

Results of the 2015 NRMP Applicant Survey by Preferred Specialty and Applicant Type

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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 2015 Main Residency Match[®]. Similar surveys were conducted in 2008, 2009, 2011, and 2013.

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 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 Deadline. Some applicants could certify a blank ROL. Between the Rank Order List Deadline and the time when the matching algorithm was processed, however, some applicants still could be withdrawn from the Match. The responses of those who certified a blank rank order list and those who were withdrawn from the Match were not included in this report.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. Applicant type includes U.S. allopathic medical school seniors and independent applicants. Independent applicants include prior 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 the Fifth Pathway program.

Changes from Previous Reports

This year, several changes were made to the survey questionnaire. In previous surveys, applicants were asked to indicate factors used in selecting programs for *application* and to rate the importance in selecting programs for *ranking*. In the 2015 survey, both questions were expanded. 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 2015 survey. "Quality of ambulatory care facilities," "overall goodness of fit," "having friends at the program," and "support network in the area" were added to the list of factors used in selecting programs for *application*. The above four factors and "interview day experience" were added to the list of factors used in selecting programs for *ranking*.

Results

Overall, geographic location, reputation of program, and perceived goodness of fit topped the list of factors that applicants considered most when applying to programs. When ranking programs, the newly added overall goodness of fit became the number one consideration. Applicants also valued such factors as career path, future fellowship training opportunities, housestaff morale, and work/life balance. Although there was commonality among all applicants, differences were observed among specialties. For example, applicants who applied to Family Medicine and Internal Medicine programs were more interested in future fellowship training opportunities, but the opportunity to conduct certain procedures was of more importance to applicants to 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. It also is worth noting that even though matched applicants did not apply to more programs, they attended more interviews and thus were able to rank more programs than unmatched applicants. The greatest number of applications was submitted to Orthopaedic Surgery, Otolaryngology, Dermatology, Plastic Surgery, and Neurological Surgery; however, the numbers of interviews obtained and programs ranked in those specialties were comparable to other specialties.

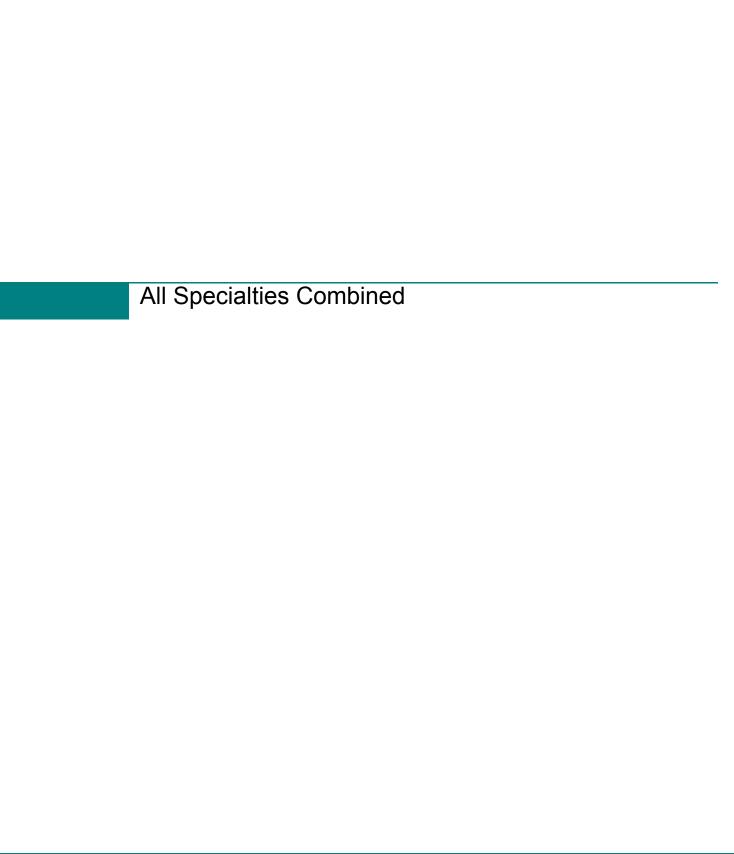
The NRMP hopes that program directors, medical school officials, and applicants find these data useful as they prepare for and participate in the Match.

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/data/ http://www.nrmp.org/data/.

Response Rates

In the 2015 Applicant Survey, 35,713 electronic surveys were sent, and 16,500 complete or partial reponses were received. After excluding respondents who were withdrawn after the Rank Order List Deadline (62), he overall response rate was 47.5 percent for the 20 largest preferred specialties detailed in this report, as well as for all specialties combined. 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	547	598	47.8%	303	406	42.7%
Child Neurology	48	33	59.3%	30	34	46.9%
Dermatology	236	232	50.4%	49	114	30.1%
Emergency Medicine	706	829	46.0%	284	333	46.0%
Family Medicine	699	677	50.8%	1010	1732	36.8%
Internal Medicine	1740	1822	48.8%	3061	2920	51.2%
Internal Medicine/Pediatrics	197	153	56.3%	57	62	47.9%
Neurological Surgery	132	118	52.8%	26	61	29.9%
Neurology	208	208	50.0%	262	243	51.9%
Obstetrics and Gynecology	576	558	50.8%	239	281	46.0%
Orthopaedic Surgery	425	453	48.4%	42	110	27.6%
Otolaryngology	207	157	56.9%	14	30	31.8%
Pathology	150	139	51.9%	224	229	49.4%
Pediatrics	1074	892	54.6%	673	606	52.6%
Physical Medicine and Rehabilitation	101	122	45.3%	124	209	37.2%
Plastic Surgery	73	89	45.1%	15	14	51.7%
Psychiatry	354	457	43.6%	486	686	41.5%
Radiation Oncology	94	98	49.0%	5	31	13.9%
Radiology-Diagnostic	281	370	43.2%	196	246	44.3%
Surgery-General	547	562	49.3%	284	497	36.4%
All Other	130	136	48.9%	73	87	45.6%
No Preferred Specialty	229	555	29.2%	289	303	48.8%
Total (All specialties)	8754	9258	49.4%	7746	9234	45.6%



All Specialties

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

	Percent Citing Factor	
Geographic location	87% 4.5	
Reputation of program	83% 4.2	
Perceived goodness of fit	80% 4.7	
Quality of residents in program	70% 4.5	
Academic medical center program	68% 4.4	
Quality of educational curriculum and training	68% 4.5	
Work/life balance	64% 4.3	
Quality of faculty	64% 4.4	
Size of program	58% 3.7	
Quality of program director	57% 4.3	
Social and recreational opportunities of the area	57% 3.9	
House staff morale	56% 4.5	
Future fellowship training opportunities	56% 4.1	
Career paths of recent program graduates	55% 4.1	
Support network in the area	53% 4.2	
Preparation for fellowship training	53% 4.4	
Balance between supervision and responsibility**	52% 4.1	
Cost of living	52% 3.6	
Quality of hospital facilities	52% 3.8	
Diversity of patient problems	50% 4.2	
Program's flexibility to pursue electives and interests	48% 4.0	
Opportunity to conduct research	43% 4.1	
Availability of electronic health records	34% 3.9	
Size of patient caseload	33% 3.9	
Cultural/racial/ethnic diversity of geographic location	33% 4.0	
Quality of ancillary support staff	29% 3.8	
Opportunities to perform specific procedures	29% 3.9	
Call schedule	28% 3.6	
ABMS board pass rates	26% 4.2	
Cultural/racial/ethnic/gender diversity at institution	25% 3.9	
Opportunity for international experience	24% 3.7	
Salary	24% 3.4	
Vacation/parental/sick leave	22% 3.5	
Having friends at the program	21% 3.5	
Community-based setting	18% 3.7	
Supplemental income (moonlighting) opportunities	15% 3.4	
Quality of ambulatory care facilities	15% 3.7	
Opportunities for training in systems-based practice	13% 3.7	
Alternative duty hours	7% 3.6	
Other Benefits	5% 3.8	
Presence of a previous match violation	5% 3.8	
100%	80% 60% 40% 20% 0% 1.0 2.0 3.0 4.0	5.0

^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)
** Appropriate balance between faculty supervision and resident responsibility for patient care

All Specialties

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

	Percent Citing Factor A	verage Rating
Geographic location	66% 4.2	
Reputation of program	60% 4.2	
Perceived goodness of fit	54% 4.6	
Quality of residents in program	56% 4.4	
Academic medical center program	50% 4.3	
Quality of educational curriculum and training	55% 4.5	
Work/life balance	48% 4.2	
Quality of faculty	54% 4.4	
Size of program	47% 3.8	
Quality of program director	46% 4.4	
Social and recreational opportunities of the area	33% 3.8	
House staff morale	38% 4.4	
Future fellowship training opportunities	50% 4.3	
Career paths of recent program graduates	42% 4.1	
Support network in the area	32% 4.1	
Preparation for fellowship training	44% 4.4	
Balance between supervision and responsibility**	44% 4.2	
Cost of living	39% 3.8	
Quality of hospital facilities	50% 4.1	
Diversity of patient problems	47% 4.2	
Program's flexibility to pursue electives and interests	39% 4.0	
Opportunity to conduct research	41% 4.1	
Availability of electronic health records	29% 3.9	
Size of patient caseload	29% 4.0	
Cultural/racial/ethnic diversity of geographic location	30% 4.0	
Quality of ancillary support staff	24% 4.0	
Opportunities to perform specific procedures	29% 4.1	
Call schedule	23% 3.8	
ABMS board pass rates	29% 4.4	
Cultural/racial/ethnic/gender diversity at institution	36% 4.0	
Opportunity for international experience	20% 3.7	
Salary	23% 3.6	
Vacation/parental/sick leave	19% 3.7	
Having friends at the program	24% 3.8	
Community-based setting	32% 3.9	
Supplemental income (moonlighting) opportunities	13% 3.6	
Quality of ambulatory care facilities	16% 3.9	
Opportunities for training in systems-based practice	24% 4.0	
Alternative duty hours	9% 3.7	
Other Benefits	6% 4.1	
Presence of a previous match violation	5% 4.1	
H-1B visa sponsorship	16% 4.3	
· · · · · · · · · · · · · · · · · · ·	80% 60% 40% 20% 0%1.0	2.0 3.0 4.0 5
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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

All Specialties Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

Percent Citing Factor Average Rating Overall goodness of fit 87% 4.8 81% 4.5 Interview day experience Geographic location 80% 4.5 74% 4.6 Quality of residents in program Reputation of program 71% 4.3 Quality of faculty 66% 4.5 House staff morale 63% 4.6 62% 4.4 Quality of program director Quality of educational curriculum and training 62% 4.6 Work/life balance 61% 4.3 Academic medical center program 56% 4.4 49% 4.4 Preparation for fellowship training 48% 4.2 Career paths of recent program graduates Support network in the area 47% 4.3 Balance between supervision and responsibility** 47% 4.2 Size of program 47% 3.8 Quality of hospital facilities 46% 3.9 Social and recreational opportunities of the area 45% 4.1 Future fellowship training opportunities 44% 4.2 43% 3.8 Cost of living Program's flexibility to pursue electives and interests 42% 4.1 Diversity of patient problems 42% 4.2 39% 4.2 Opportunity to conduct research Size of patient caseload 29% 3.9 26% 3.9 Availability of electronic health records Cultural/racial/ethnic diversity of geographic location 26% 4.1 Call schedule 26% 3.7 Quality of ancillary support staff 25% 3.9 Cultural/racial/ethnic/gender diversity at institution 23% 4.1 ABMS board pass rates 22% 4.1 Opportunities to perform specific procedures 22% 4.0 Salary 21% 3.5 20% 3.8 Opportunity for international experience Vacation/parental/sick leave 17% 3.6 Quality of ambulatory care facilities 14% 3.9 Having friends at the program 13% 3.7 Community-based setting 13% 3.9 Supplemental income (moonlighting) opportunities 11% 3.6 Opportunities for training in systems-based practice 8% 3.9 Alternative duty hours in program 4% 3.8 Other Benefits 4% 3.8 Presence of a previous match violation 4% 3.9 100% 80% 60% 40% 20% 0%1.0 2.0 3.0 4.0 5.0

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

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

All Specialties

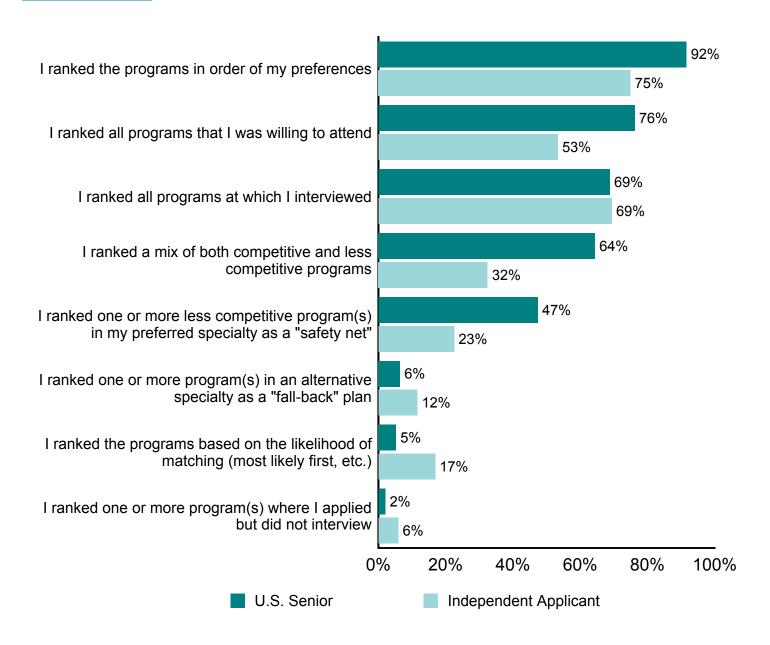
Percent of Independent Applicants Citing Each Factor And Mean Importance Rating* for Each Factor in Ranking Programs

	Percent Citing Factor	Average Rating
Overall goodness of fit	68%	4.7
Interview day experience	67%	4.6
Geographic location	58%	· ·
Quality of residents in program	53%	
Reputation of program	52%	4.3
Quality of faculty	52%	4.4
House staff morale	37%	4.5
Quality of program director	47%	4.5
Quality of educational curriculum and training	49%	4.6
Work/life balance	43%	4.3
Academic medical center program	41%	4.4
Preparation for fellowship training	41%	4.4
Career paths of recent program graduates	35%	4.2
Support network in the area	27%	4.2
Balance between supervision and responsibility**	37%	4.3
Size of program	38%	3.9
Quality of hospital facilities	43%	4.2
Social and recreational opportunities of the area	25%	3.9
Future fellowship training opportunities	43%	4.4
Cost of living	33%	3.9
Program's flexibility to pursue electives and interests	31%	4.1
Diversity of patient problems	37%	4.3
Opportunity to conduct research	35%	4.2
Size of patient caseload	24%	4.0
Availability of electronic health records	22%	4.1
Cultural/racial/ethnic diversity of geographic location	23%	4.1
Call schedule	19%	3.9
Quality of ancillary support staff	20%	4.1
Cultural/racial/ethnic/gender diversity at institution	25%	4.1
ABMS board pass rates	27%	4.3
Opportunities to perform specific procedures	24%	4.2
Salary	19%	3.8
Opportunity for international experience	13%	3.9
Vacation/parental/sick leave	14%	
Quality of ambulatory care facilities	13%	4.2
Having friends at the program	17%	3.9
Community-based setting	21%	
Supplemental income (moonlighting) opportunities	9%	3.7
Opportunities for training in systems-based practice	17%	
Alternative duty hours in program	6%	··-
Other Benefits	3%	
Presence of a previous match violation	5%	
H-1B visa sponsorship	13%	
· ·	% 80% 60% 40% 20% 0%	1

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

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

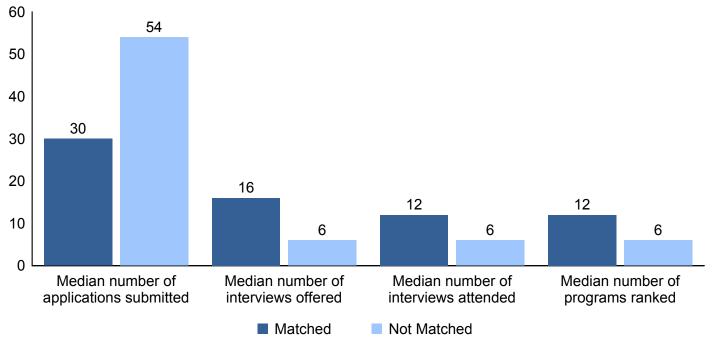
All Specialties Percentage of Applicants Citing Different Ranking Strategies by Applicant Type

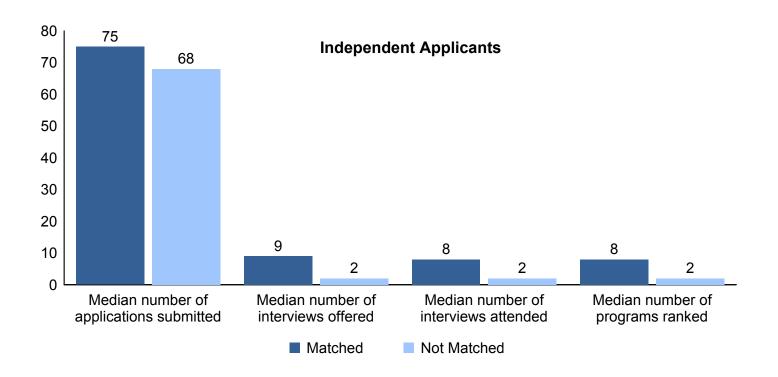




All Specialties Median Number of Applications, Interviews and Programs Ranked By Applicant Type and Match Outcome*



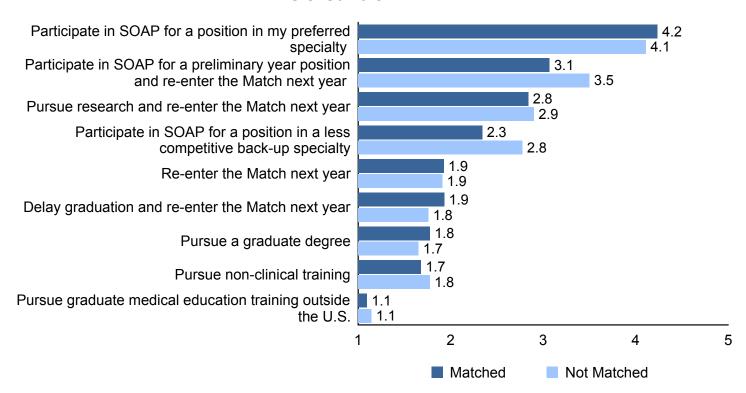




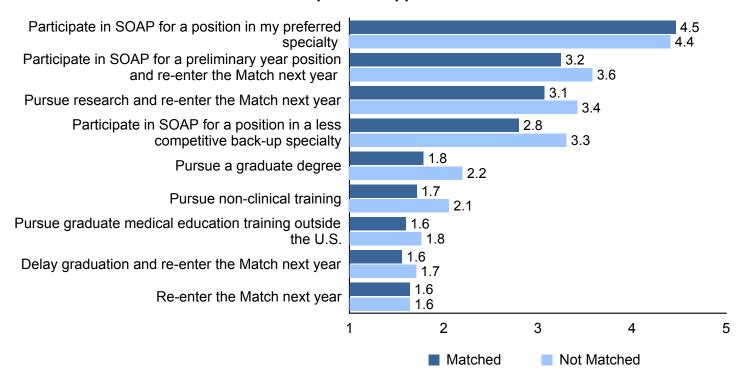
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

U.S. Seniors

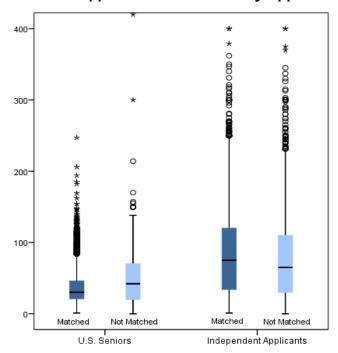


Independent Applicants

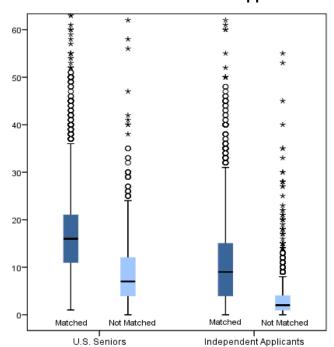


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

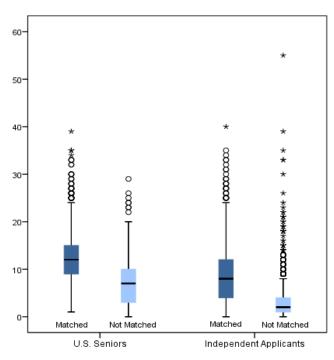
Number of Applications Submitted by Applicants



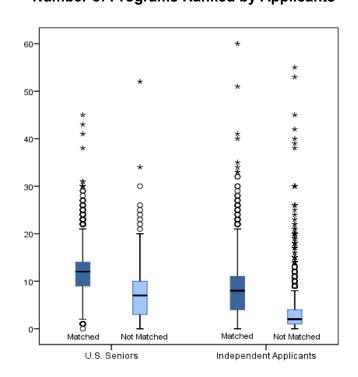
Number of Interviews Offered to Applicants



Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants

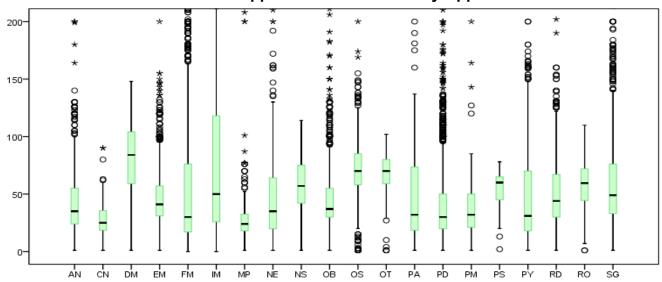


†Self-reported data

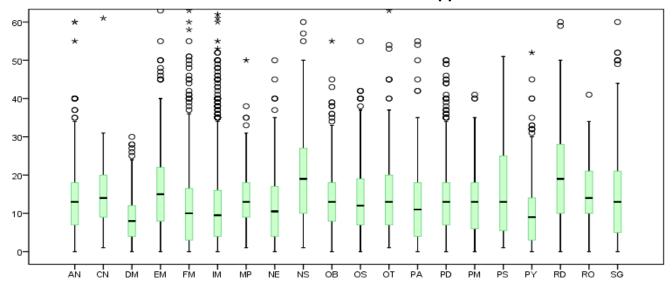
The boxes in a boxplot represent the interquartile range (or IQR, which is the range between the 25th and 75th percentiles) and the line in the box is the median. The upper bound of the whisker is the upper fence, which is 1.5 IQR above the 75% percentile; the lower bound of the whisker is the lower 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.

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

MP: Medicine/Pediatrics

EM: Emergency Medicine

FP: Family Medicine

IM: Internal Medicine (Categorical)

NE: Neurology

NS: Neurological Surgery

OB: Obstetrics-Gynecology

OT: Otolaryngology

PA: Pathology

PD: Pediatrics (Categorical)

PM: Physical Medicine & Rehabilitation

PS: Plastic Surgery (Integrated)

PY: Psychiatry (Categorical)

RD: Radiation Oncology

RO: Radiology-Diagnostic

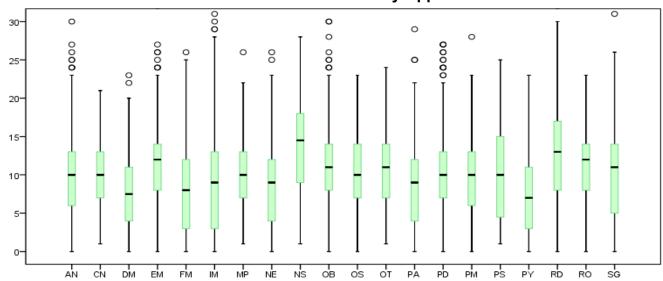
SG: Surgery (Categorical)

†Self-reported data

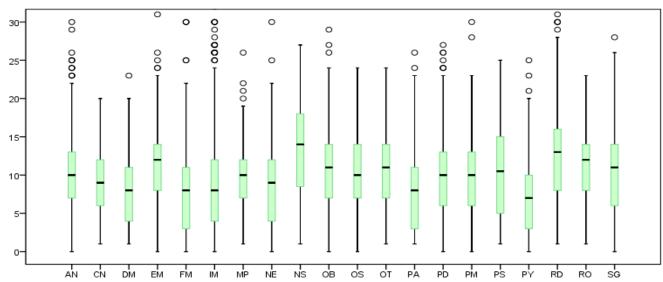
The boxes in a boxplot represent the interquartile range (or IQR, which is the range between the 25th and 75th percentiles) and the line in the box is the median. The upper bound of the whisker is the upper fence, which is 1.5 IQR above the 75% percentile; the lower bound of the whisker is the lower 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.

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

Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants



AN: Anesthesiology
CN: Child Neurology
DM: Dermatology
MP: Medicine/Pediatrics
EM: Emergency Medicine
FP: Family Medicine

IM: Internal Medicine (Categorical)

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)

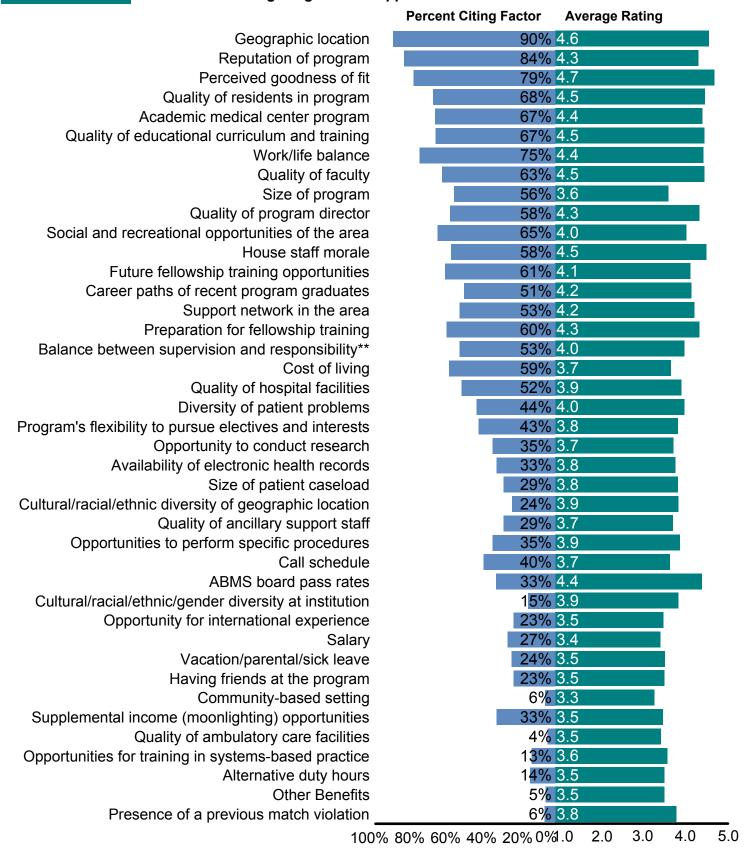
†Self-reported data

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 75% 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.



Anesthesiology

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

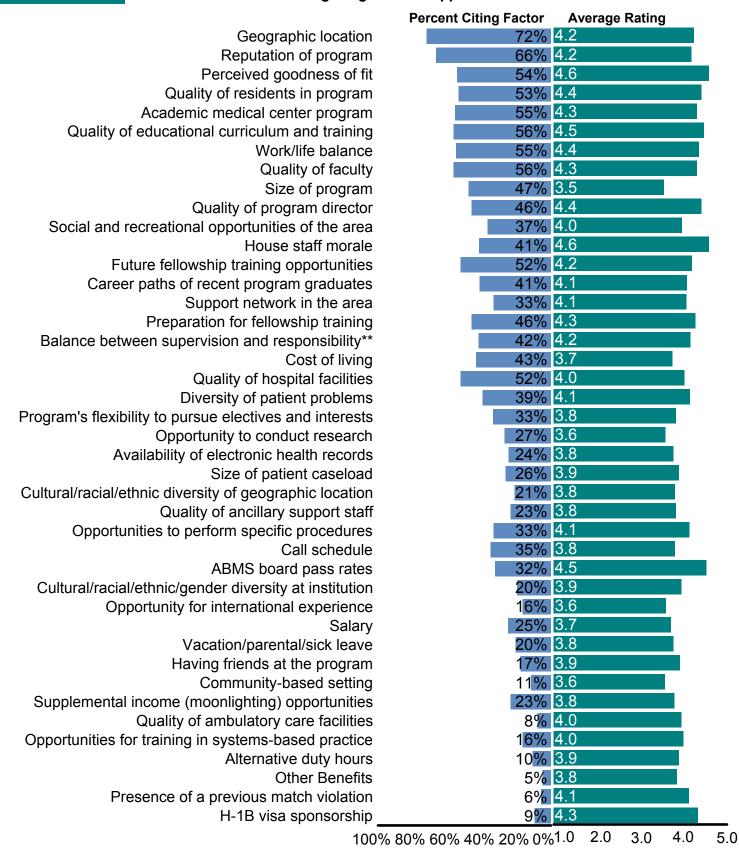


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Anesthesiology

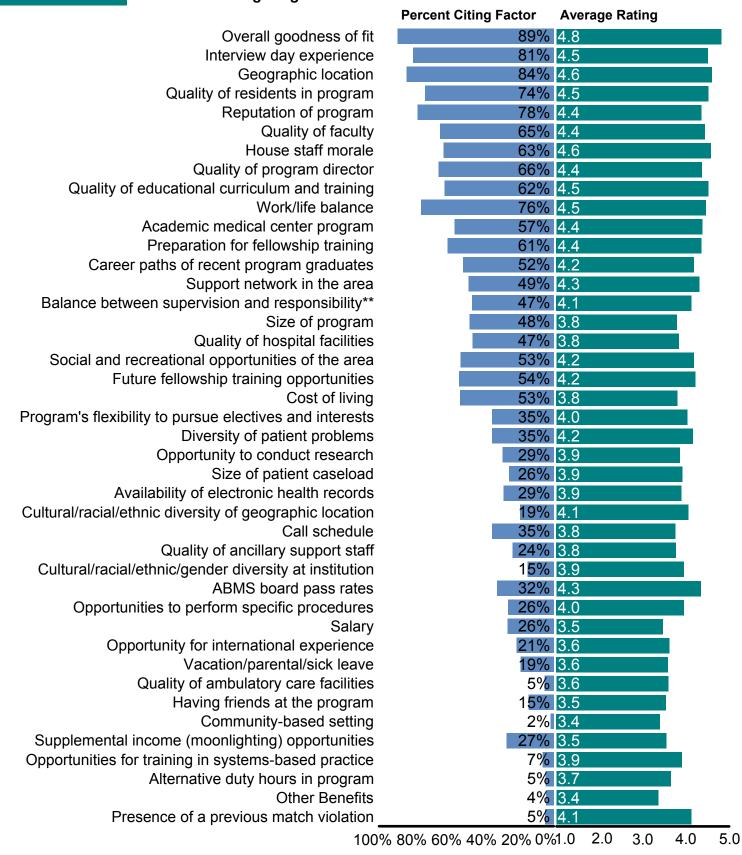
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Anesthesiology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

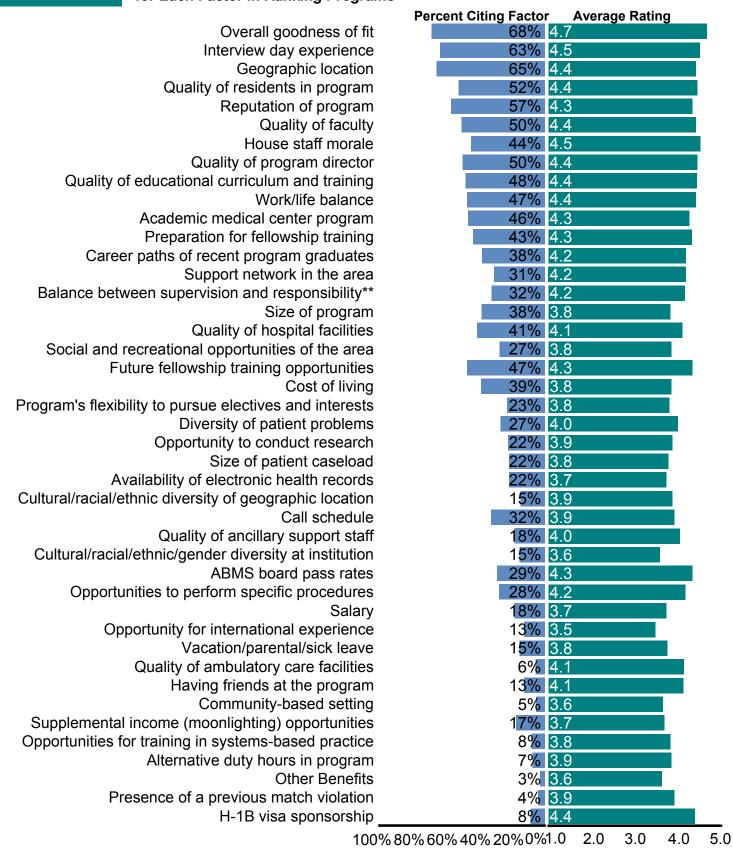


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Anesthesiology

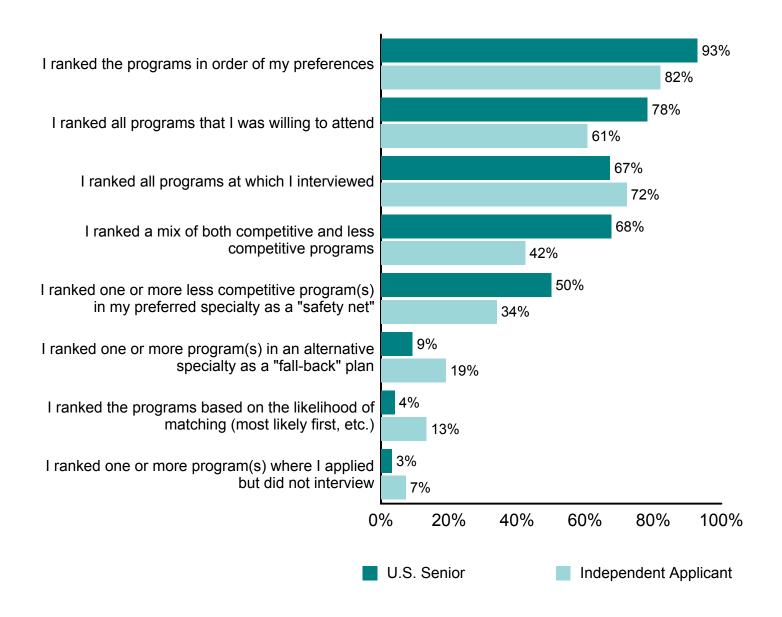
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

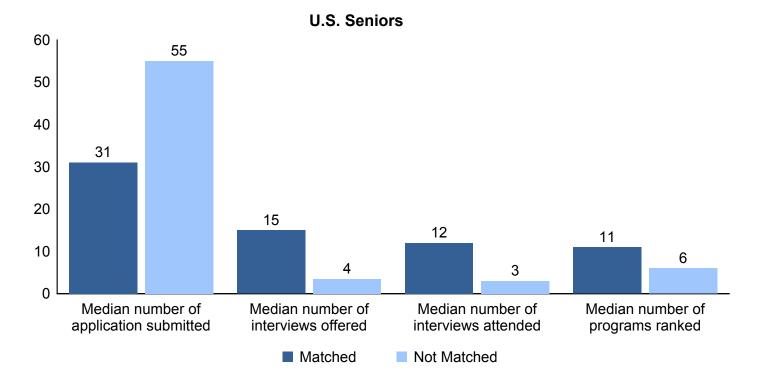
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

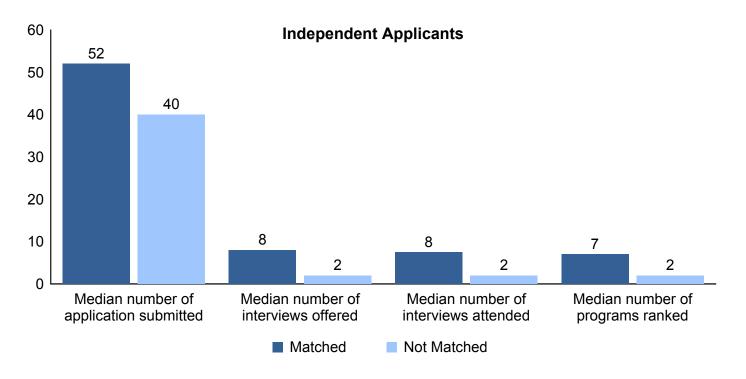
Anesthesiology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





Anesthesiology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





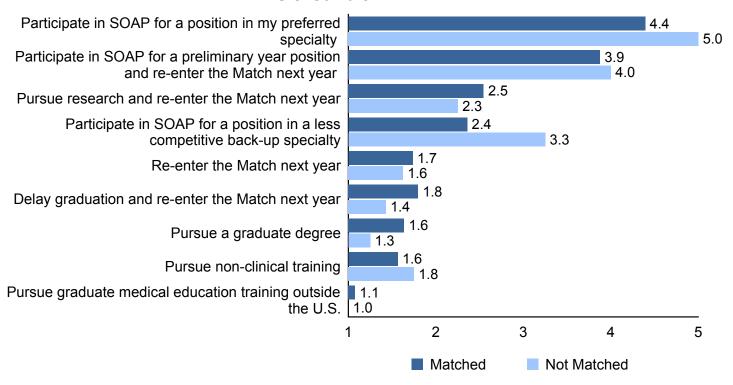
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Anesthesiology

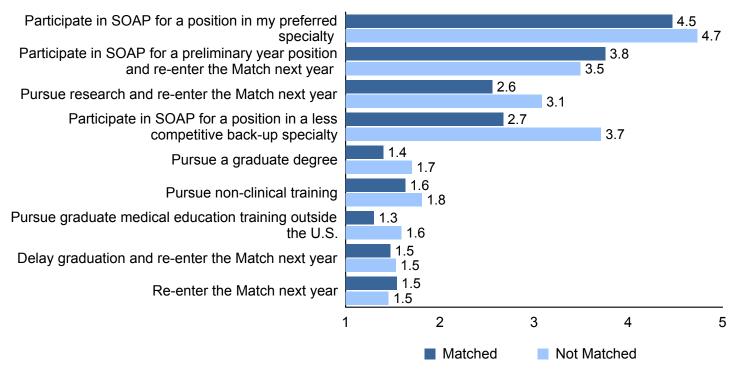
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants

