THE MATCH®
NATIONAL RESIDENT MATCHING PROGRAM®

Results of the 2015 NRMP Applicant Survey

by Preferred Specialty and Applicant Type

September 2015

www.nrmp.org

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

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

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Table of Contents

Introduction 1
Response Rates 2
All Specialties 3

Charts for Individual Specialties

Anesthesiology 14
Child Neurology 22
Dermatology 30
Emergency Medicine 38
Family Medicine 46
Internal Medicine 54
Internal Medicine/Pediatrics 62
Neurology 70
Neurological Surgery 78
Obstetrics and Gynecology 86
Orthopaedic Surgery 94
Otolaryngology 102
Pathology 110
Pediatrics 118
Physical Medicine and Rehabilitation 126
Plastic Surgery 134
Psychiatry 142
Radiation Oncology 150
Radiology-Diagnostic 158
Surgery-General 166

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Order List Deadline and the time when the matching algorithm was processed, however, some applicants still could be withdrawn from the Match. The responses of those who certified a blank rank order list and those who were withdrawn from the Match were not included in this report.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.

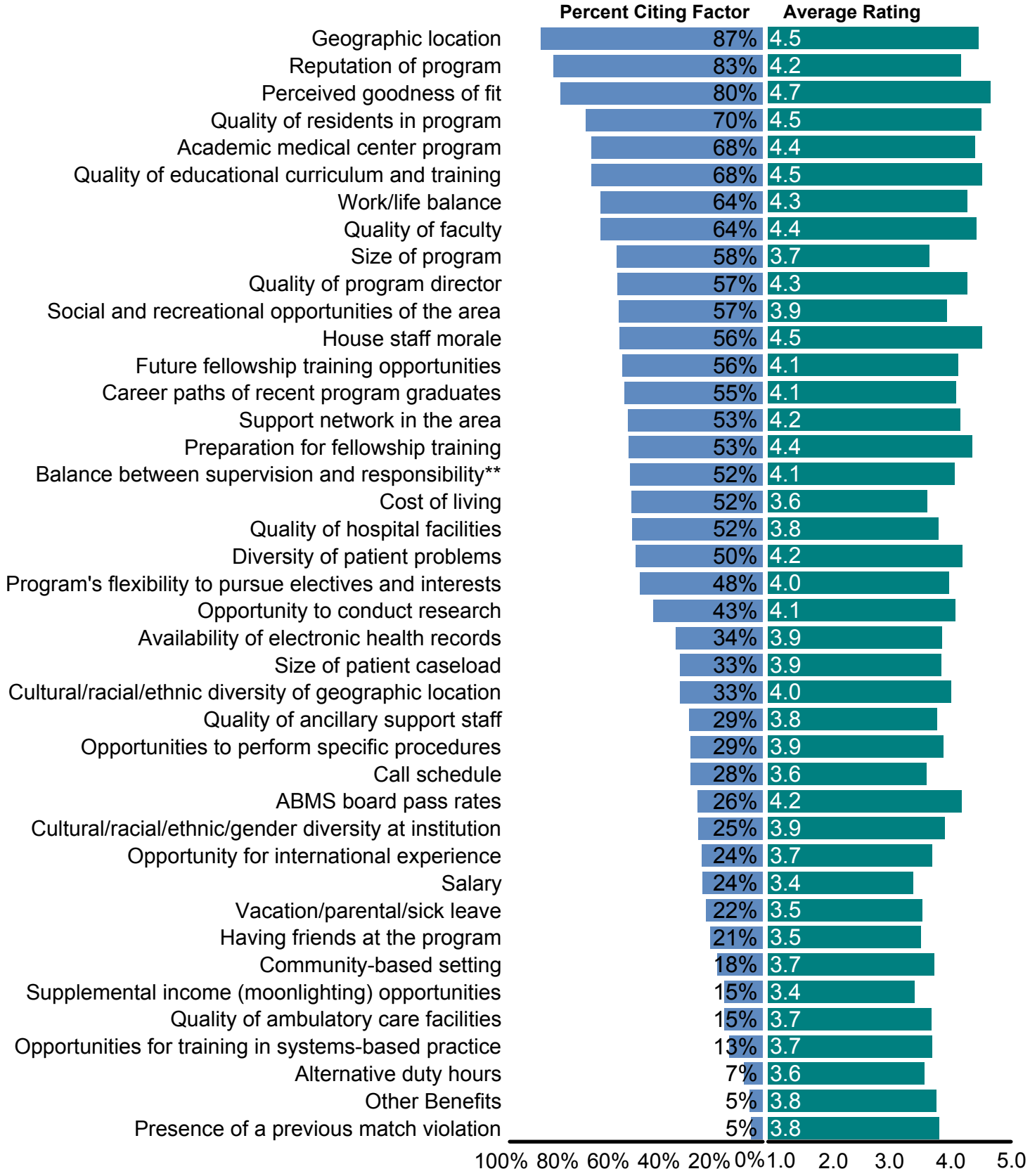
	U.S. Seniors			Independent Applicants		
	Completed Survey		Response	Completed Survey		Response
	Yes	No	Rate	Yes	No	Rate
Anesthesiology	547	598	47.8%	303	406	42.7%
Child Neurology	48	33	59.3%	30	34	46.9%
Dermatology	236	232	50.4%	49	114	30.1%
Emergency Medicine	706	829	46.0%	284	333	46.0%
Family Medicine	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 Combined

Figure 1

All Specialties

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



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

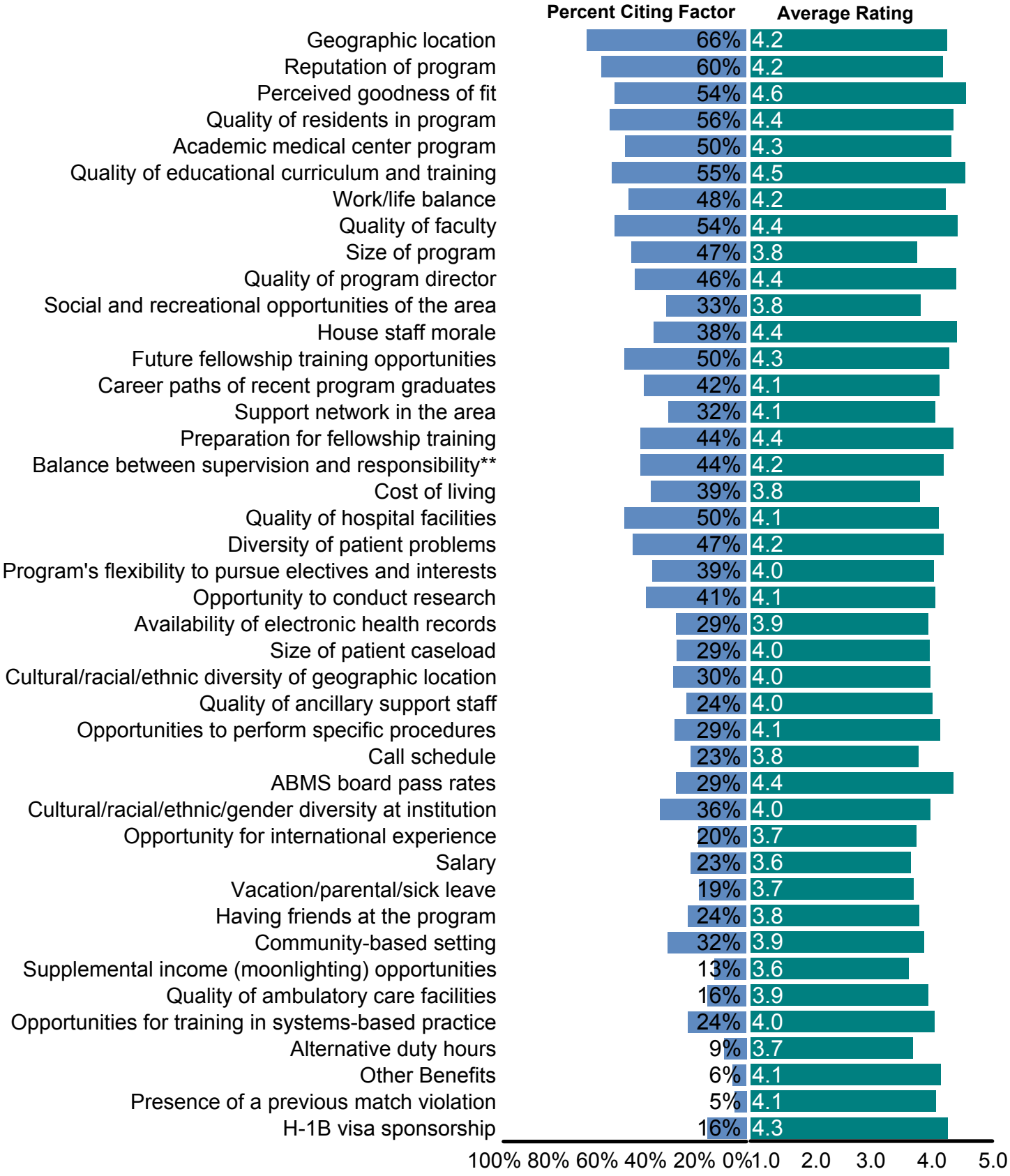
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure 1

