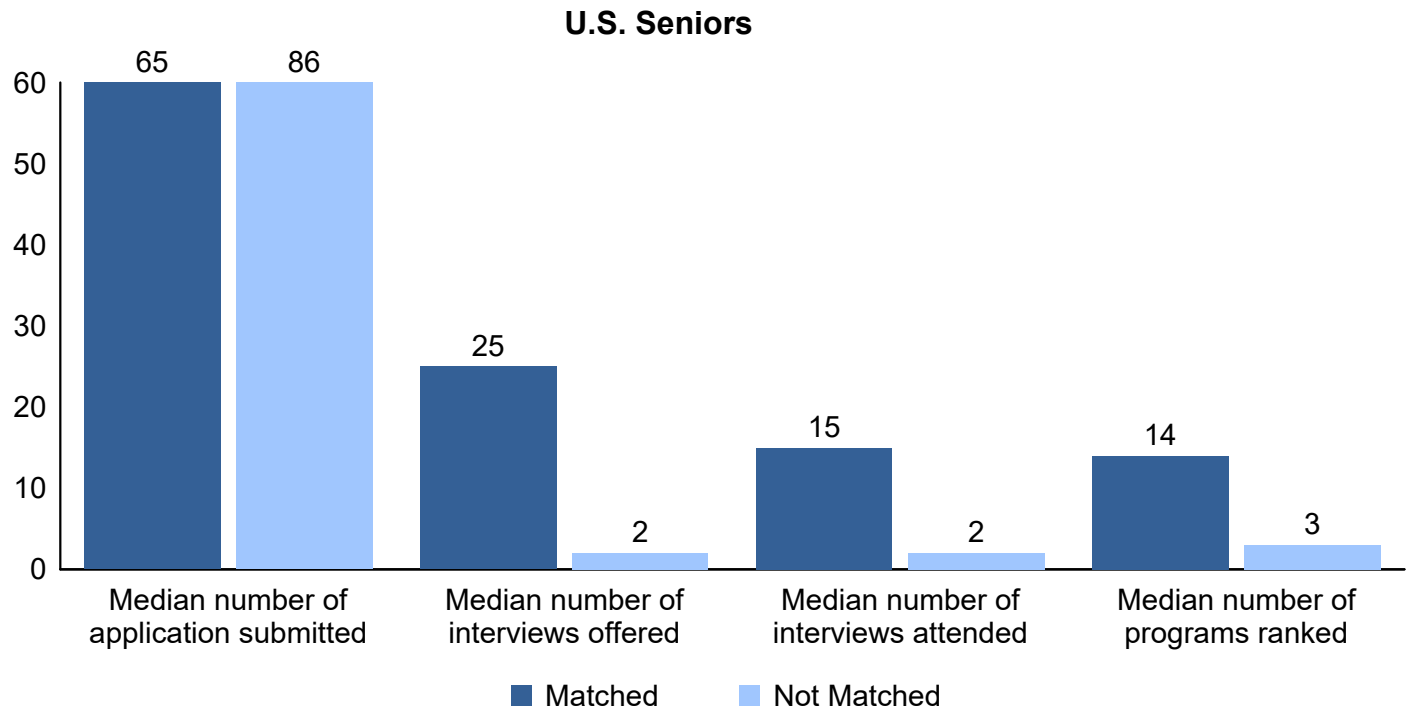
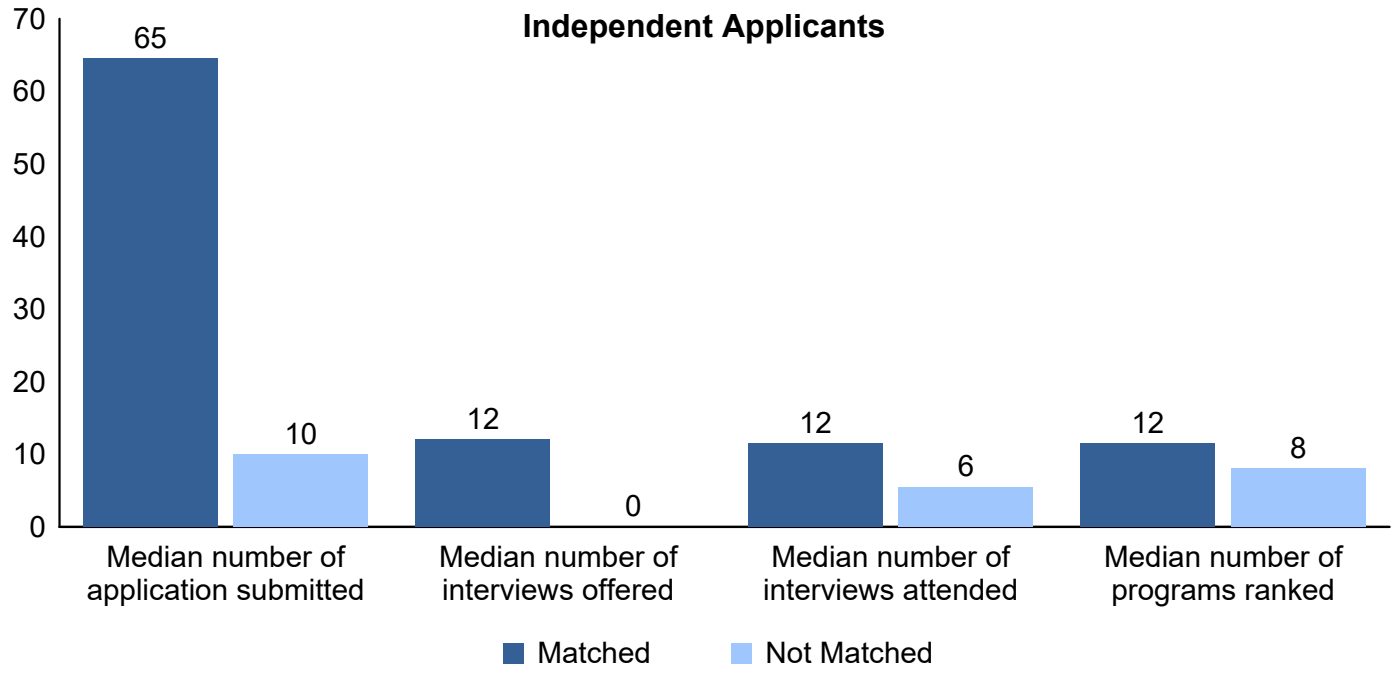