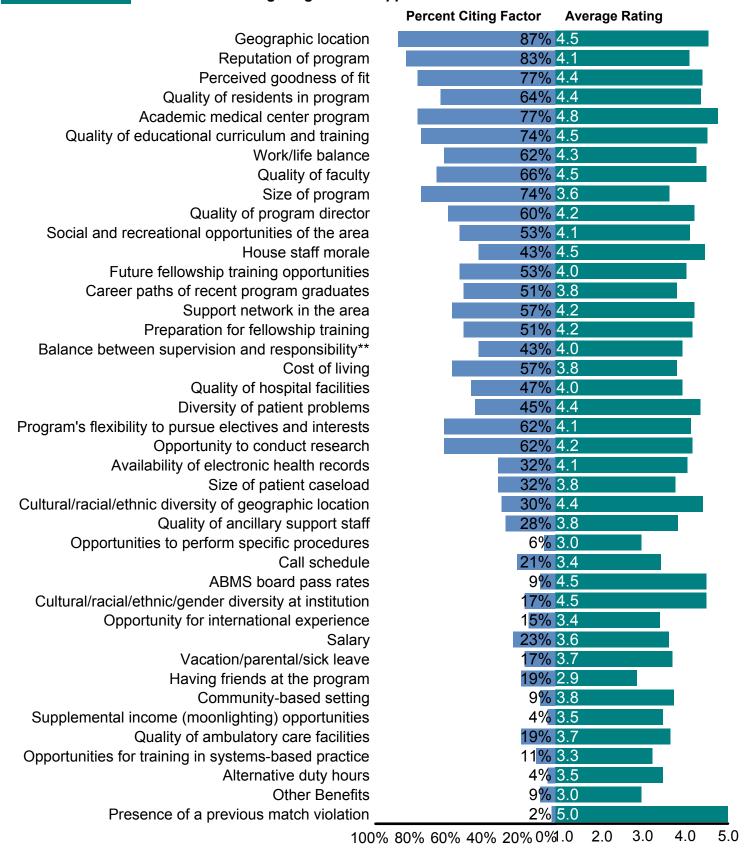


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Child Neurology

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

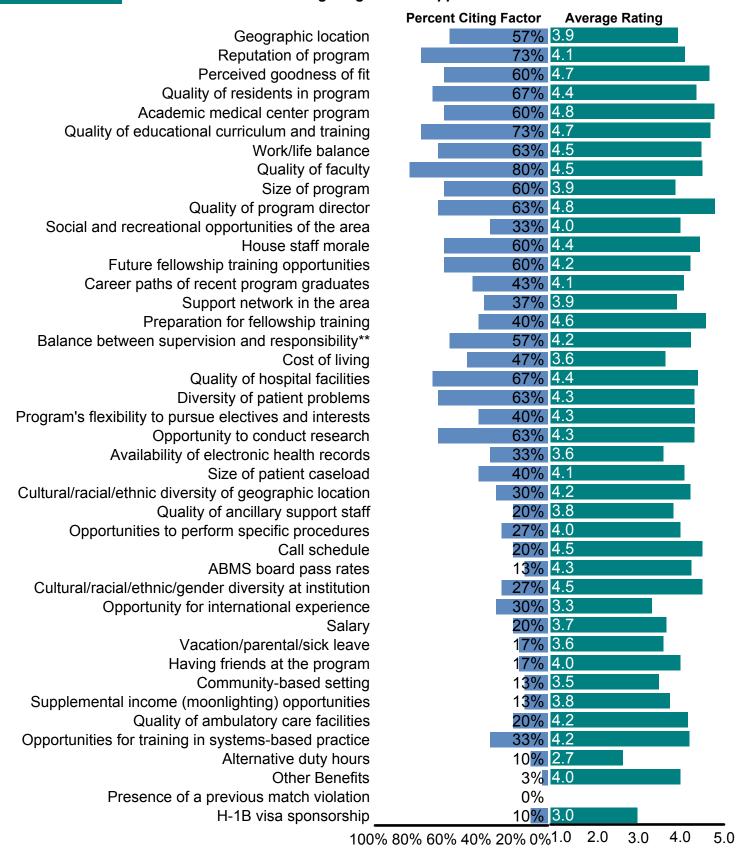


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Child Neurology

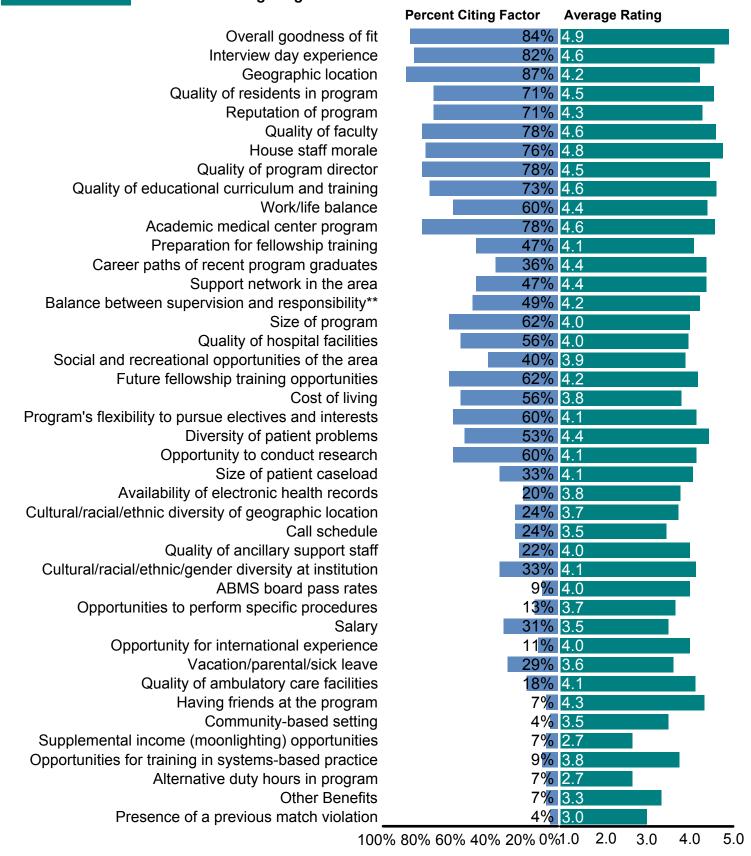
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Child Neurology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

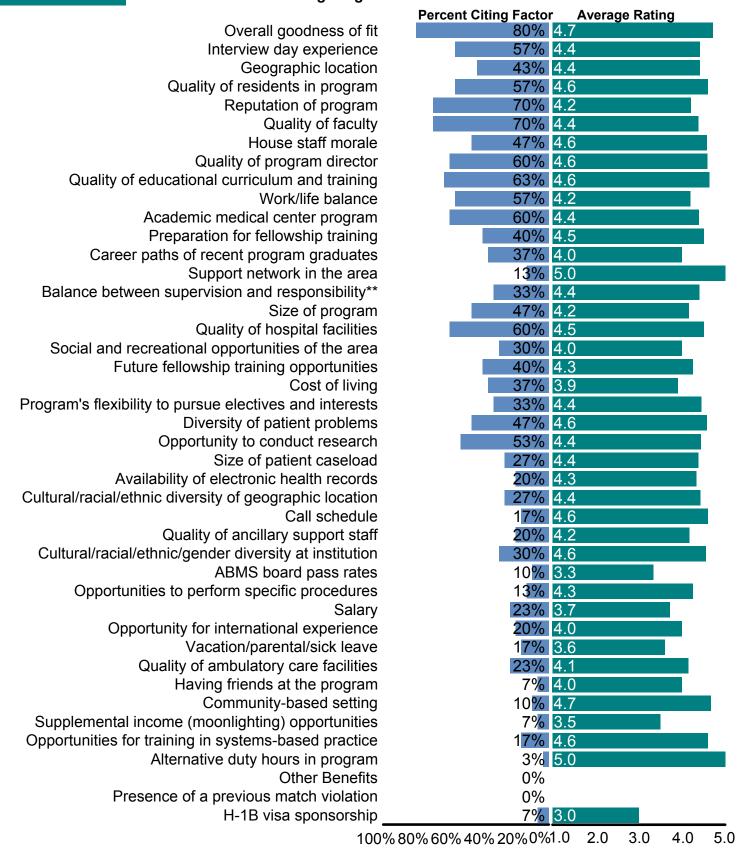


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Child Neurology

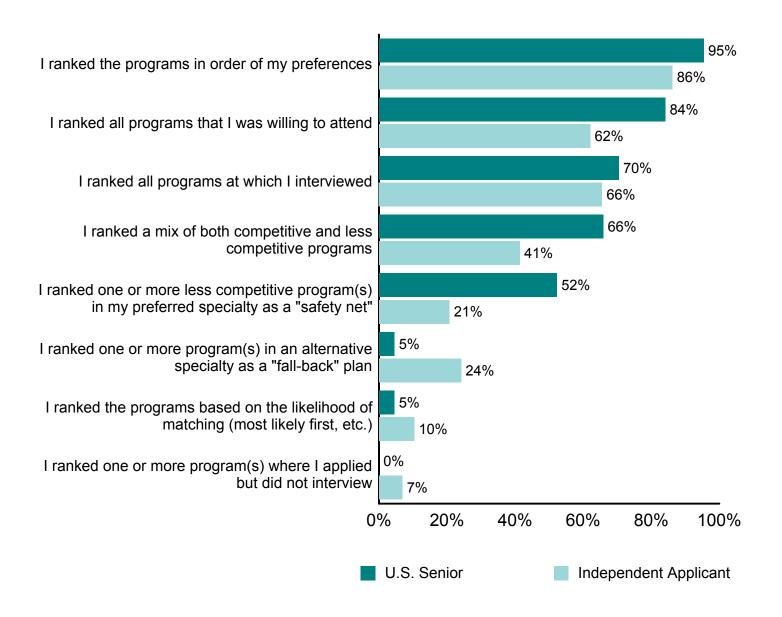
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

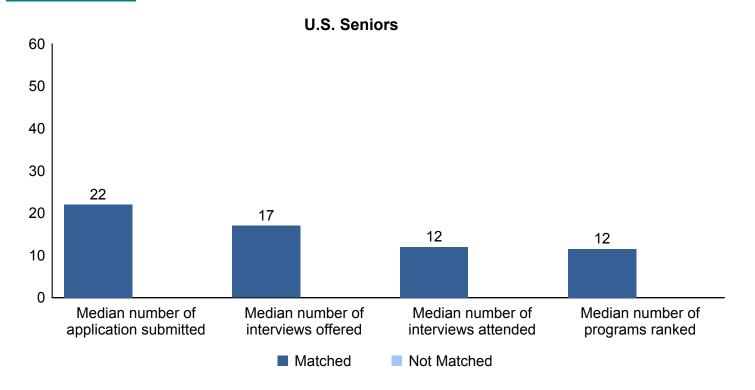
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

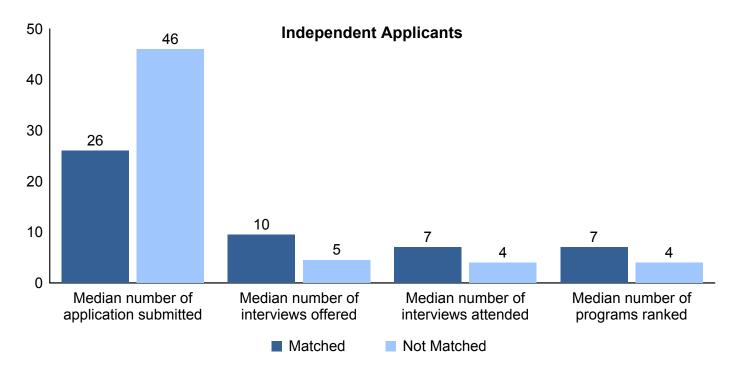
Child Neurology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





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





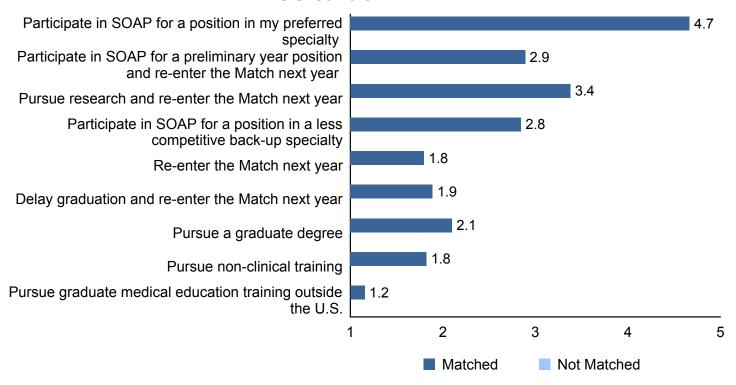
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Child Neurology

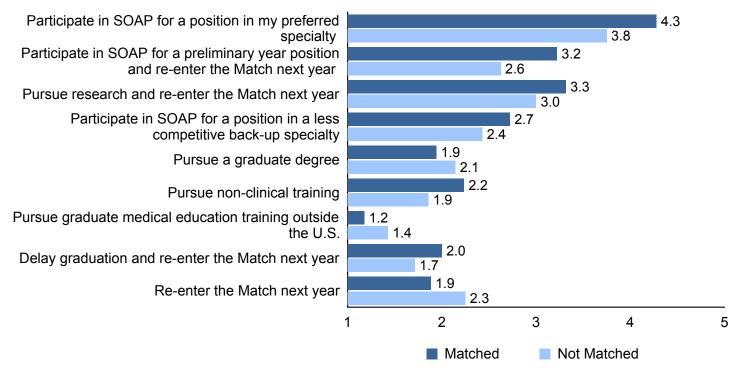
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants



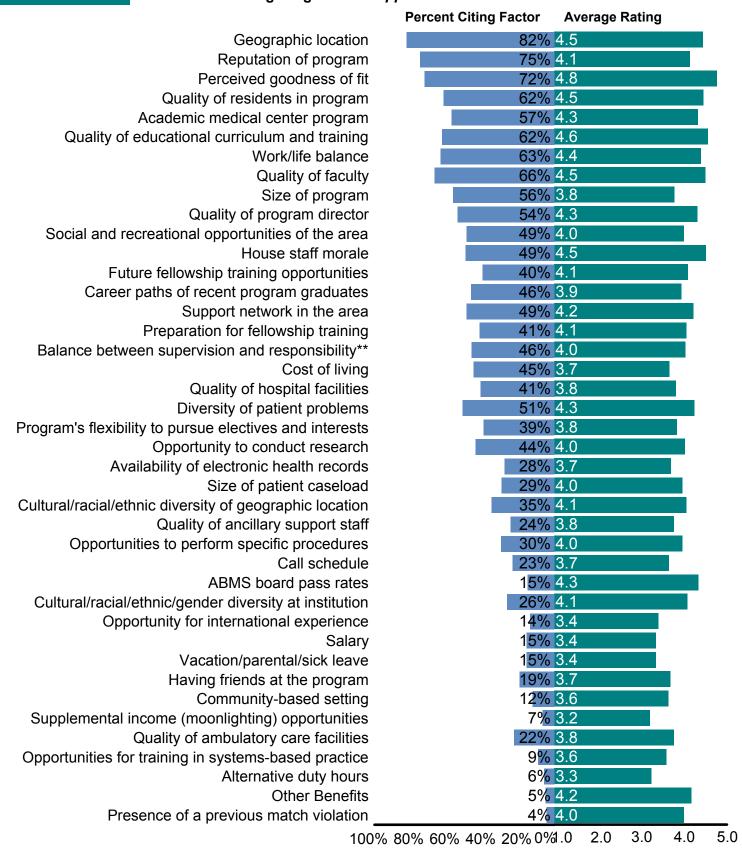
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Dermatology

Figure DM-1

Dermatology

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



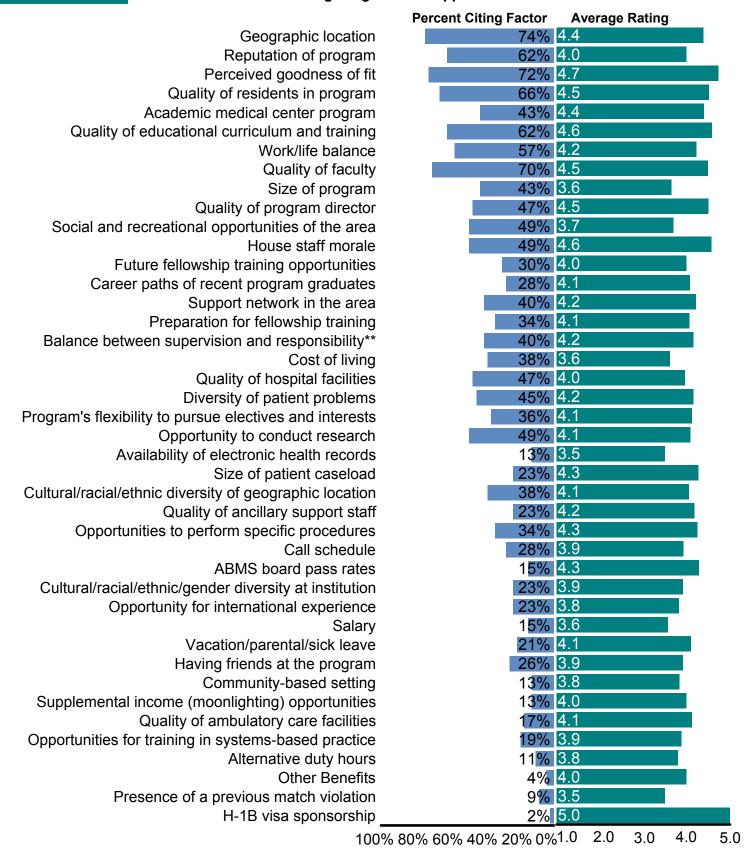
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure DM-1

Dermatology

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

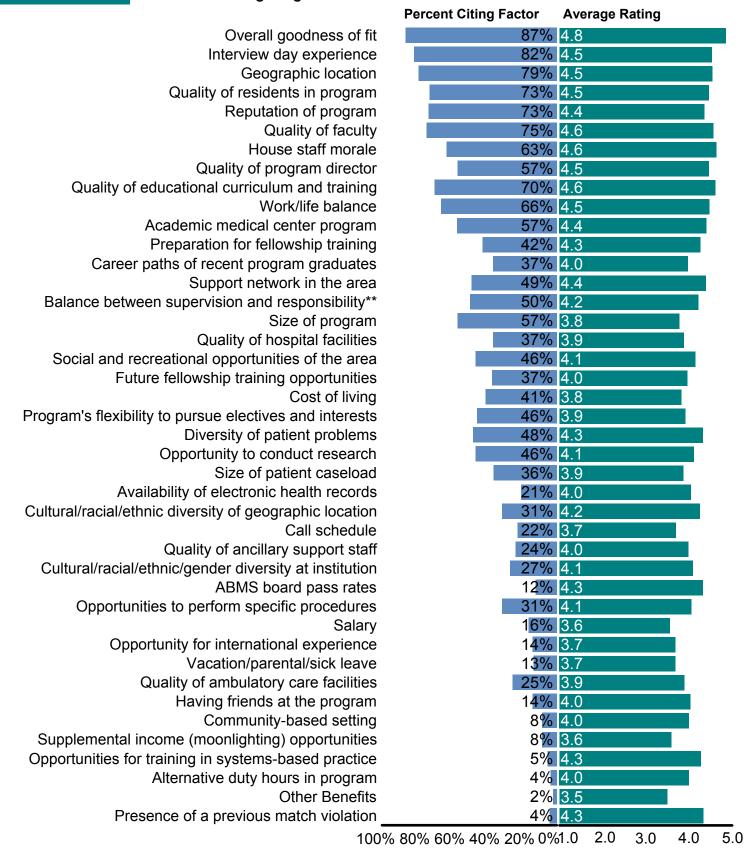


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure DM-2

Dermatology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



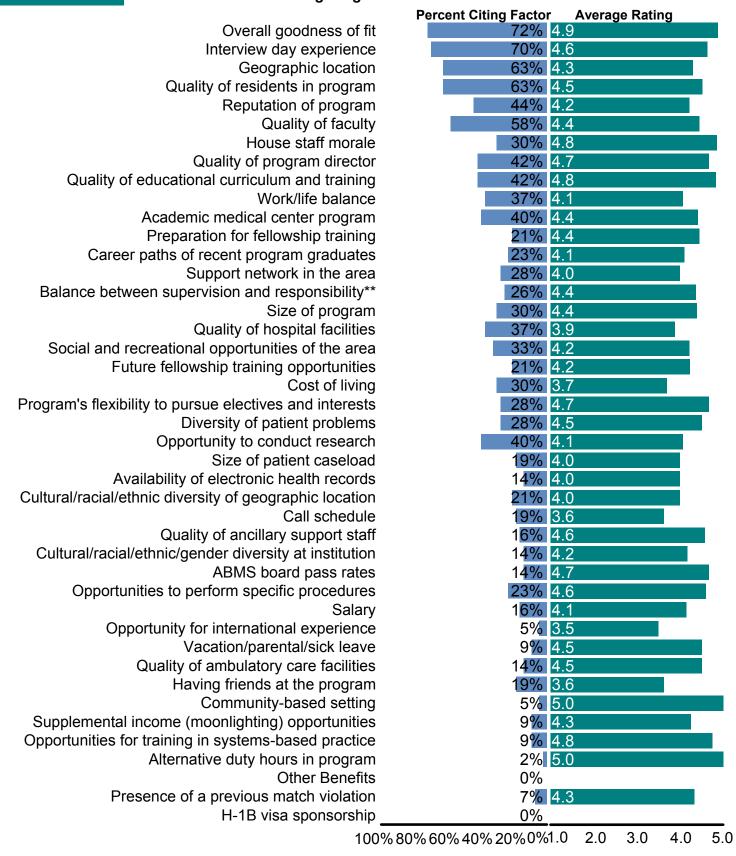
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure DM-2

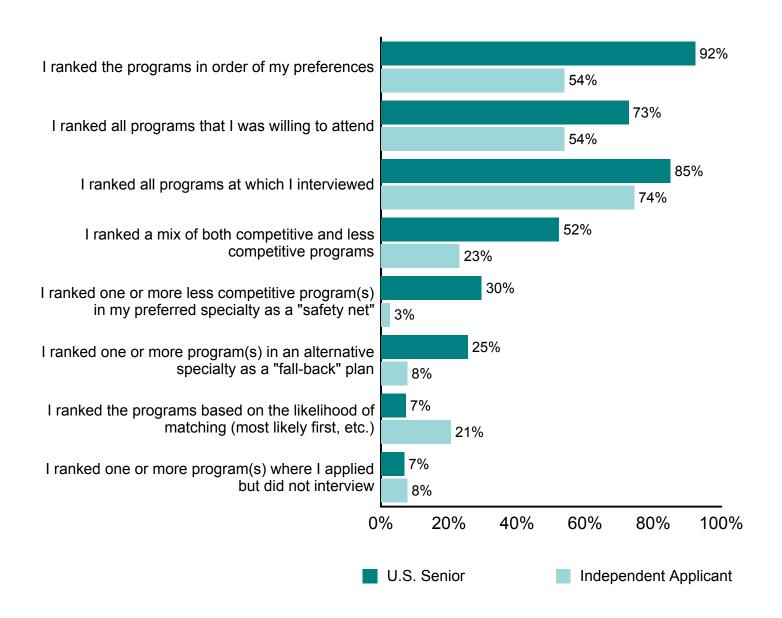
Dermatology

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



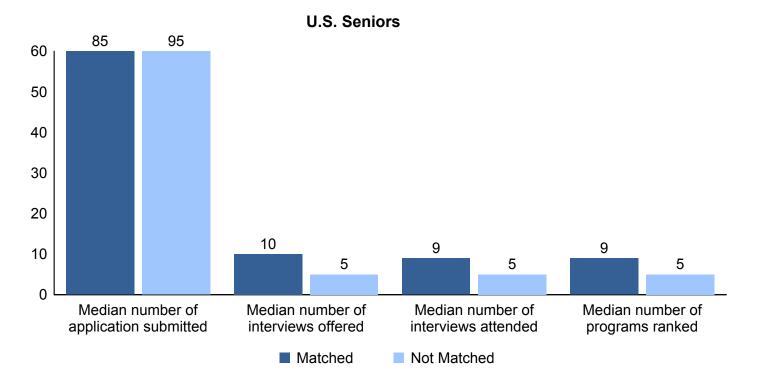
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

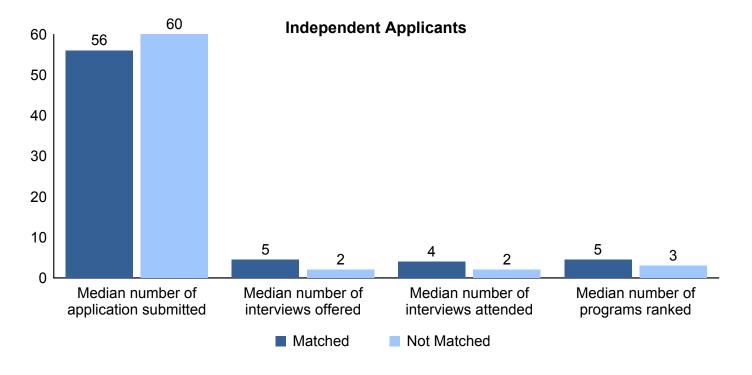
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care





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).

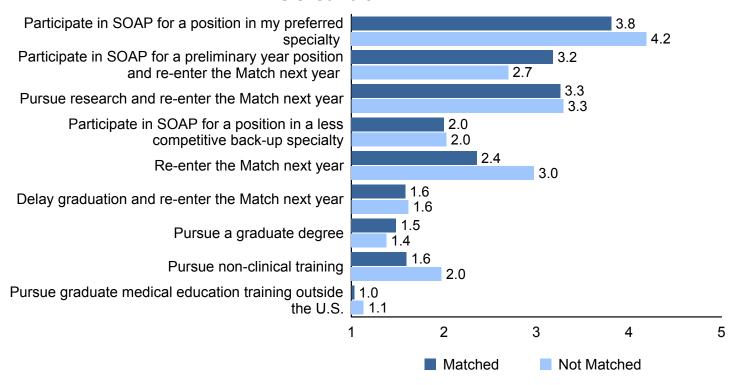
Figure DM-5

Dermatology

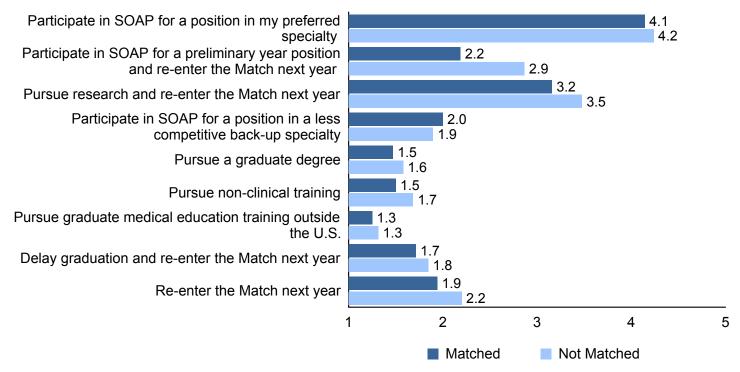
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants

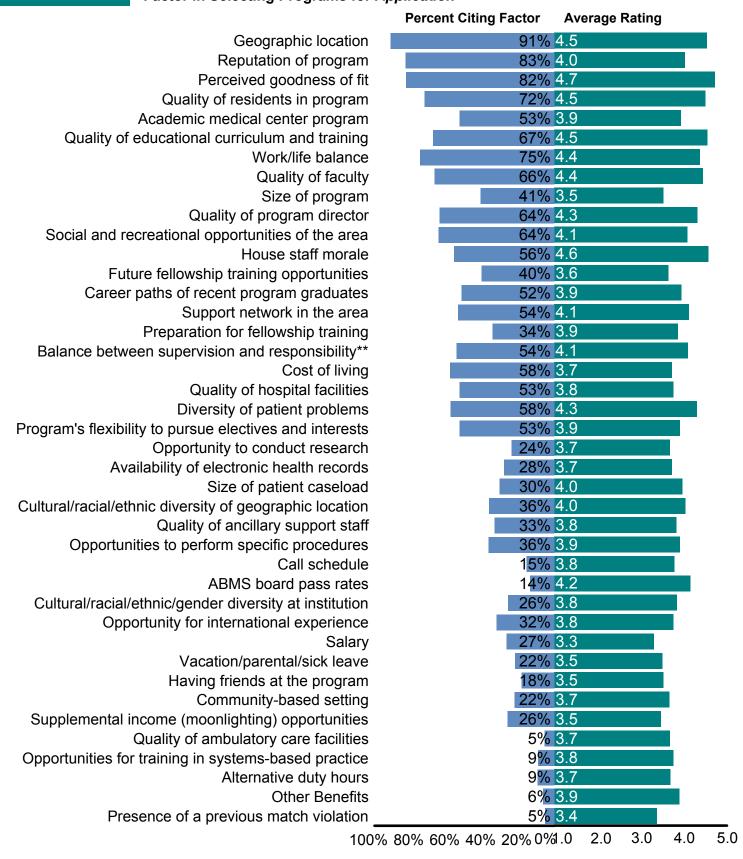


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Emergency Medicine

Emergency Medicine

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

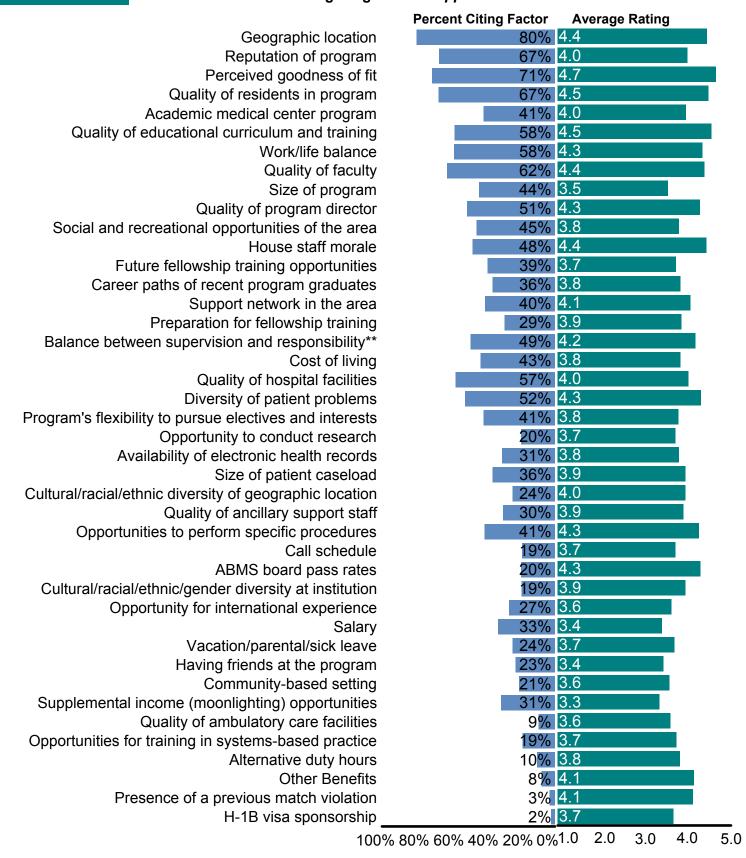


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Emergency Medicine

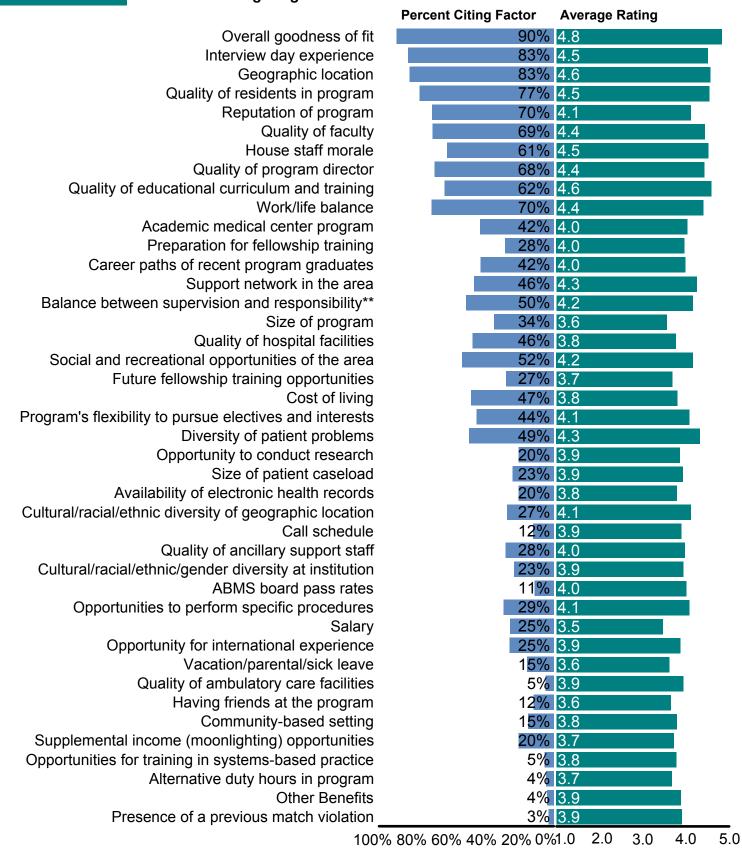
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

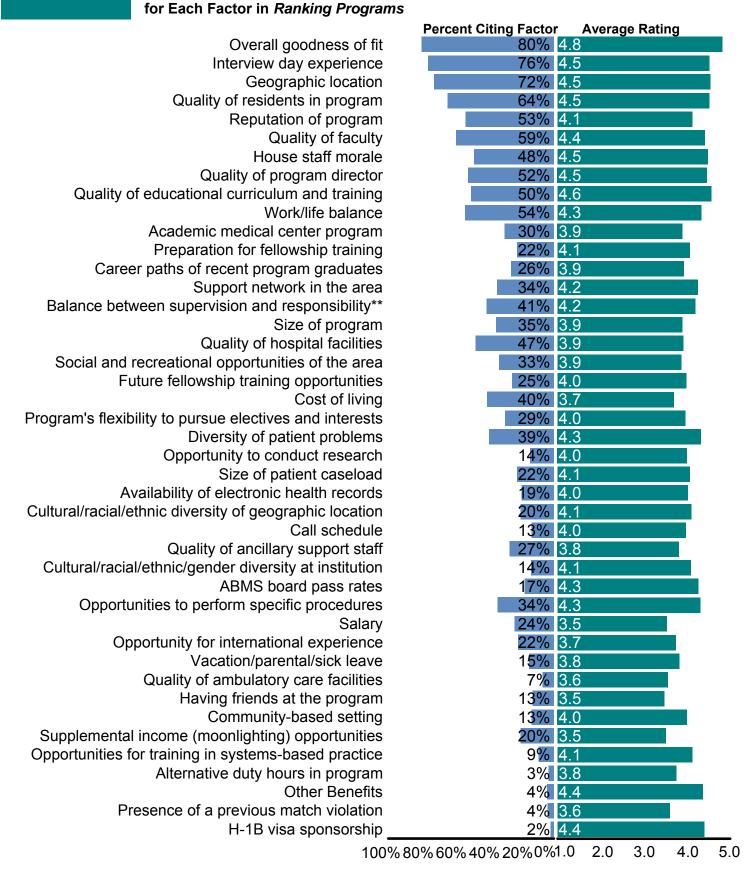
Emergency Medicine Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

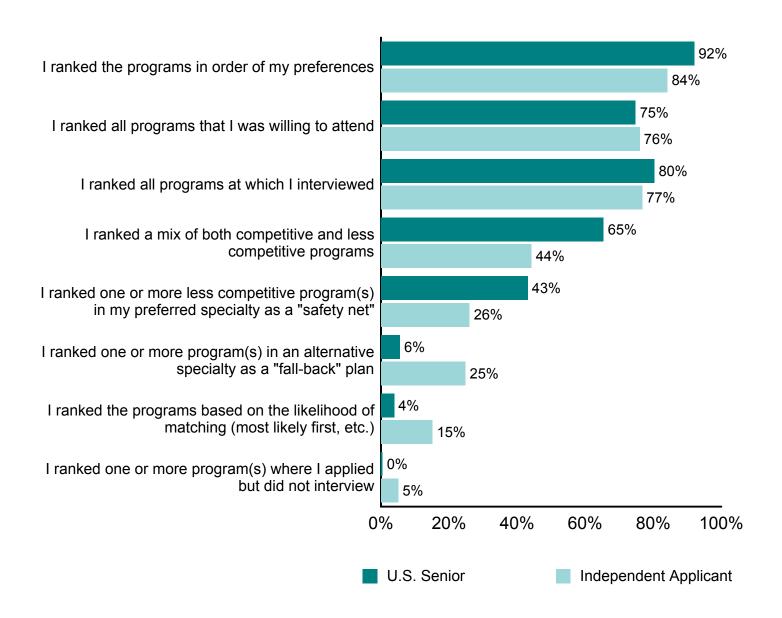
Emergency Medicine Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating*



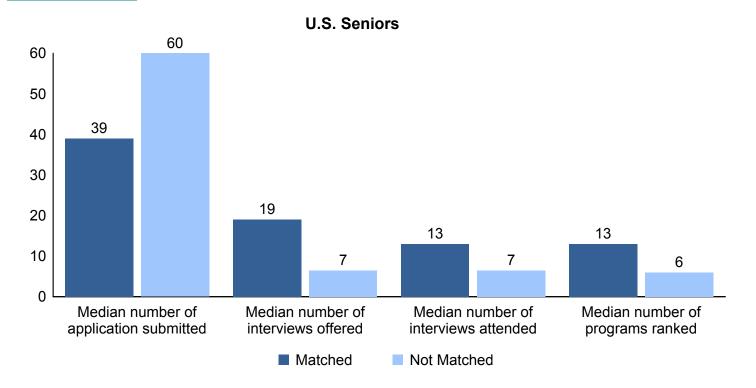
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

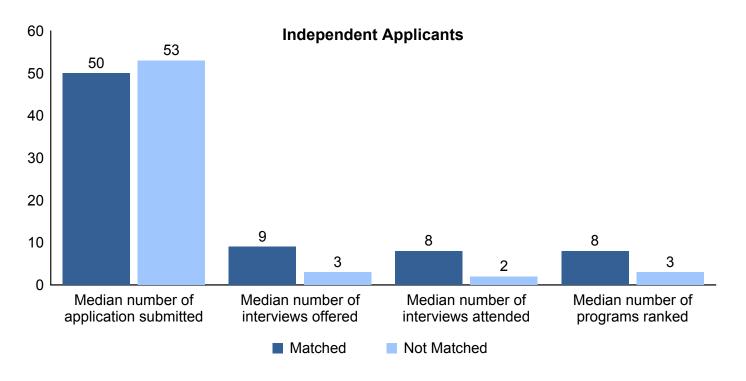
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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





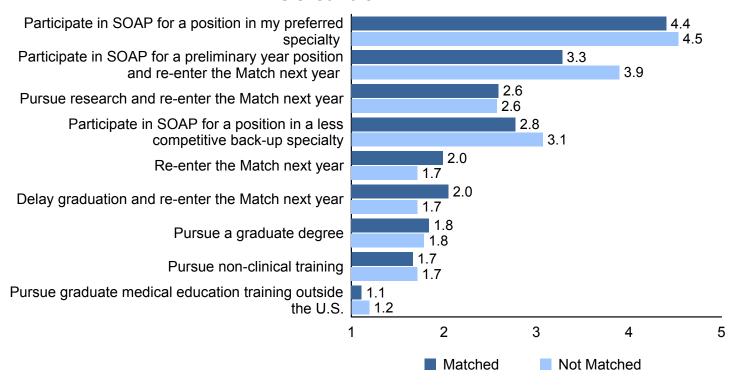
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Emergency Medicine