All Specialties

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



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

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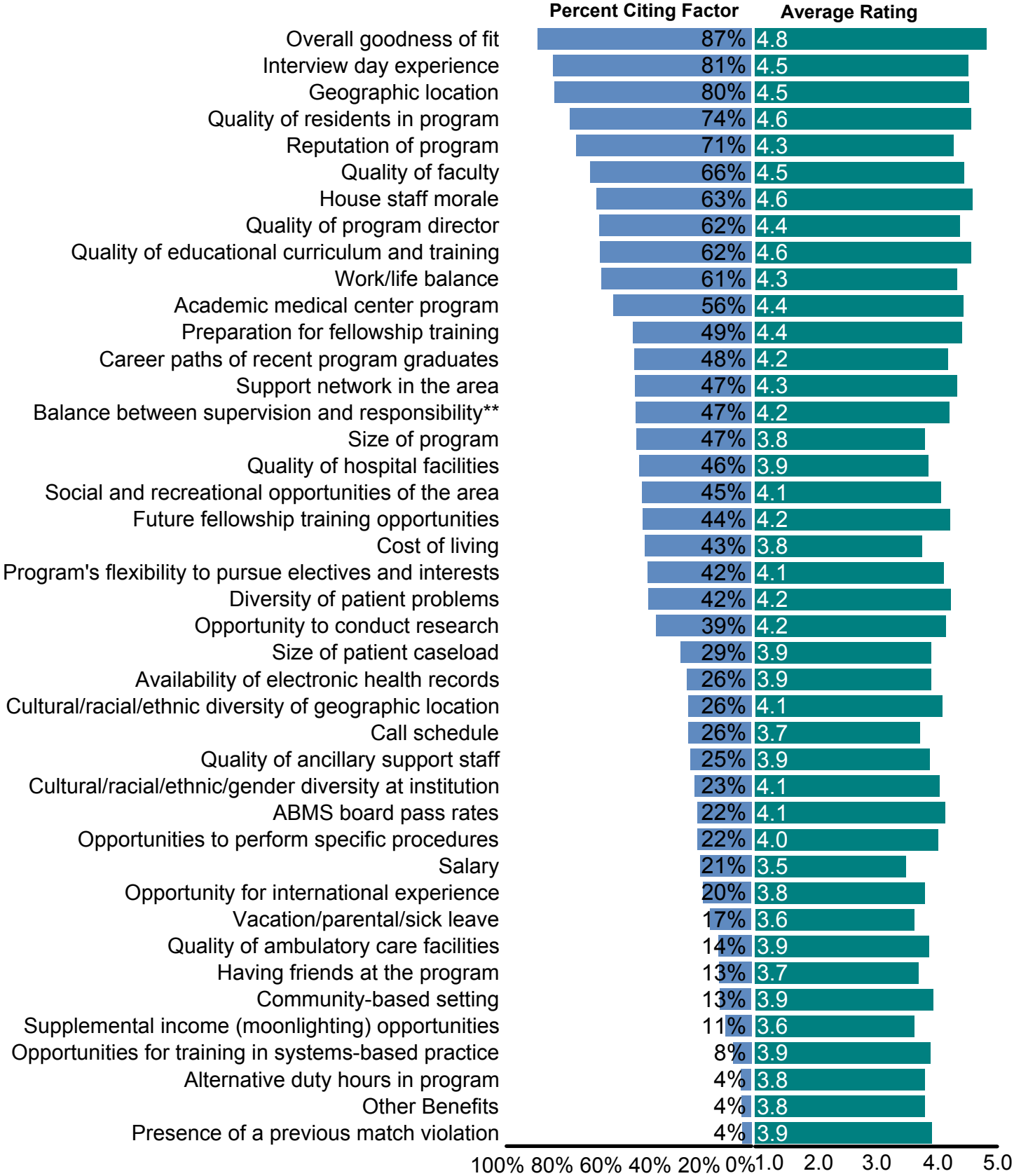
Figure 2