Figure RD-4

Radiation Oncology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

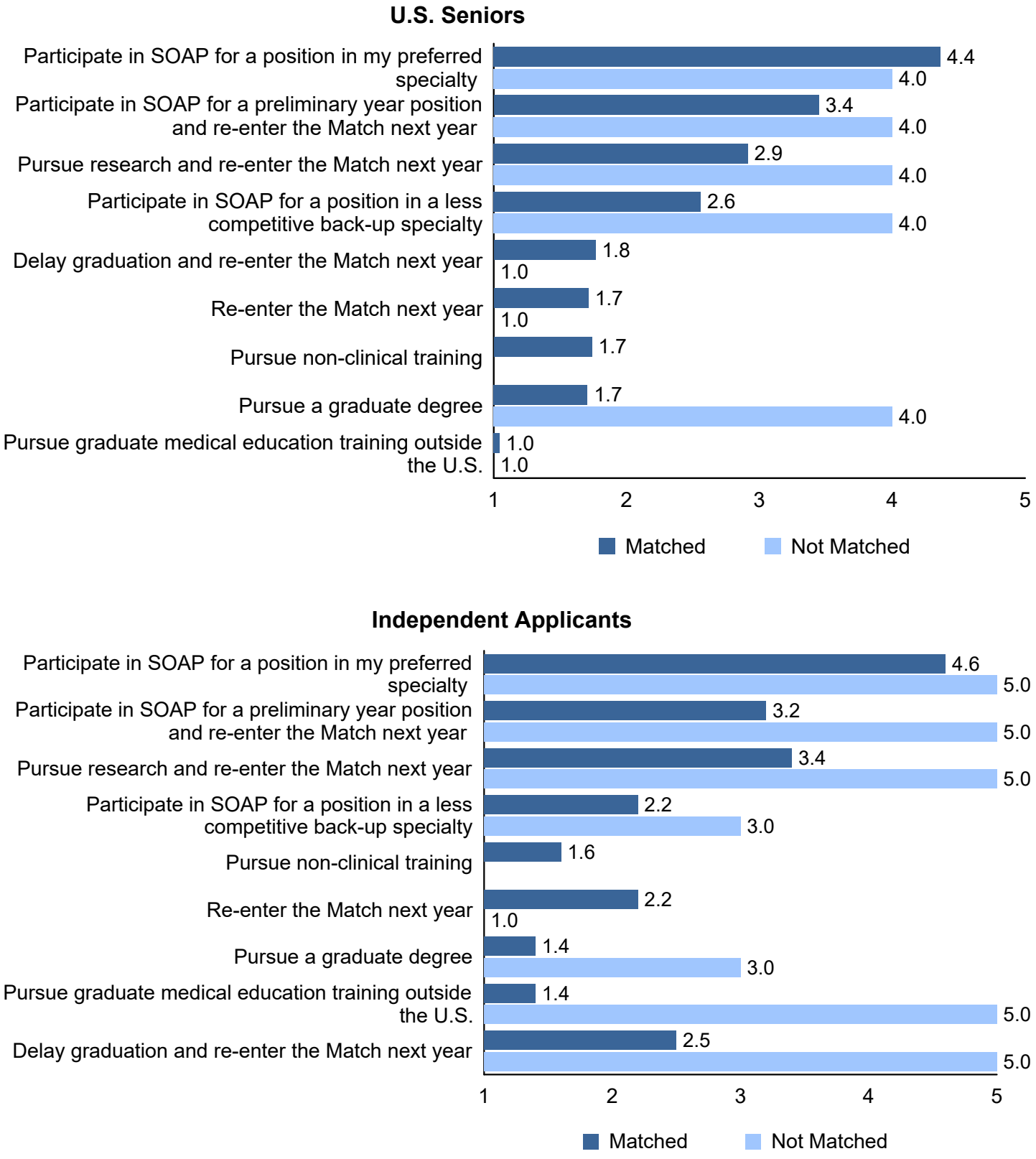




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure RD-5

Radiation Oncology
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



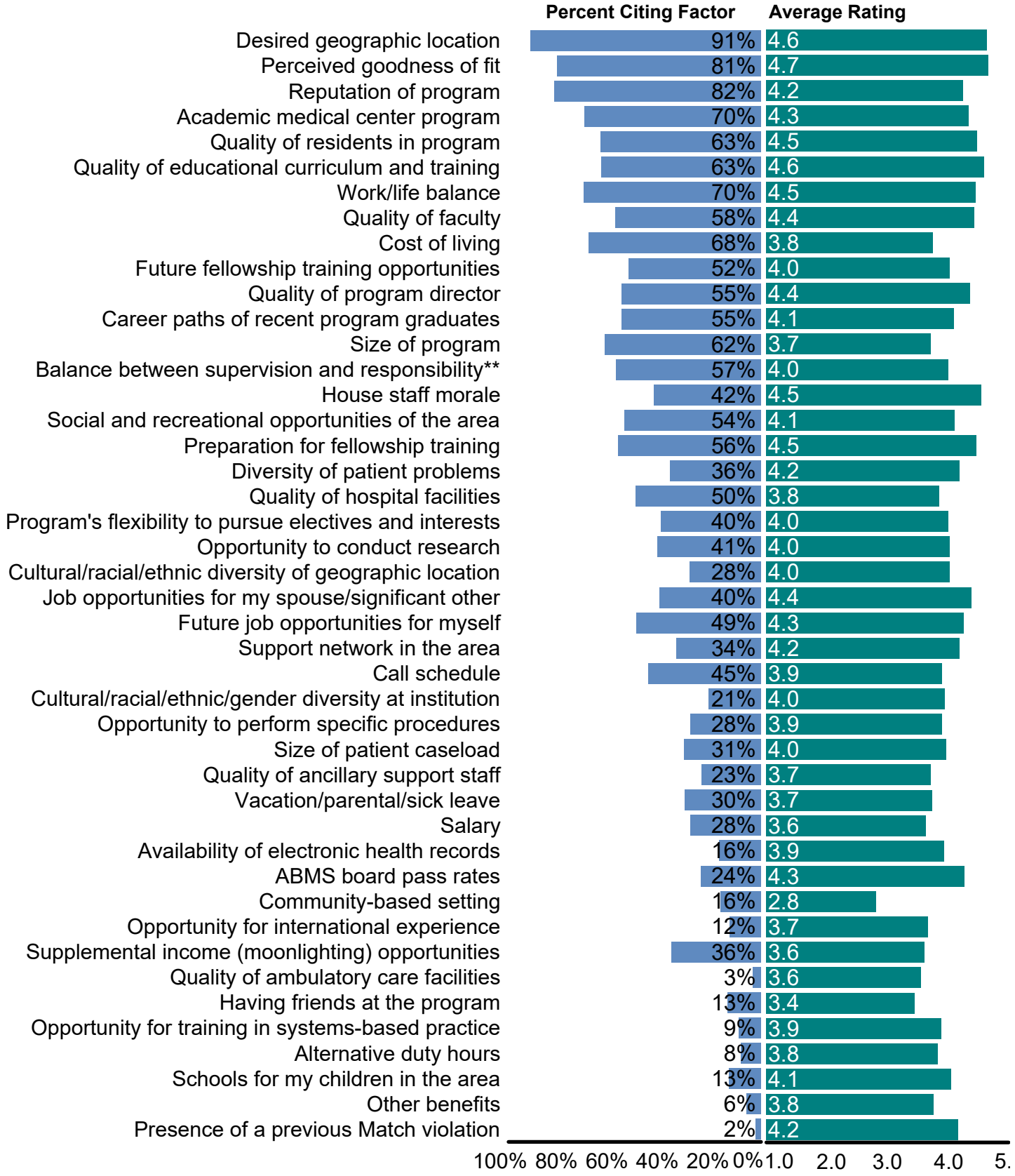
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Radiology-Diagnostic