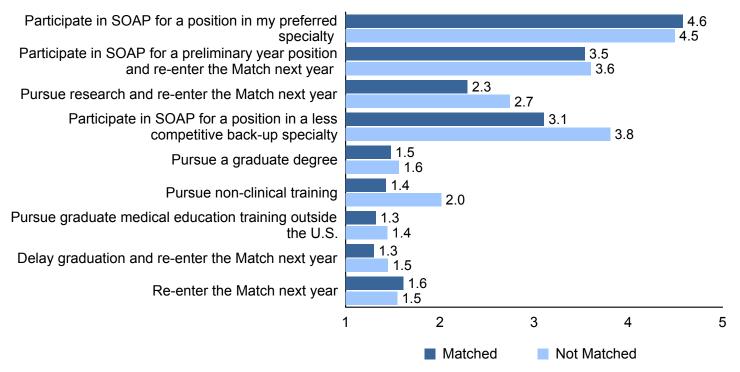
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

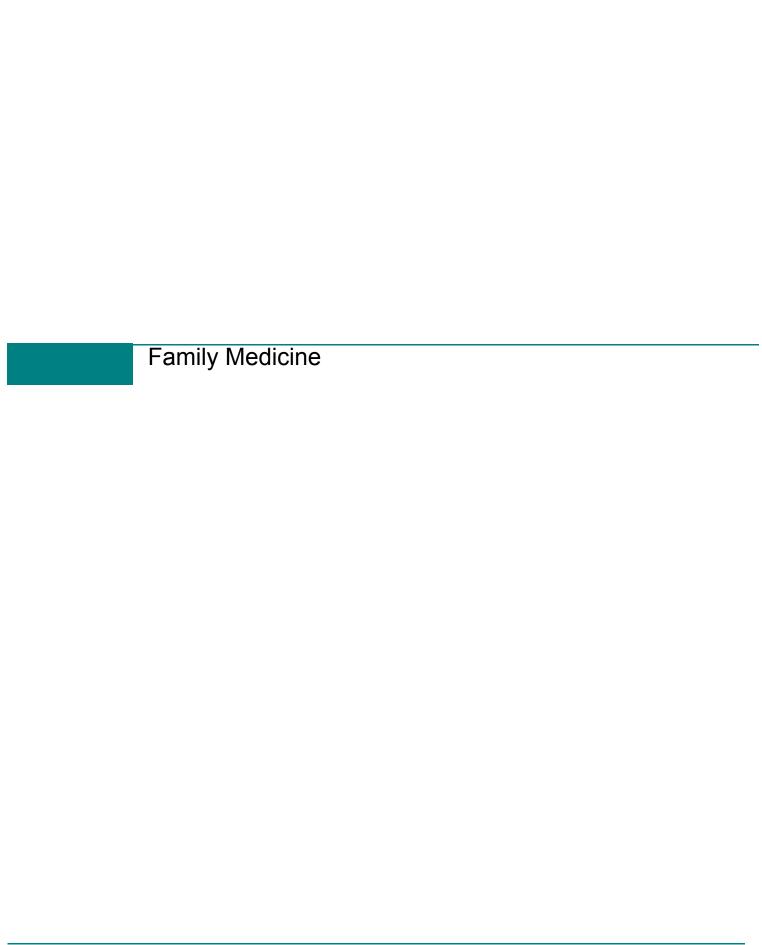
U.S. Seniors



Independent Applicants

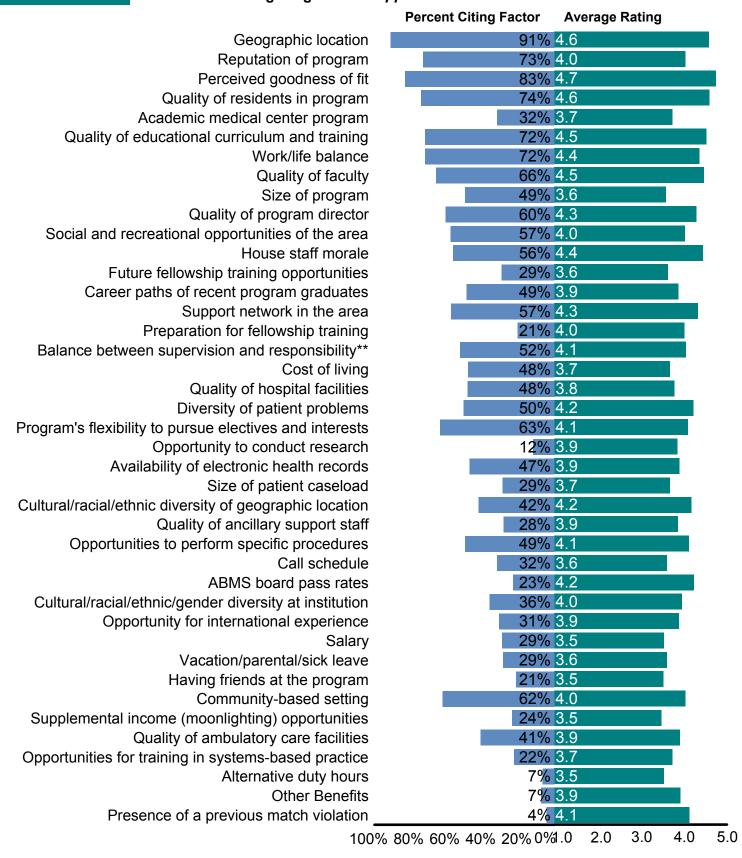


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Family Medicine

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

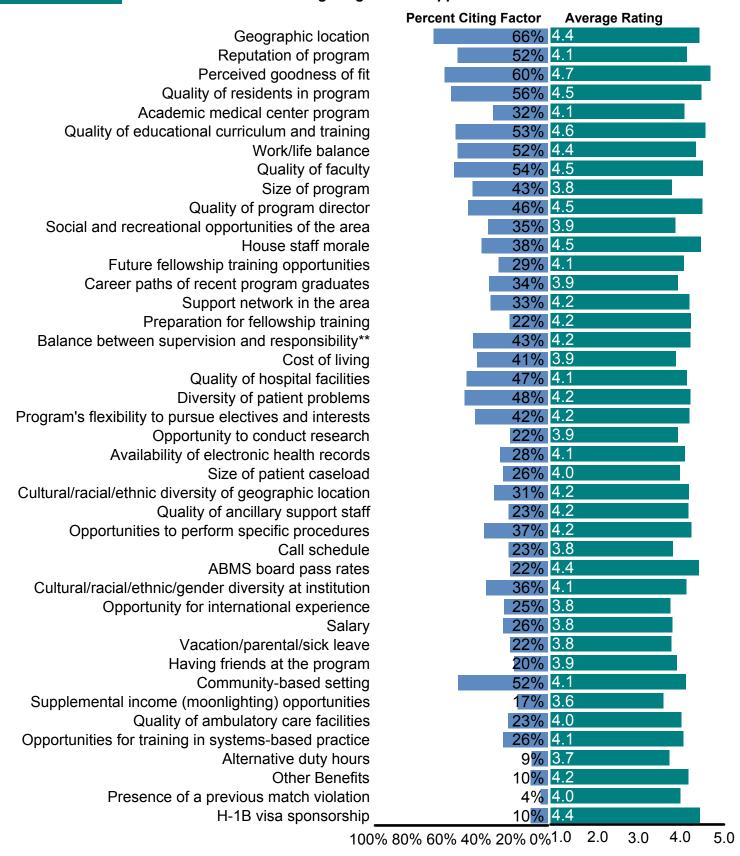


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Family Medicine

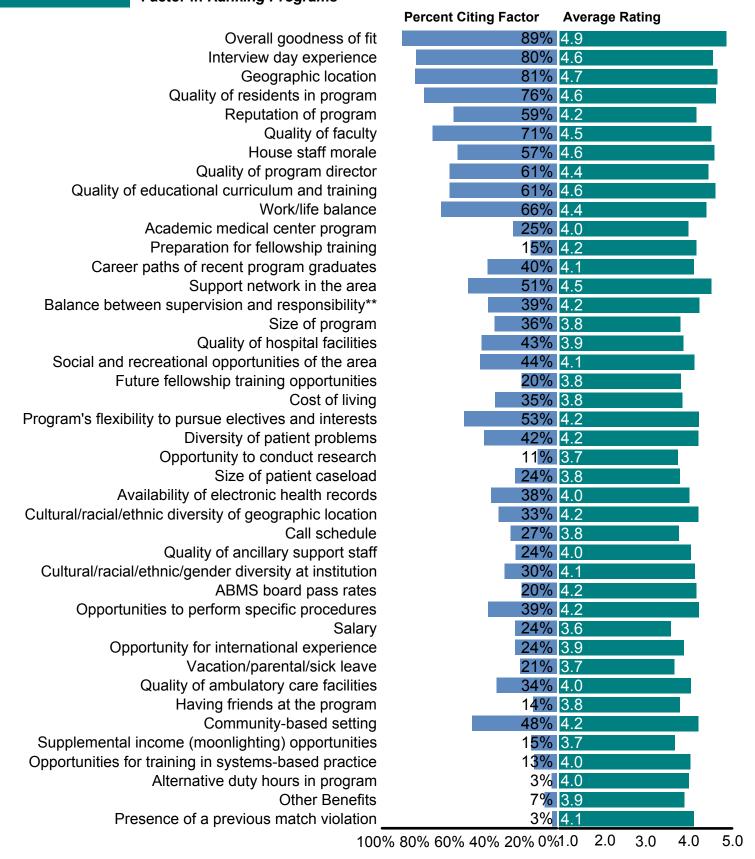
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Family Medicine Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

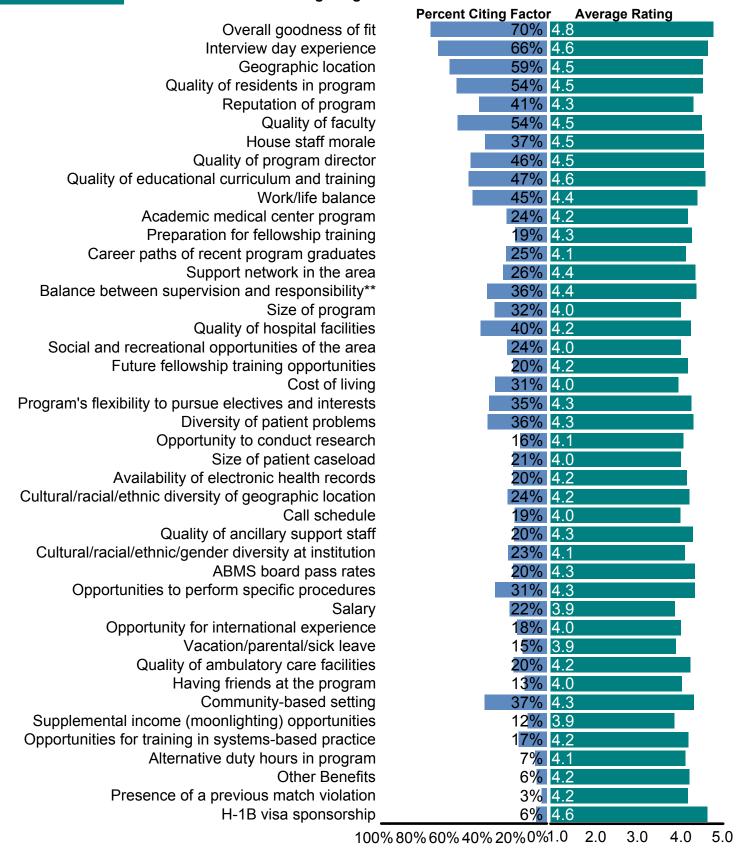


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Family Medicine Percent of Independent Applicants Citing Each Factor Ar

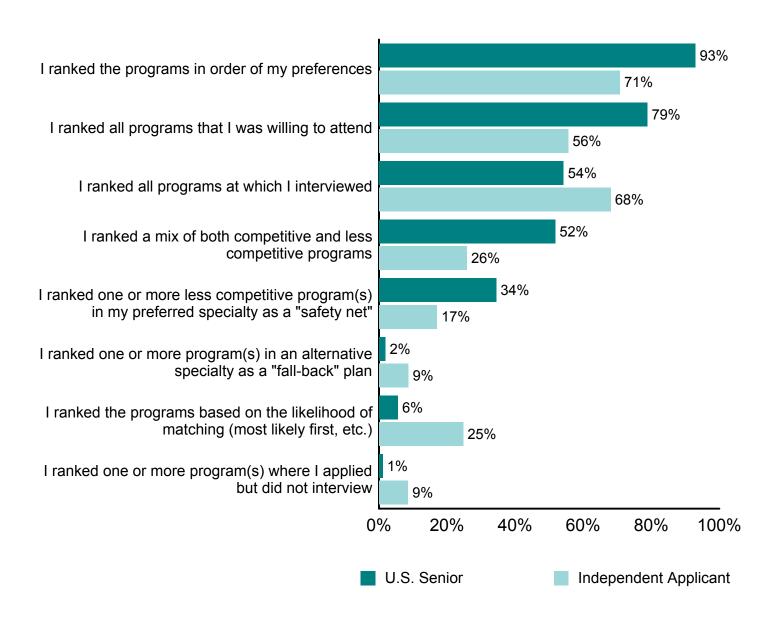
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



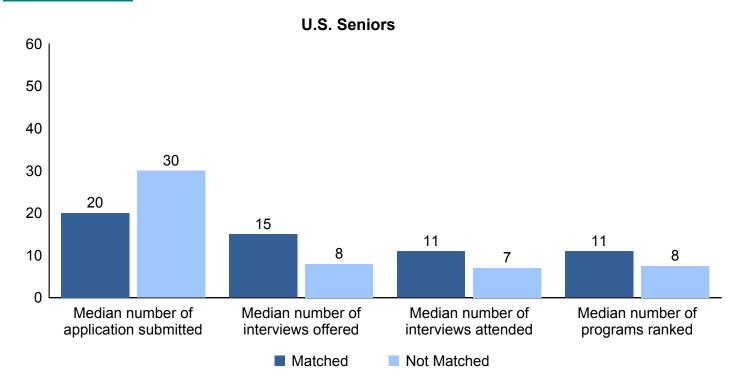
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

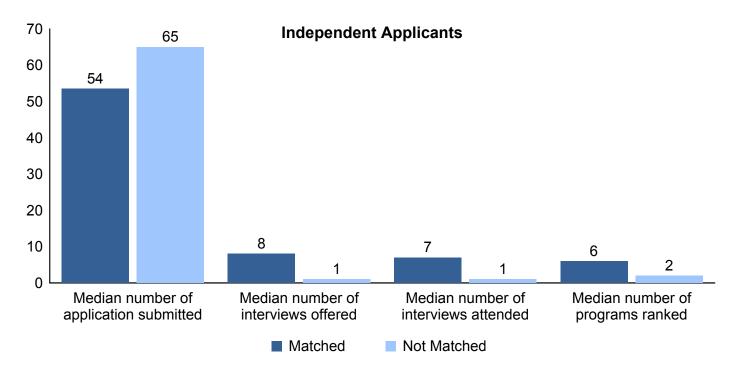
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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





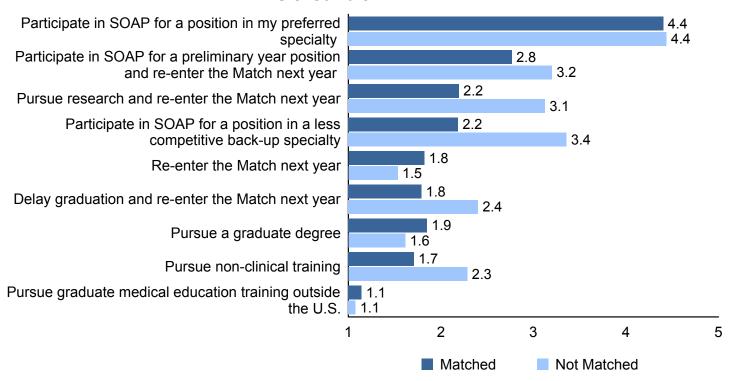
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Family Medicine

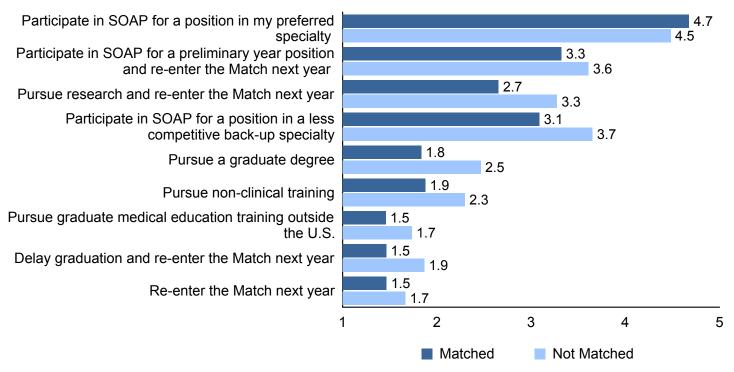
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants

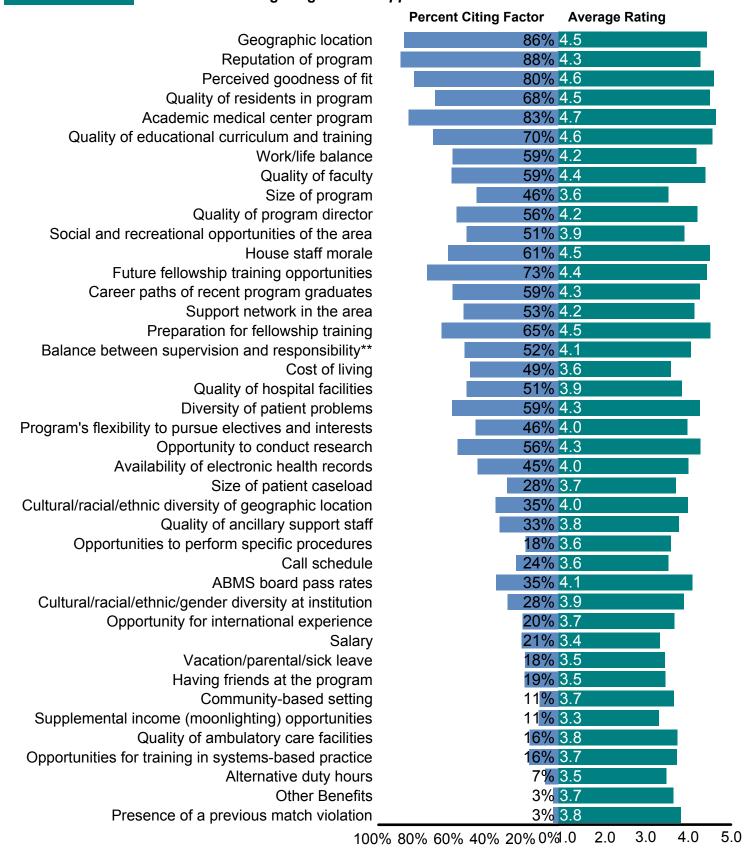


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Internal Medicine

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



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

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

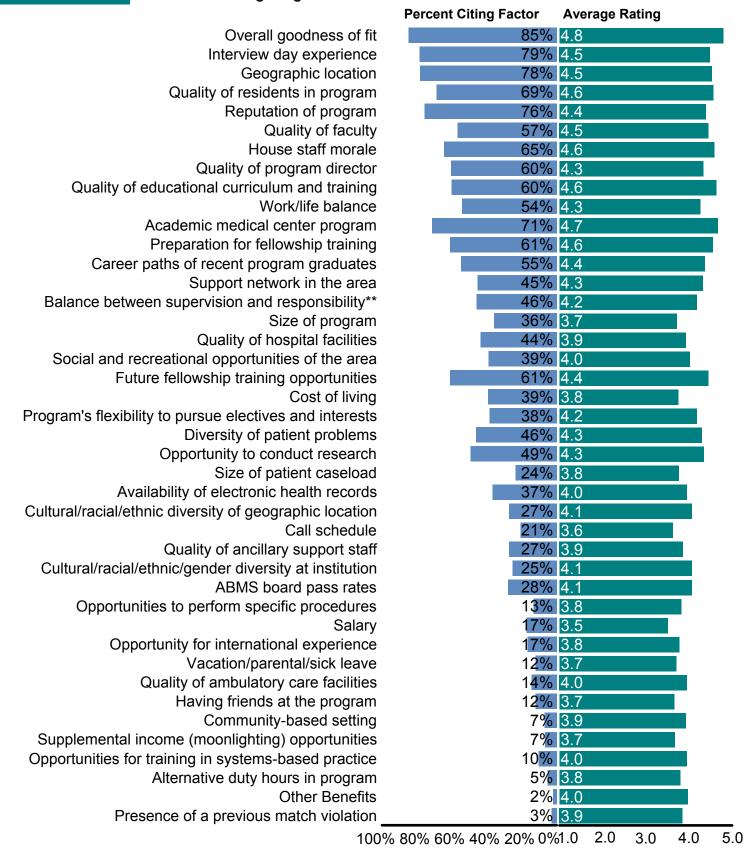
Internal Medicine

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

	Percent Citing Factor
Geographic location	63% 4.2
Reputation of program	60% 4.2
Perceived goodness of fit	49% 4.5
Quality of residents in program	55% 4.3
Academic medical center program	54% 4.4
Quality of educational curriculum and training	56% 4.5
Work/life balance	46% 4.2
Quality of faculty	52% 4.4
Size of program	47% 3.8
Quality of program director	45% 4.4
Social and recreational opportunities of the area	31% 3.8
House staff morale	36% 4.4
Future fellowship training opportunities	61% 4.4
Career paths of recent program graduates	46% 4.2
Support network in the area	31% 4.0
Preparation for fellowship training	52% 4.4
Balance between supervision and responsibility**	44% 4.2
Cost of living	38% 3.8
Quality of hospital facilities	51% 4.2
Diversity of patient problems	50% 4.2
Program's flexibility to pursue electives and interests	38% 4.0
Opportunity to conduct research	49% 4.1
Availability of electronic health records	35% 4.0
Size of patient caseload	28% 3.9
Cultural/racial/ethnic diversity of geographic location	33% 3.9
Quality of ancillary support staff	27% 4.0
Opportunities to perform specific procedures	28% 4.1
Call schedule	22% 3.8
ABMS board pass rates	37% 4.3
Cultural/racial/ethnic/gender diversity at institution	40% 3.9
Opportunity for international experience	17% 3.7
Salary	22% 3.7
Vacation/parental/sick leave	18% 3.7
Having friends at the program	31% 3.8
Community-based setting	36% 3.8
Supplemental income (moonlighting) opportunities	10% 3.6
Quality of ambulatory care facilities	18% 4.0
Opportunities for training in systems-based practice	27% 4.1
Alternative duty hours	10% 3.7
Other Benefits	5% 4.1
Presence of a previous match violation	5% 4.0
H-1B visa sponsorship	22% 4.2 80% 60% 40% 20% 0%1.0 2.0 3.0 4.0

Data are presented in a 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

Internal Medicine Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

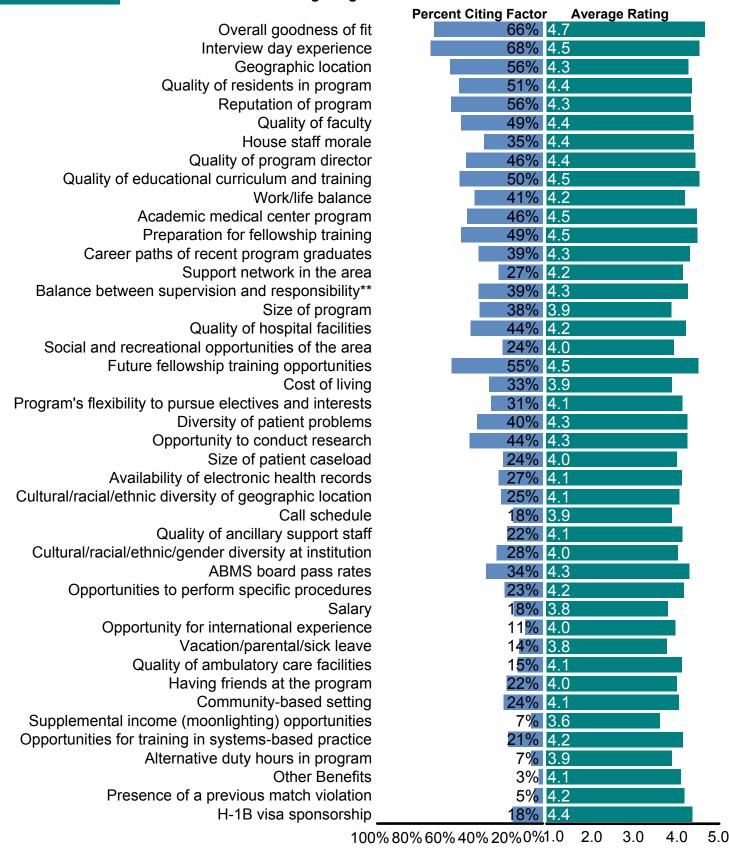


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Internal Medicine

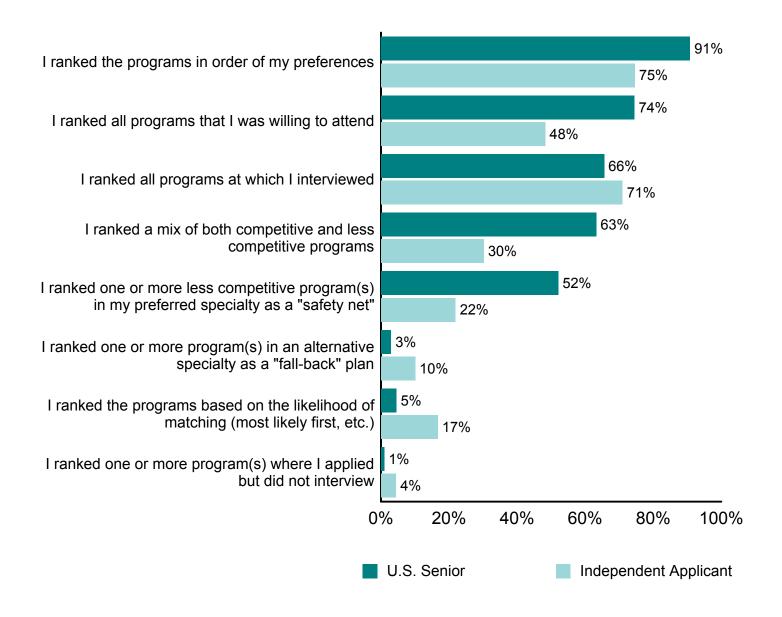
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



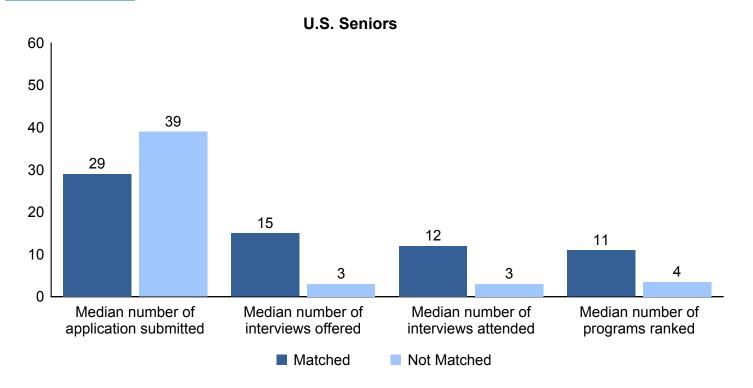
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

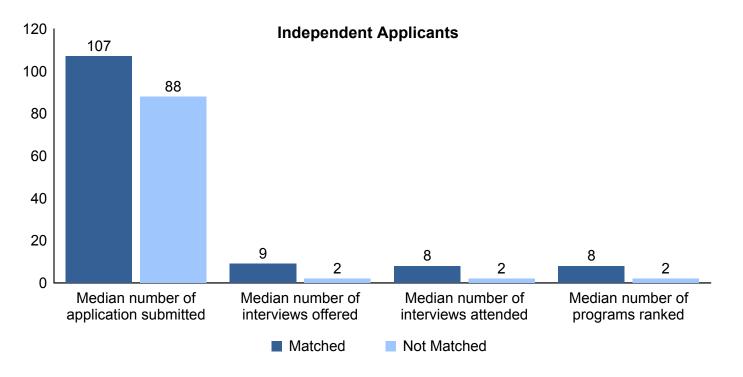
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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



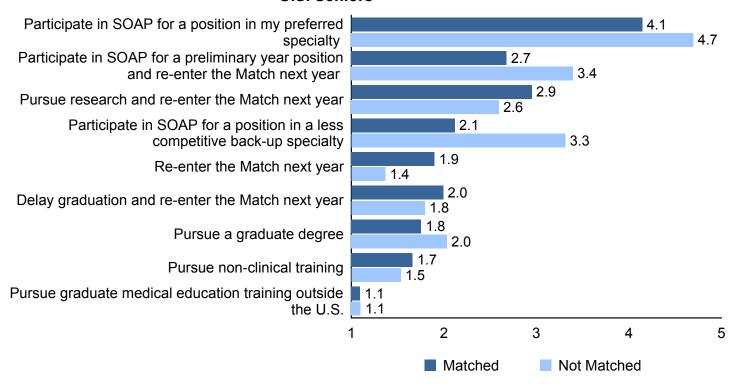


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

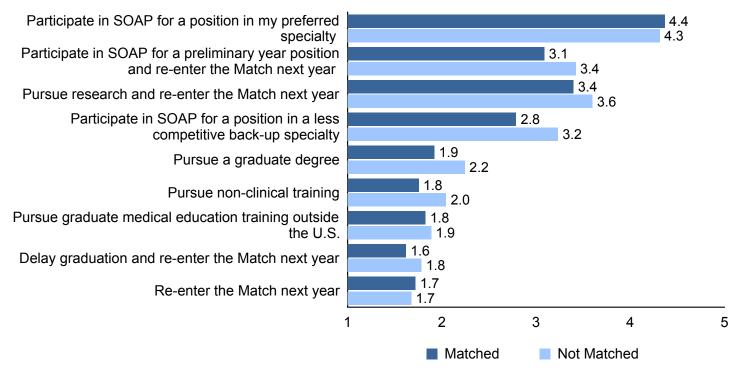
Internal Medicine

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

U.S. Seniors



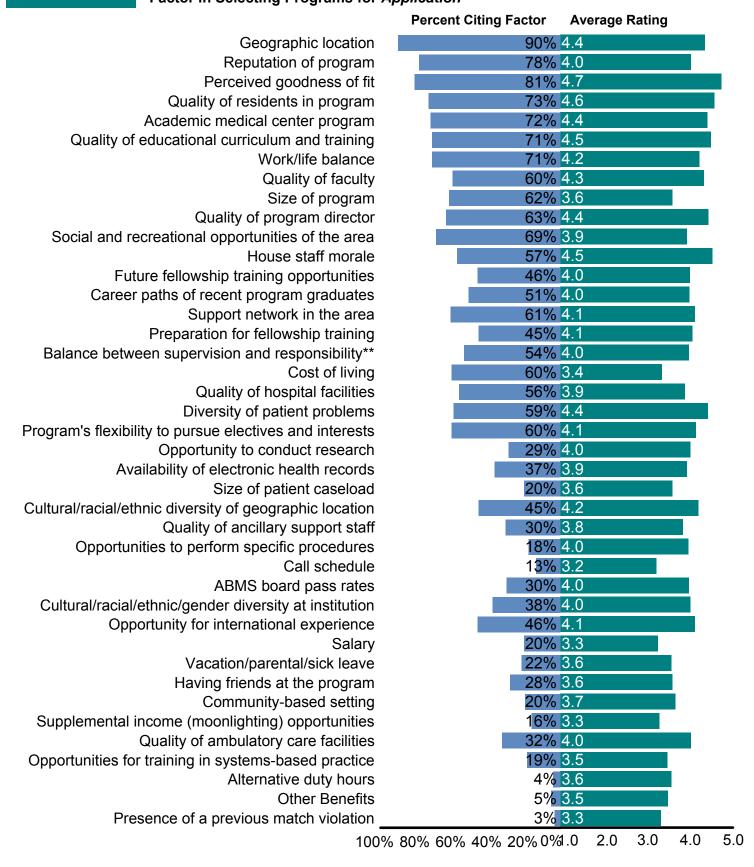
Independent Applicants



^{*}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"



Internal Medicine/Pediatrics Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

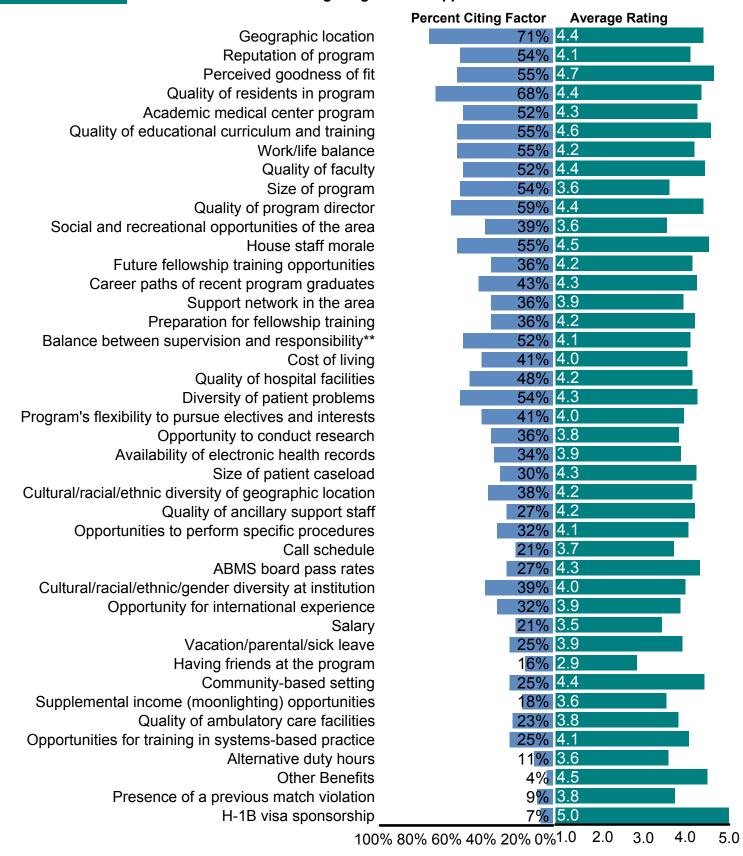


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Internal Medicine/Pediatrics

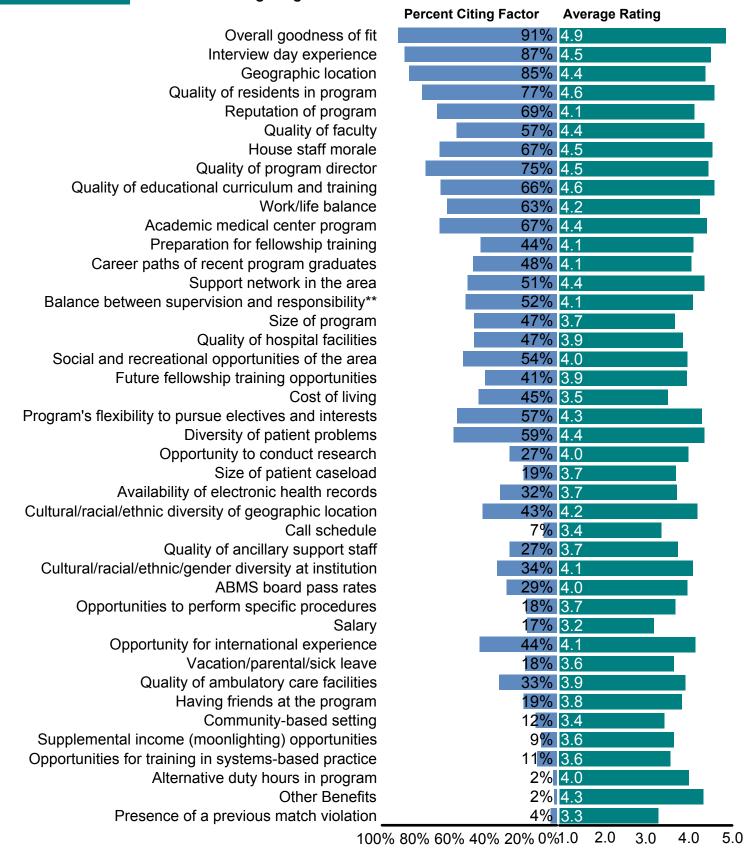
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

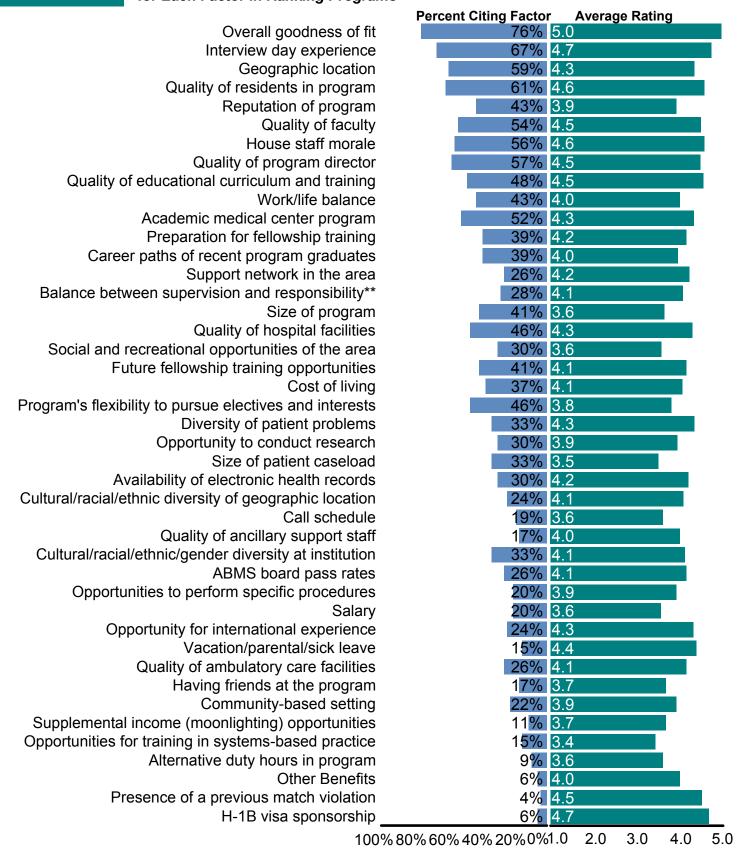
Internal Medicine/Pediatrics Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