All Specialties

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



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All Specialties

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

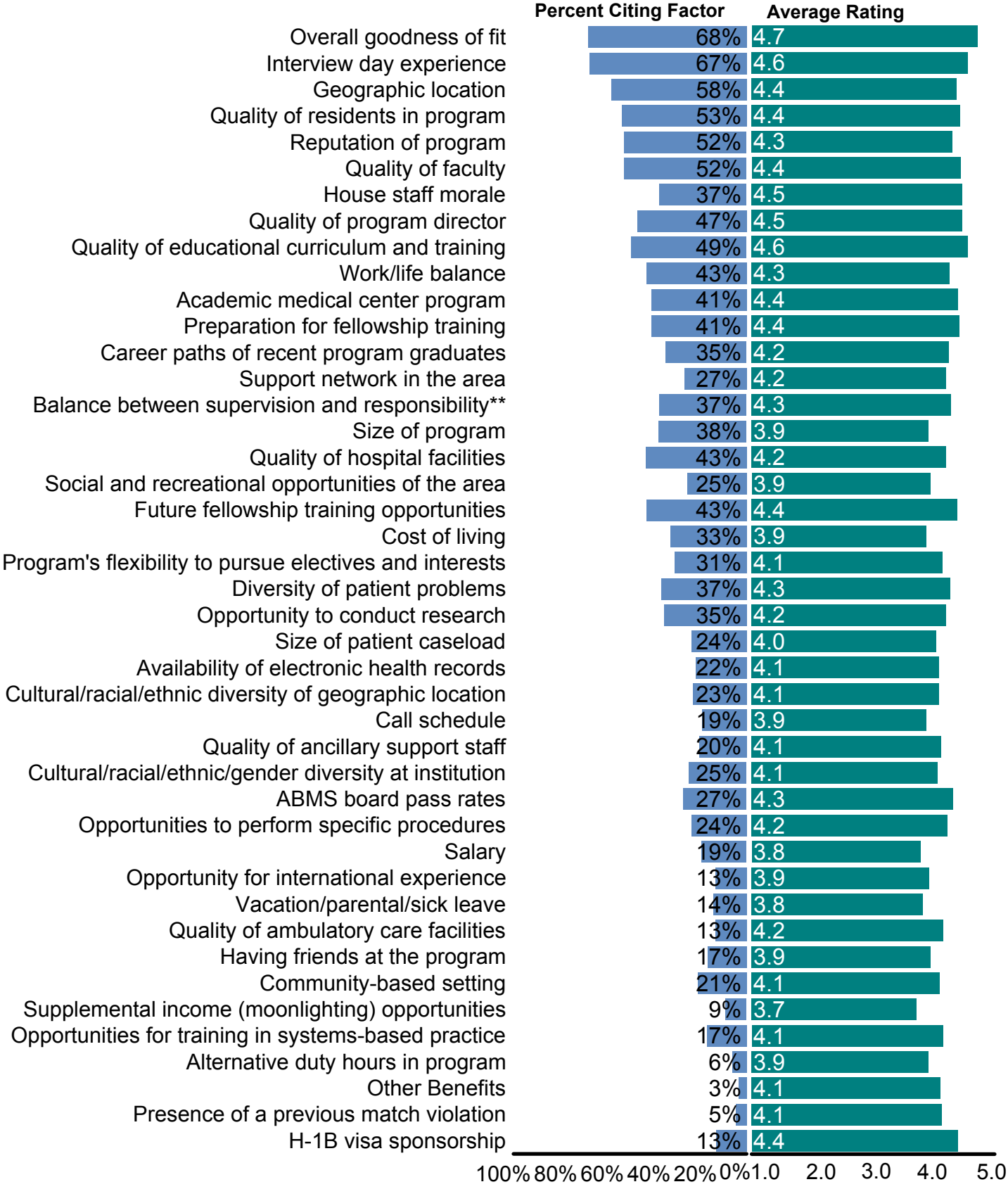