Figure RO-1

Radiology-Diagnostic

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure RO-1

Radiology-Diagnostic

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

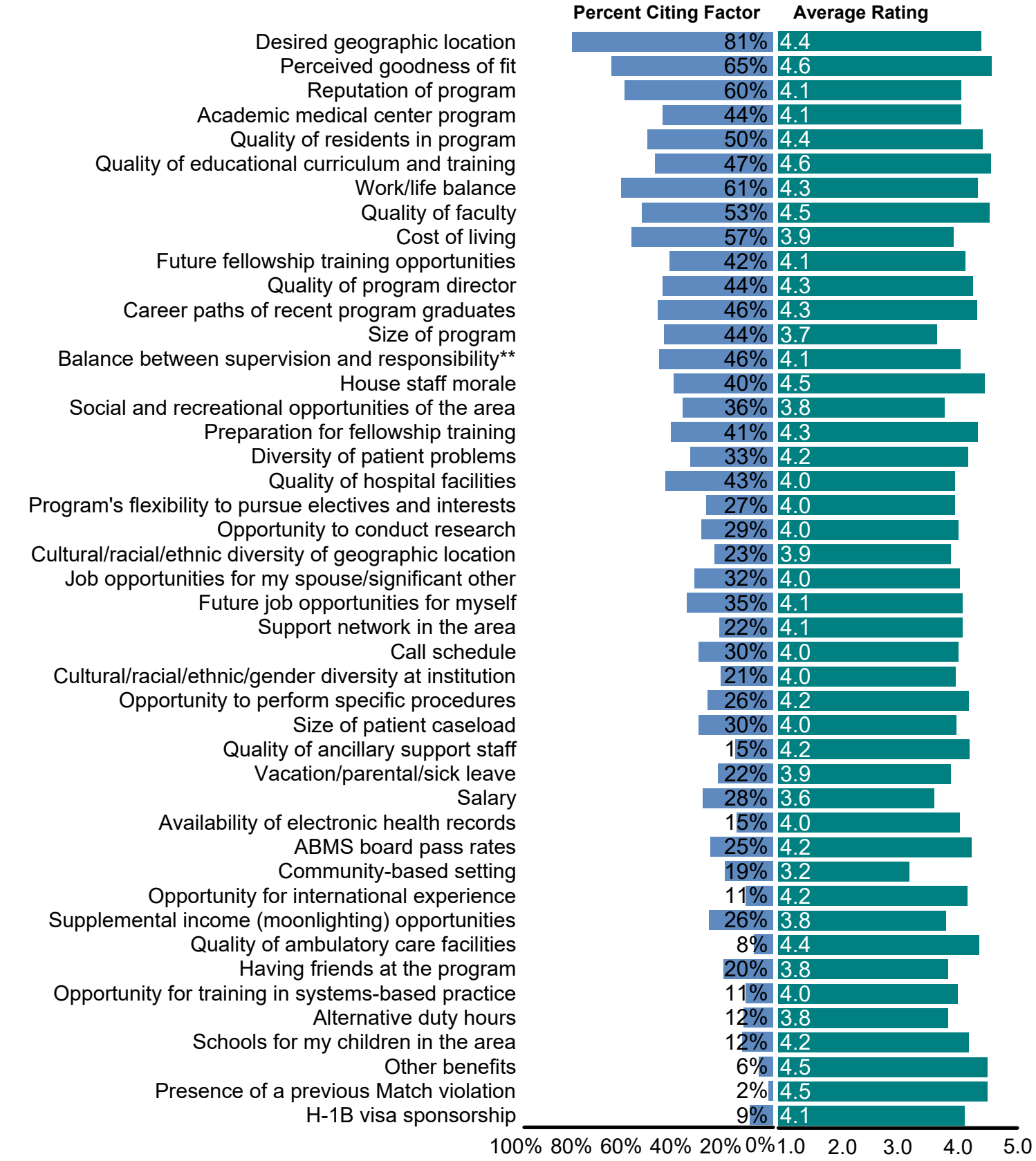


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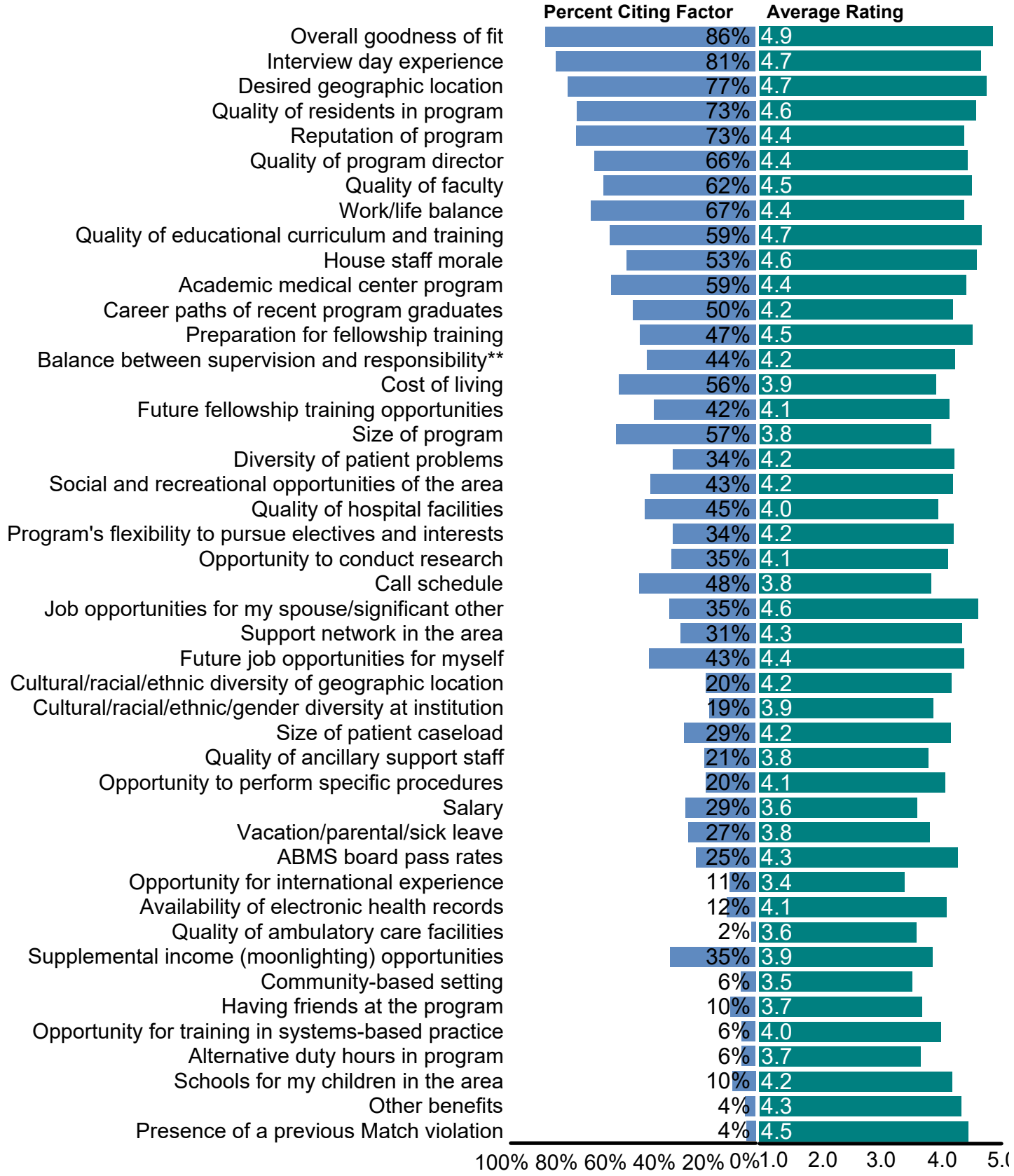
Figure RO-2

Radiology-Diagnostic

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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Radiology-Diagnostic