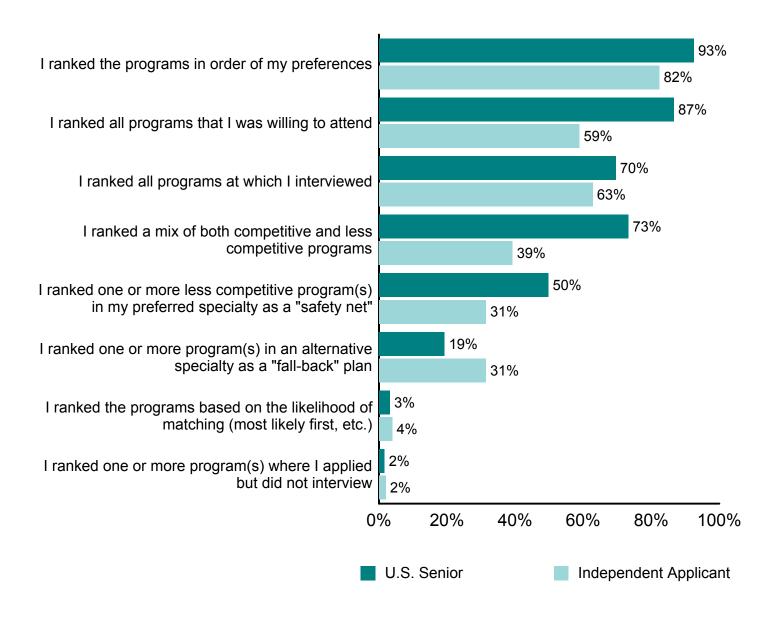
Internal Medicine/Pediatrics Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



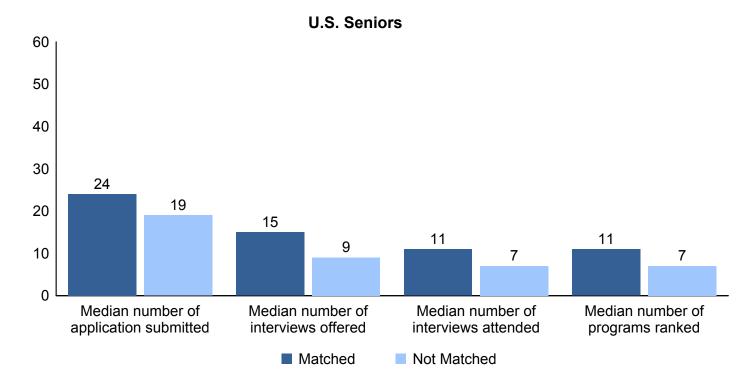
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

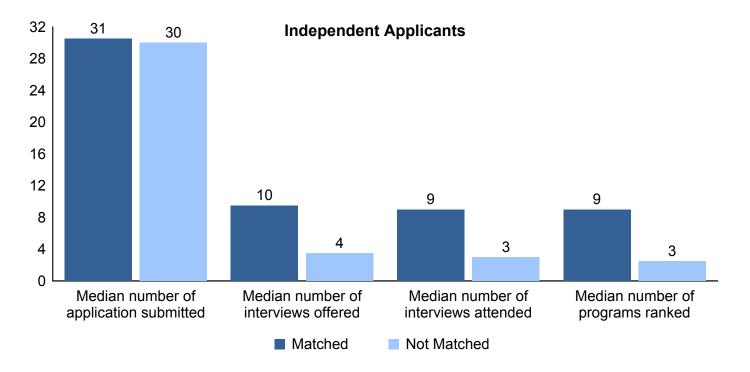
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

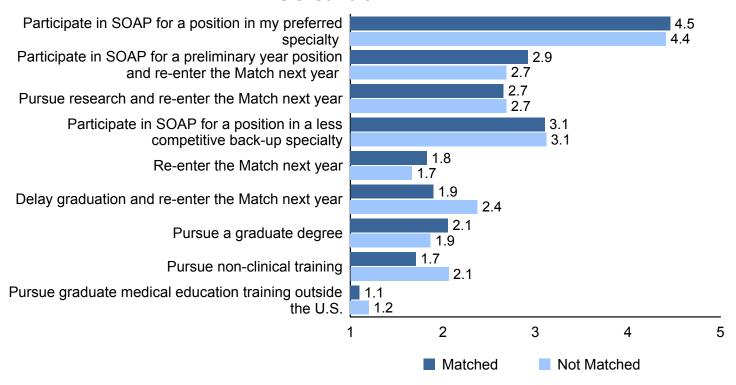




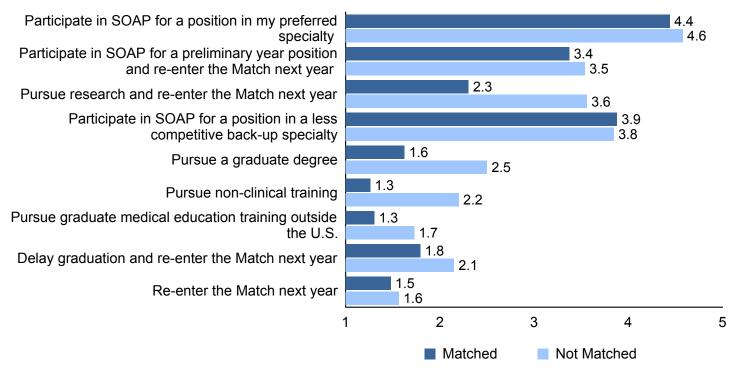
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

U.S. Seniors



Independent Applicants

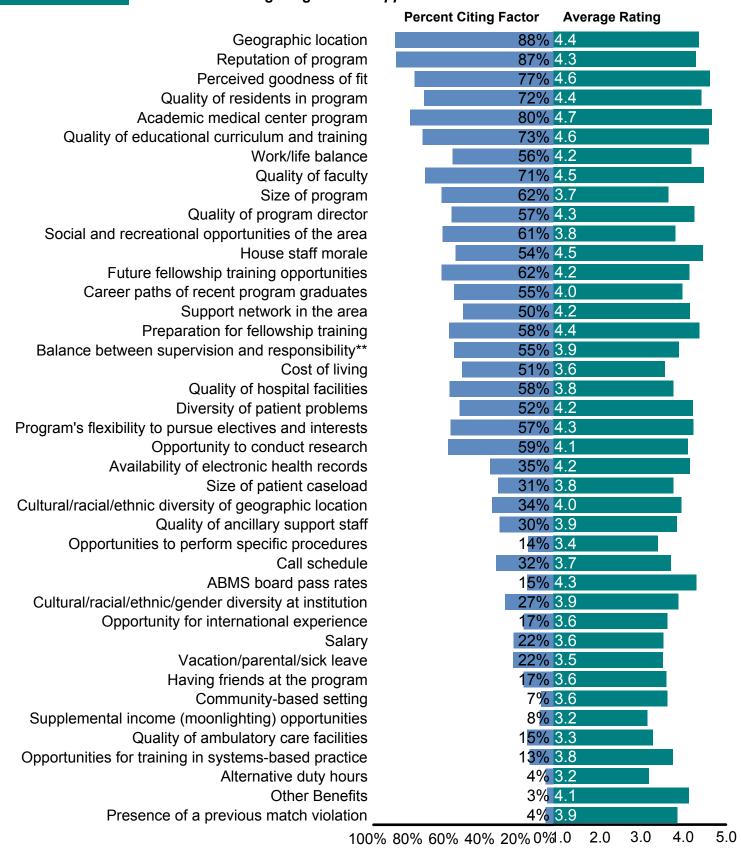


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Neurology

Neurology

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

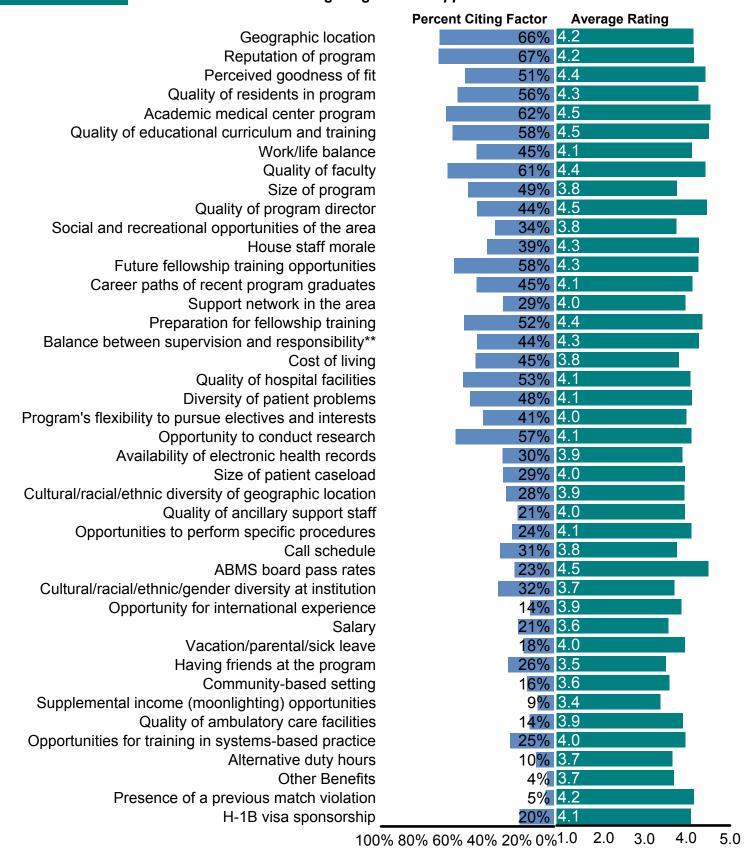


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Neurology

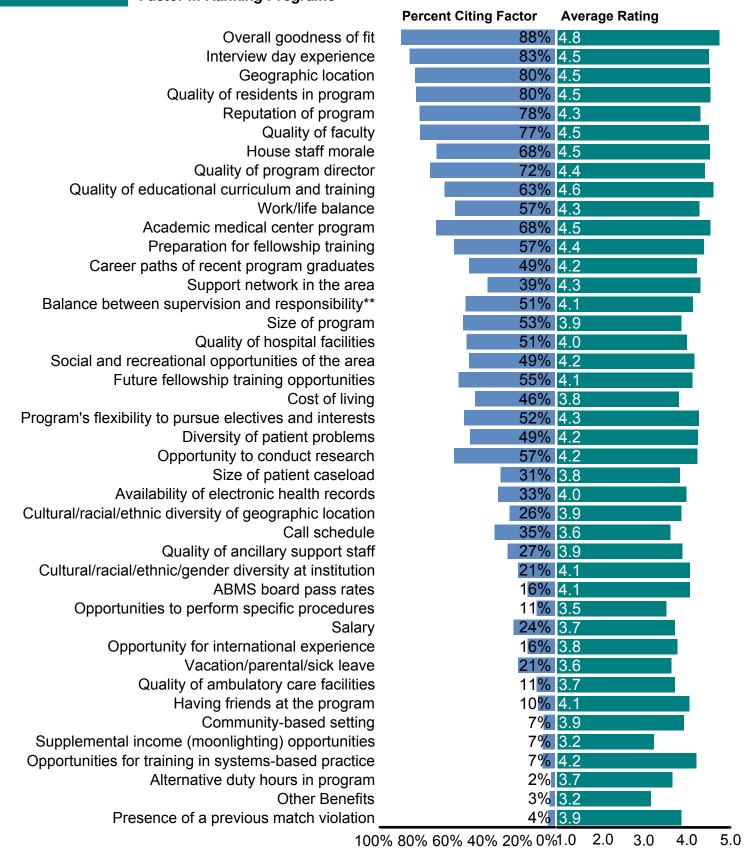
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Neurology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

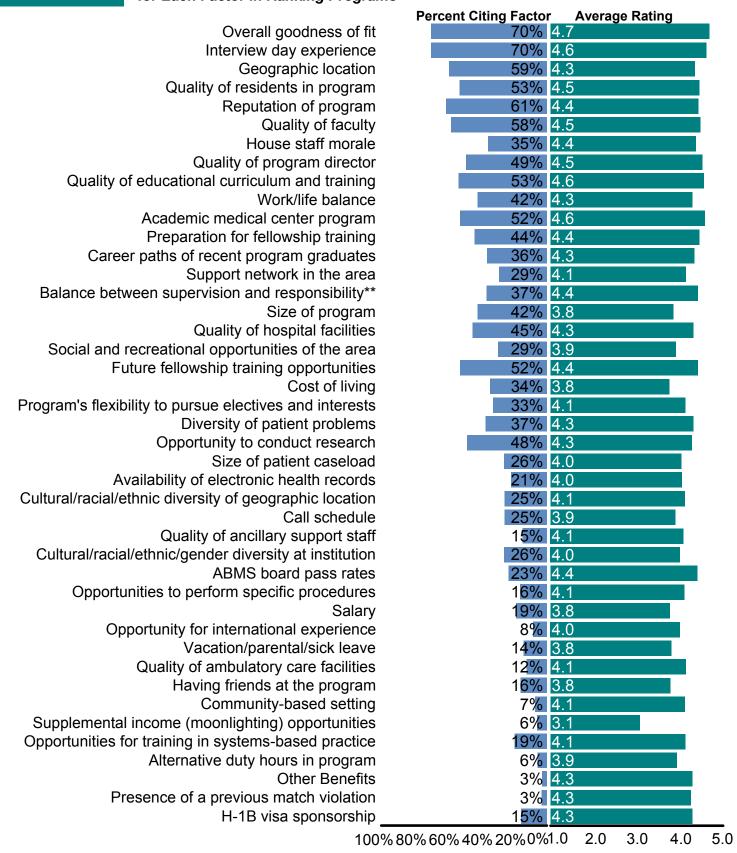


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

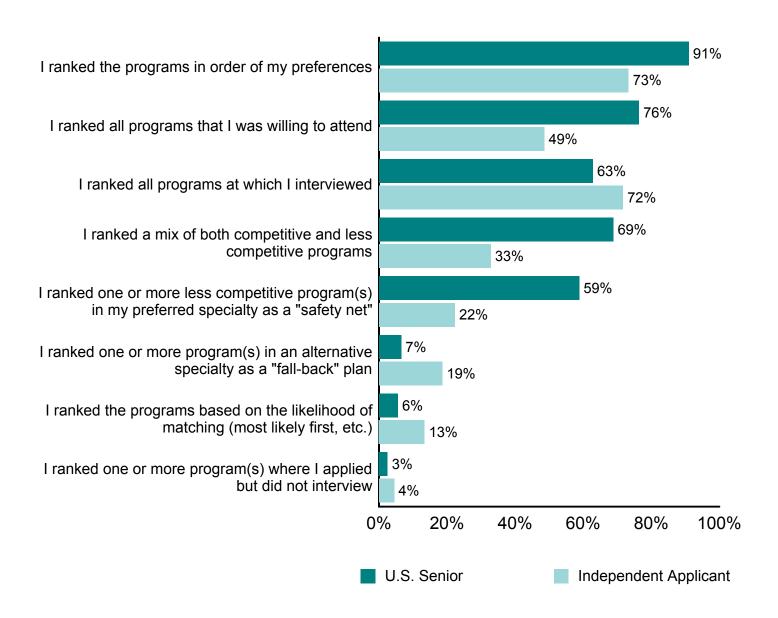
Neurology

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



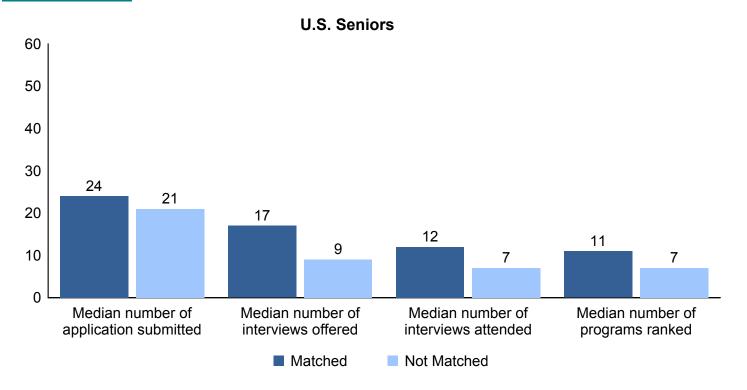
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

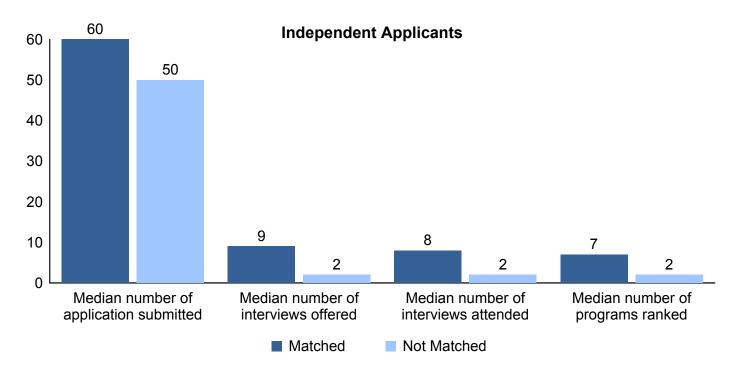
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care





Neurology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





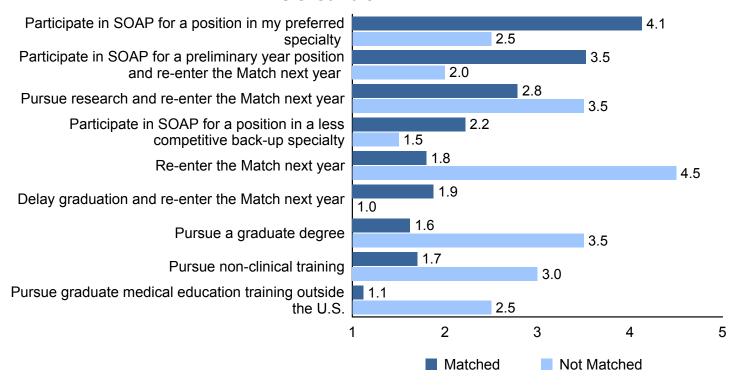
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Neurology

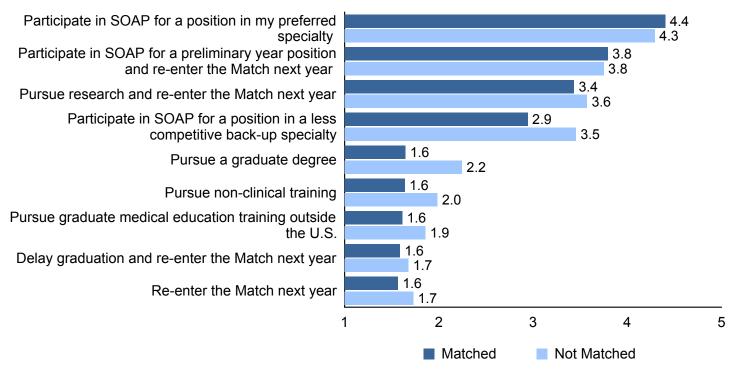
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

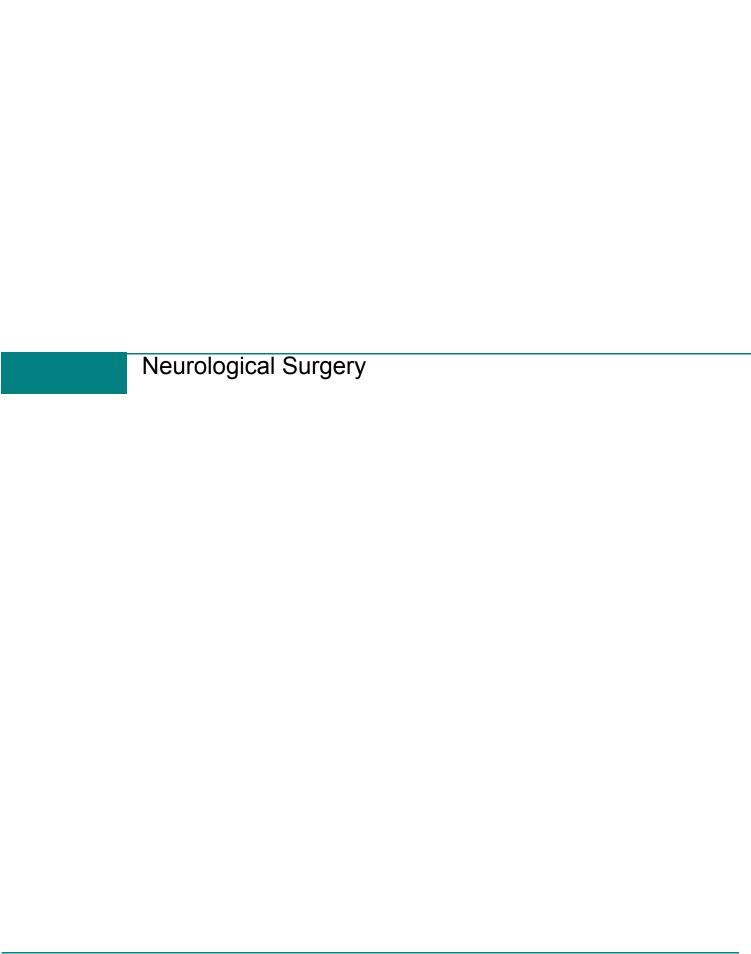
U.S. Seniors



Independent Applicants

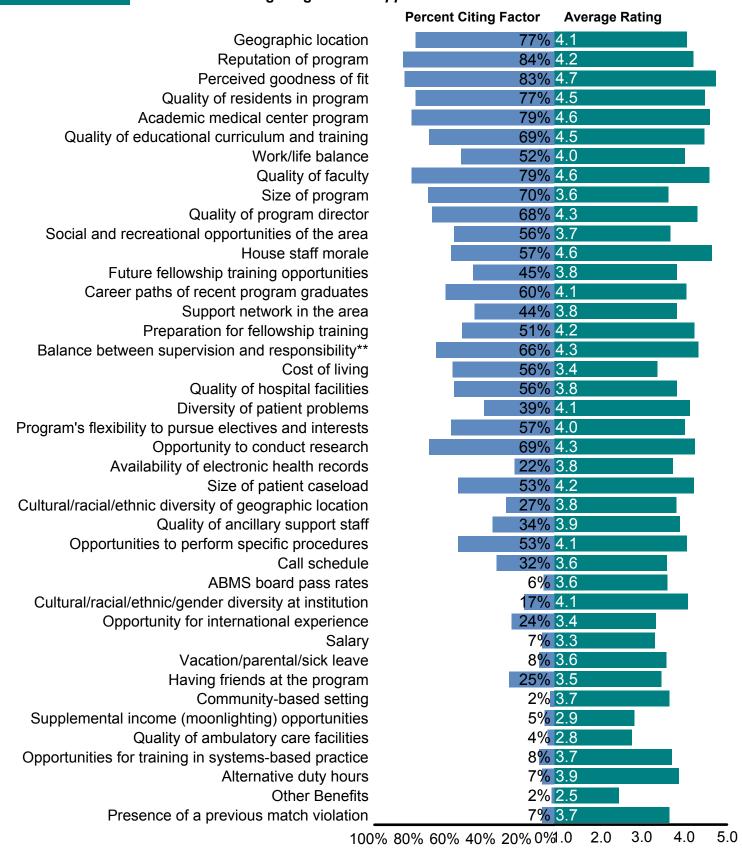


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Neurological Surgery

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

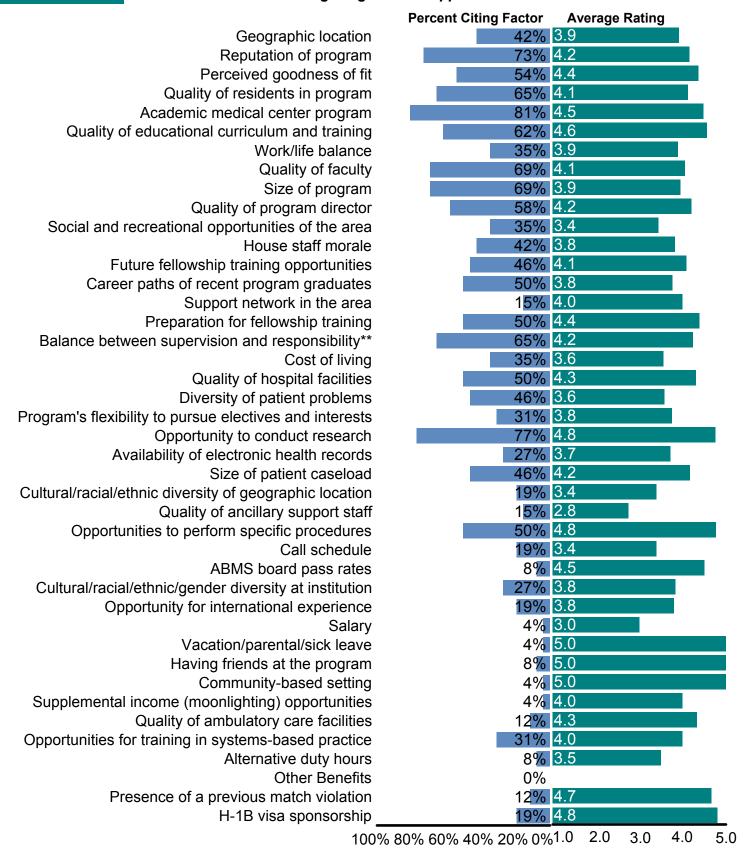


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Neurological Surgery

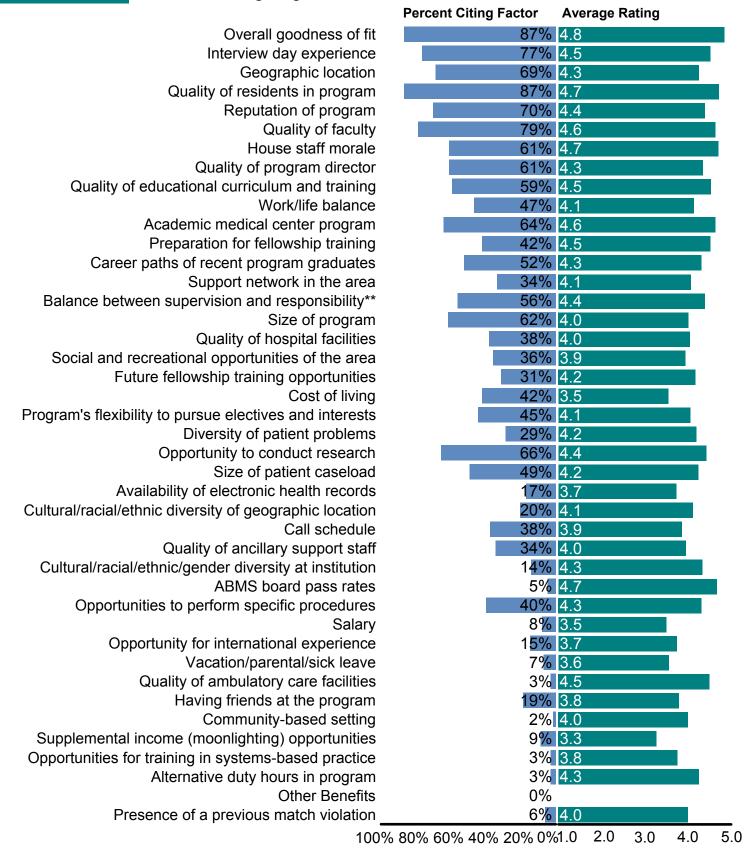
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

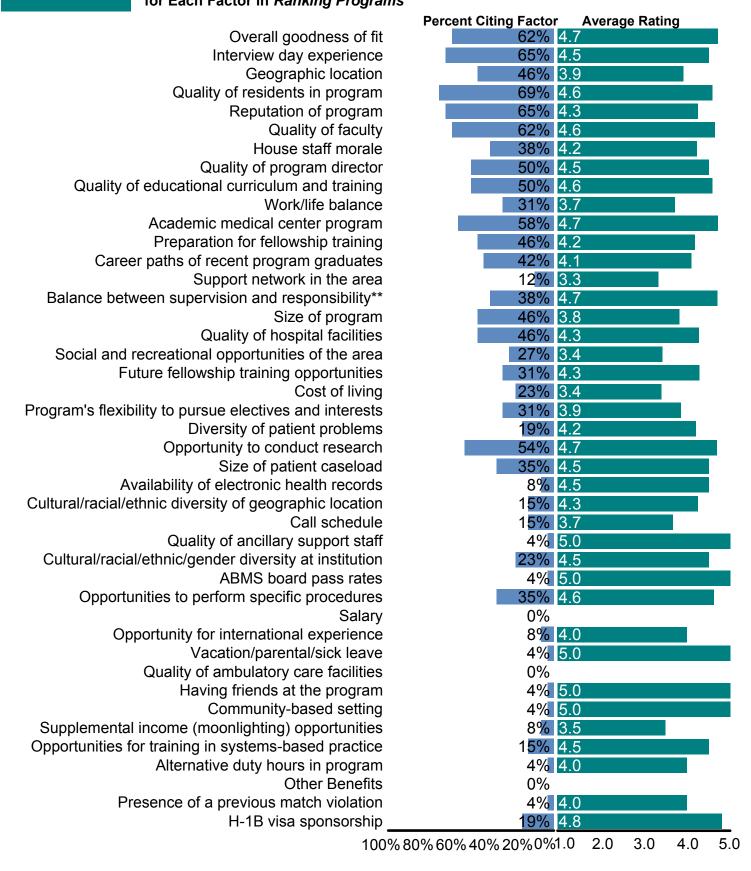
Neurological Surgery Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

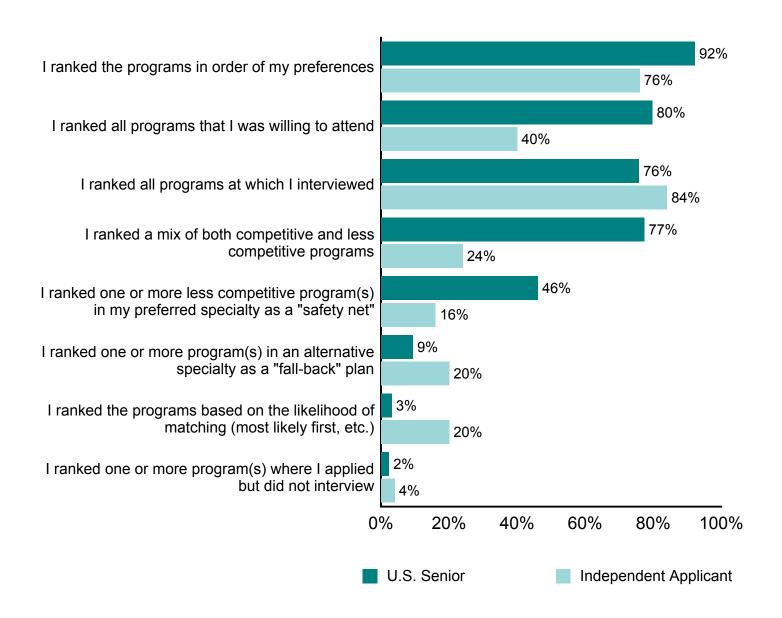
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

Neurological Surgery Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

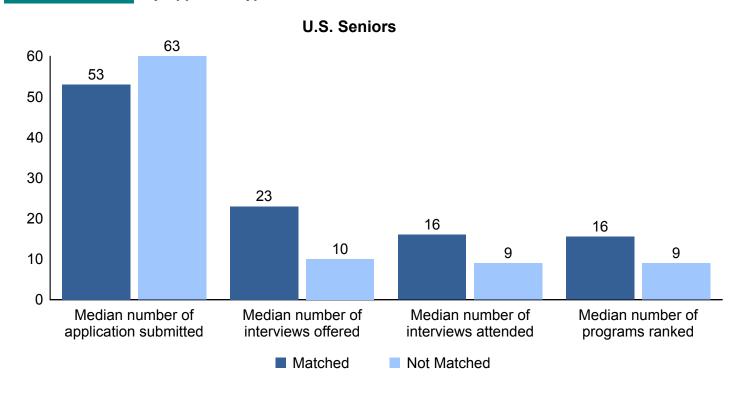


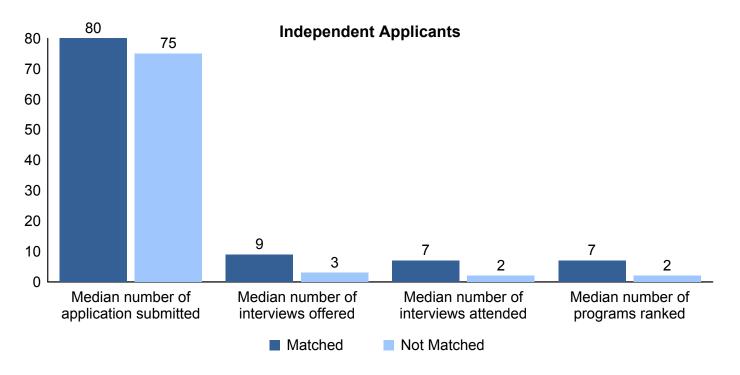
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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



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

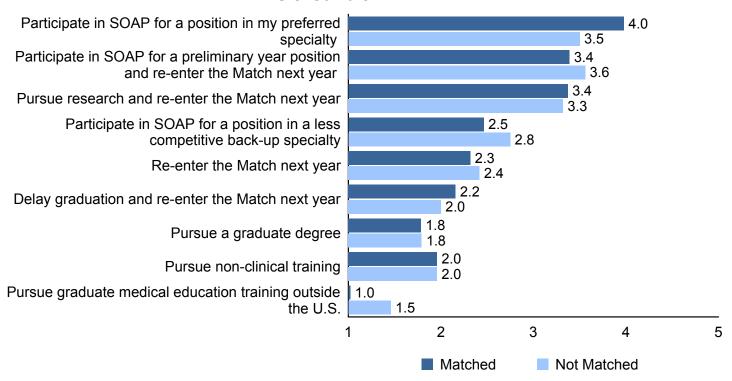




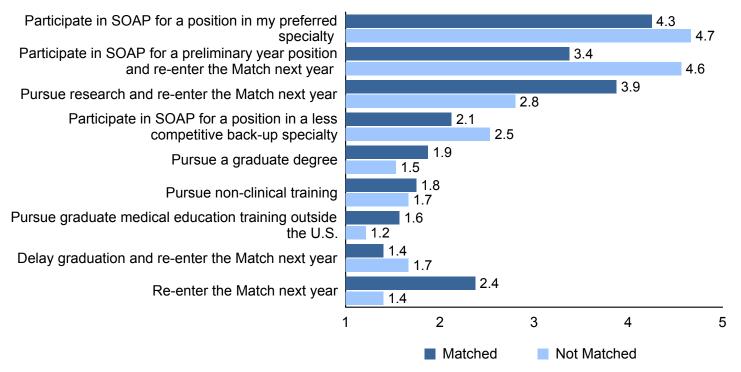
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

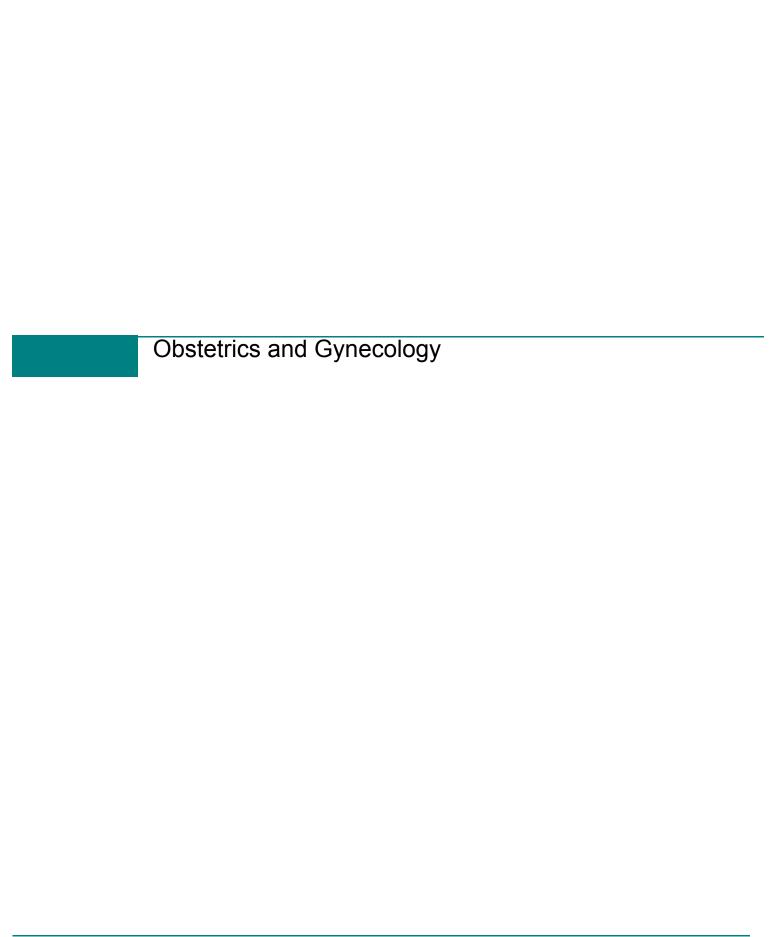
U.S. Seniors



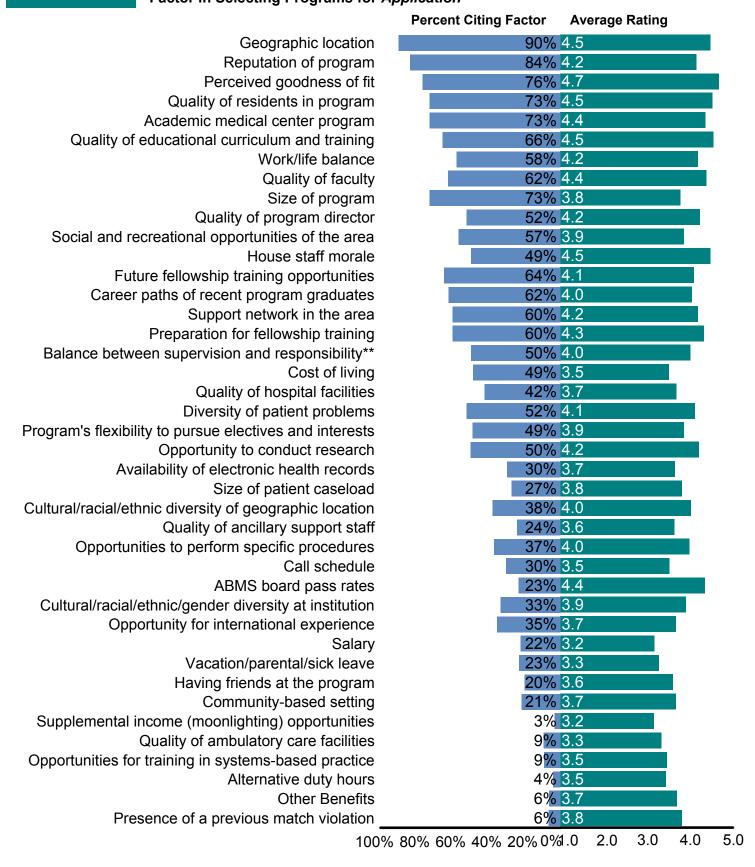
Independent Applicants



^{*}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"