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Figure 3

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

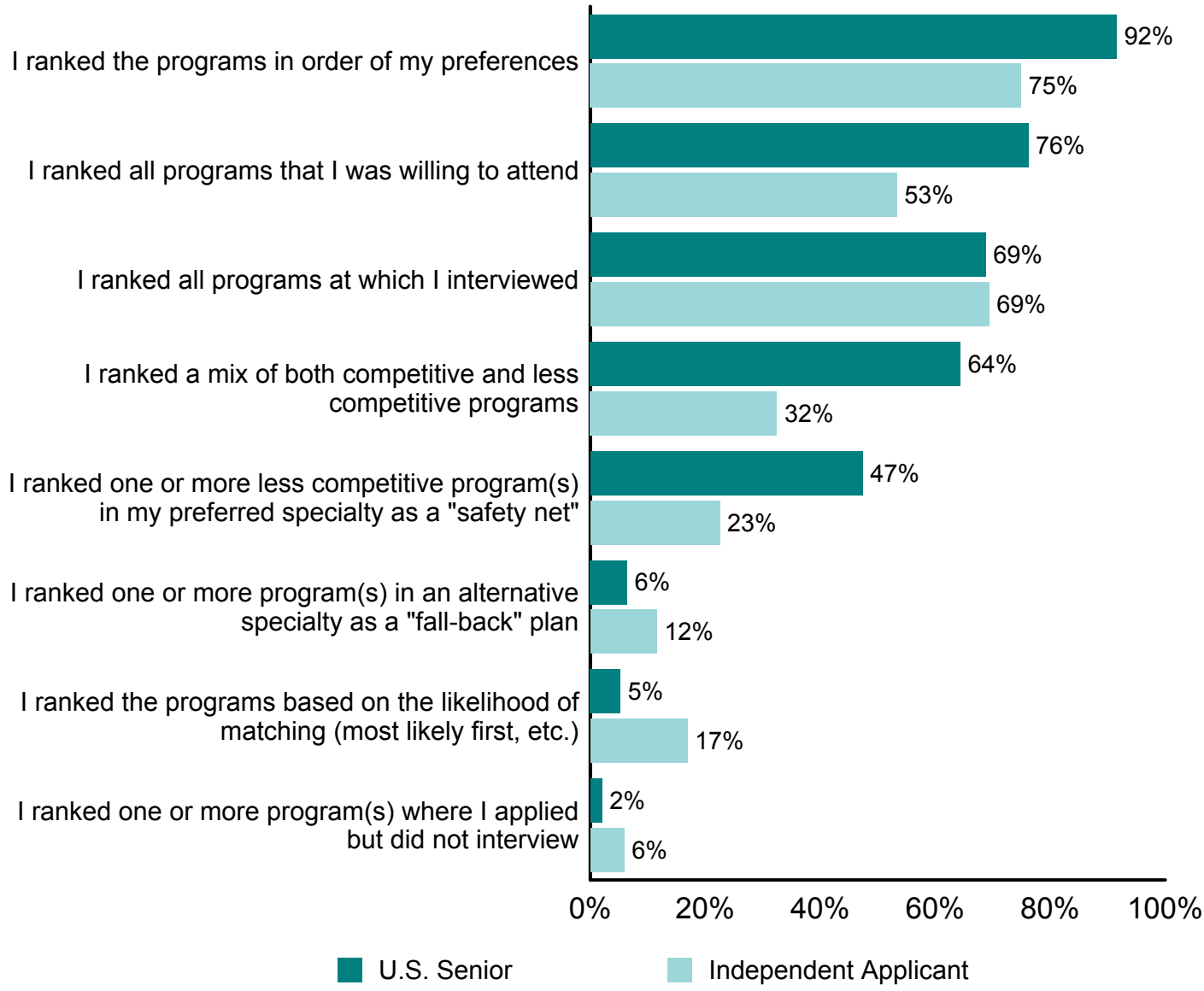
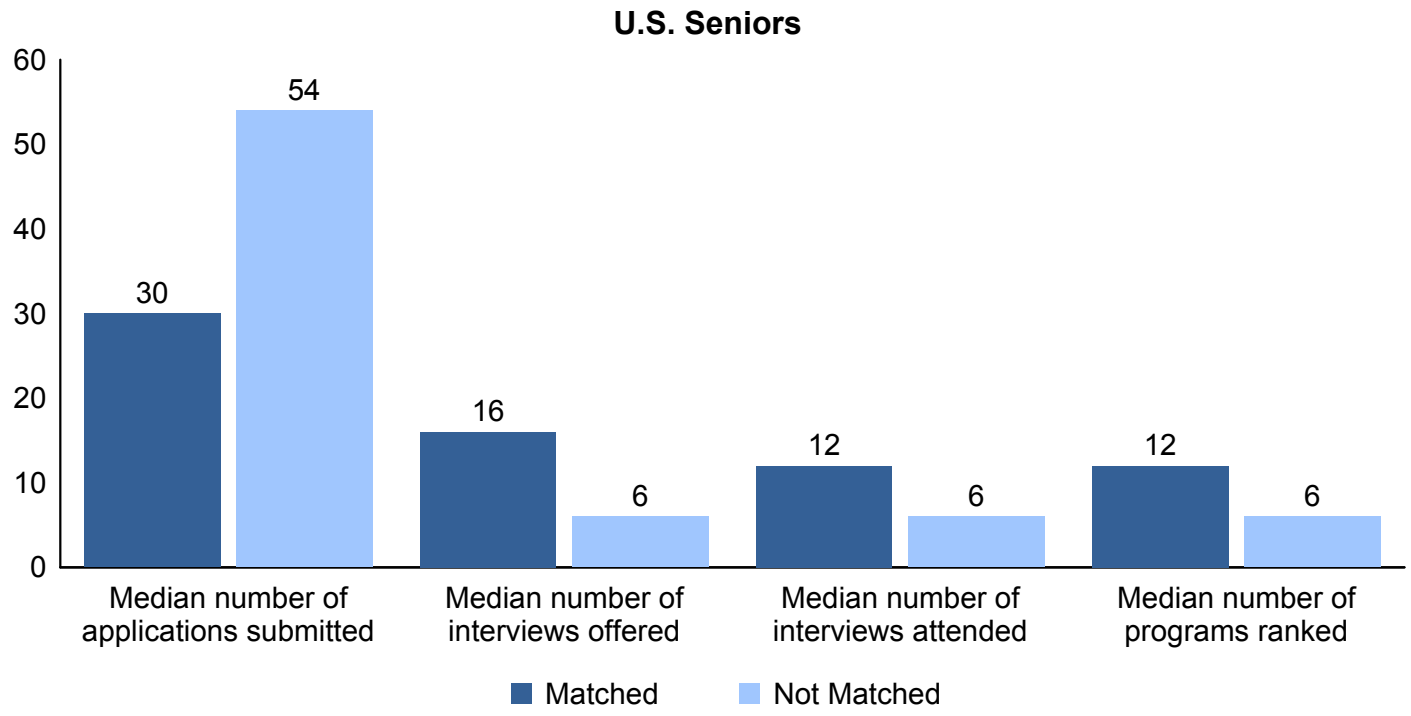
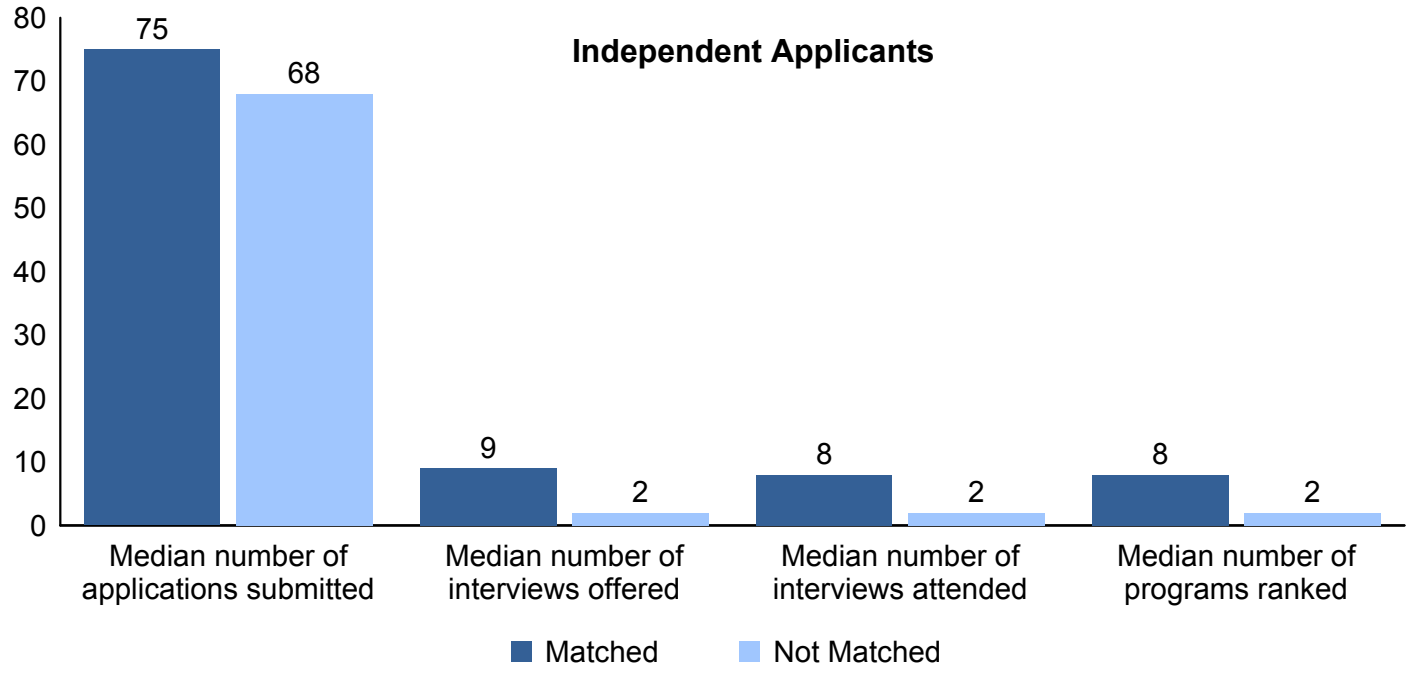