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

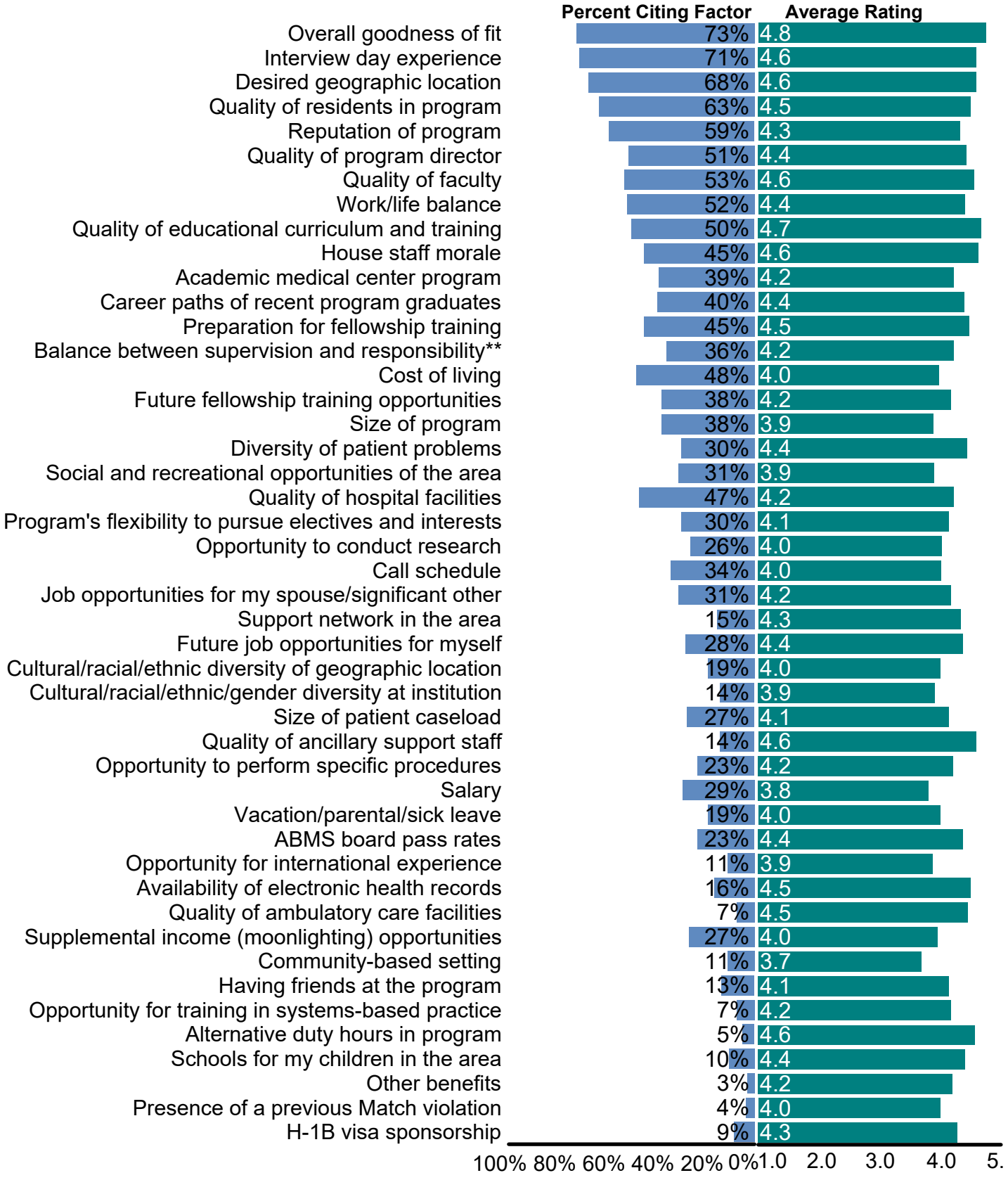

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Figure RO-3

Radiology-Diagnostic
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

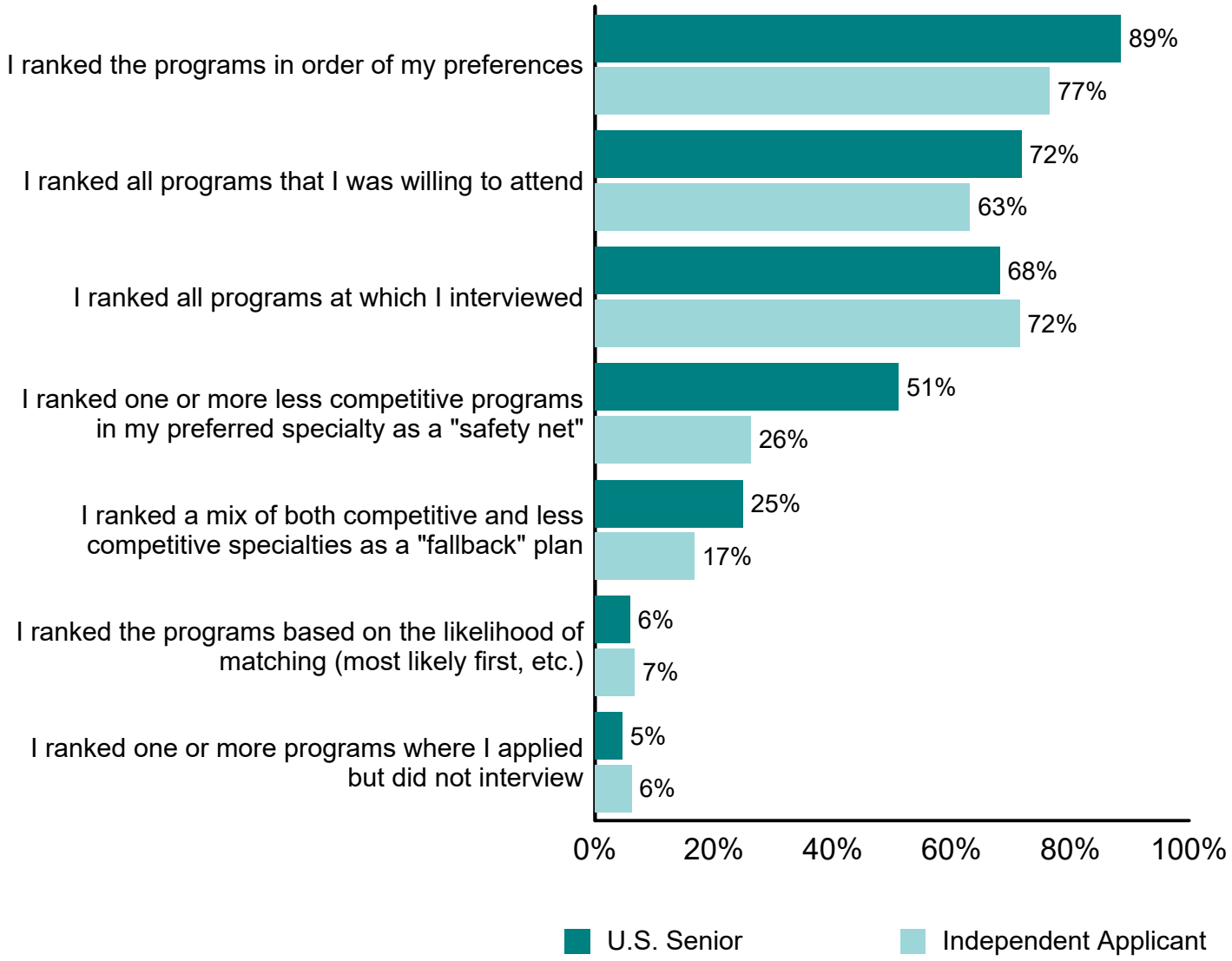
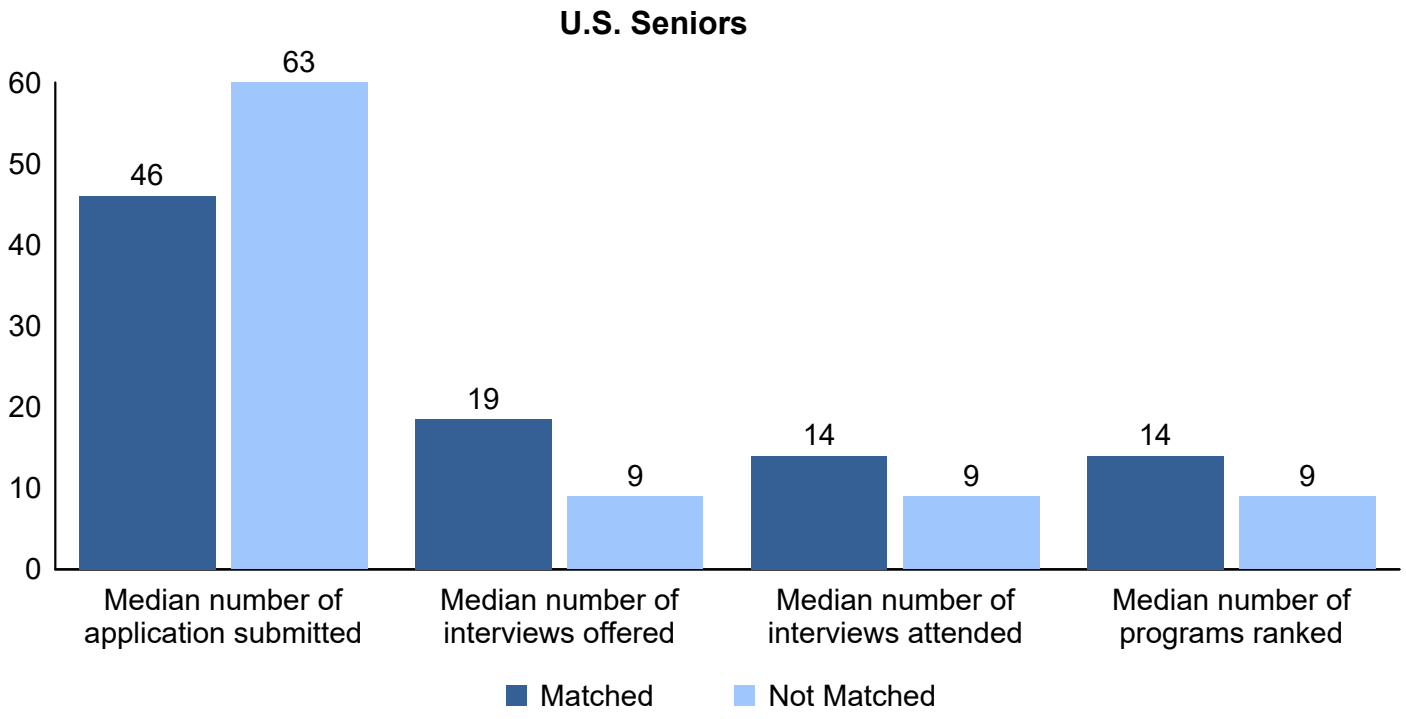
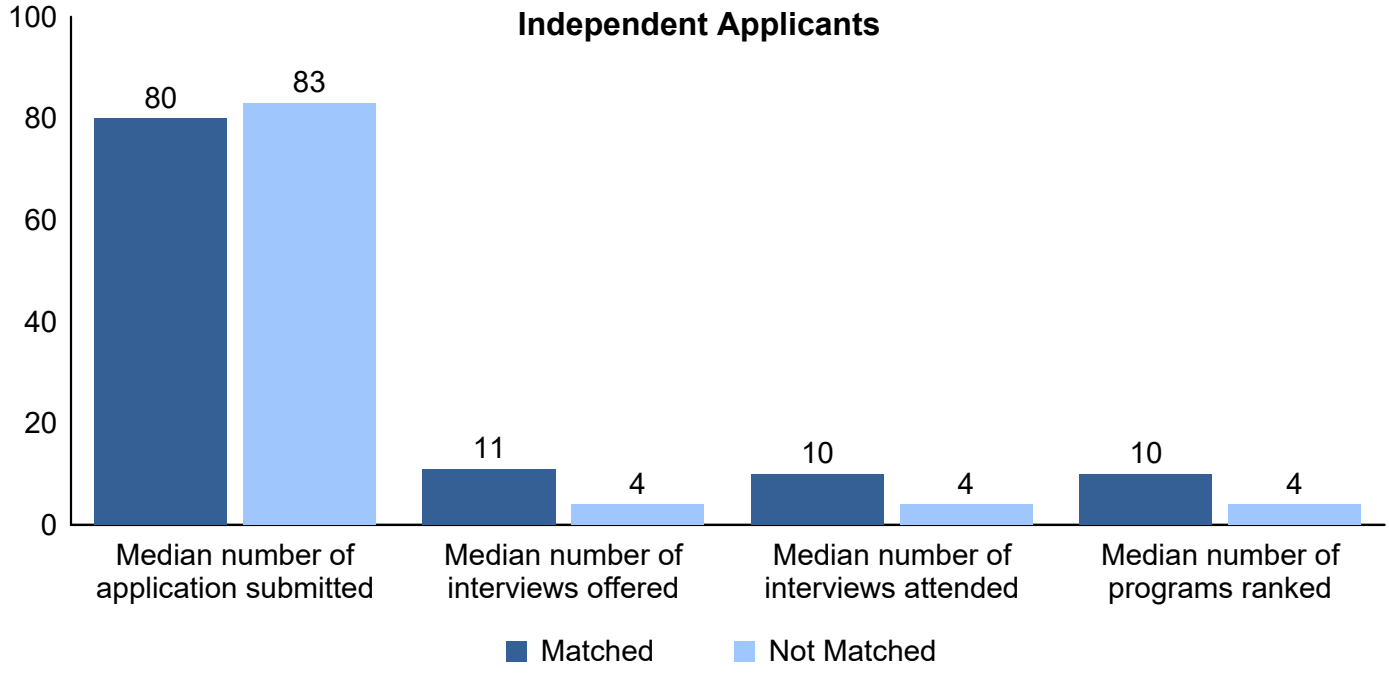