Obstetrics and Gynecology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

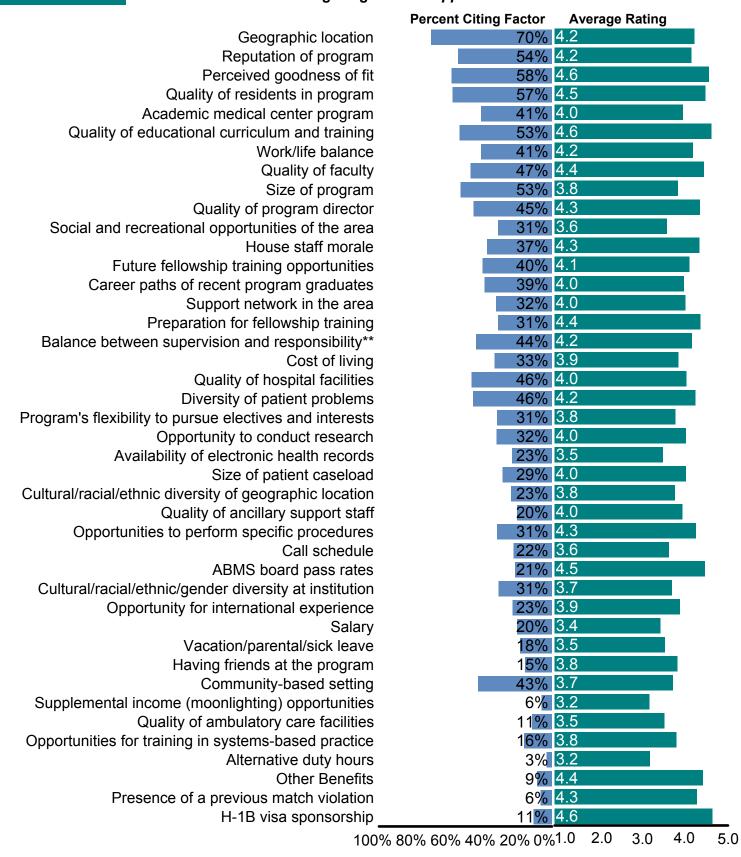


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Obstetrics and Gynecology

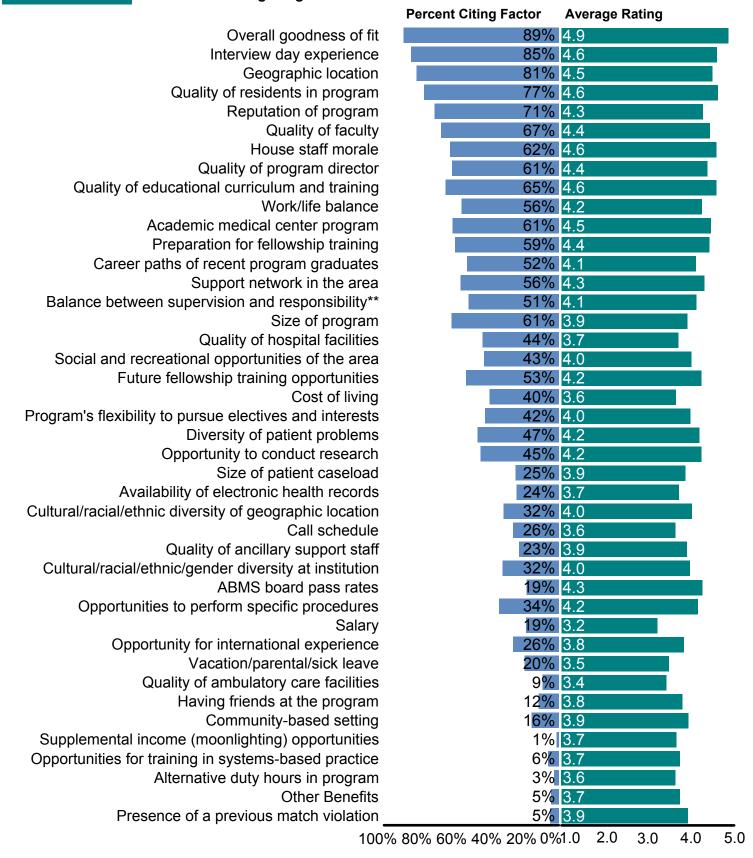
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

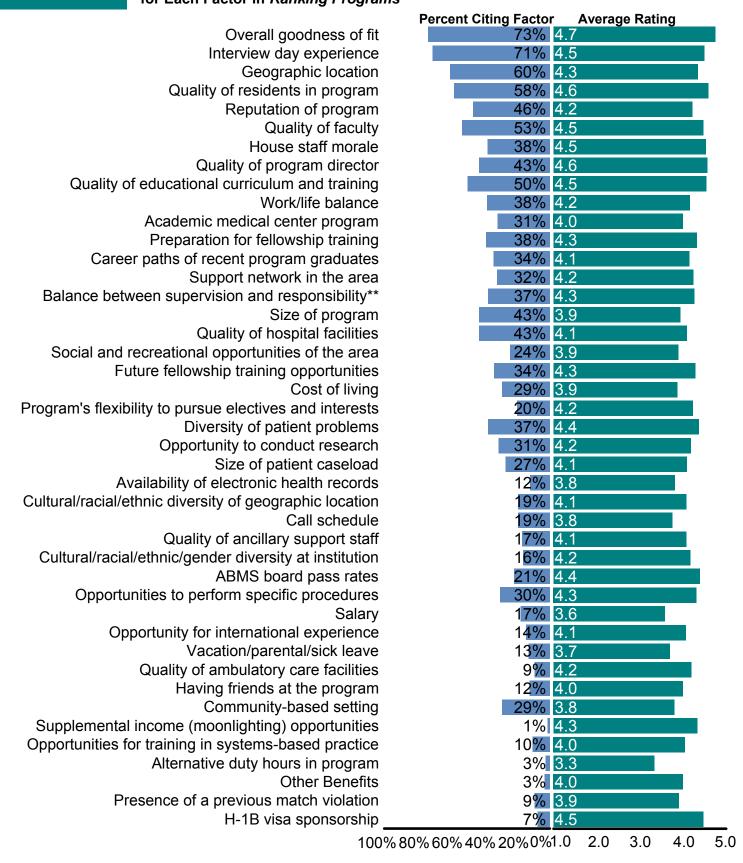
Obstetrics and Gynecology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

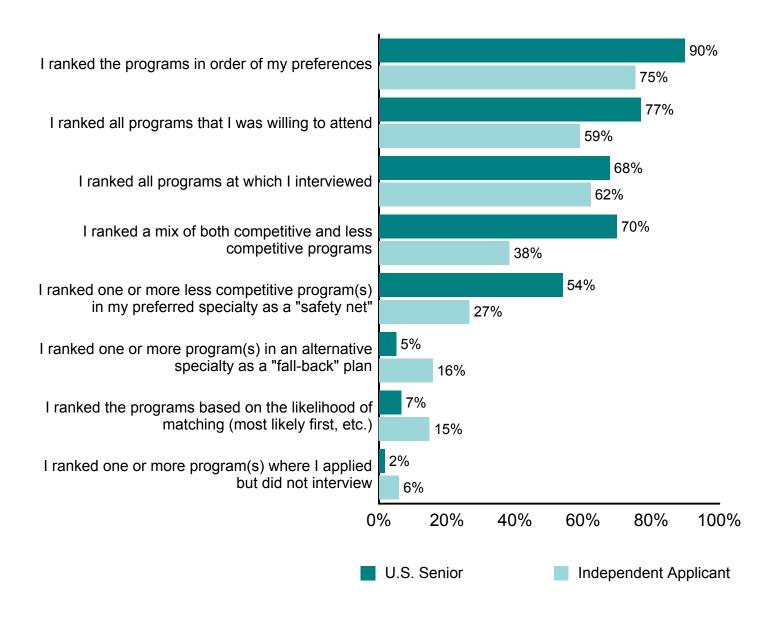
Obstetrics and Gynecology Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



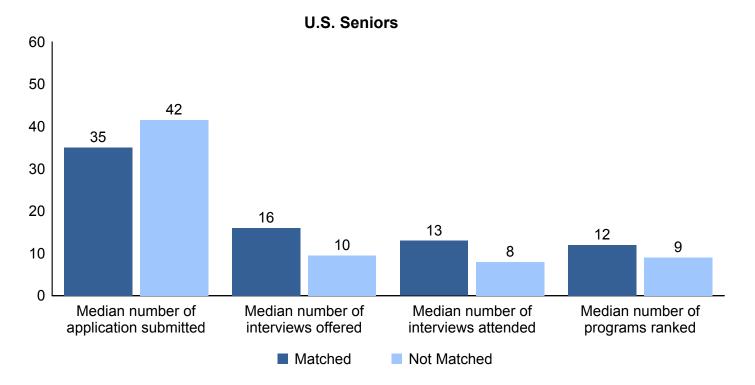
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

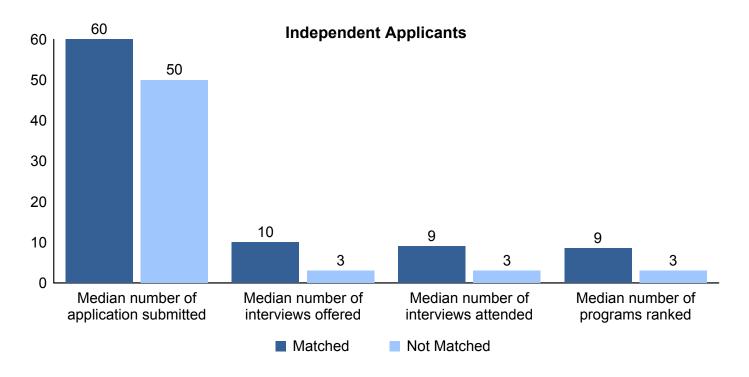
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

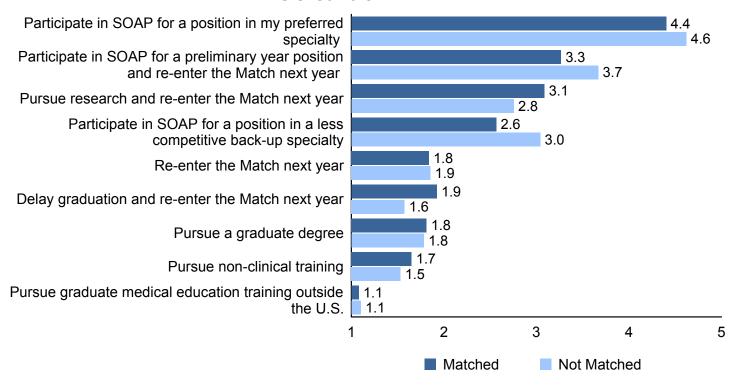




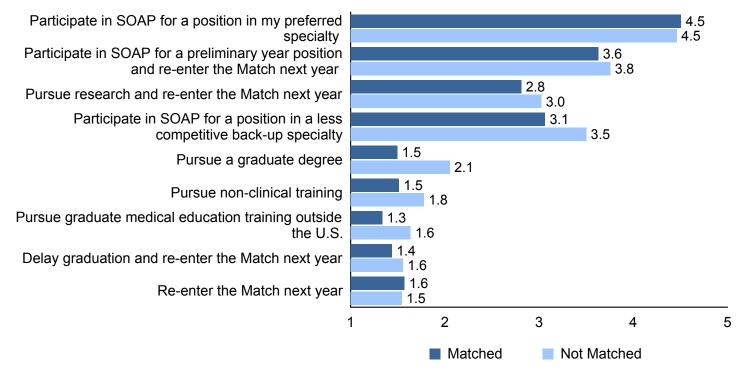
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

U.S. Seniors



Independent Applicants

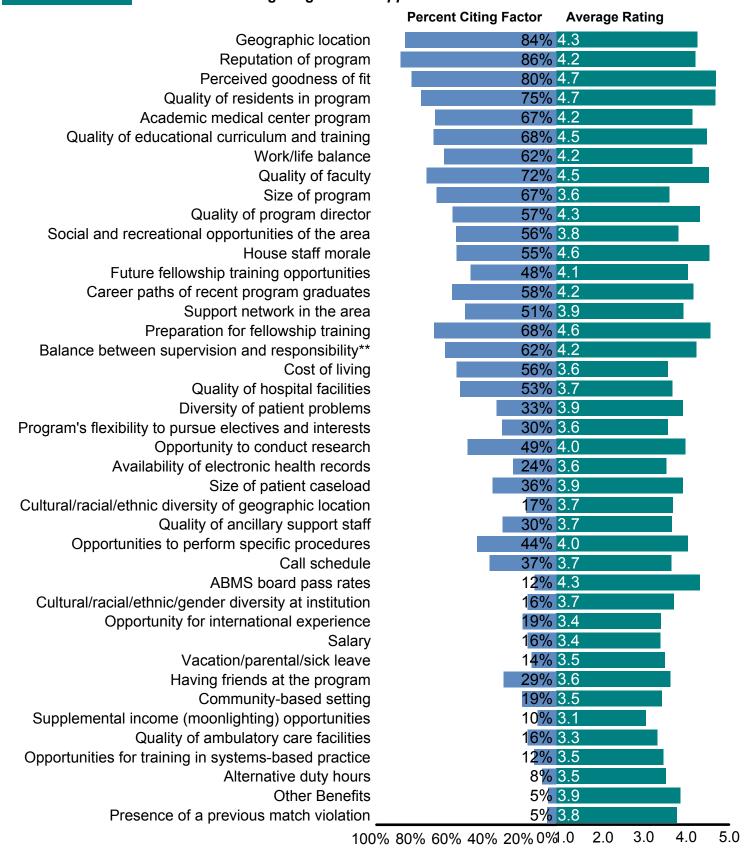


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Orthopaedic Surgery

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



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

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

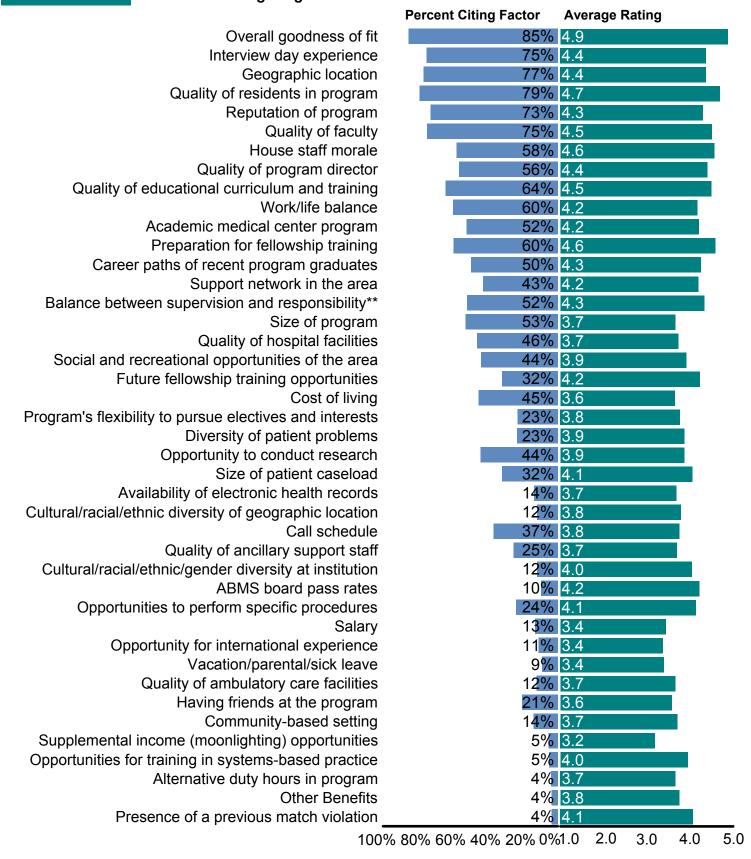
Orthopaedic Surgery

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

	Percent Citing Factor Average Rating
Geographic location	57% 4.0
Reputation of program	62% 4.1
Perceived goodness of fit	52% 4.2
Quality of residents in program	57% 4.3
Academic medical center program	43% 4.2
Quality of educational curriculum and training	57% 4.4
Work/life balance	33% 4.1
Quality of faculty	55% 4.3
Size of program	26% 3.7
Quality of program director	45% 4.3
Social and recreational opportunities of the area	14% 3.5
House staff morale	40% 4.4
Future fellowship training opportunities	38% 4.2
Career paths of recent program graduates	43% 4.4
Support network in the area	21% 4.3
Preparation for fellowship training	45% 4.4
Balance between supervision and responsibility**	45% 3.9
Cost of living	33% 3.2
Quality of hospital facilities	36% 3.8
Diversity of patient problems	26% 4.1
Program's flexibility to pursue electives and interests	26% 3.2
Opportunity to conduct research	40% 3.7
Availability of electronic health records	14% 4.2
•	19% 4.3
Size of patient caseload	17% 3.6
Cultural/racial/ethnic diversity of geographic location	24% 4.0
Quality of ancillary support staff	29% 4.3
Opportunities to perform specific procedures Call schedule	17% 3.4
ABMS board pass rates	10% 5.0
Cultural/racial/ethnic/gender diversity at institution	21% 4.6
Opportunity for international experience	10% 3.0
Salary	7% 3.0
Vacation/parental/sick leave	14% 3.2
Having friends at the program	19% 4.1
Community-based setting	10% 3.8
Supplemental income (moonlighting) opportunities	5% 3.0
Quality of ambulatory care facilities	2% 3.0
Opportunities for training in systems-based practice	7% 4.0
Alternative duty hours	2% 3.0
Other Benefits	7% 4.7
Presence of a previous match violation	2% 5.0
H-1B visa sponsorship	1 <mark>4%</mark> 3.8

Data are presented in a 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

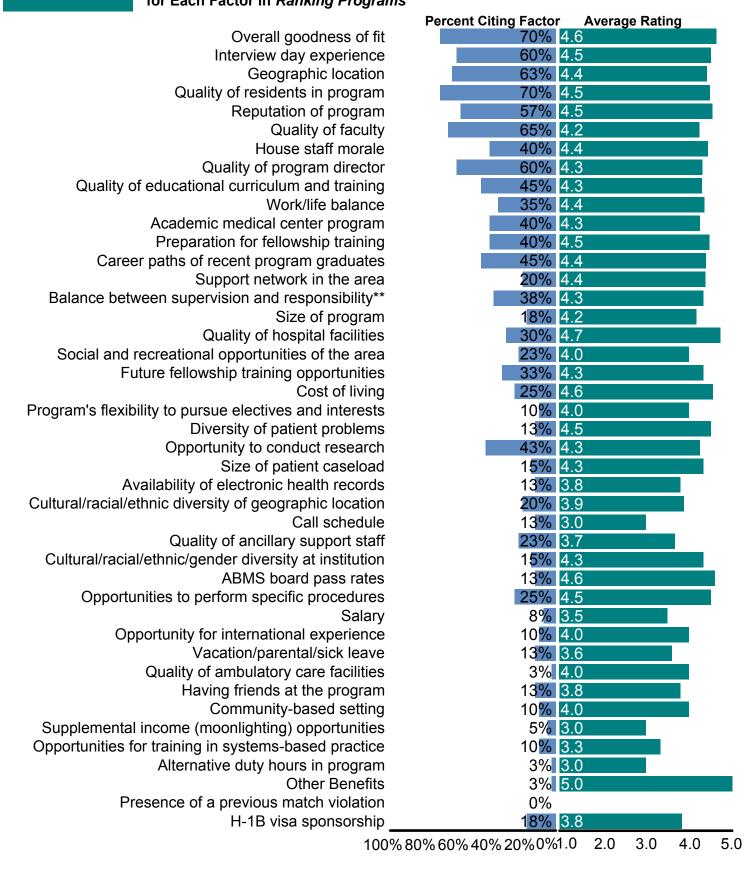
Orthopaedic Surgery Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

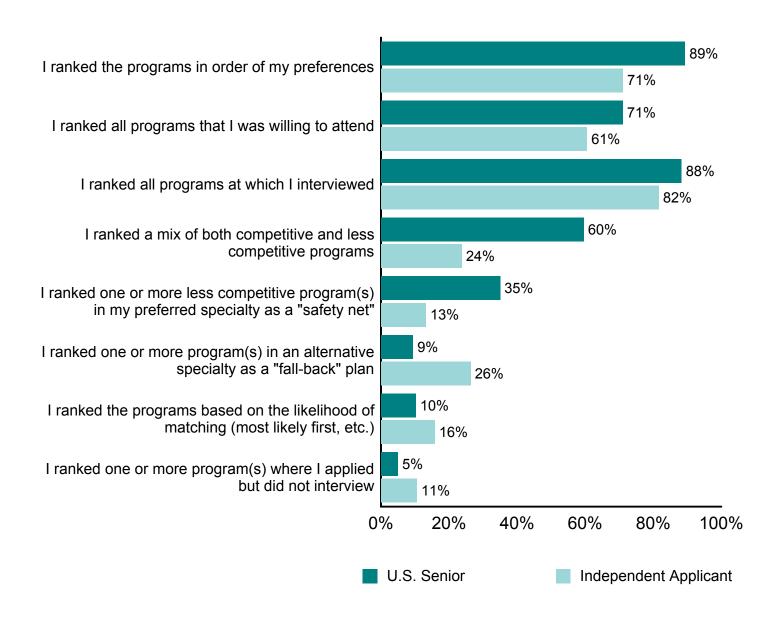
Orthopaedic Surgery Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



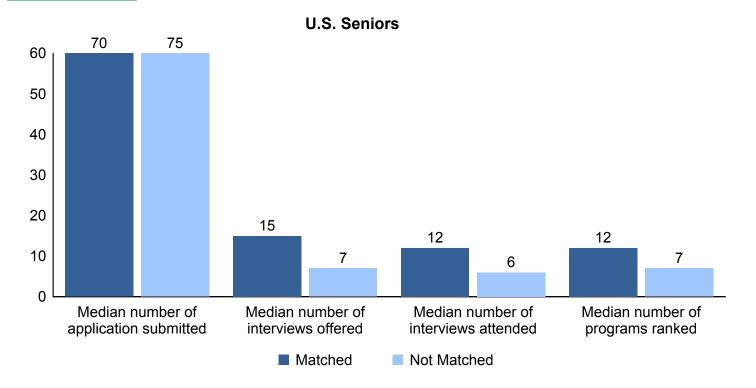
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

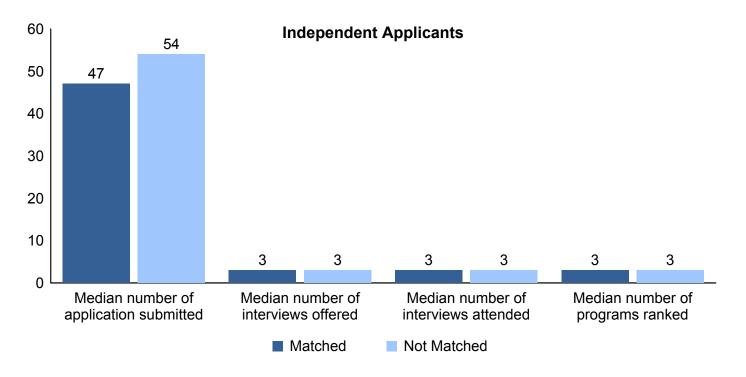
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

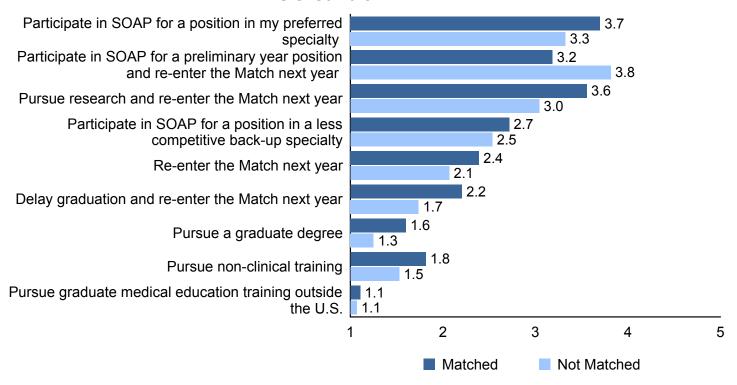




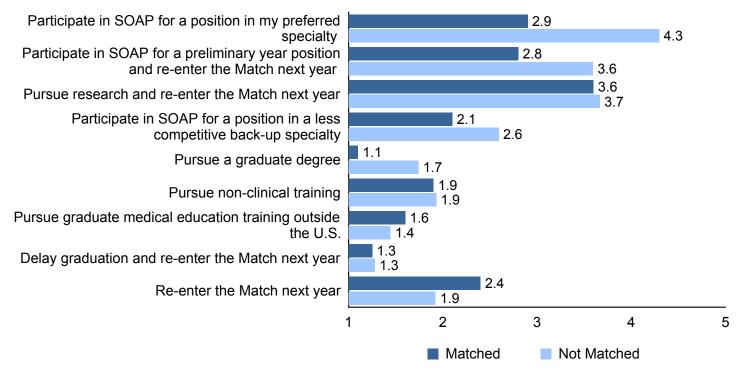
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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"

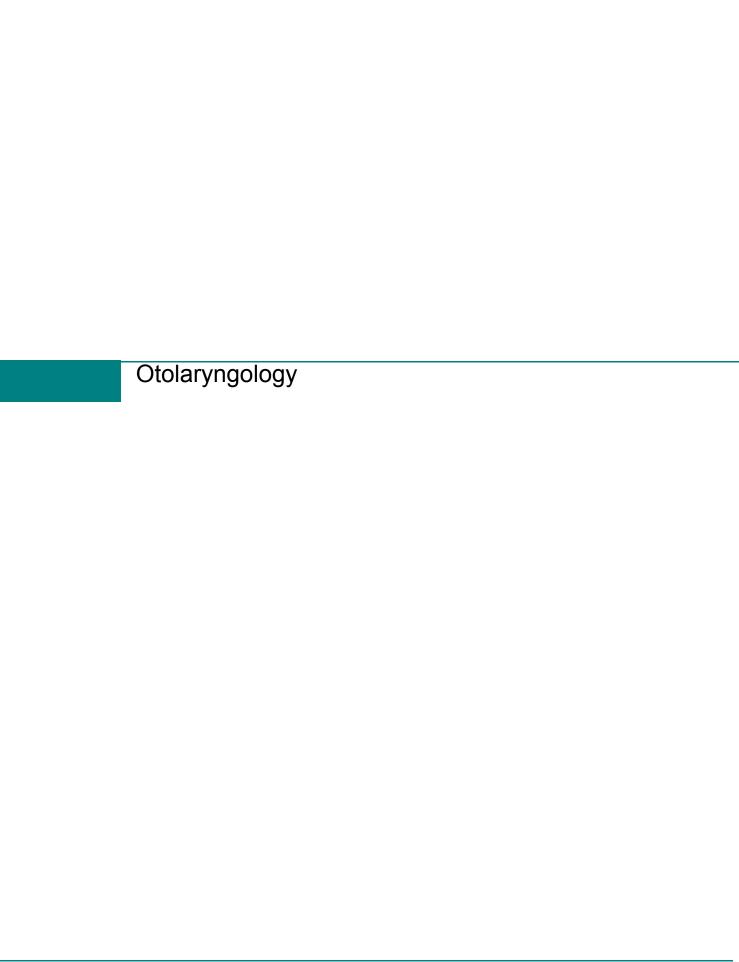
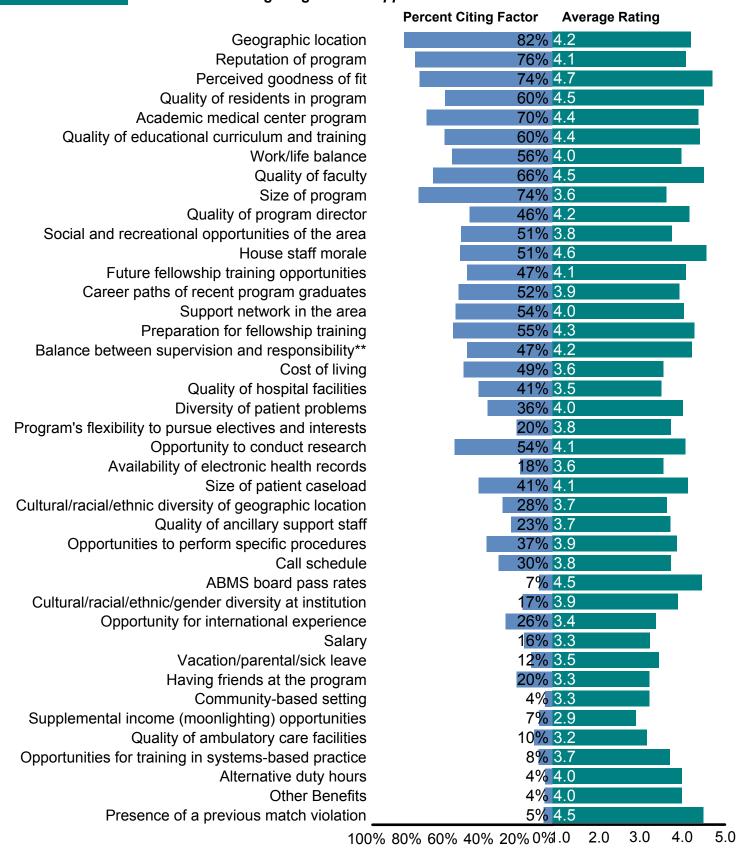


Figure OT-1

Otolaryngology

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



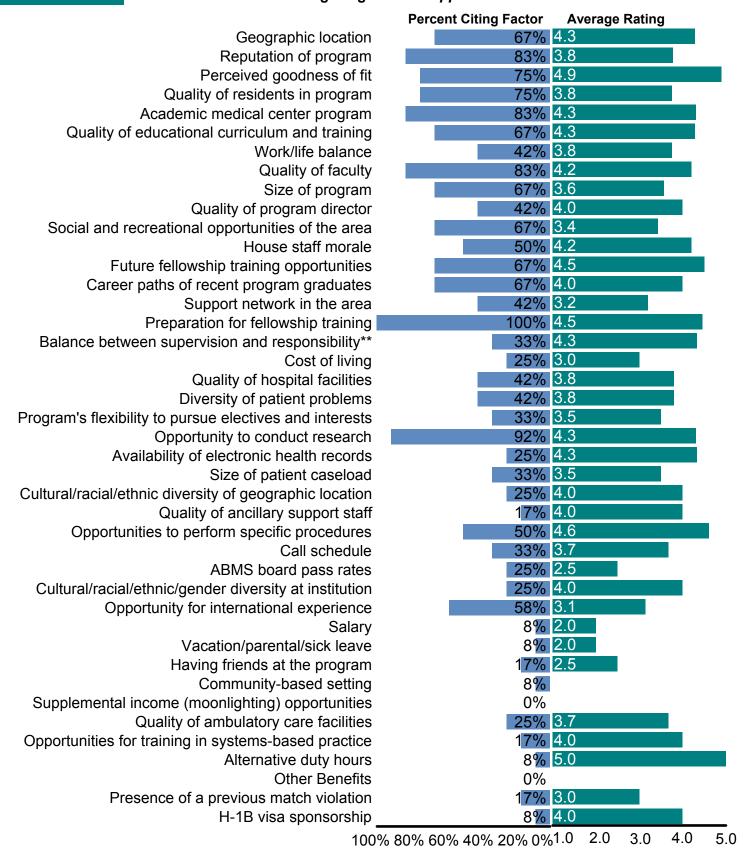
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OT-1

Otolaryngology

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

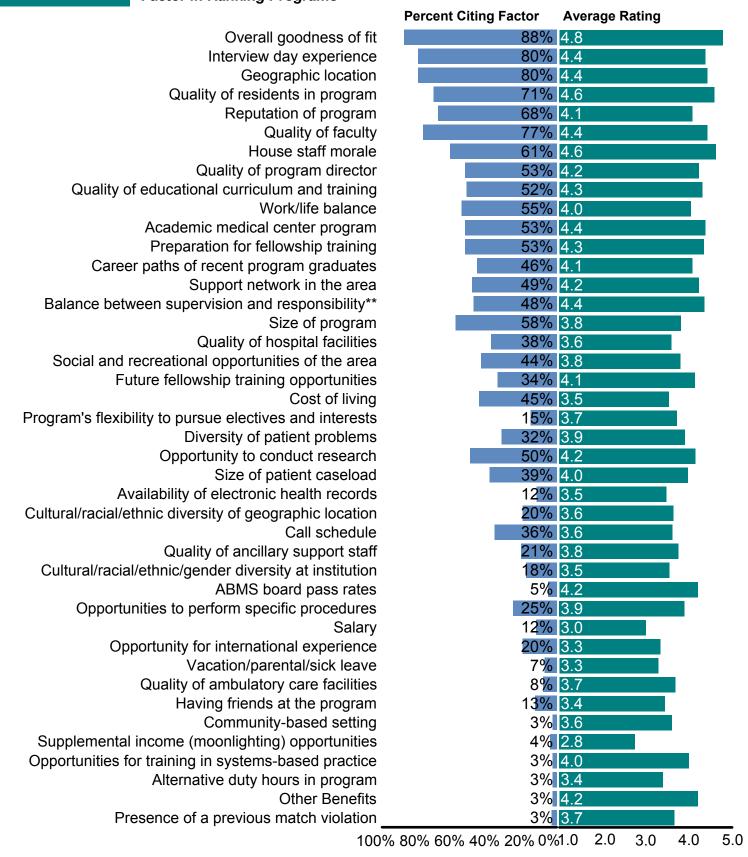


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OT-2

Otolaryngology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



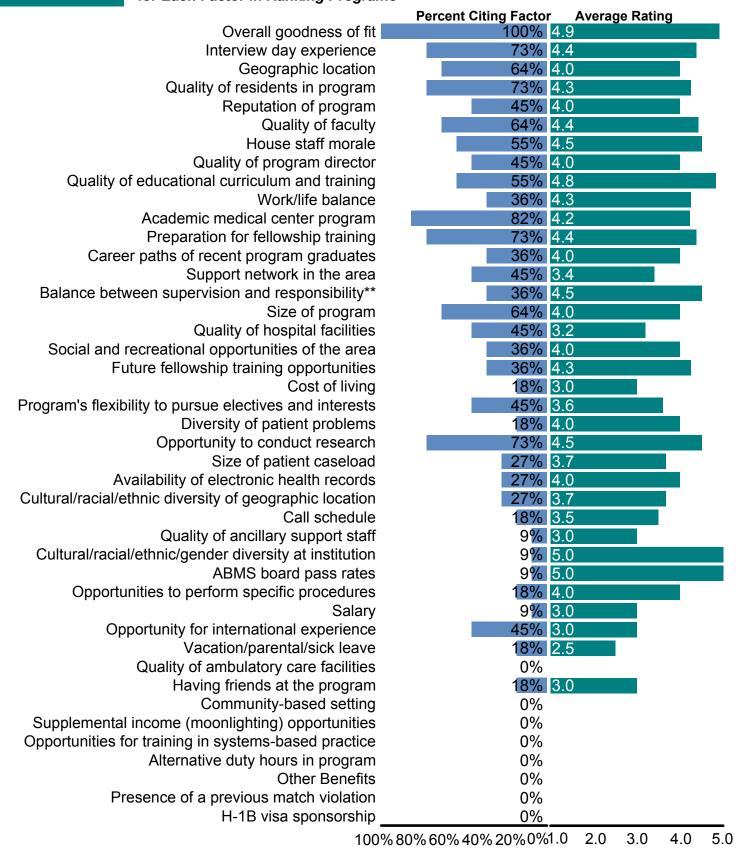
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OT-2

Otolaryngology

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



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

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

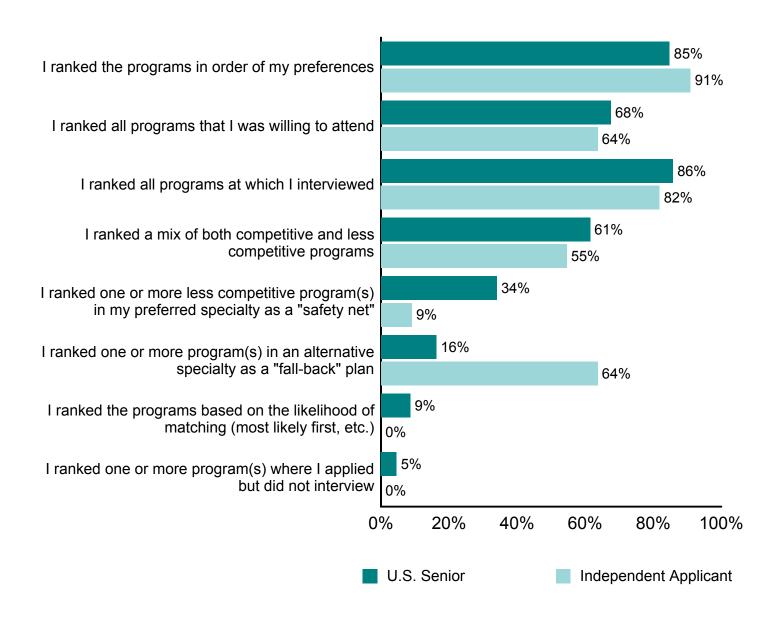
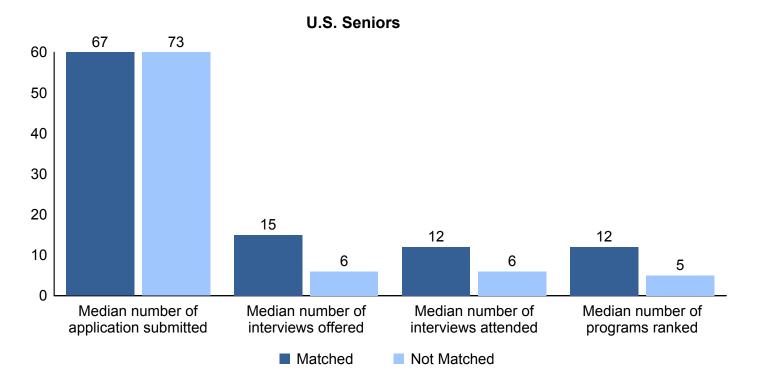
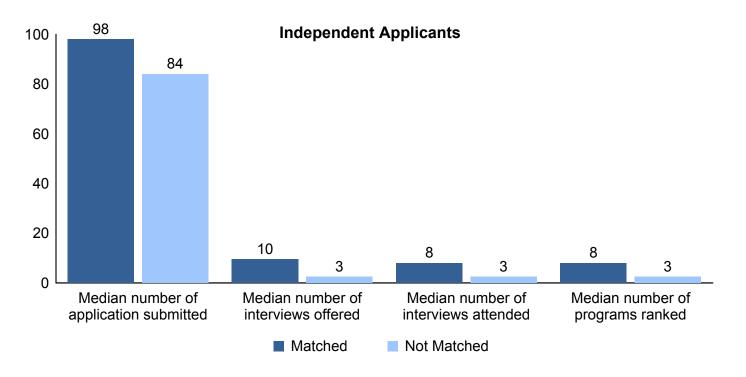


Figure OT-4

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).