Figure 4

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

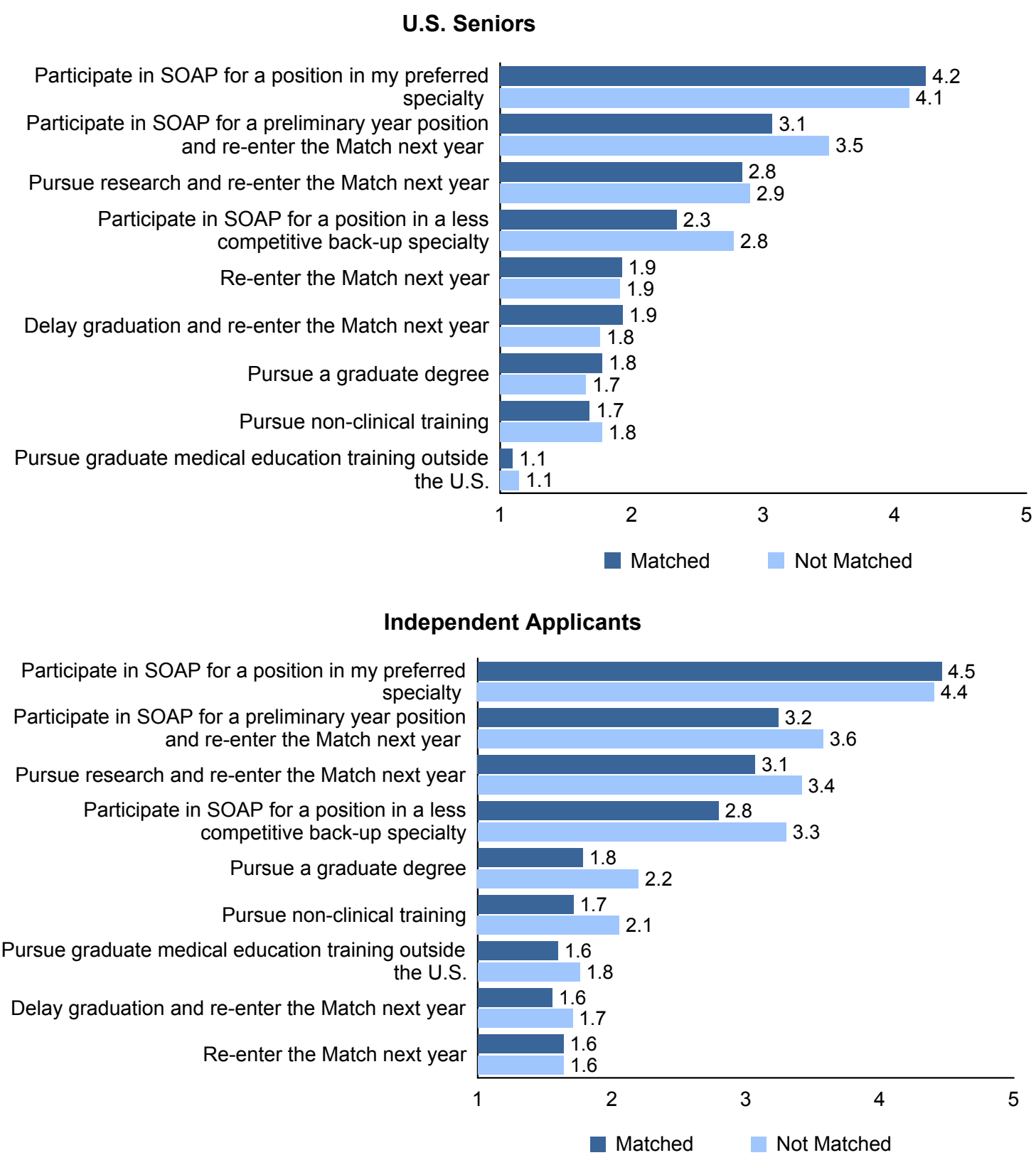




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure 5

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

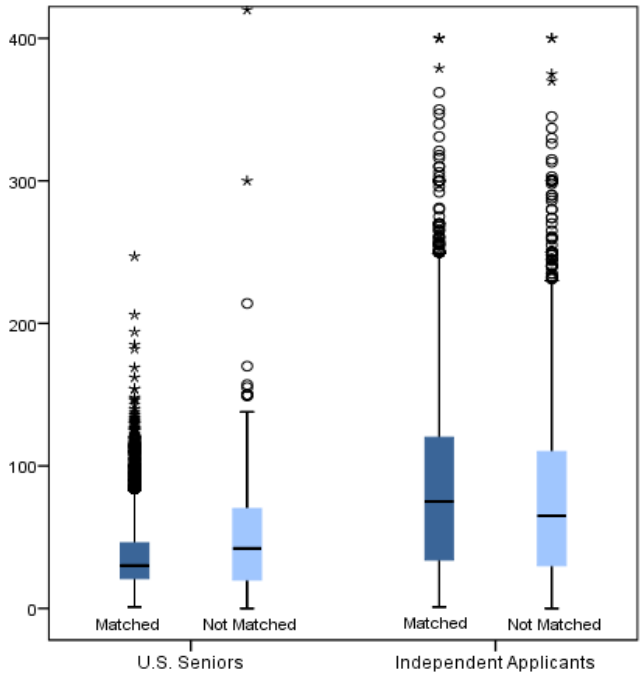


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

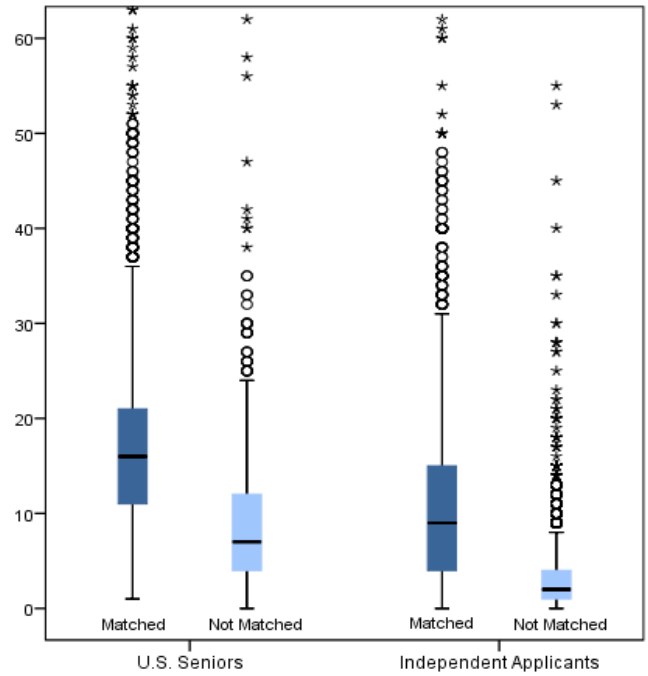
Figure 6

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

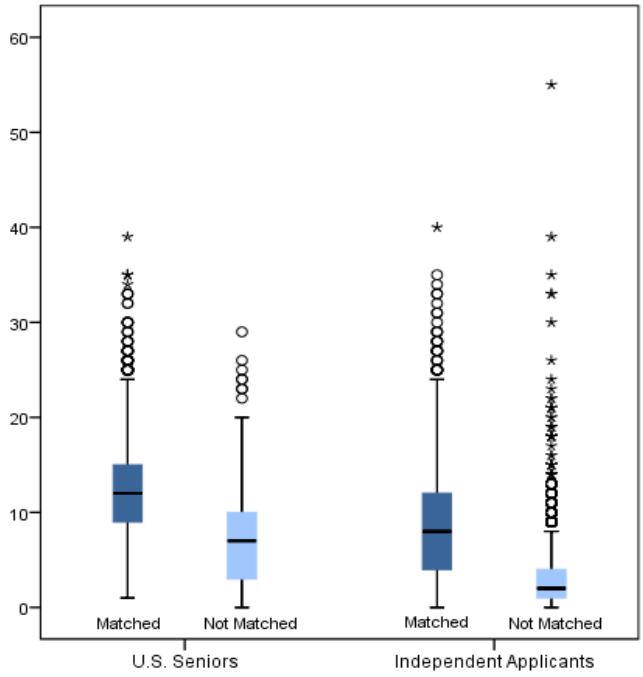
Number of Applications Submitted by Applicants



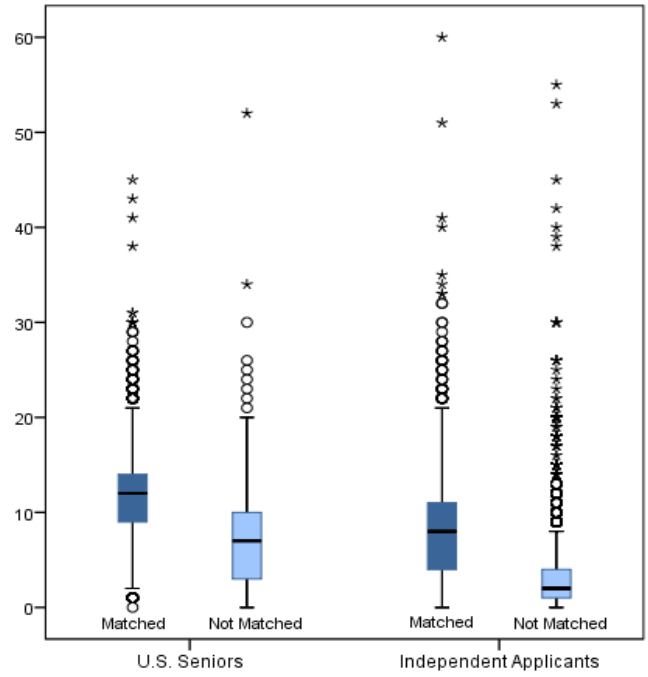
Number of Interviews Offered to Applicants



Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants



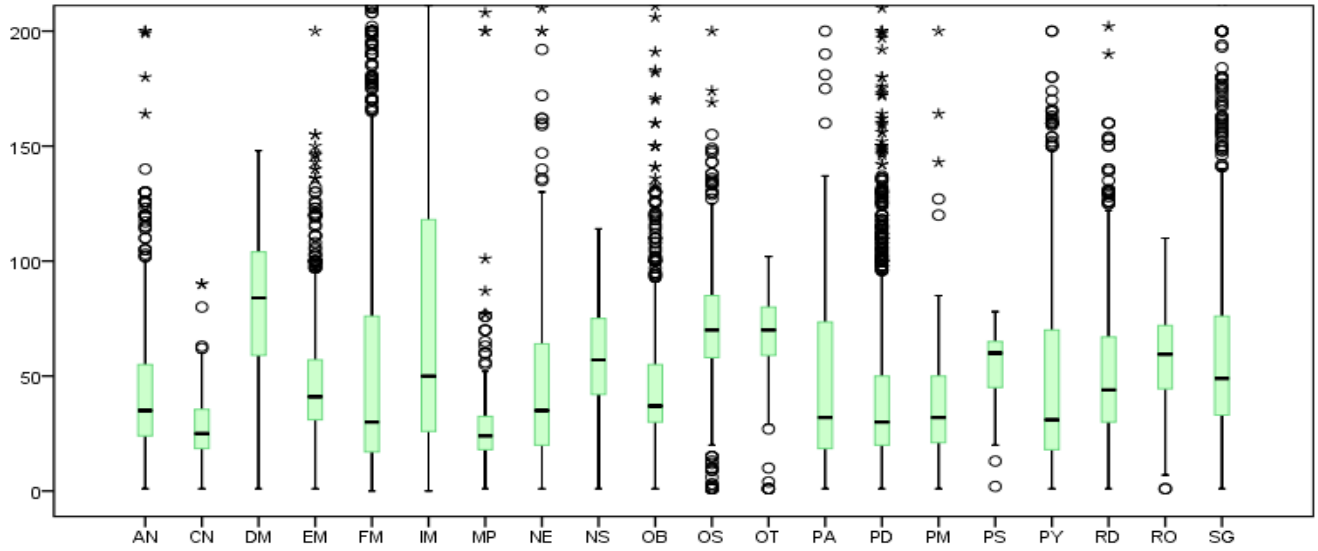
†Self-reported data

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

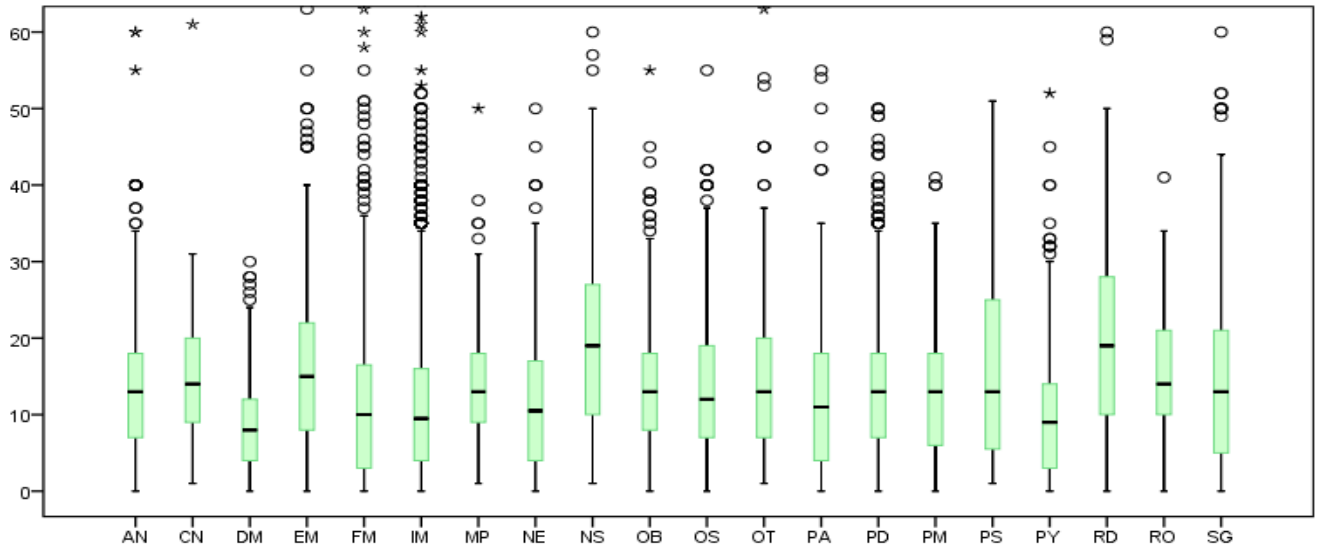
Figure 7

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

Number of Applications Submitted by Applicants



Number of Interviews Offered to Applicants



AN: Anesthesiology
CN: Child Neurology
DM: Dermatology
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)