Figure RO-4

Radiology-Diagnostic
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



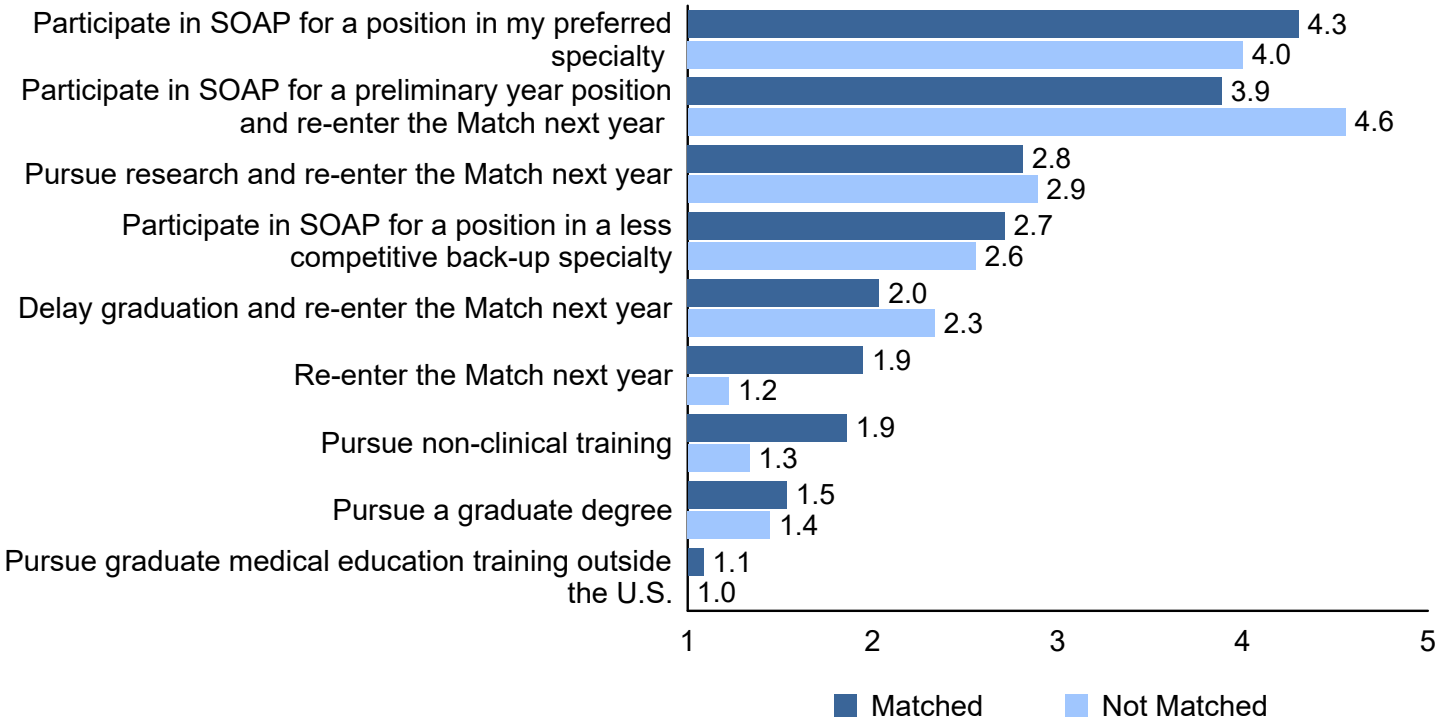


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

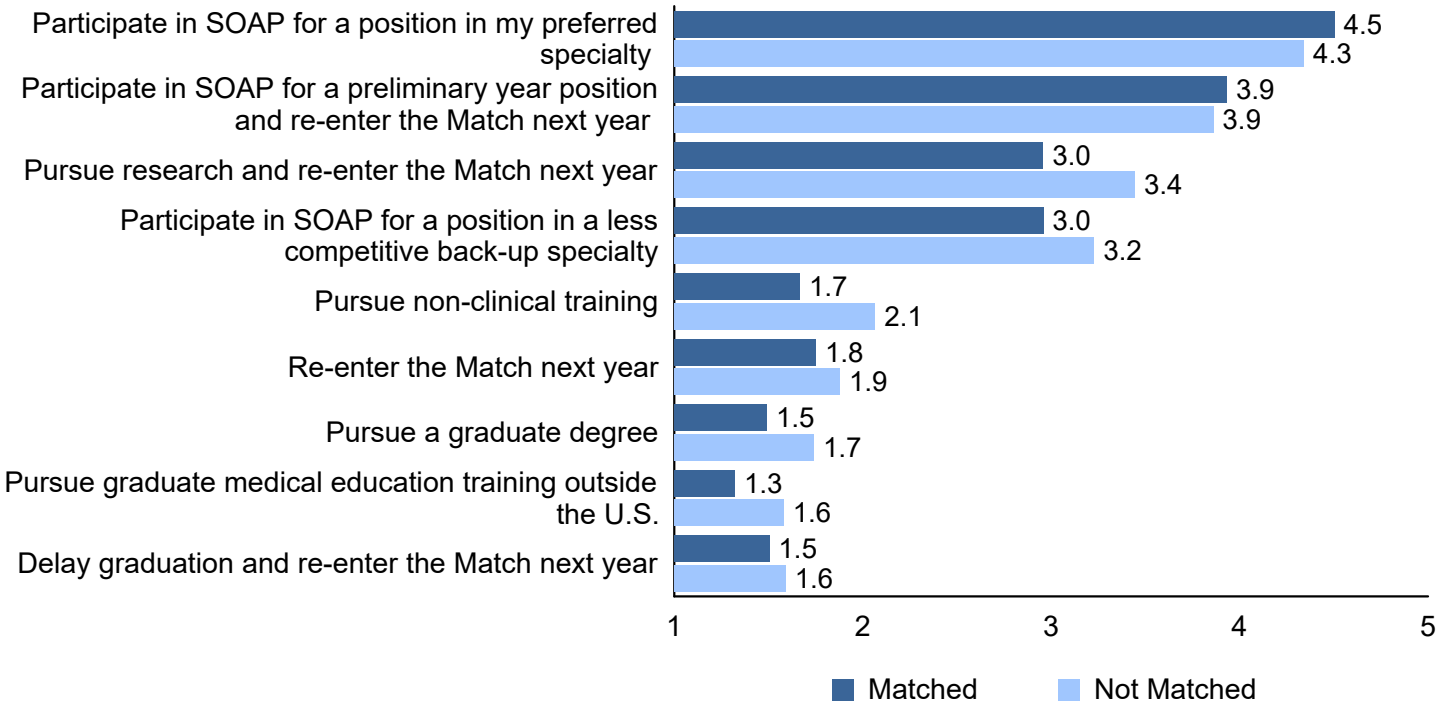
Figure RO-5

Radiology-Diagnostic
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



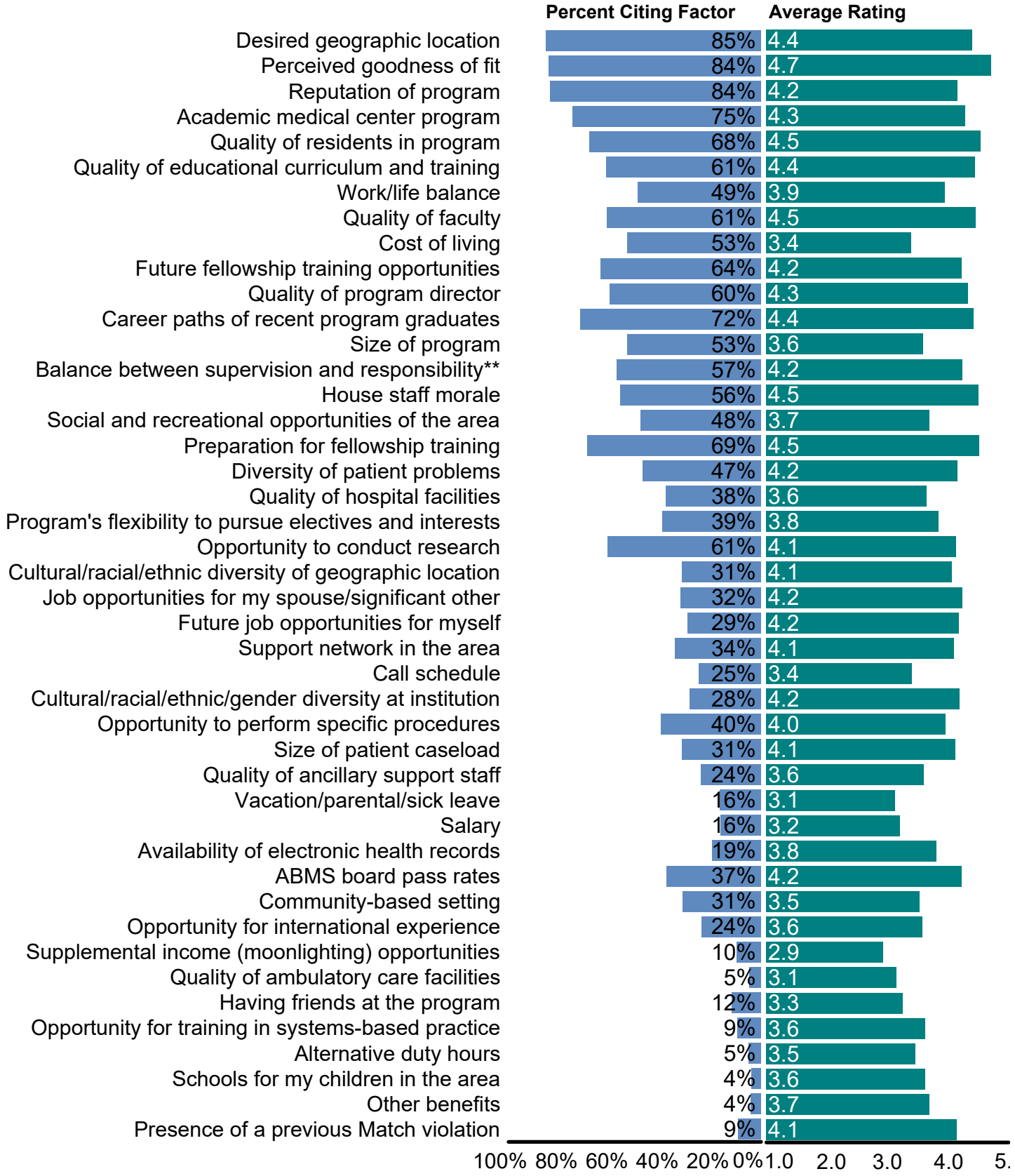
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Surgery-General