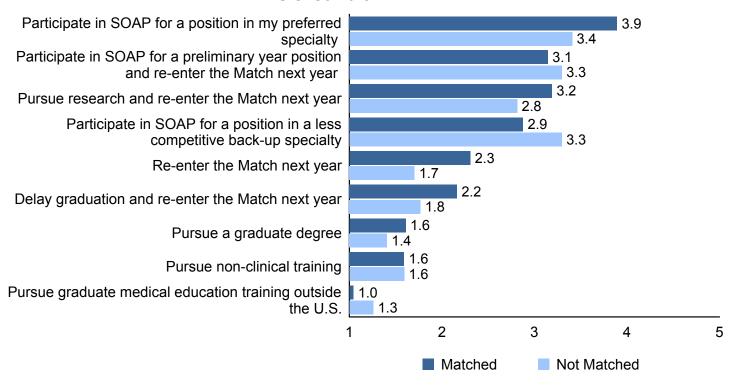
Figure OT-5

Otolaryngology

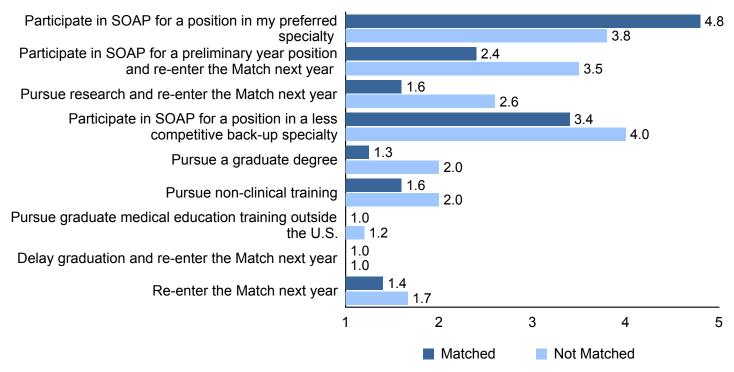
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants

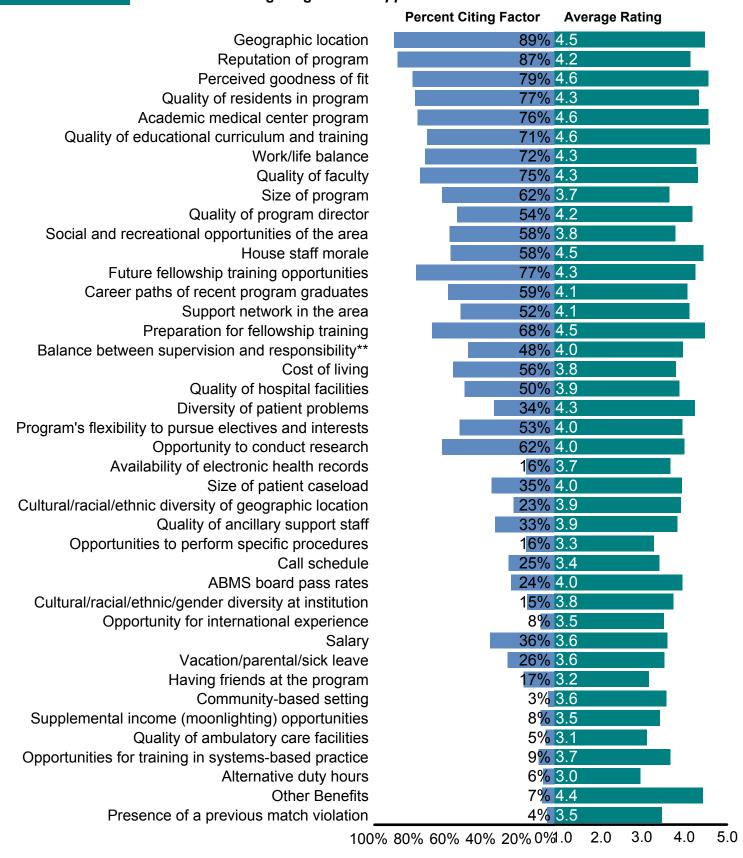


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pathology

Pathology

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

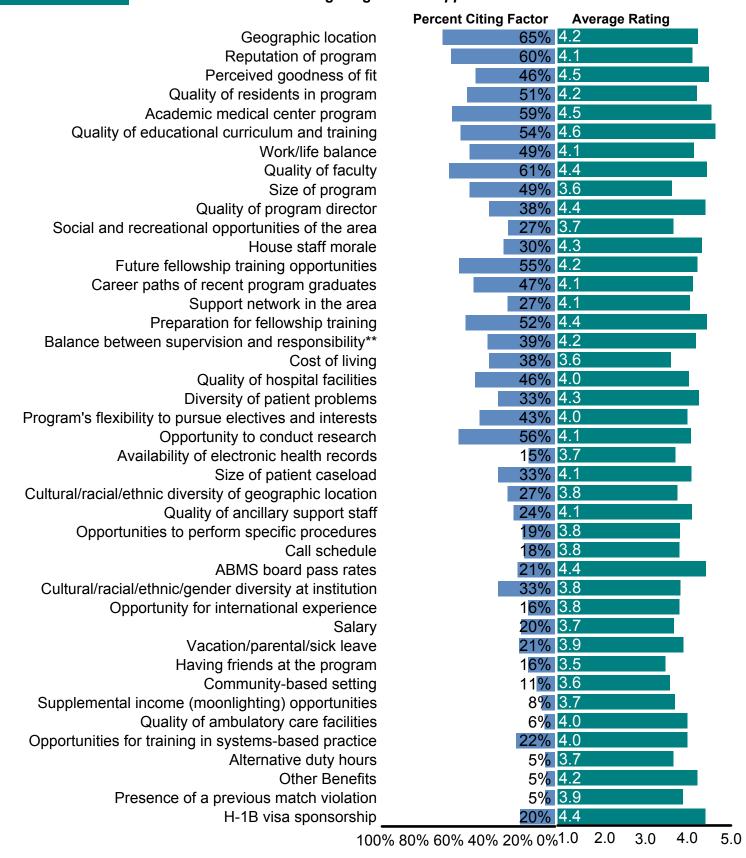


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Pathology

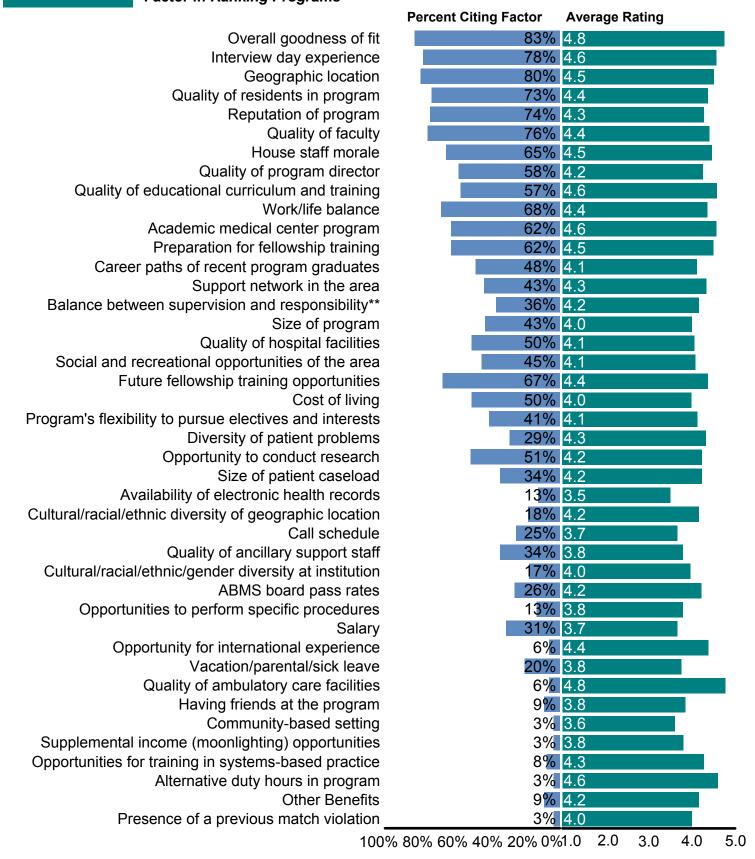
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Pathology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

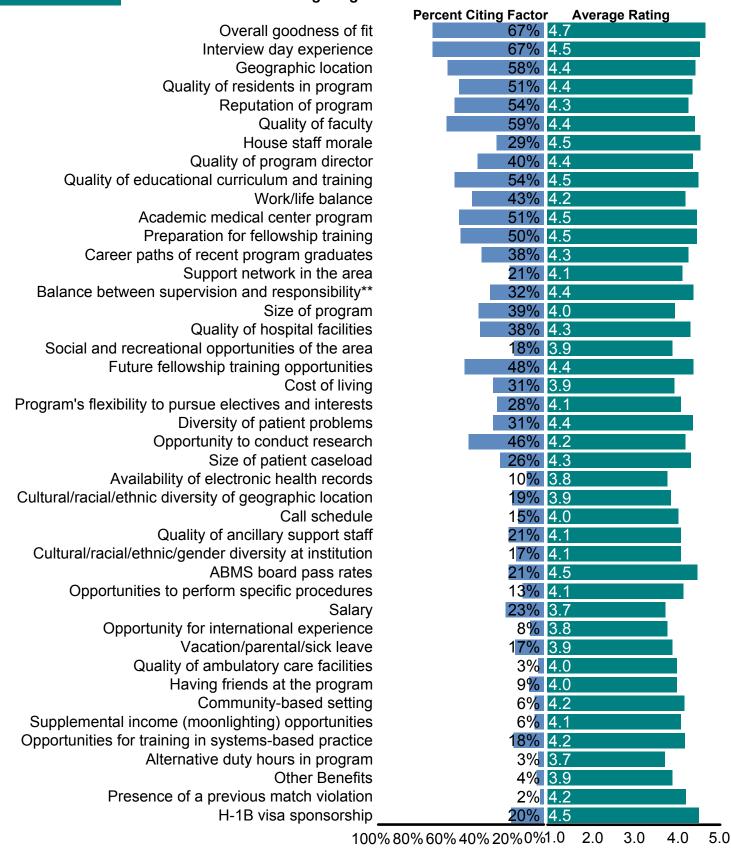


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Pathology

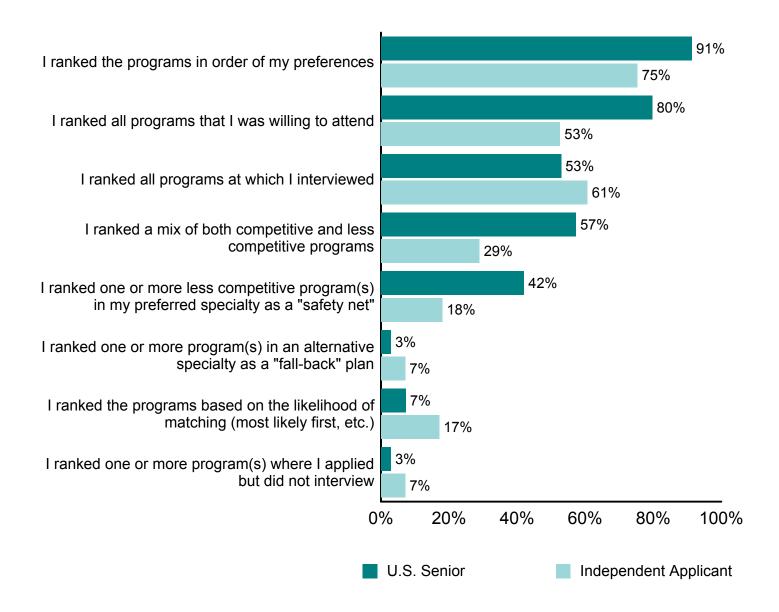
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

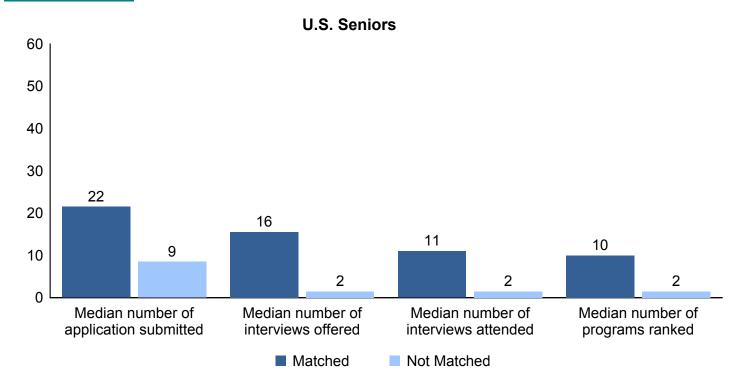
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

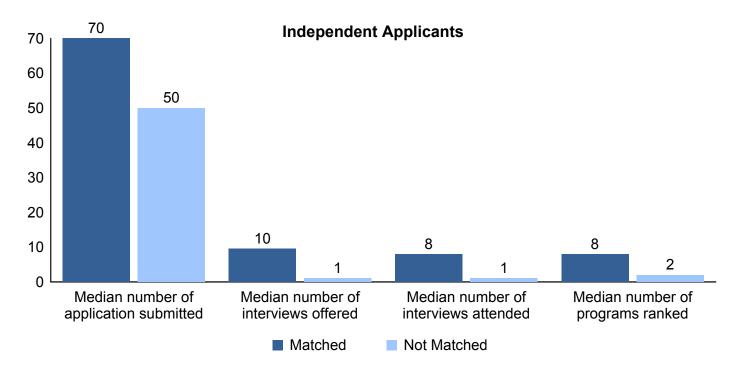
Pathology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





Pathology Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





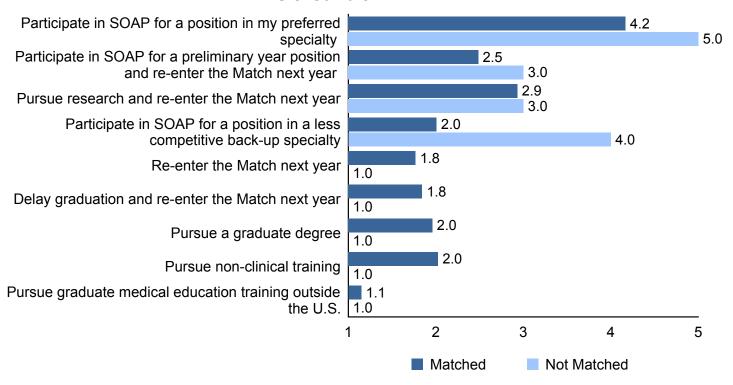
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Pathology

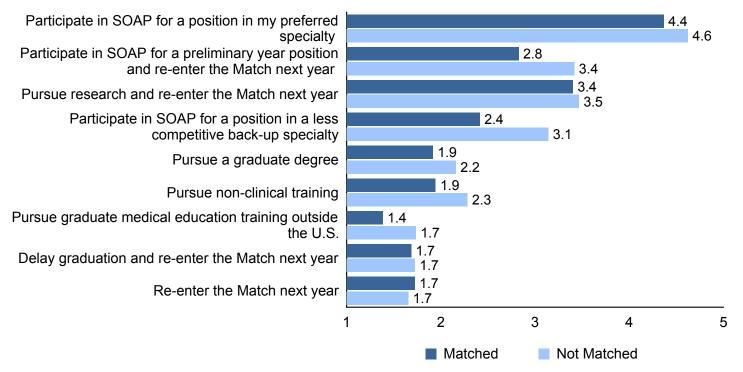
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



Independent Applicants

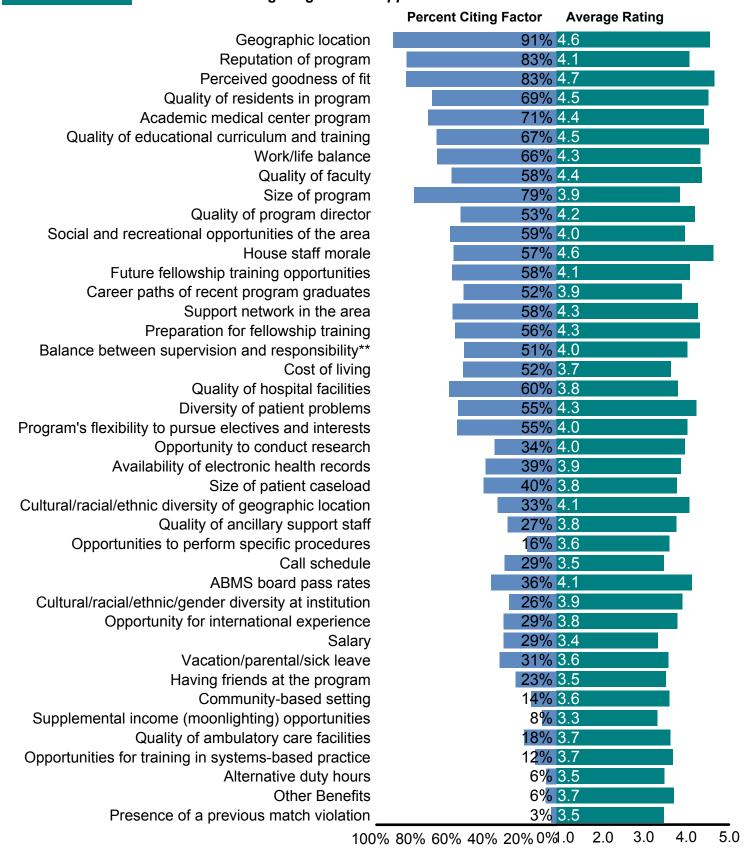


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pediatrics

Pediatrics

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

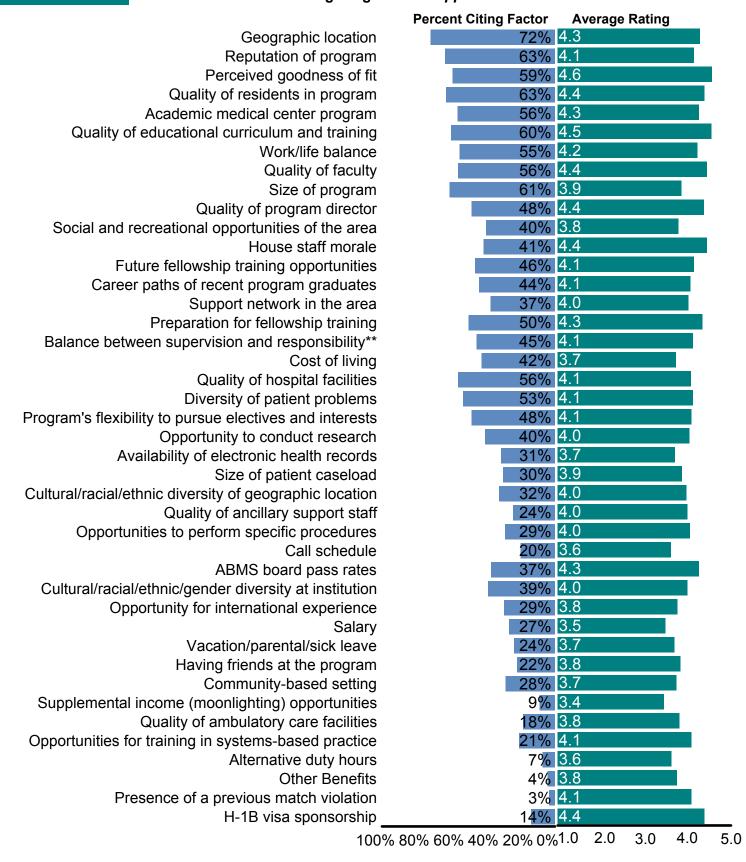


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Pediatrics

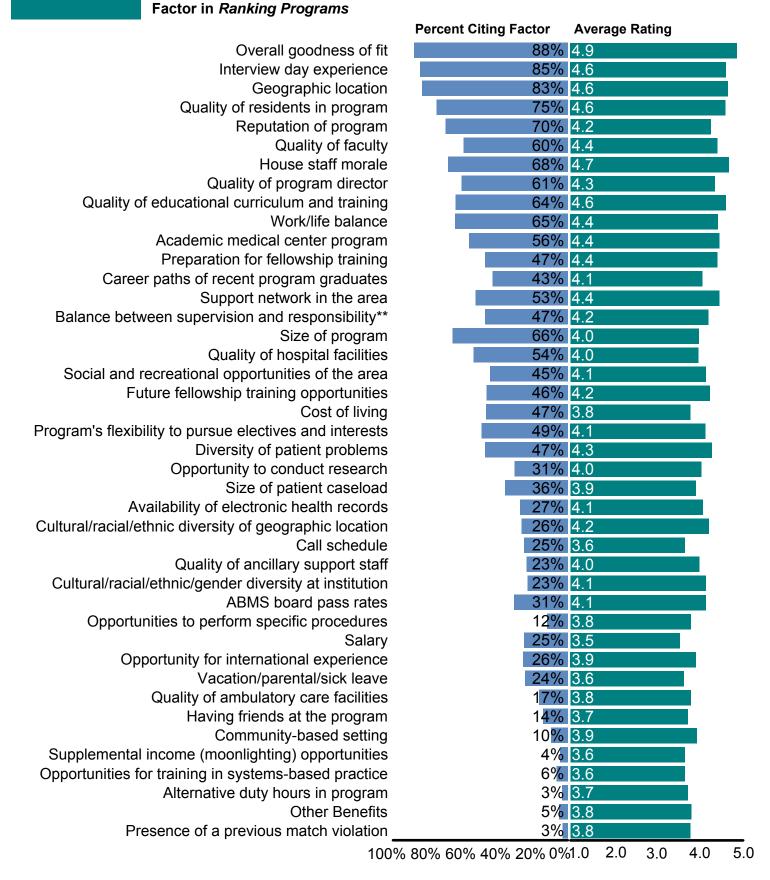
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Pediatrics Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each

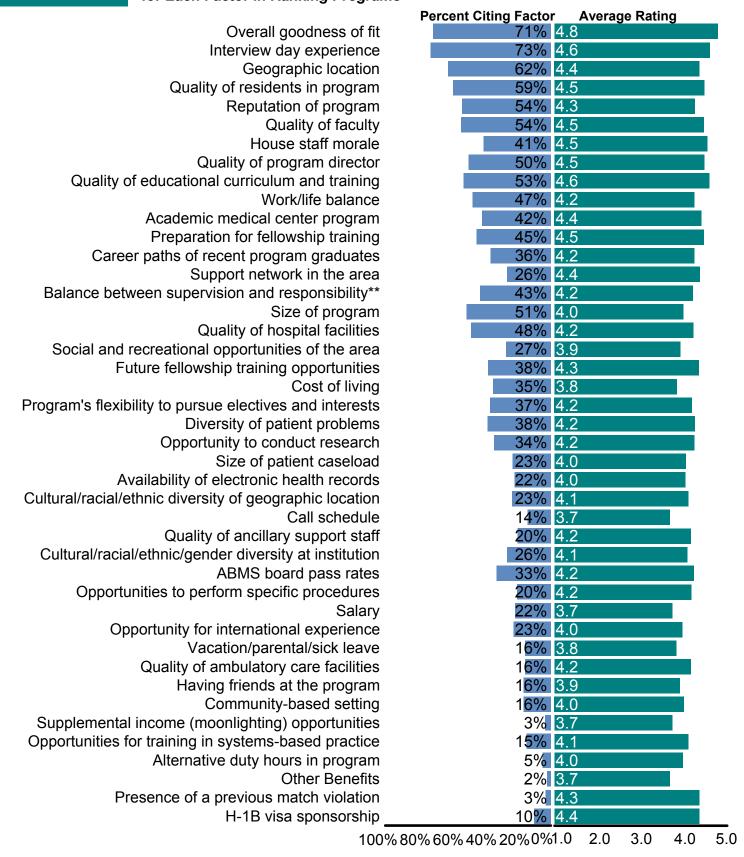


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Pediatrics

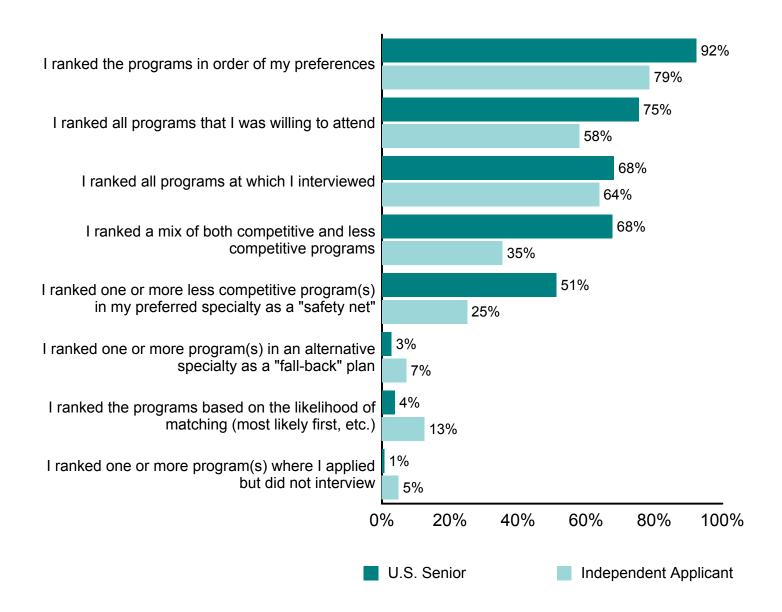
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

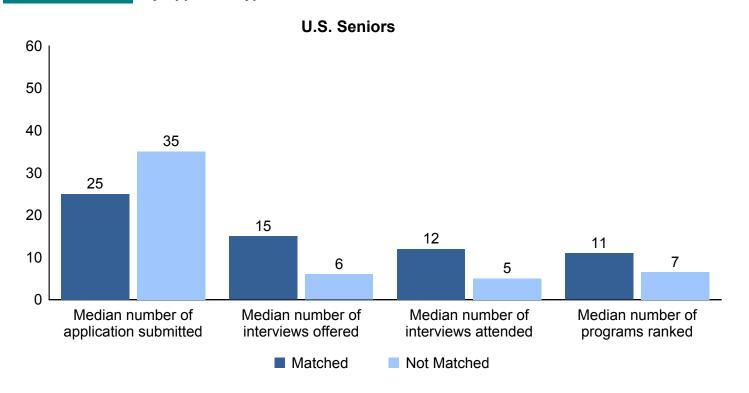
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

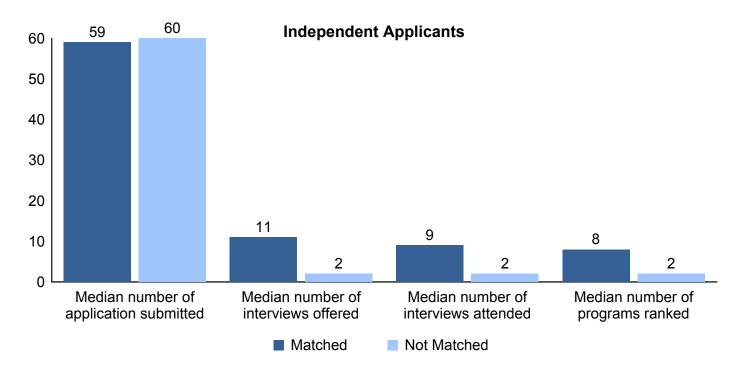
Pediatrics Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





Pediatrics Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





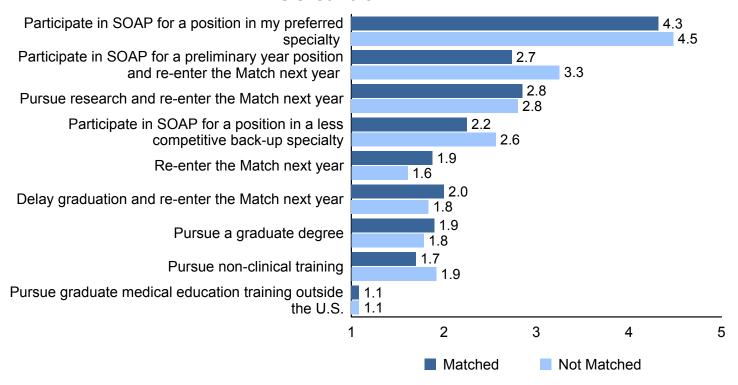
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Pediatrics

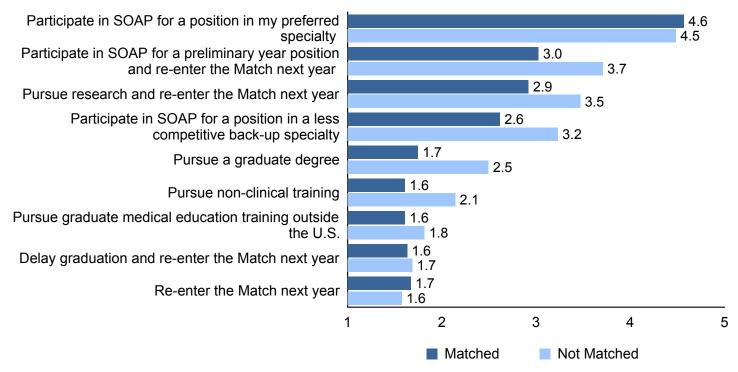
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

U.S. Seniors



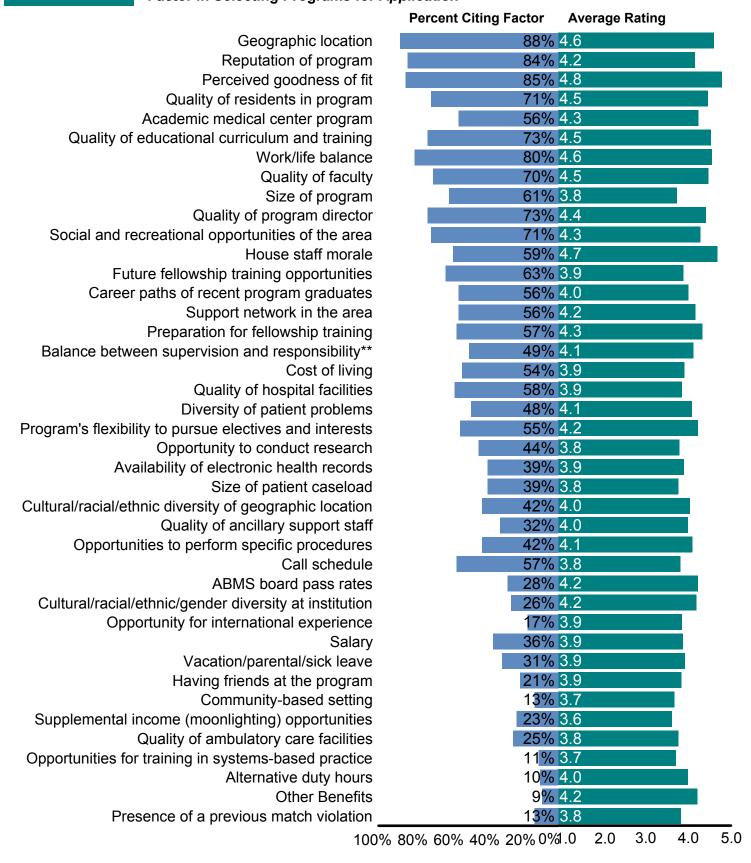
Independent Applicants



^{*}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"



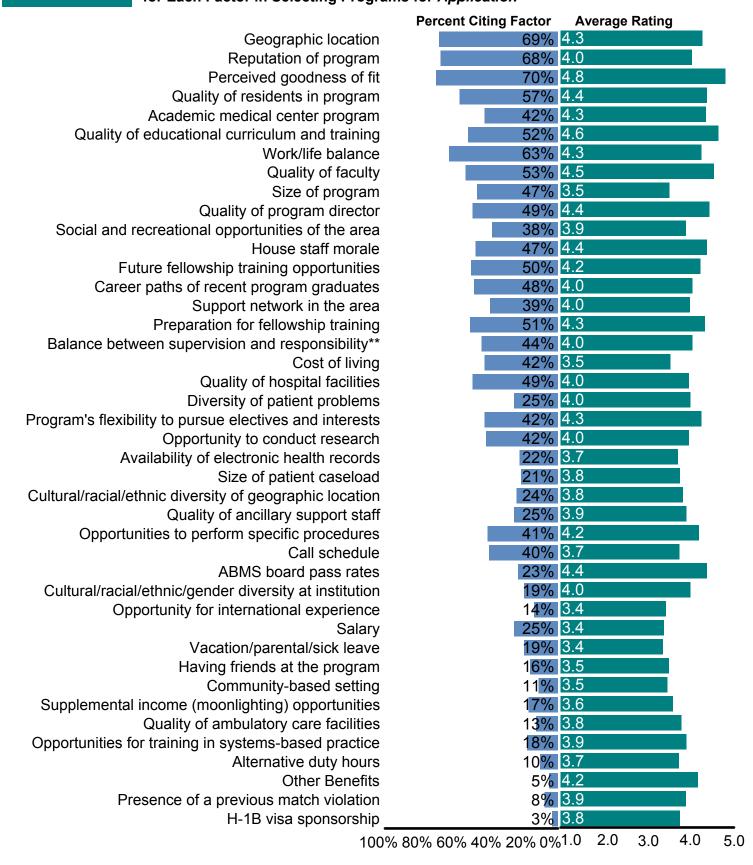
Physical Medicine and Rehabilitation Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



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

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

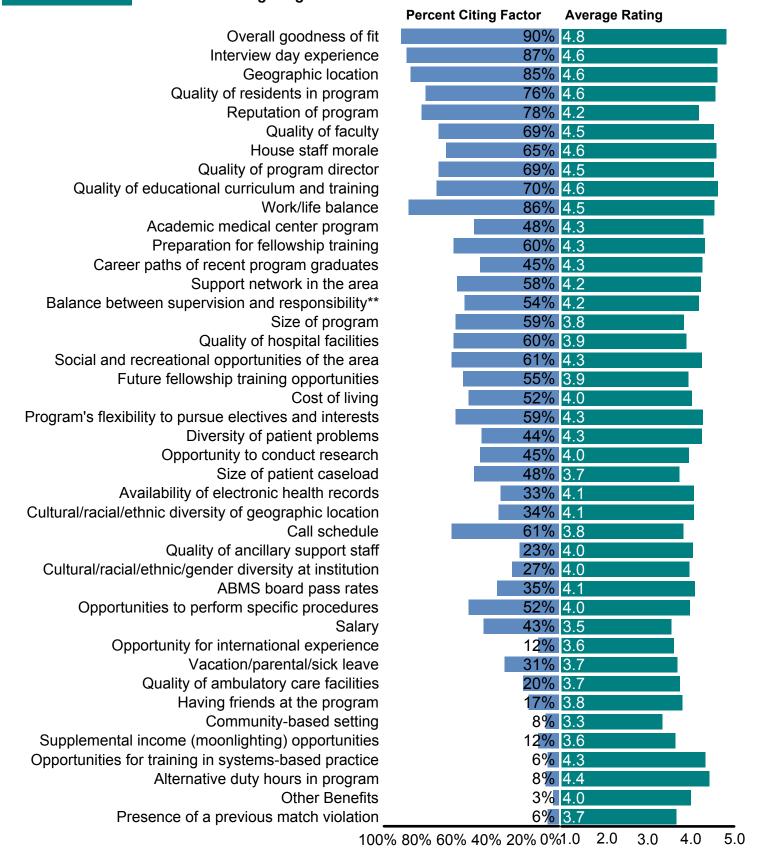
Physical Medicine and Rehabilitation Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

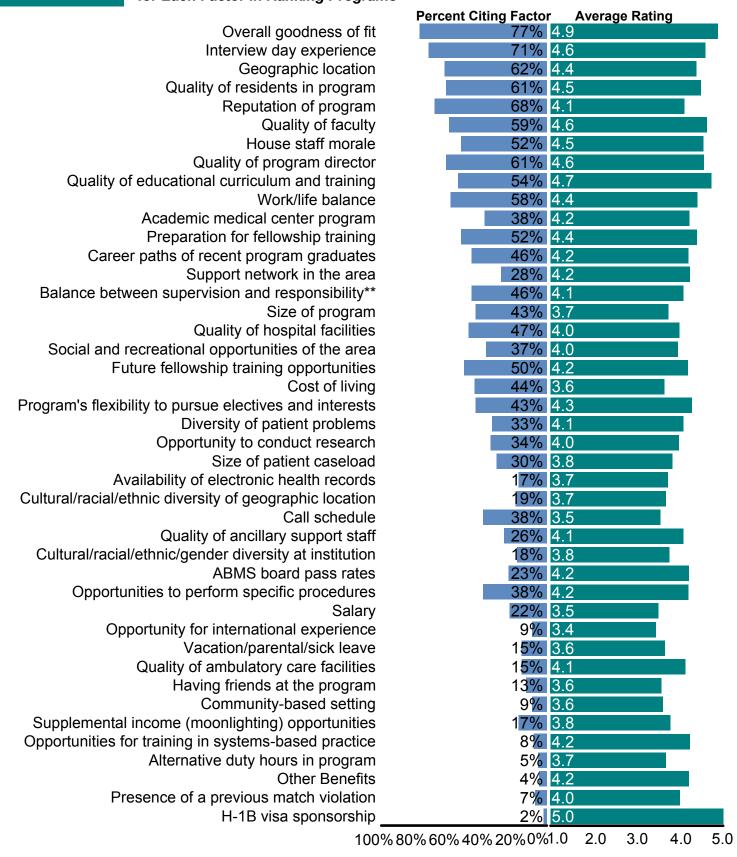
Physical Medicine and Rehabilitation Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

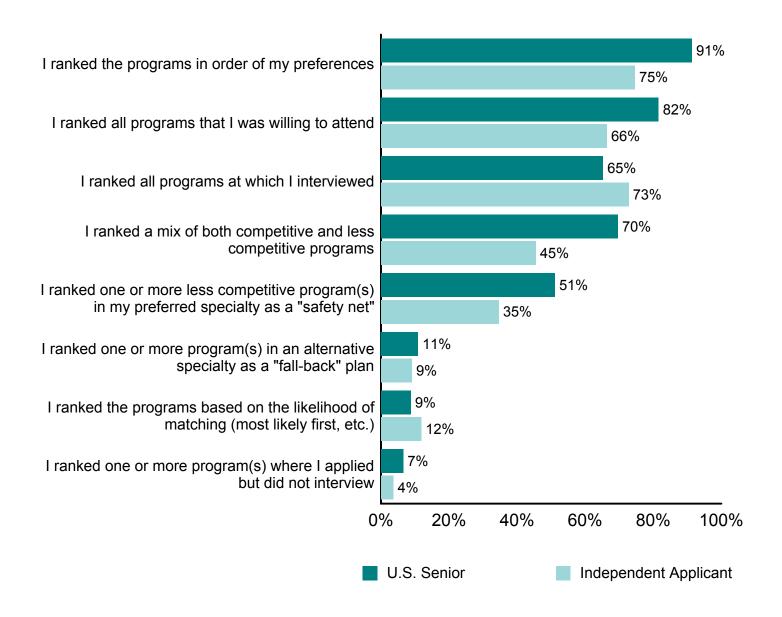
Physical Medicine and Rehabilitation Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