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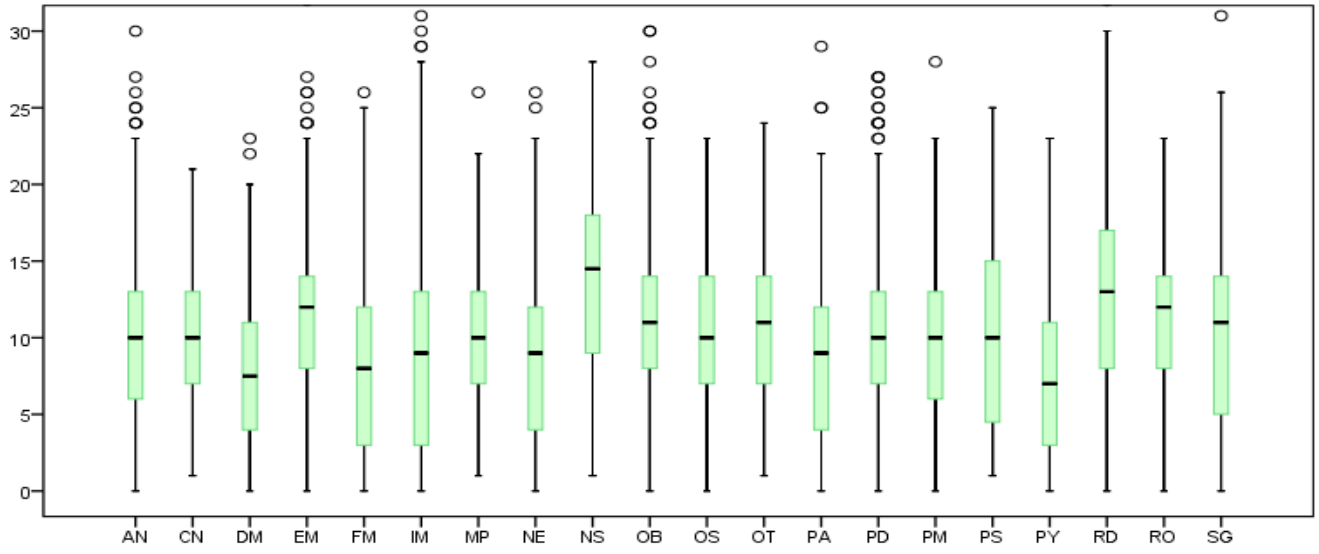
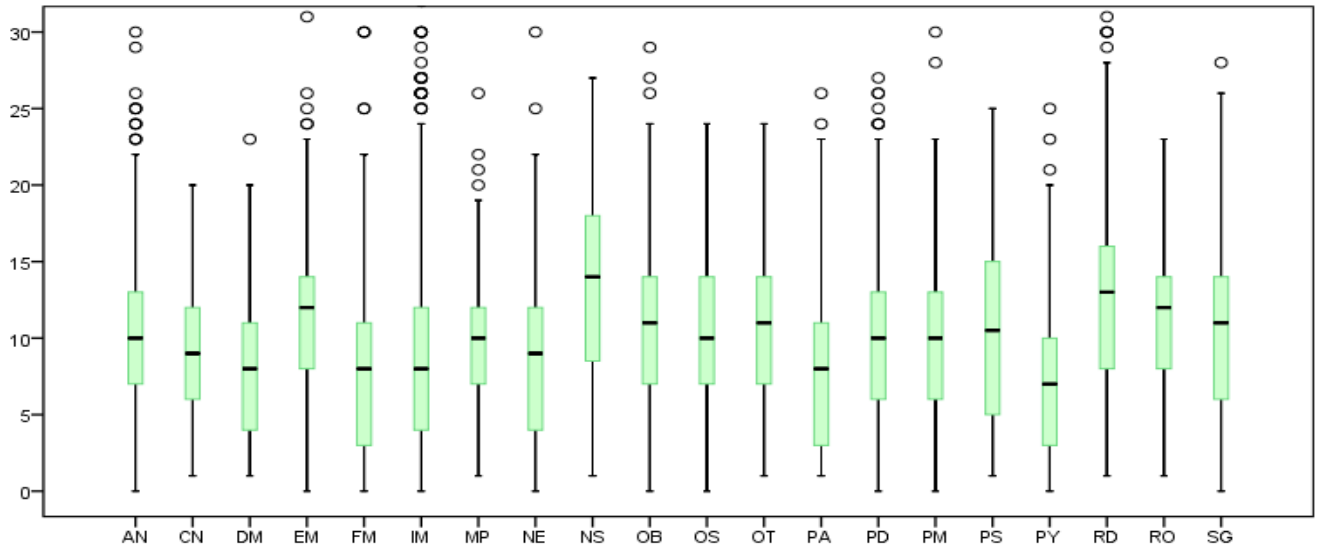
Figure 7

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

Number of Interviews Attended by Applicants



Number of Programs Ranked by Applicants



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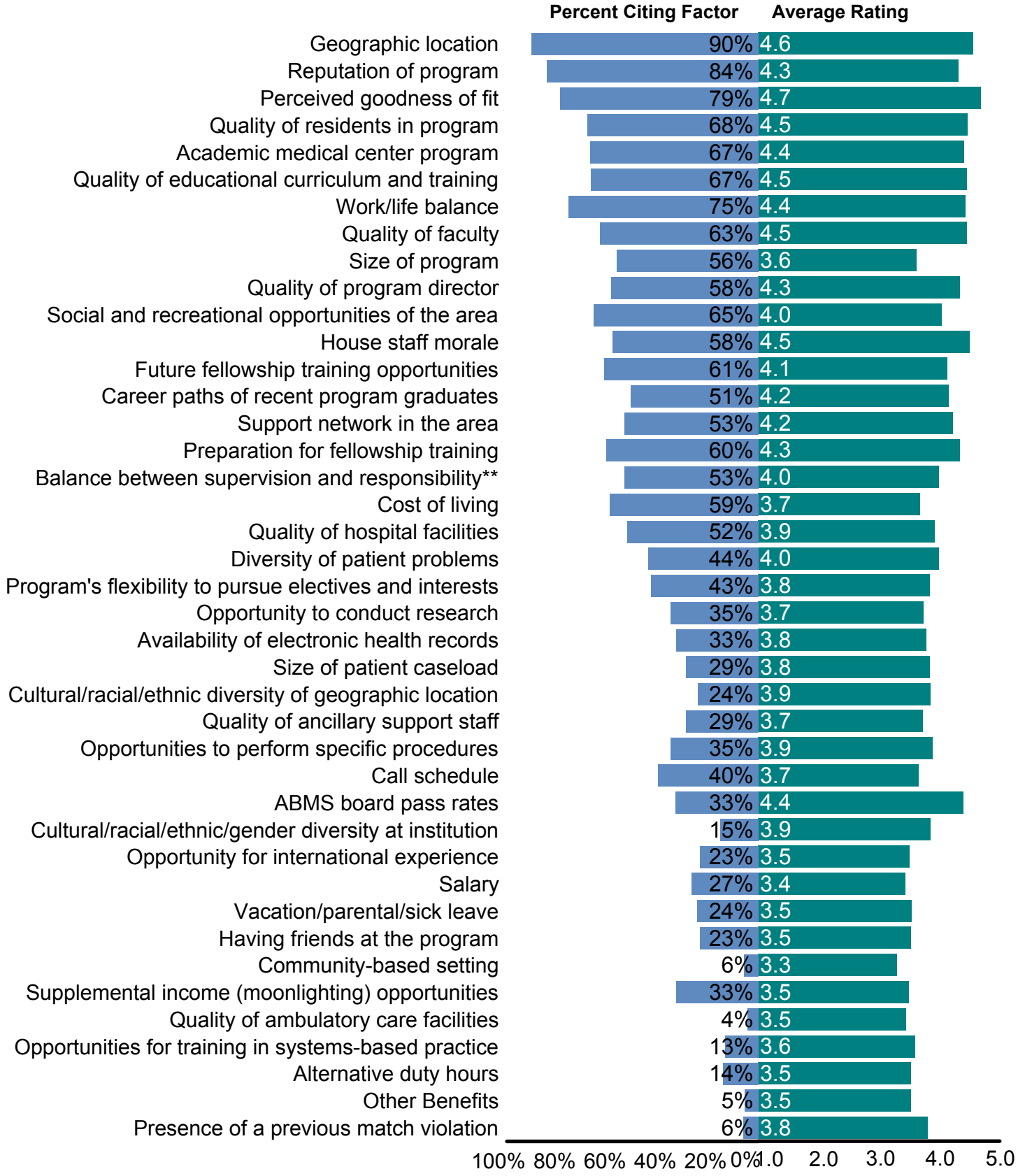
Anesthesiology