Figure SG-1

Surgery-General

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

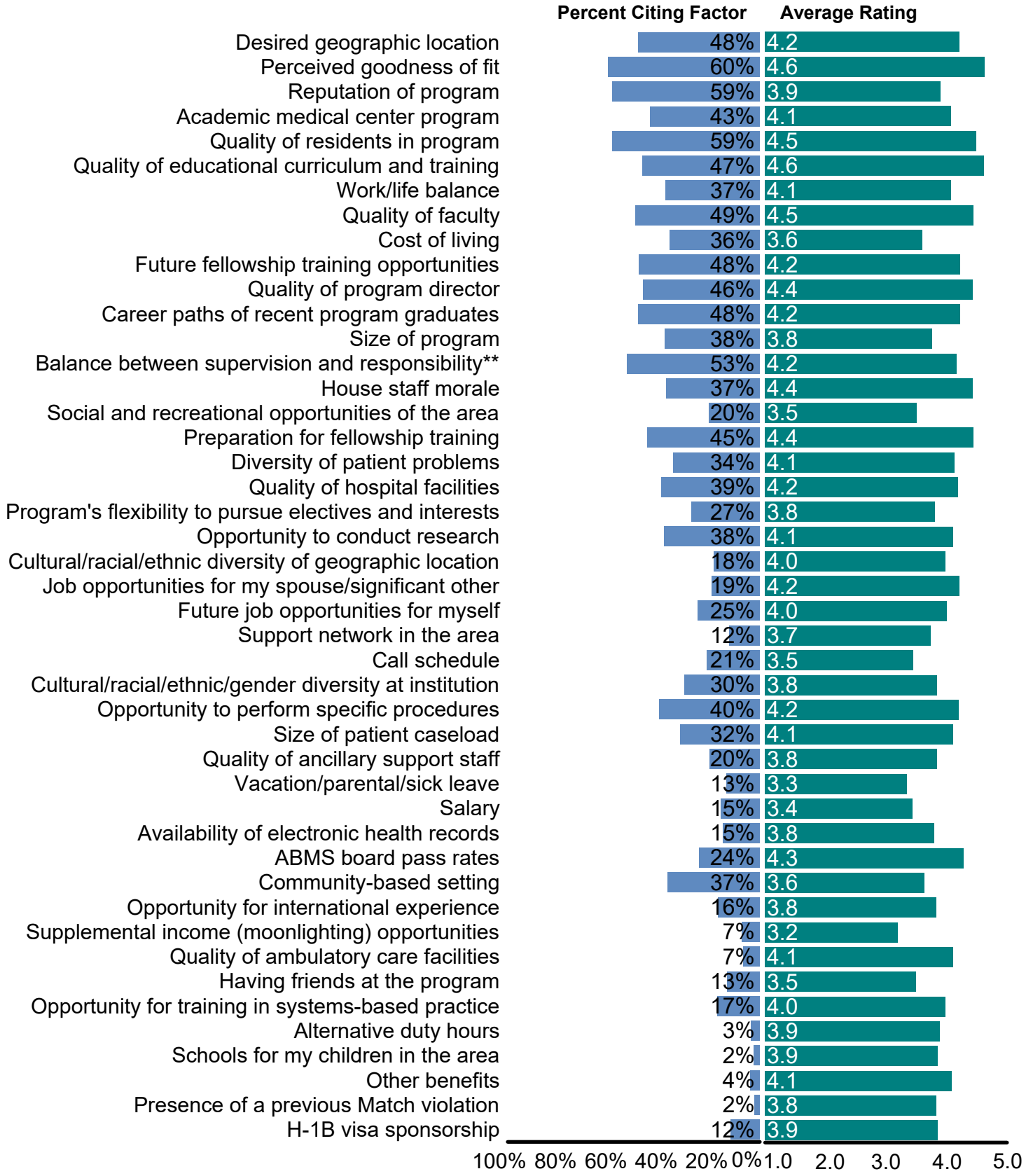
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure SG-1

Surgery-General

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

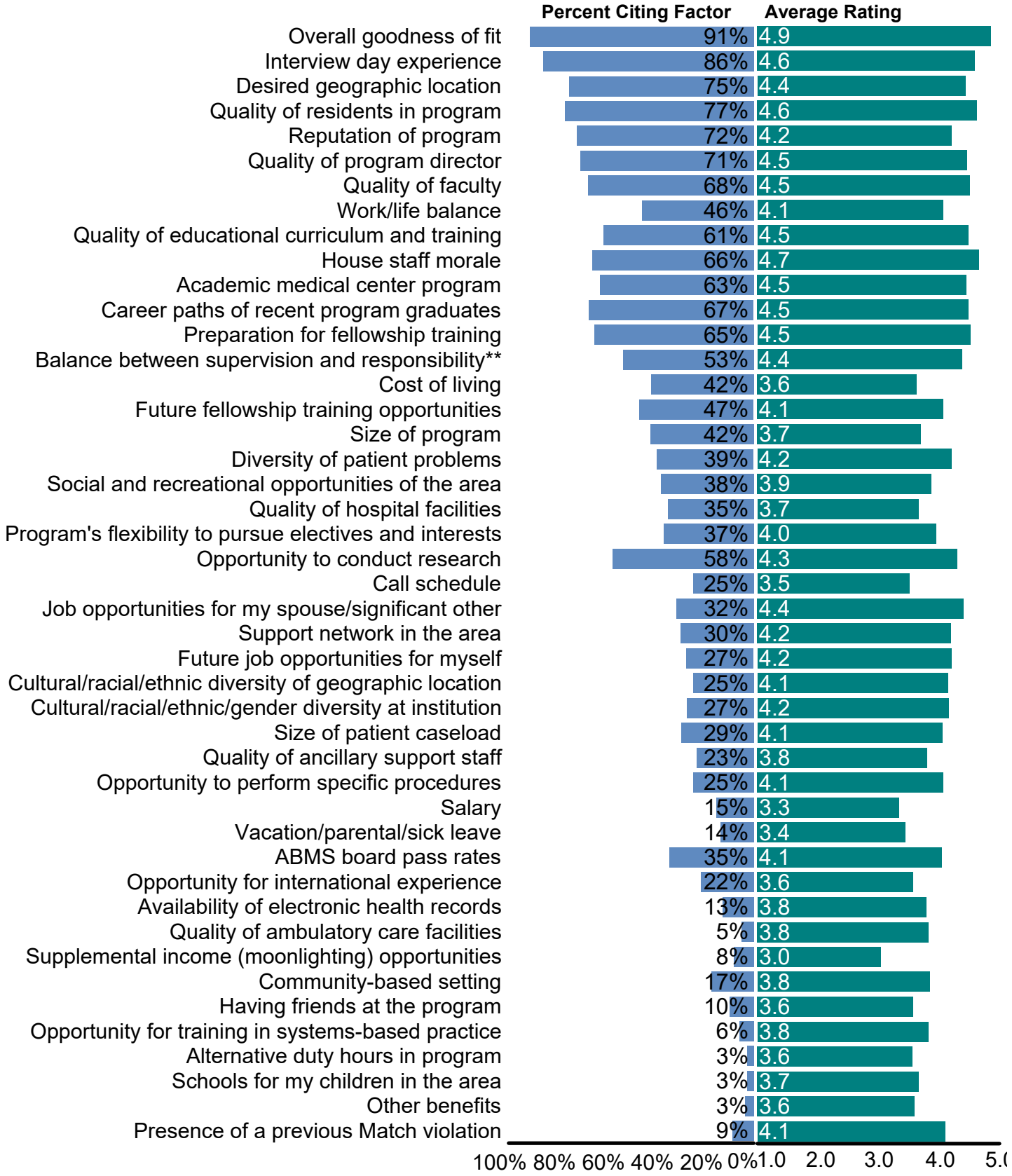
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure SG-2