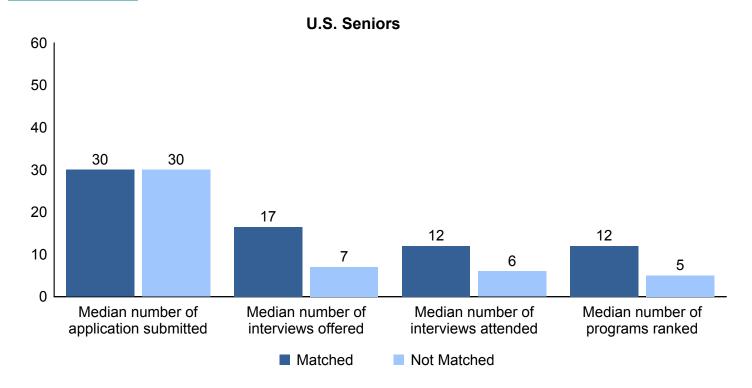
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

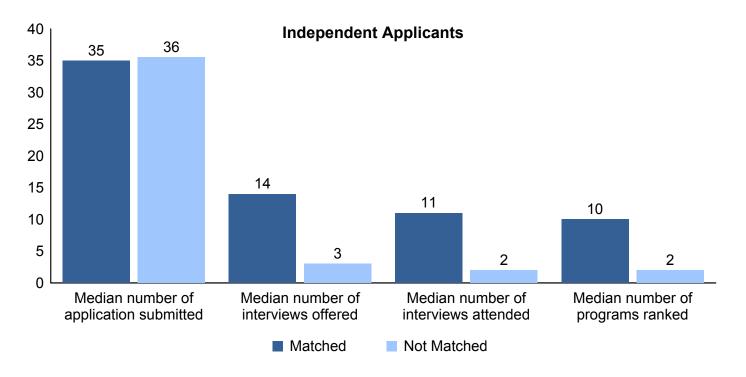
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

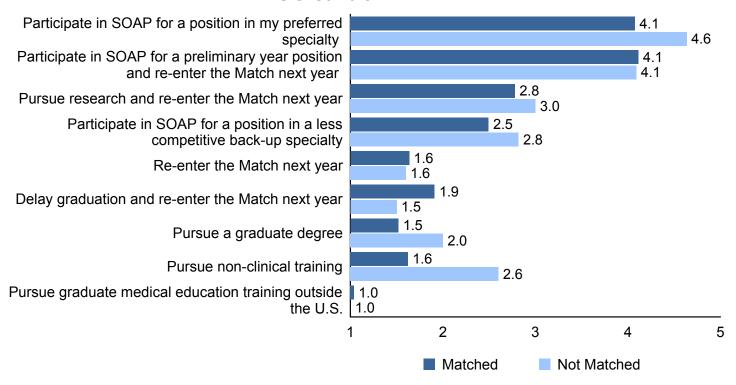




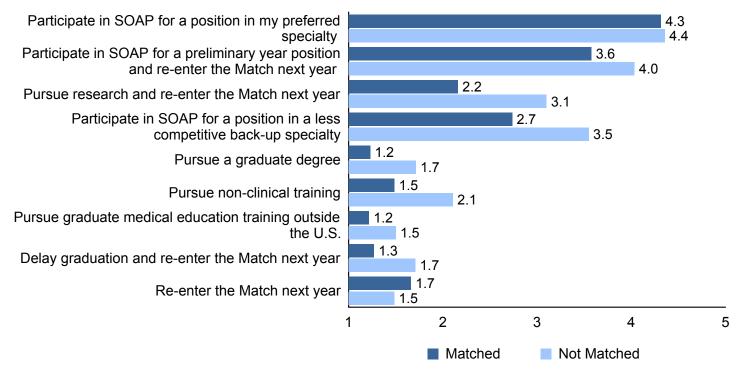
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

U.S. Seniors



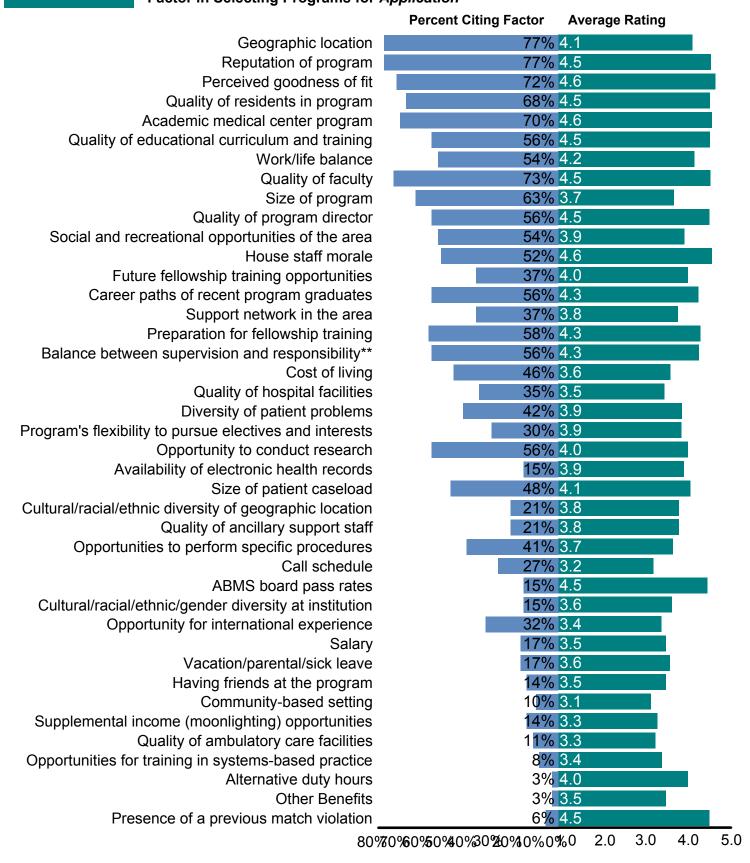
Independent Applicants



^{*}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"

Plastic Surgery

Plastic Surgery (Integrated) Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*

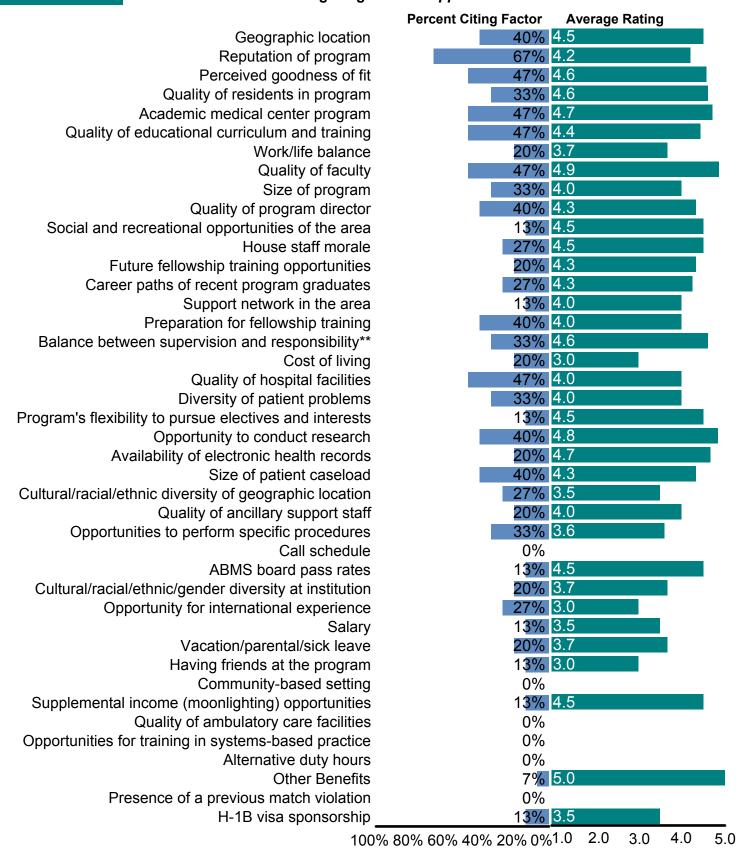


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Plastic Surgery (Integrated)

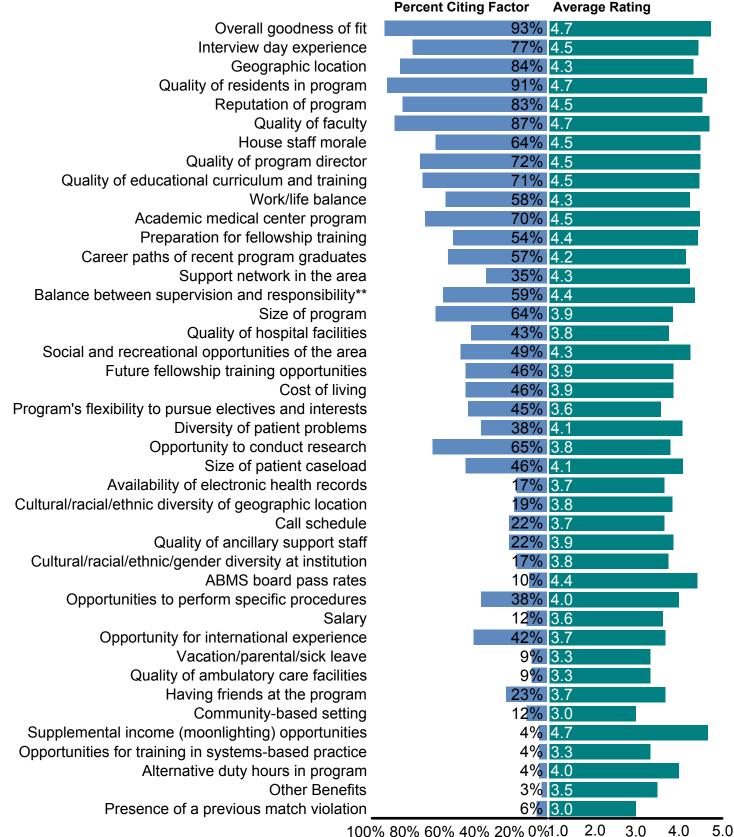
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

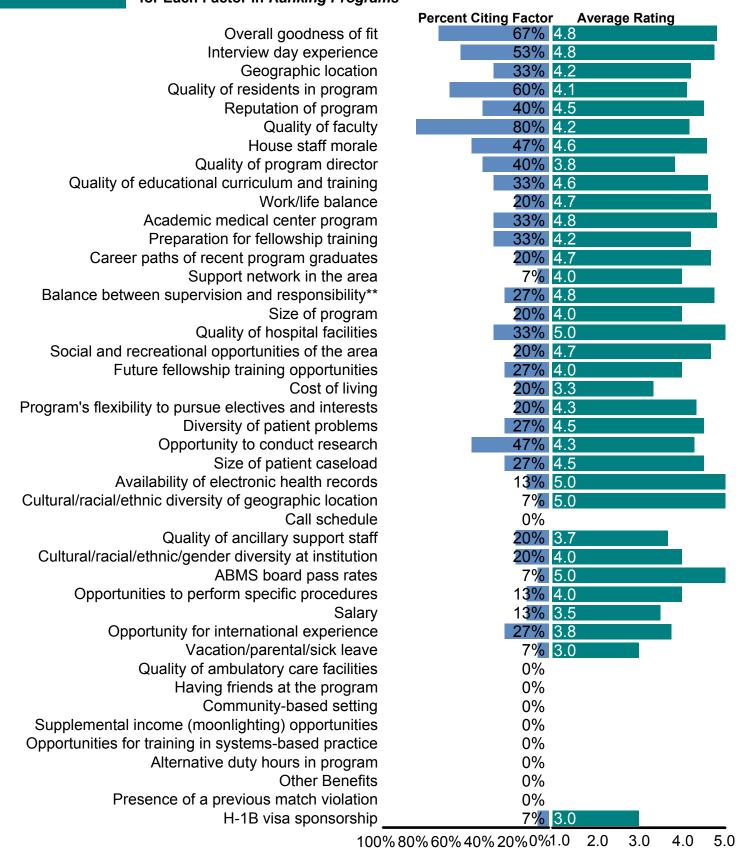
Plastic Surgery (Integrated) Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

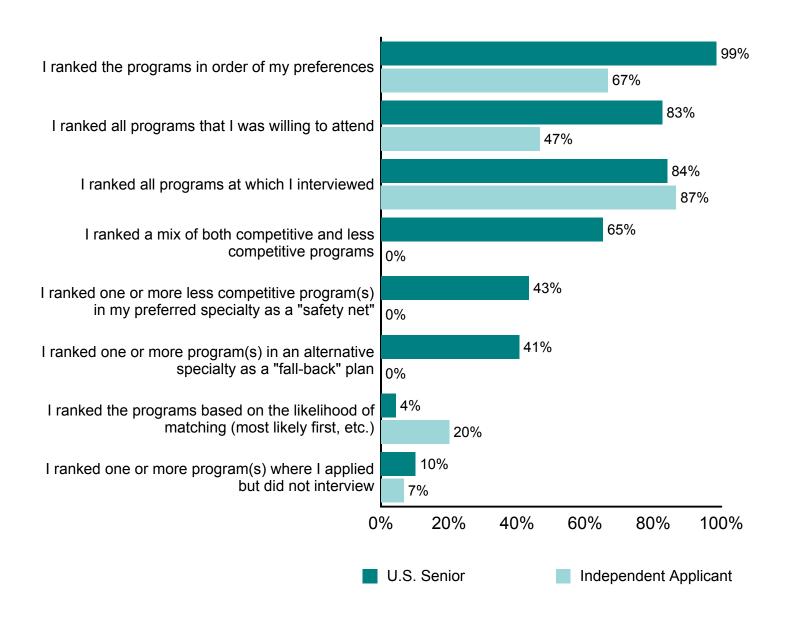
Plastic Surgery (Integrated) Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



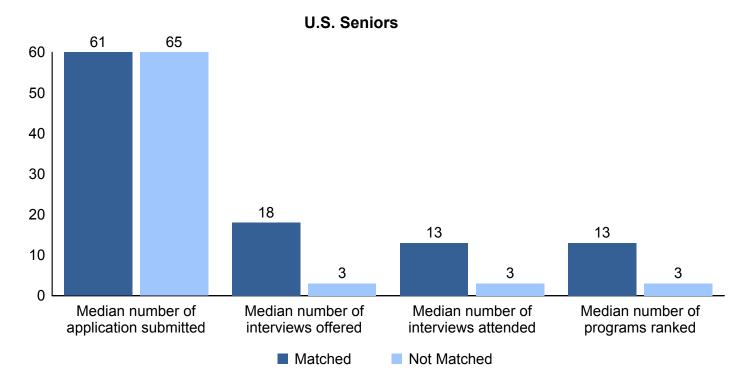
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

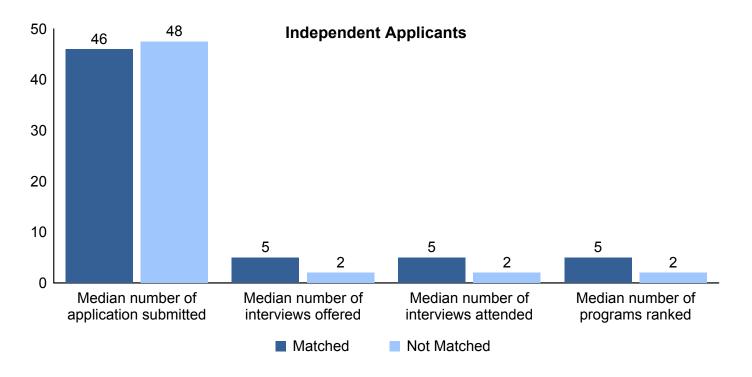
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

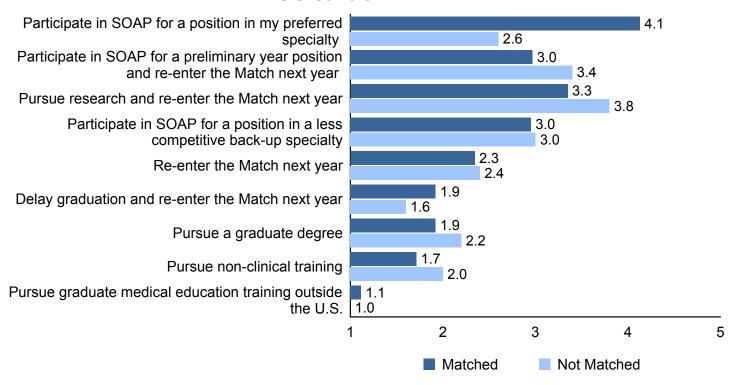




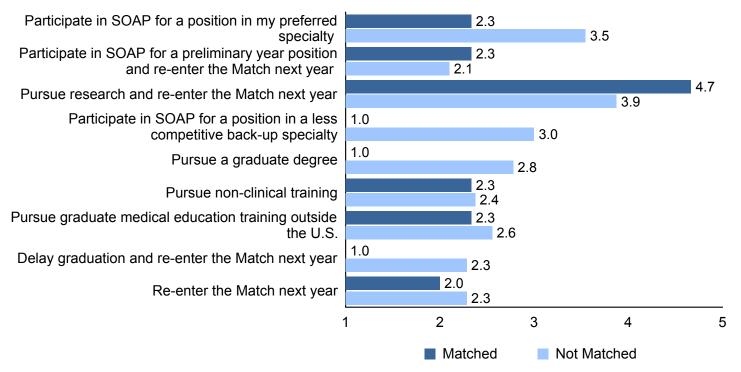
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

U.S. Seniors



Independent Applicants

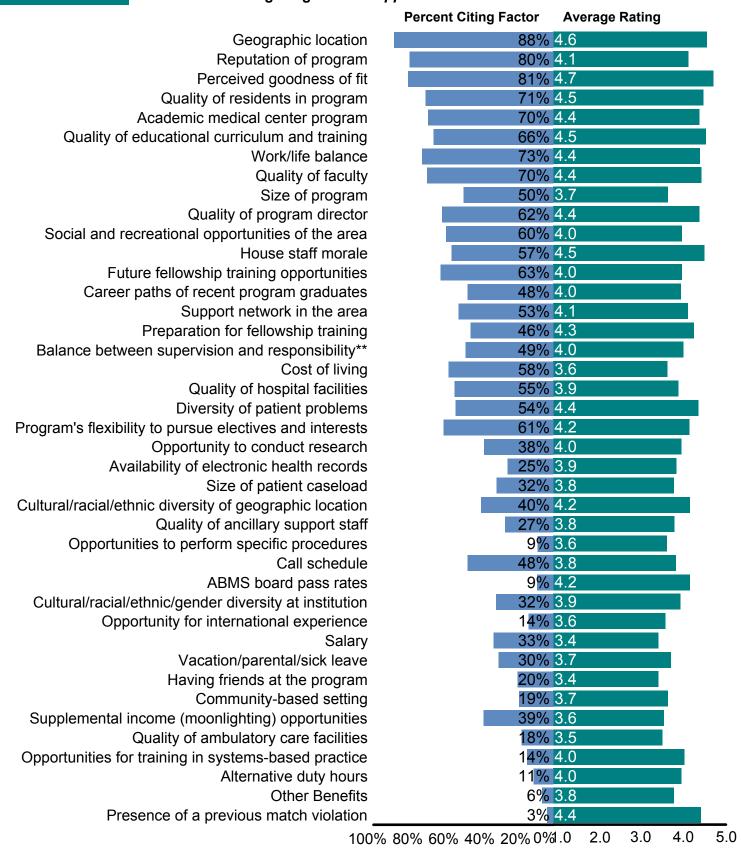


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Psychiatry

Psychiatry

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



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

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

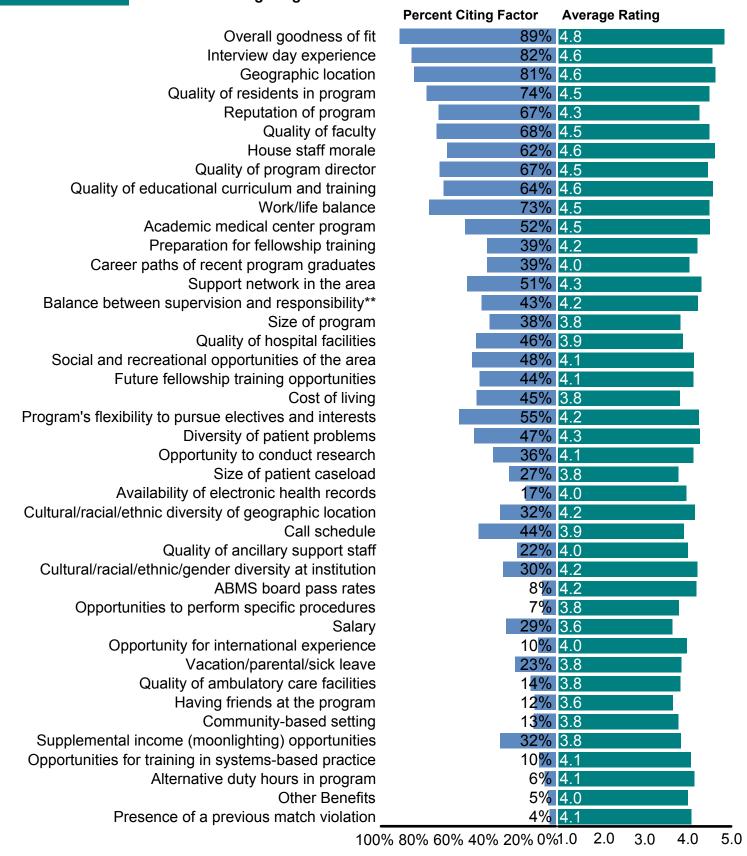
Psychiatry

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

	Percent Citing Factor
Geographic location	62% 4.3
Reputation of program	58% 4.1
Perceived goodness of fit	58% 4.5
Quality of residents in program	55% 4.4
Academic medical center program	47% 4.3
Quality of educational curriculum and training	55% 4.5
Work/life balance	50% 4.3
Quality of faculty	56% 4.4
Size of program	41% 3.6
Quality of program director	48% 4.4
Social and recreational opportunities of the area	34% 3.9
House staff morale	37% 4.4
Future fellowship training opportunities	48% 4.1
Career paths of recent program graduates	38% 4.0
Support network in the area	32% 4.0
Preparation for fellowship training	35% 4.2
Balance between supervision and responsibility**	45% 4.3
Cost of living	39% 3.8
Quality of hospital facilities	45% 4.0
Diversity of patient problems	46% 4.3
Program's flexibility to pursue electives and interests	42% 4.0
Opportunity to conduct research	40% 4.0
Availability of electronic health records	22% 3.8
Size of patient caseload	27% 3.9
Cultural/racial/ethnic diversity of geographic location	35% 4.1
Quality of ancillary support staff	21% 4.1
Opportunities to perform specific procedures	14% 4.0
Call schedule	31% 3.9
ABMS board pass rates	16% 4.4
Cultural/racial/ethnic/gender diversity at institution	41% 4.1
Opportunity for international experience	16% 3.8
Salary	24% 3.7
Vacation/parental/sick leave	21% 3.6
Having friends at the program	19% 3.8
Community-based setting	32% 3.8
· · · · · · · · · · · · · · · · · · ·	21% 3.9
Supplemental income (moonlighting) opportunities	
Quality of ambulatory care facilities	13% 3.8
Opportunities for training in systems-based practice	25% 4.1
Alternative duty hours	10% 3.7
Other Benefits	6% 4.2
Presence of a previous match violation	6% 4.3
H-1B visa sponsorship	14% 4.3
100%	80% 60% 40% 20% 0%1.0 2.0 3.0 4.0 5

Data are presented in a 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

Psychiatry Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

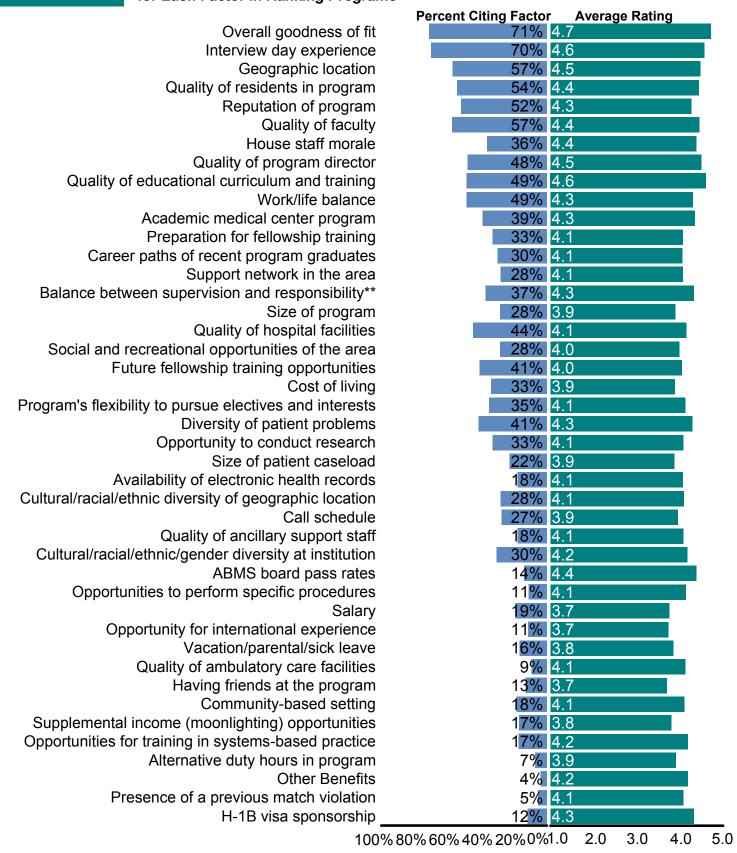


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Psychiatry

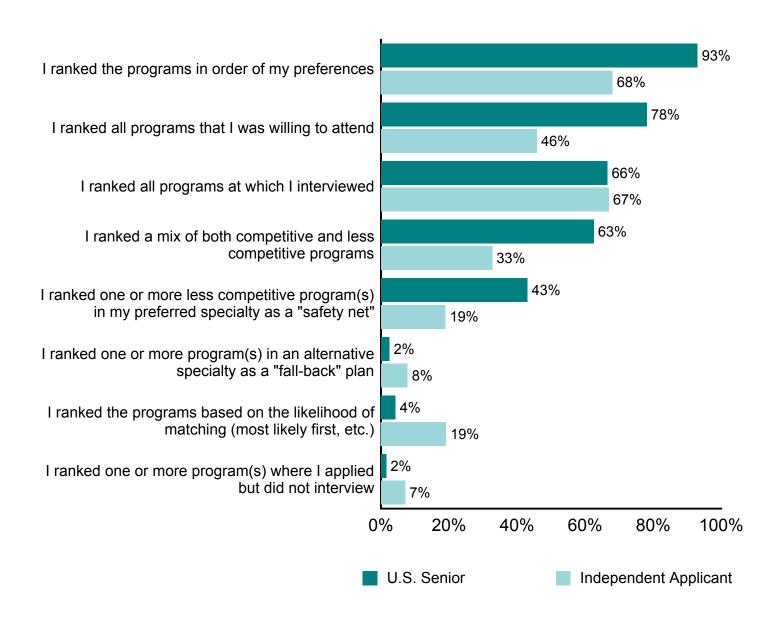
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

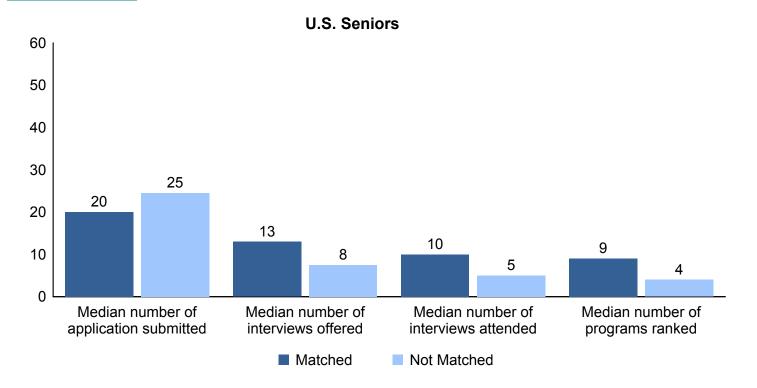
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

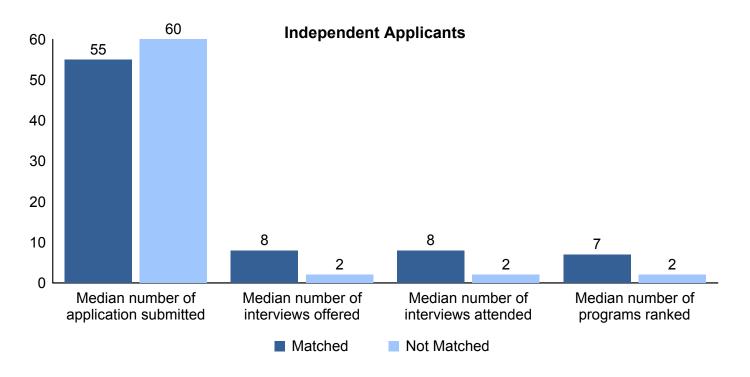
Psychiatry Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





Psychiatry Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





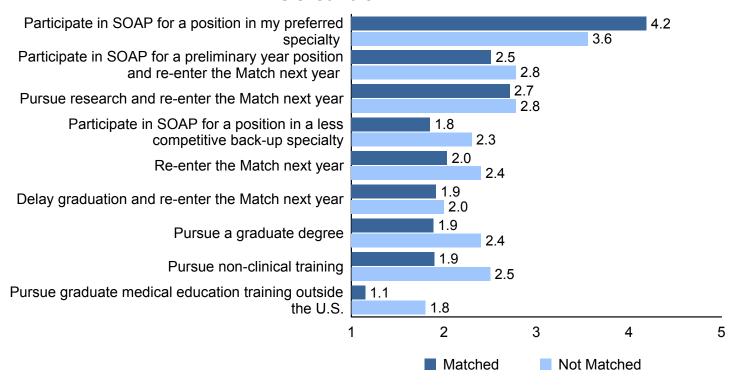
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Psychiatry Likelihood to Pursue a Strate

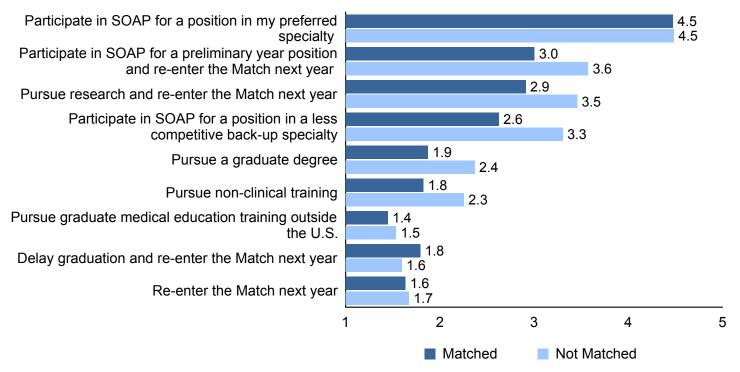
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

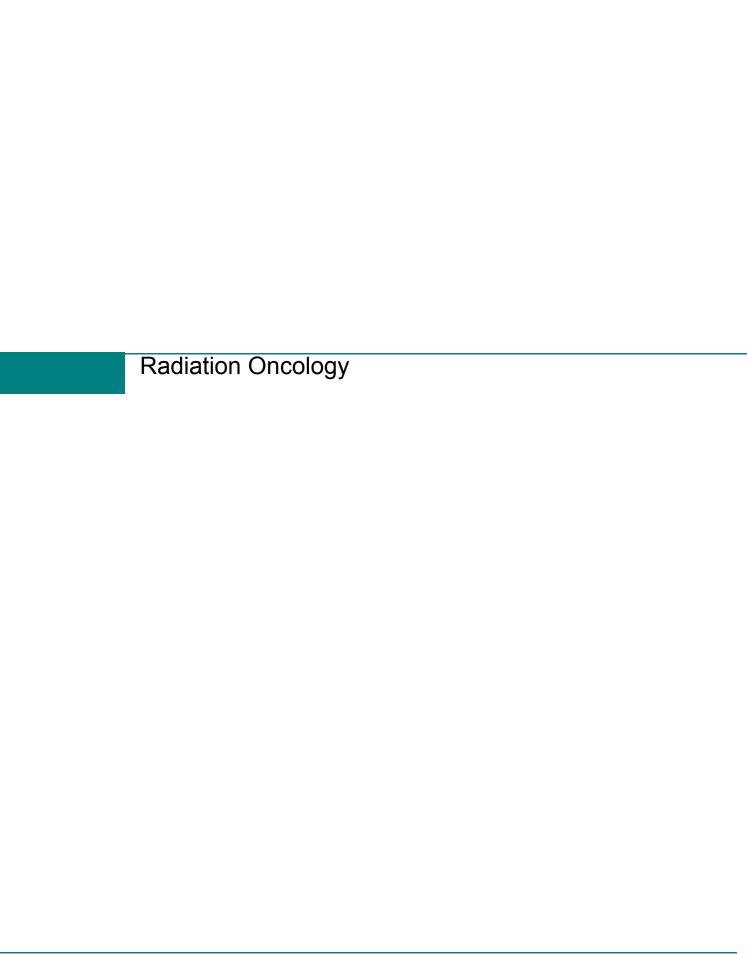
U.S. Seniors



Independent Applicants

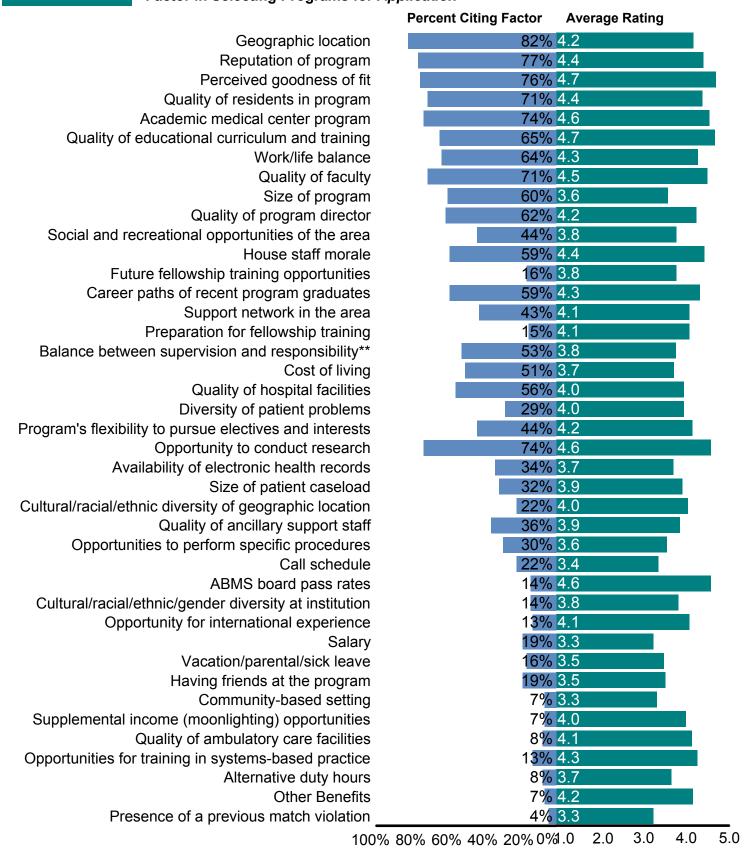


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Radiation Oncology

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



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

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

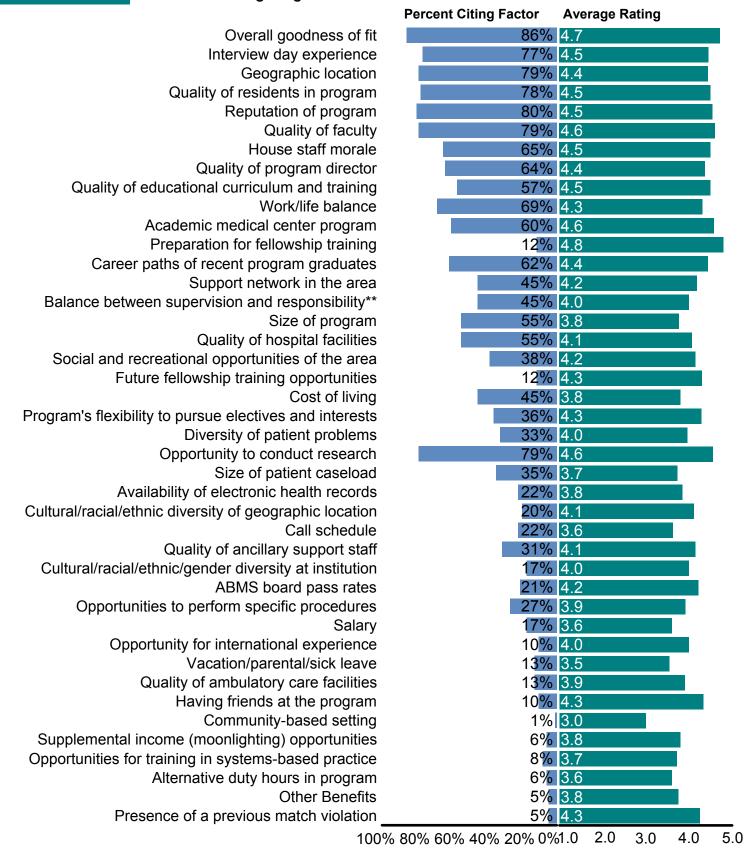
Radiation Oncology

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

	Percent Citing Factor Average Rating
Geographic location	60% 4.3
Reputation of program	40% 4.5
Perceived goodness of fit	40% 4.5
Quality of residents in program	60% 4.3
Academic medical center program	100% 4.8
Quality of educational curriculum and training	100% 4.6
Work/life balance	60% 4.0
Quality of faculty	60% 4.7
Size of program	40% 4.5
Quality of program director	80% 4.0
Social and recreational opportunities of the area	40% 4.5
House staff morale	60% 4.3
Future fellowship training opportunities	80% 4.8
Career paths of recent program graduates	40% 4.0
Support network in the area	40% 4.5
Preparation for fellowship training	60% 4.7
Balance between supervision and responsibility**	60% 4.3
Cost of living	40% 2.5
Quality of hospital facilities	40% 4.5
·	20% 3.0
Diversity of patient problems	20% 3.0
Program's flexibility to pursue electives and interests	40% 4.5
Opportunity to conduct research	
Availability of electronic health records	60% 3.3
Size of patient caseload	0%
Cultural/racial/ethnic diversity of geographic location	40% 4.0
Quality of ancillary support staff	40% 3.5
Opportunities to perform specific procedures	0%
Call schedule	40% 3.5
ABMS board pass rates	0%
Cultural/racial/ethnic/gender diversity at institution	20% 3.0
Opportunity for international experience	20% 5.0
Salary	40% 3.5
Vacation/parental/sick leave	20% 5.0
Having friends at the program	0%
Community-based setting	_0%
Supplemental income (moonlighting) opportunities	20% 5.0
Quality of ambulatory care facilities	0%
Opportunities for training in systems-based practice	40% 4.5
Alternative duty hours	20% 4.0
Other Benefits	0%
Presence of a previous match violation	0%
H-1B visa sponsorship	20% 5.0

Data are presented in a 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

Radiation Oncology Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

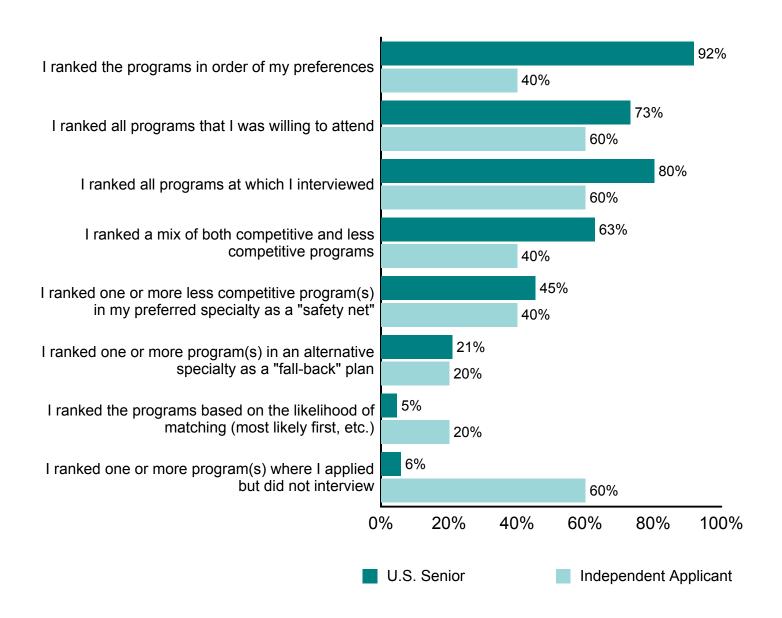
Radiation Oncology Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

3 3 4 5	Percent Citing Factor
Overall goodness of fit	40% 5.0
Interview day experience	60% 5.0
Geographic location	20% 5.0
Quality of residents in program	40% 4.5
Reputation of program	40% 5.0
Quality of faculty	60% 4.7
House staff morale	20% 3.0
Quality of program director	80% 4.3
Quality of educational curriculum and training	20% 5.0
Work/life balance	20% 5.0
Academic medical center program	100% 4.6
Preparation for fellowship training	20% 5.0
Career paths of recent program graduates	60% 4.7
Support network in the area	40% 4.5
Balance between supervision and responsibility**	20% 5.0
Size of program	20% 4.0
Quality of hospital facilities	20% 4.0
Social and recreational opportunities of the area	20% 4.0
Future fellowship training opportunities	40% 5.0
Cost of living	40% 3.5
Program's flexibility to pursue electives and interests	0%
Diversity of patient problems	20% 4.0
Opportunity to conduct research	40% 4.5
Size of patient caseload	20% 4.0
Availability of electronic health records	20% 5.0
Cultural/racial/ethnic diversity of geographic location	20% 4.0
Call schedule	20% 4.0
Quality of ancillary support staff	20% 4.0
Cultural/racial/ethnic/gender diversity at institution	20% 3.0
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Vacation/parental/sick leave	0%
Quality of ambulatory care facilities	0%
Having friends at the program	0%
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Supplemental income (moonlighting) opportunities	40% 5.0
Opportunities for training in systems-based practice	0%
Alternative duty hours in program	0%
Other Benefits	0%
Presence of a previous match violation	0%
H-1B visa sponsorship	0%
100% 8	80% 60% 40% 20% 0%1.0 2.0 3.0 4.0 5.0

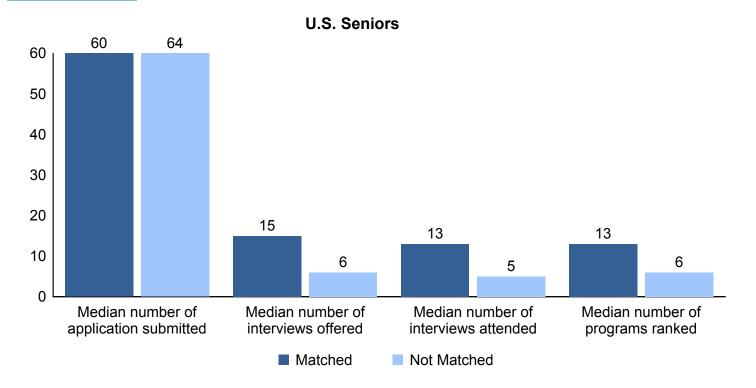
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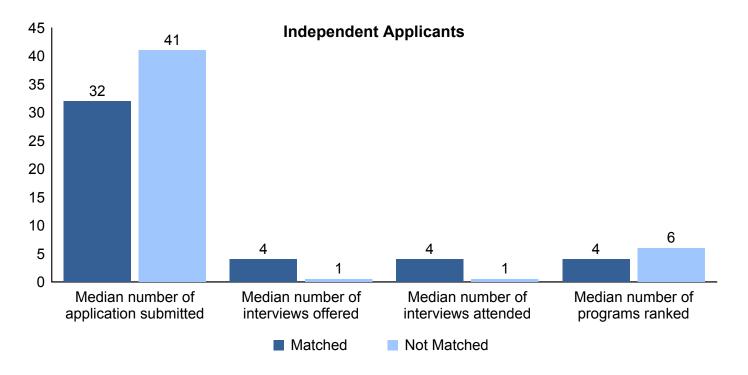
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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

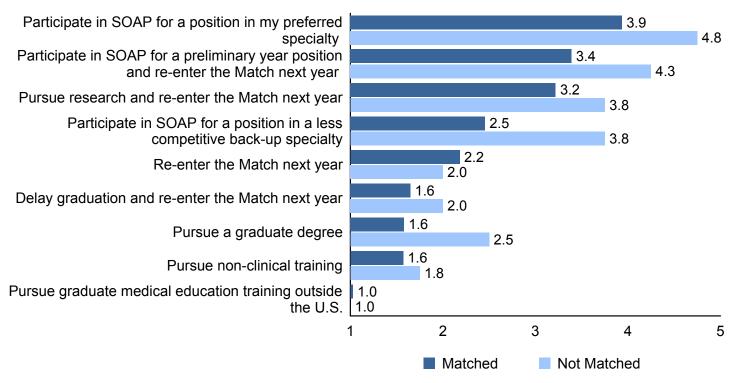




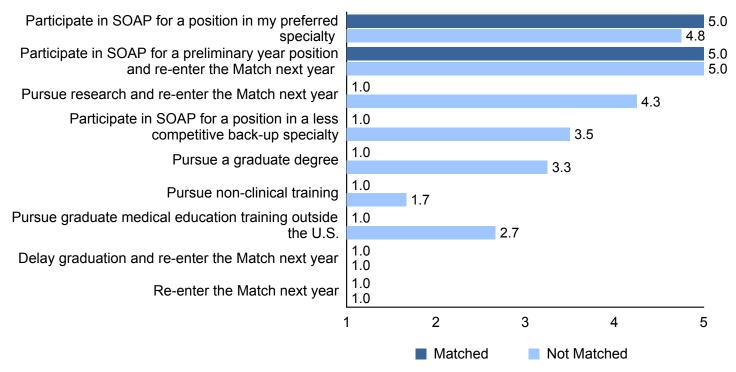
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

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

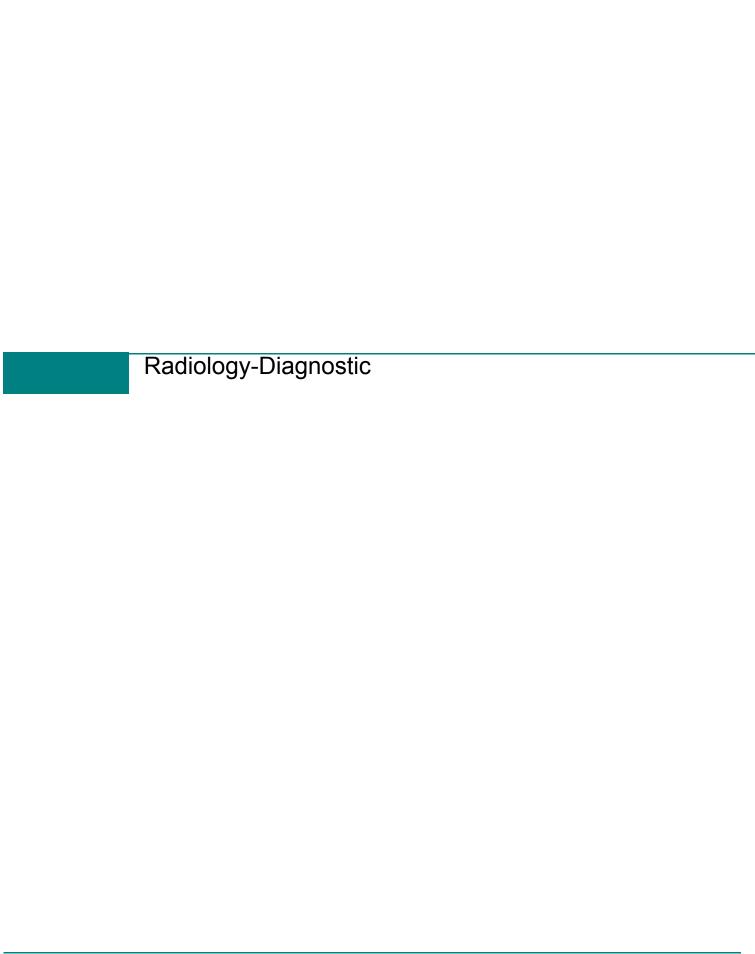
U.S. Seniors



Independent Applicants

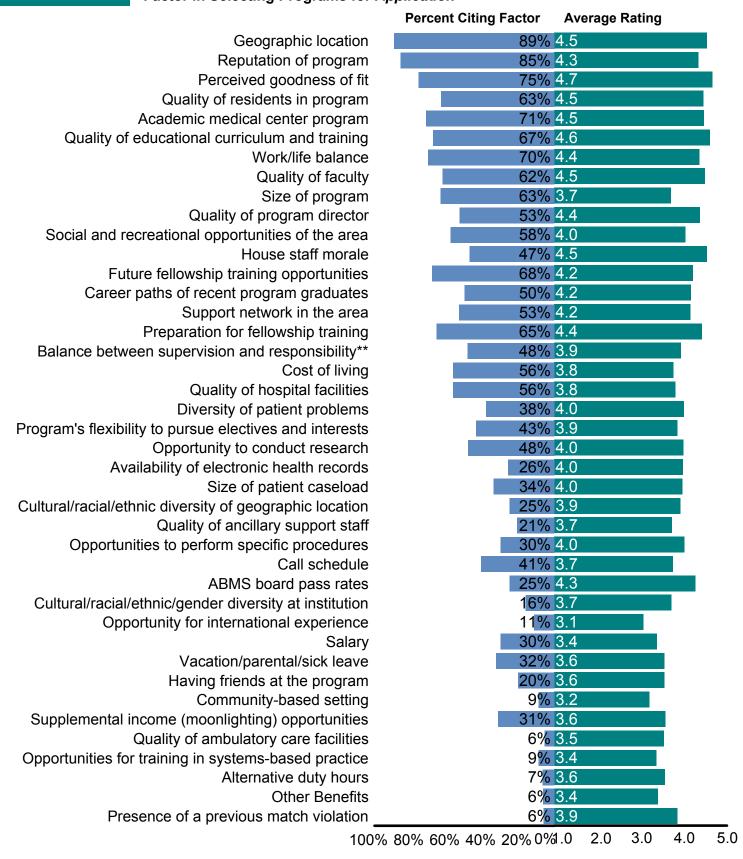


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Radiology-Diagnostic

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

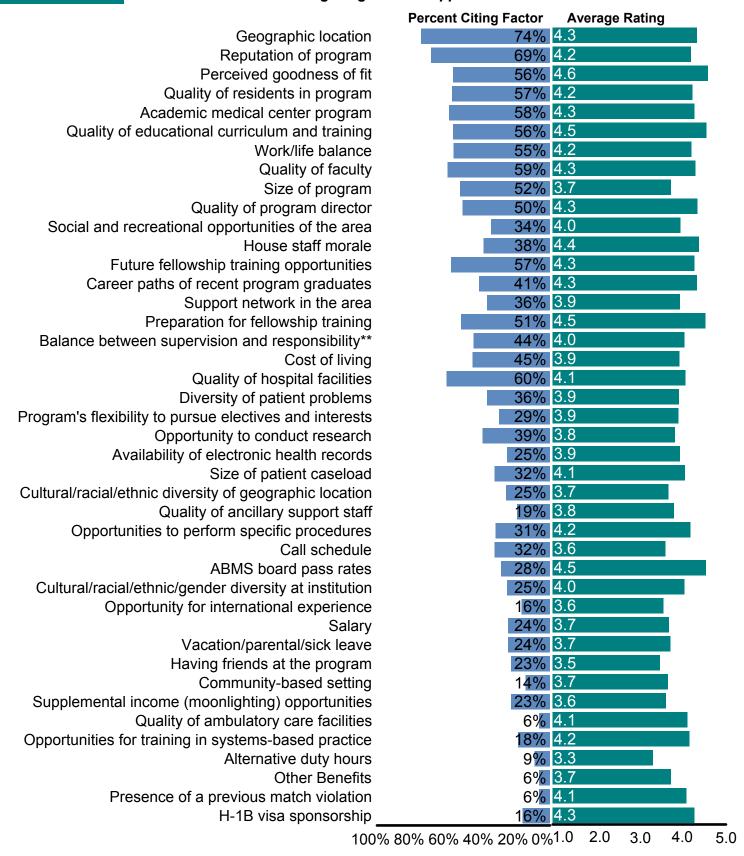


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Radiology-Diagnostic

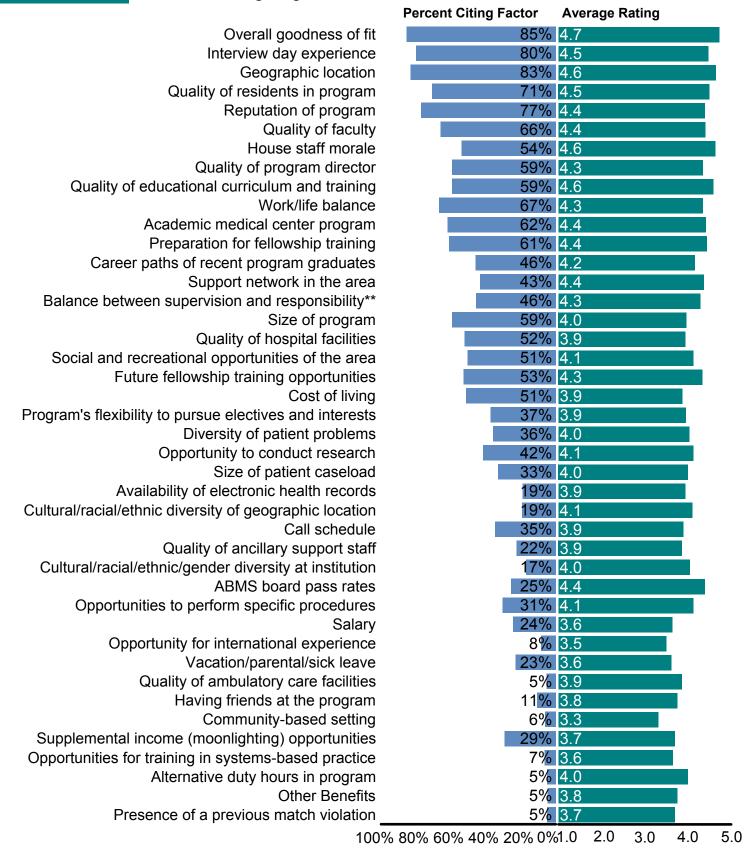
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

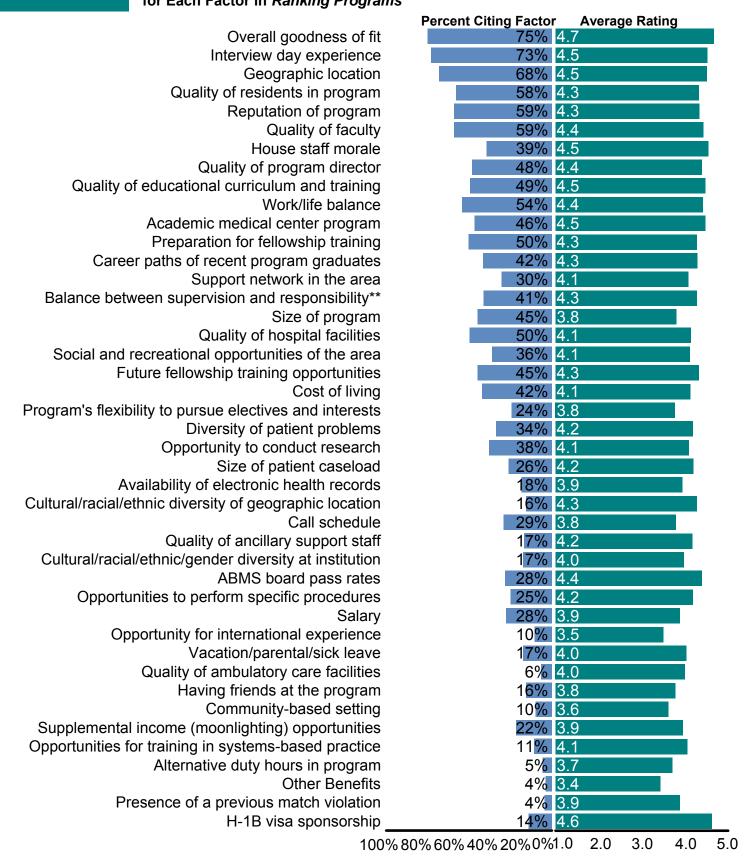
Radiology-Diagnostic Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

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

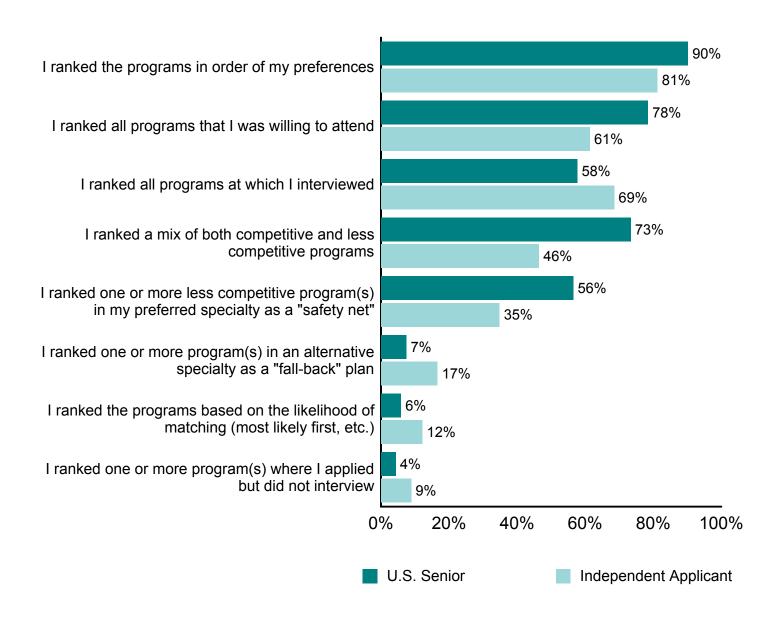
Radiology-Diagnostic Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



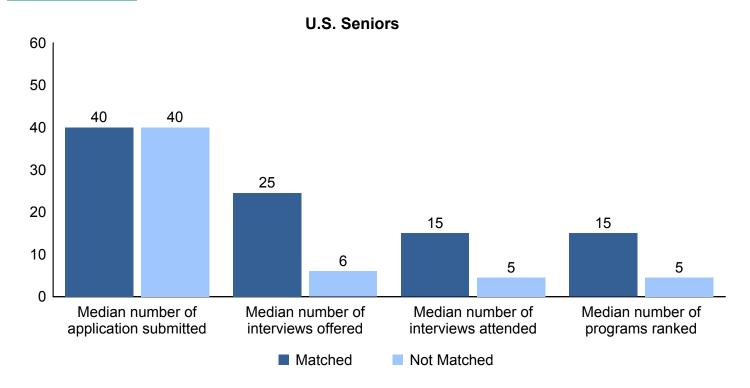
^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

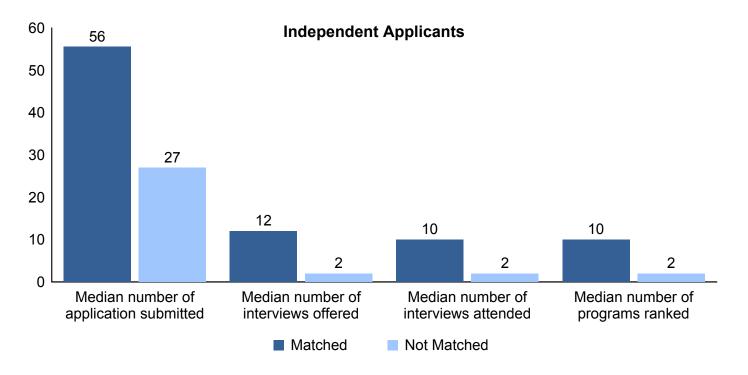
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

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



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





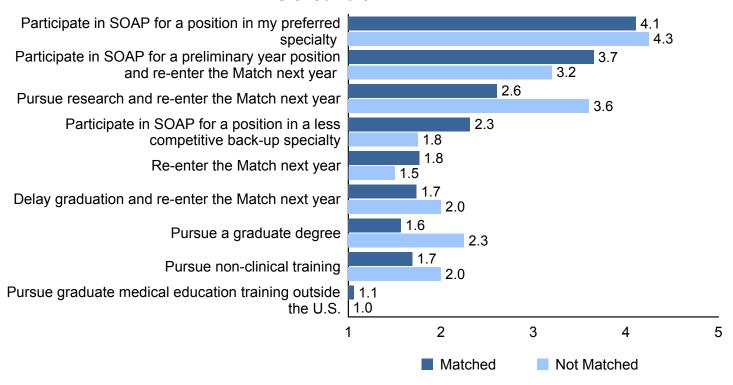
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Radiology-Diagnostic

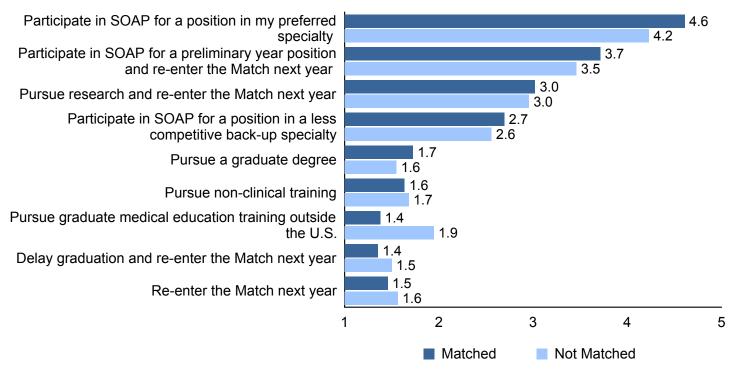
Likelihood to Pursue a Strategy If Applicant Did Not Match*

By Applicant Type and Match Outcome*

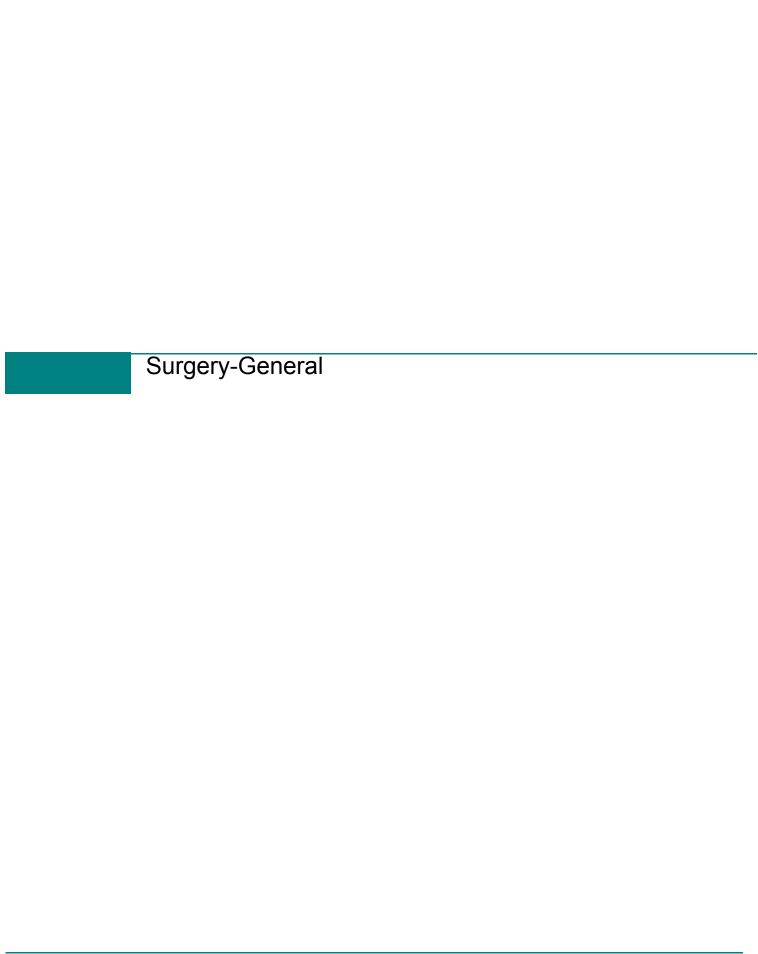
U.S. Seniors



Independent Applicants

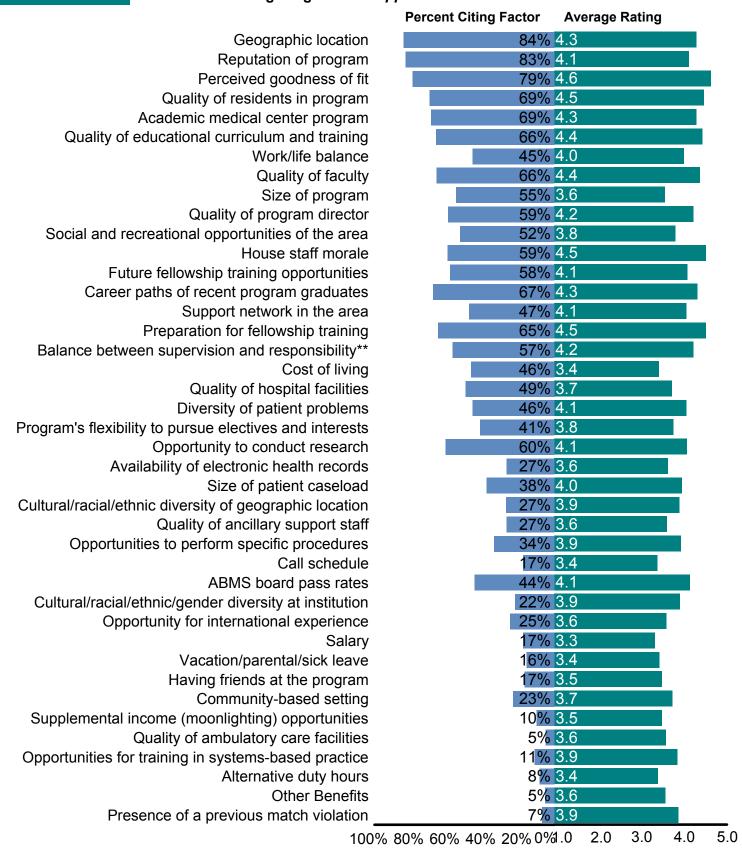


^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs). Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"



Surgery-General

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

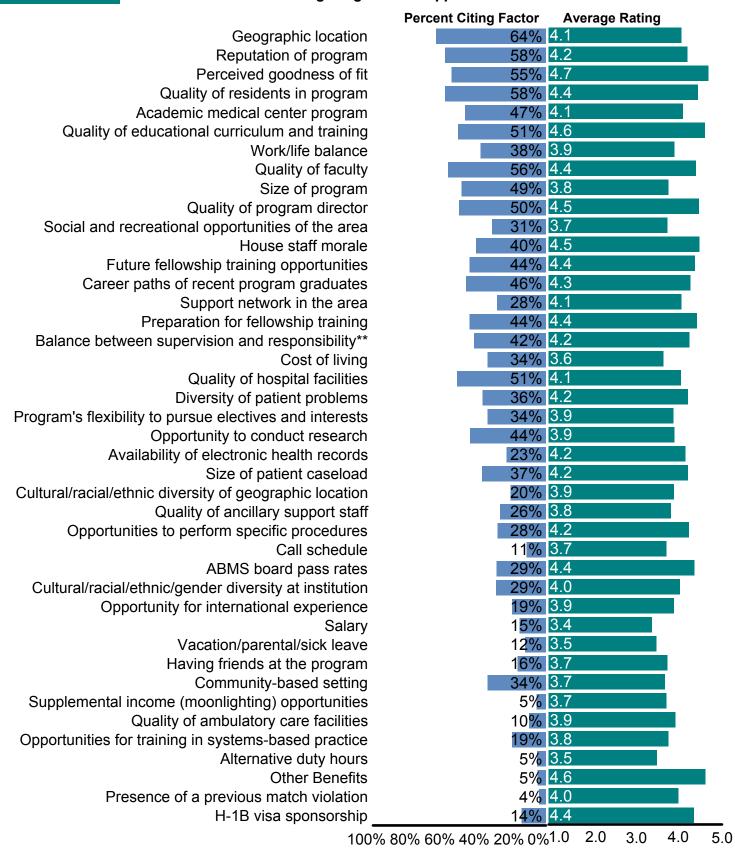


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Surgery-General

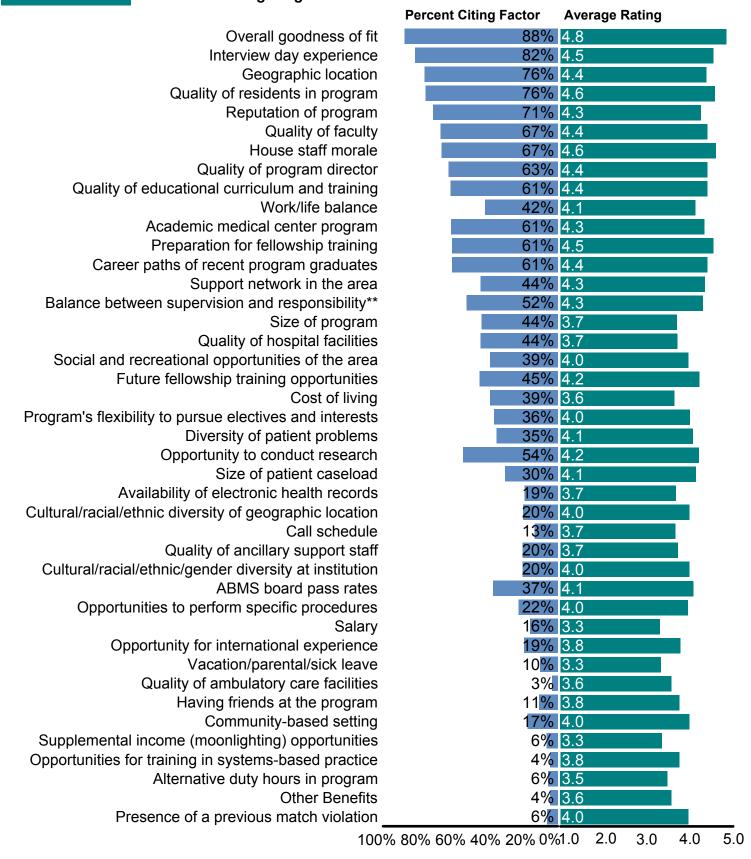
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for Application



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

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

Surgery-General Percent of <u>U.S. Seniors</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*

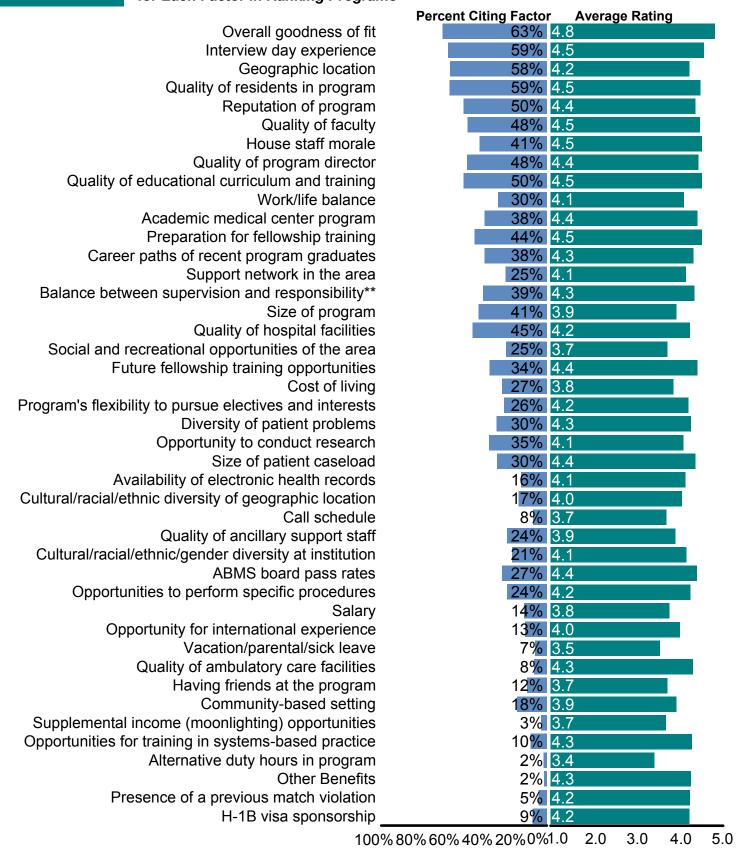


^{*}Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Surgery-General Percent of Independent Applicants Citing

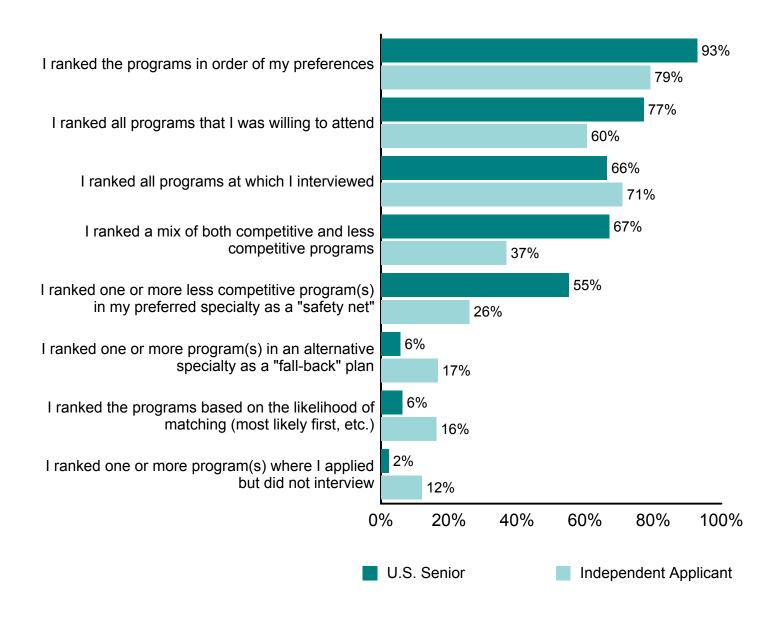
Percent of <u>Independent Applicants</u> Citing Each Factor And Mean Importance Rating* for Each Factor in *Ranking Programs*



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

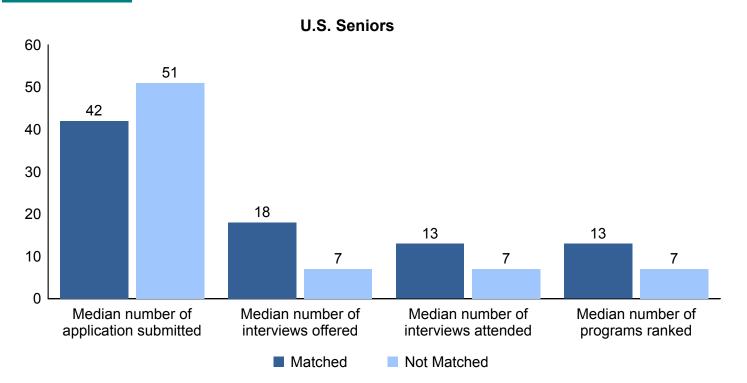
^{**} Appropriate balance between faculty supervision and resident responsibility for patient care

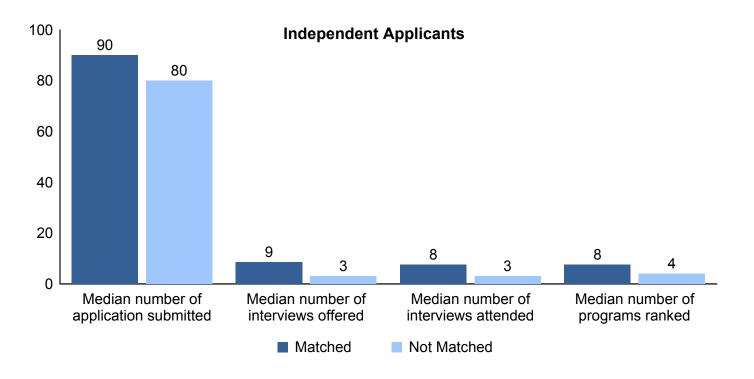
Surgery-General Percentage of Applicants Citing Different Ranking Strategies by Applicant Type





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





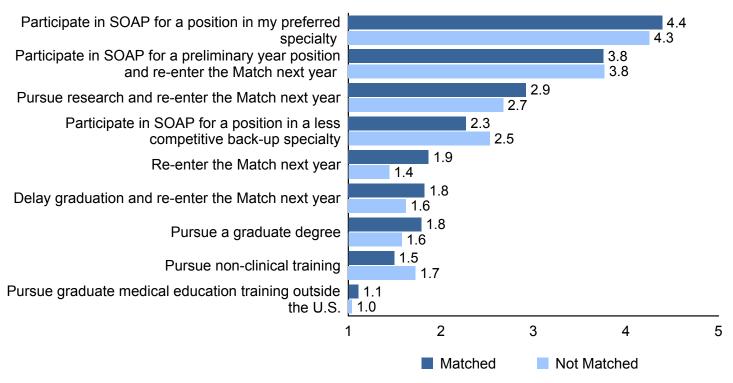
^{*}Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Surgery-General

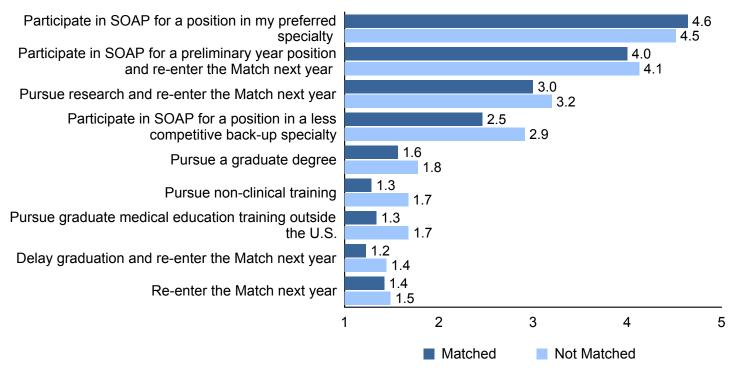
Likelihood to Pursue a Strategy If Applicant Did Not Match*

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"