Surgery-General

Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

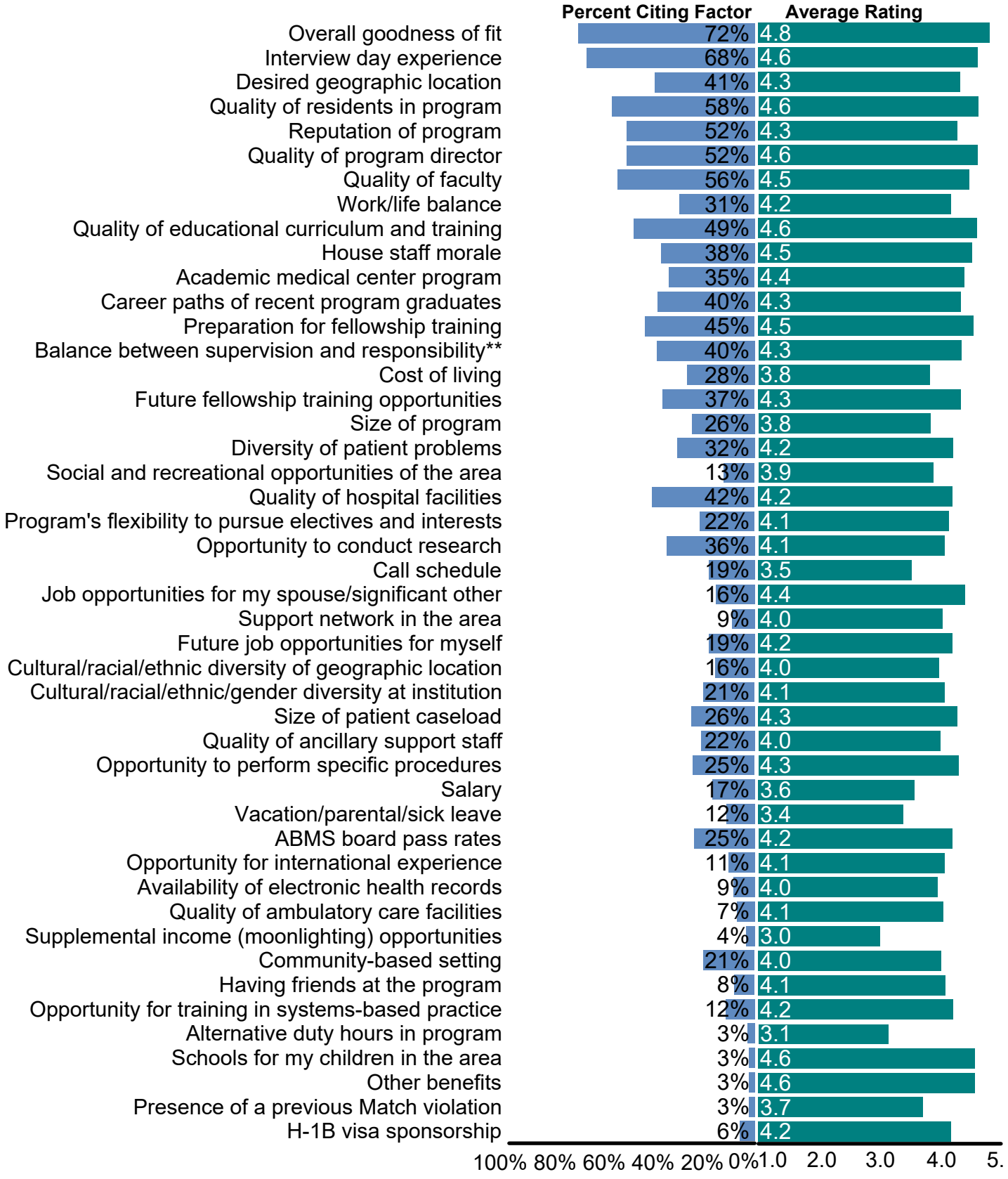
*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure SG-2

Surgery-General

Percent of *Independent Applicants* Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



Data are presented in descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

*Ratings on a scale from 1 (not important) to 5 (extremely important)

** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure SG-3

Surgery-General
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

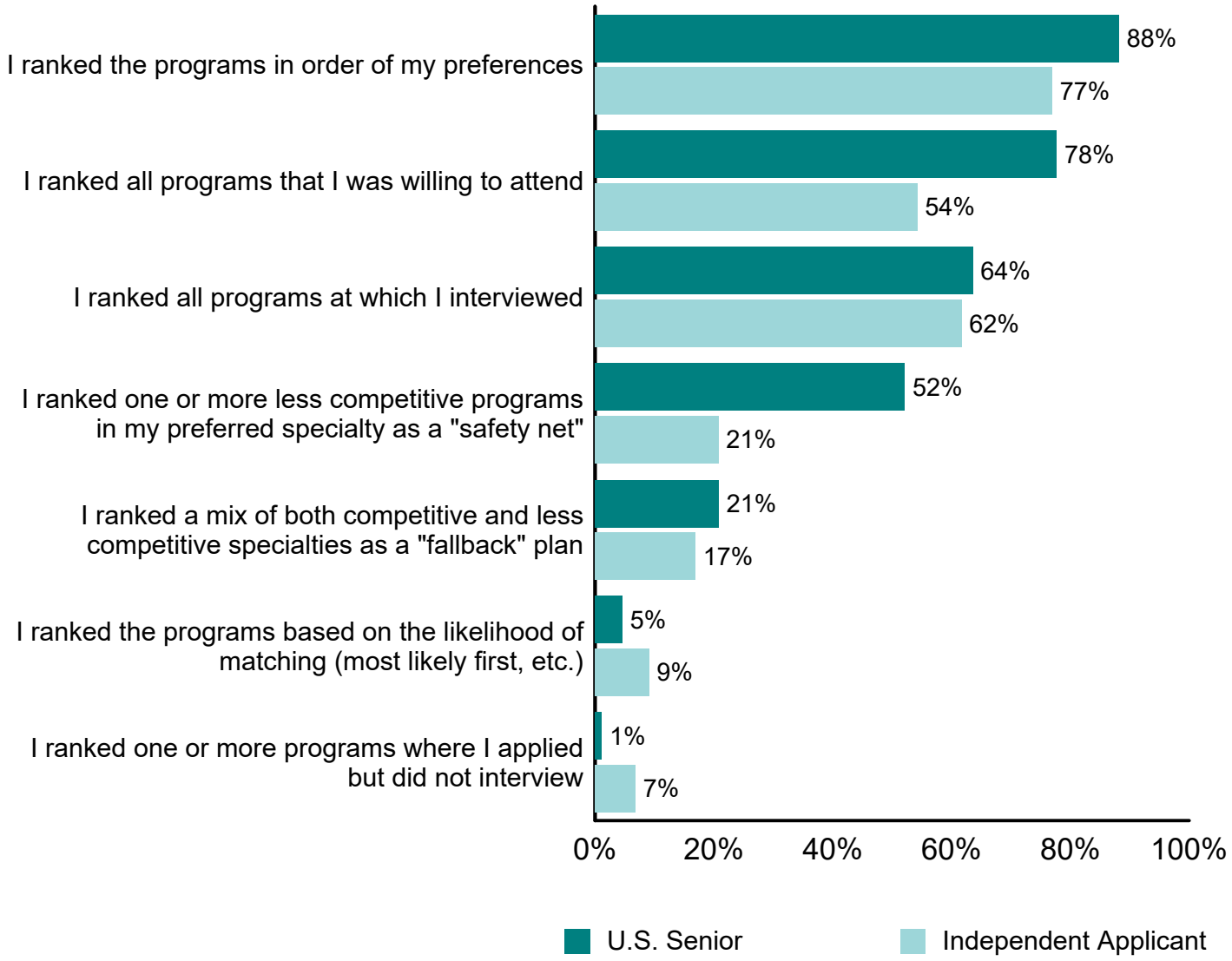
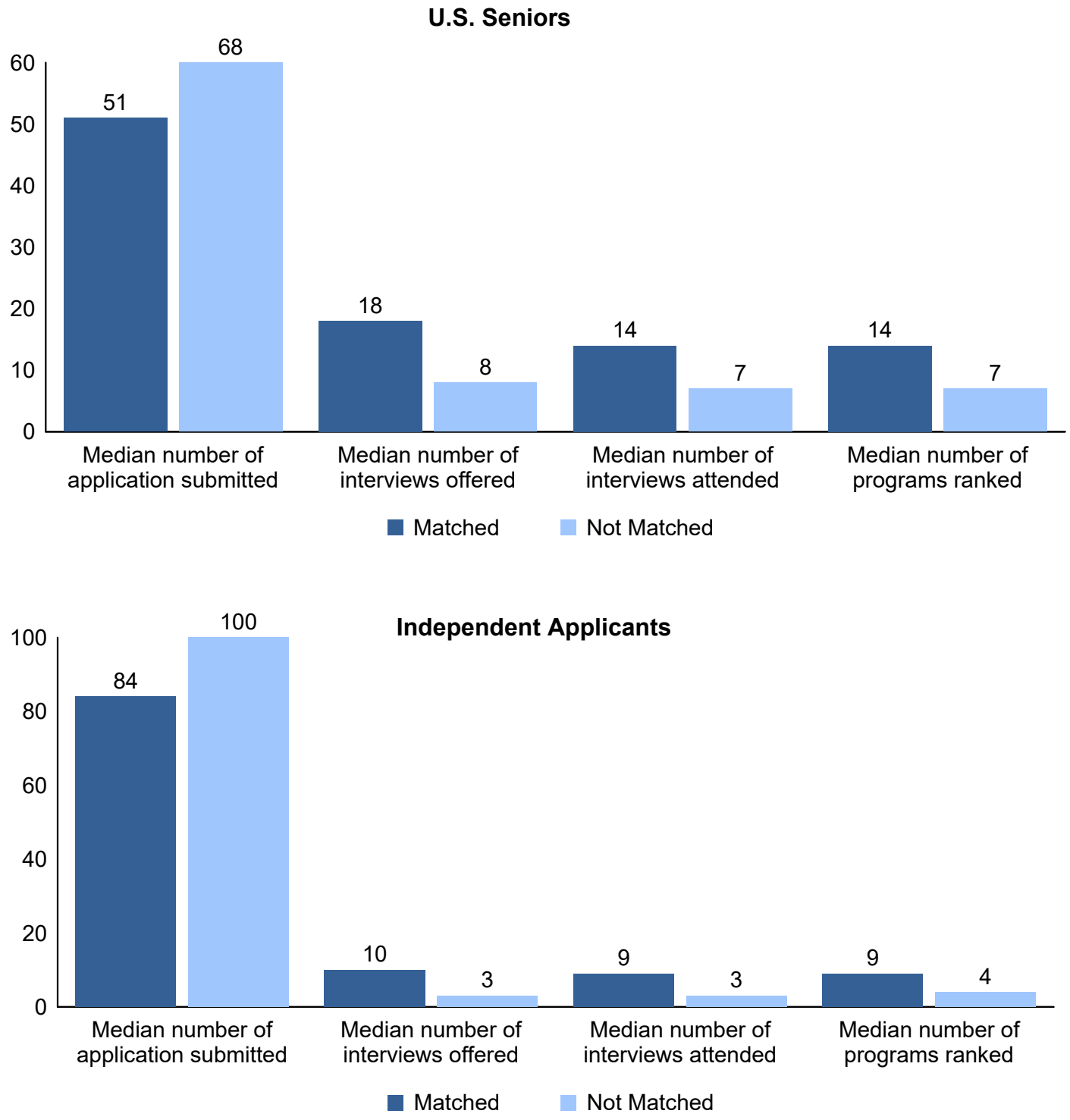


Figure SG-4

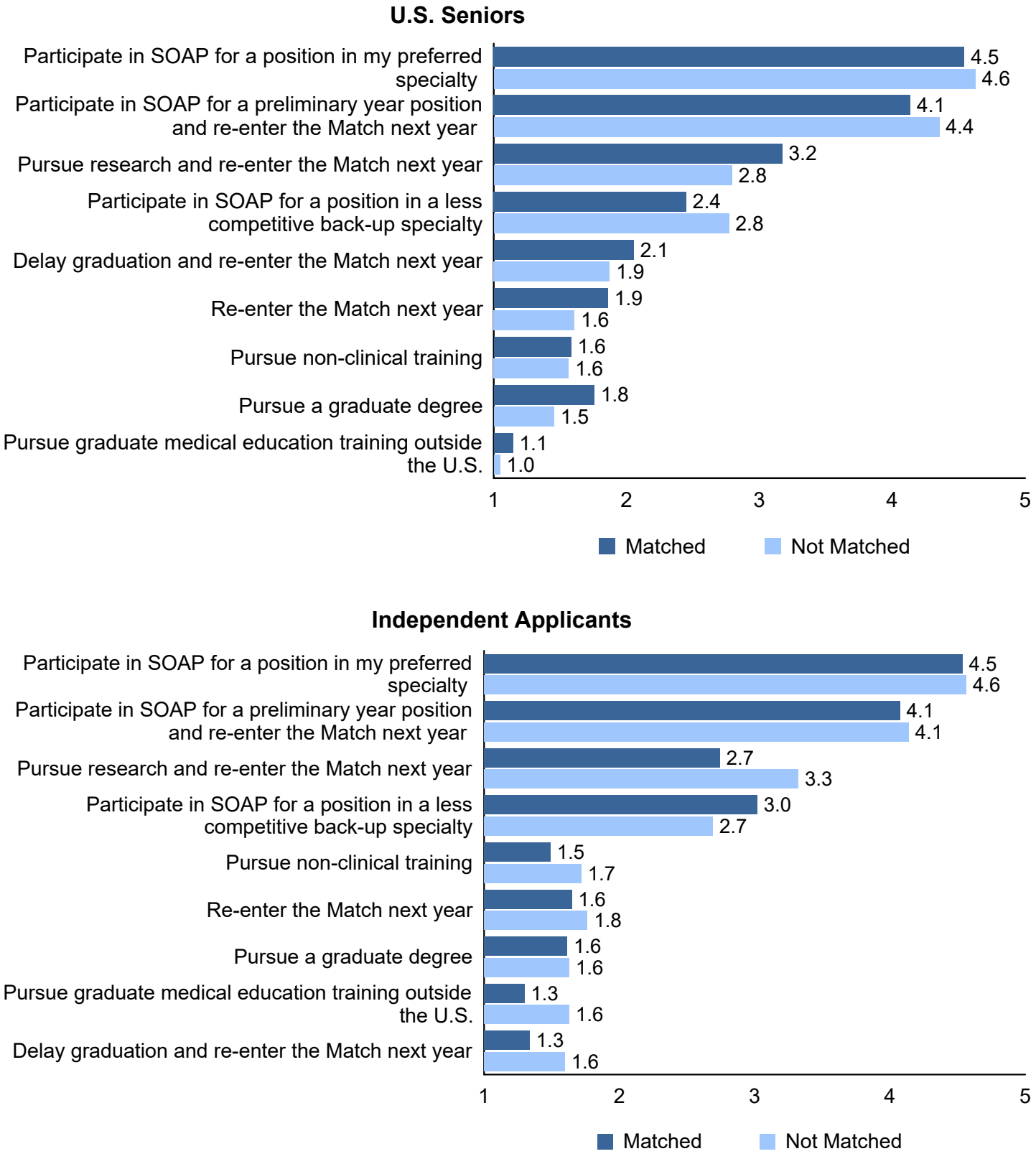
Surgery-General
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure SG-5

Surgery-General
Likelihood to Pursue a Strategy If Applicant Did Not Match*
By Applicant Type and Match Outcome*



*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"