Figure AN-1

Anesthesiology

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



Data are presented in 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

Figure AN-1

Anesthesiology

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

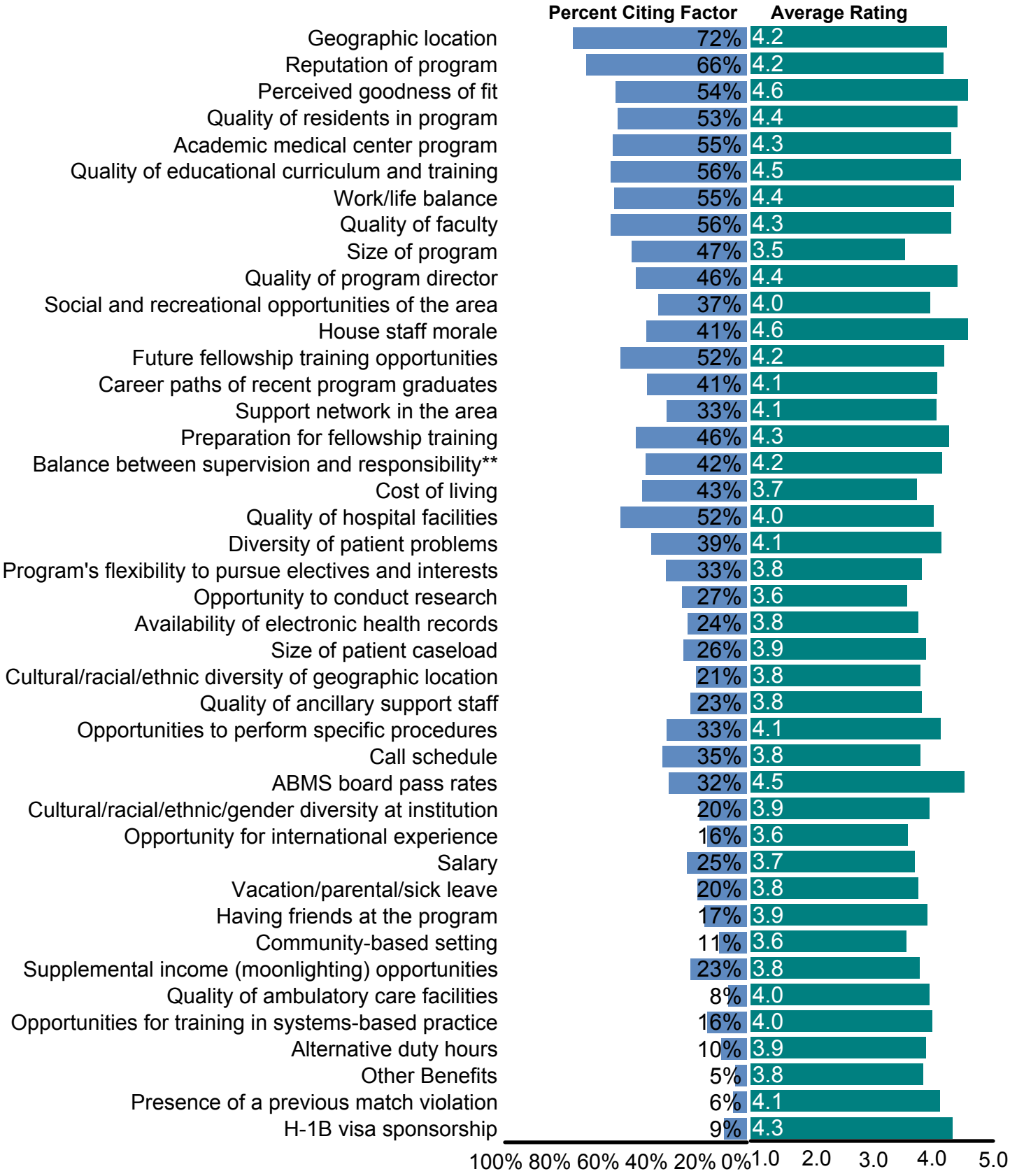


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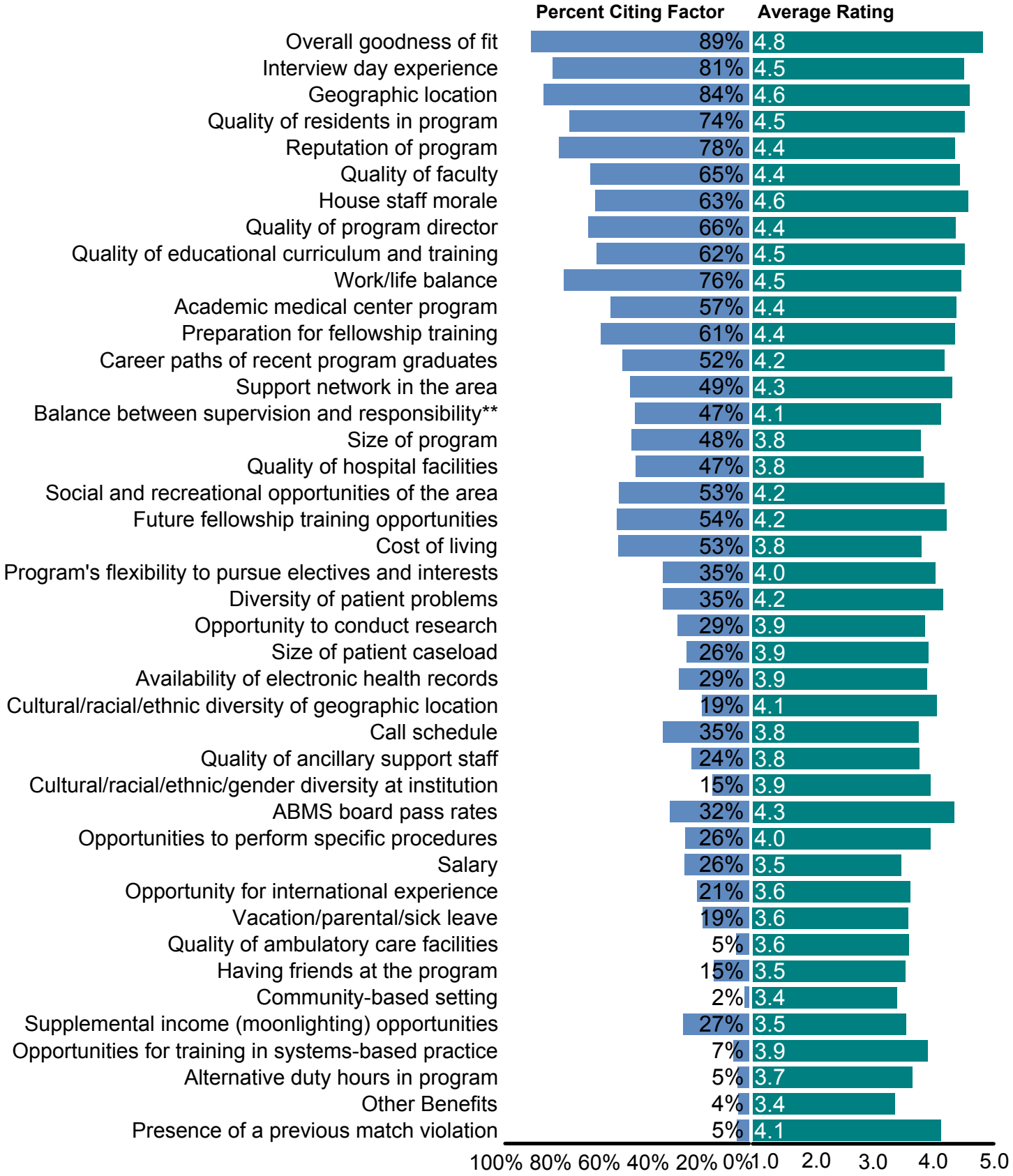
Figure AN-2

Anesthesiology

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



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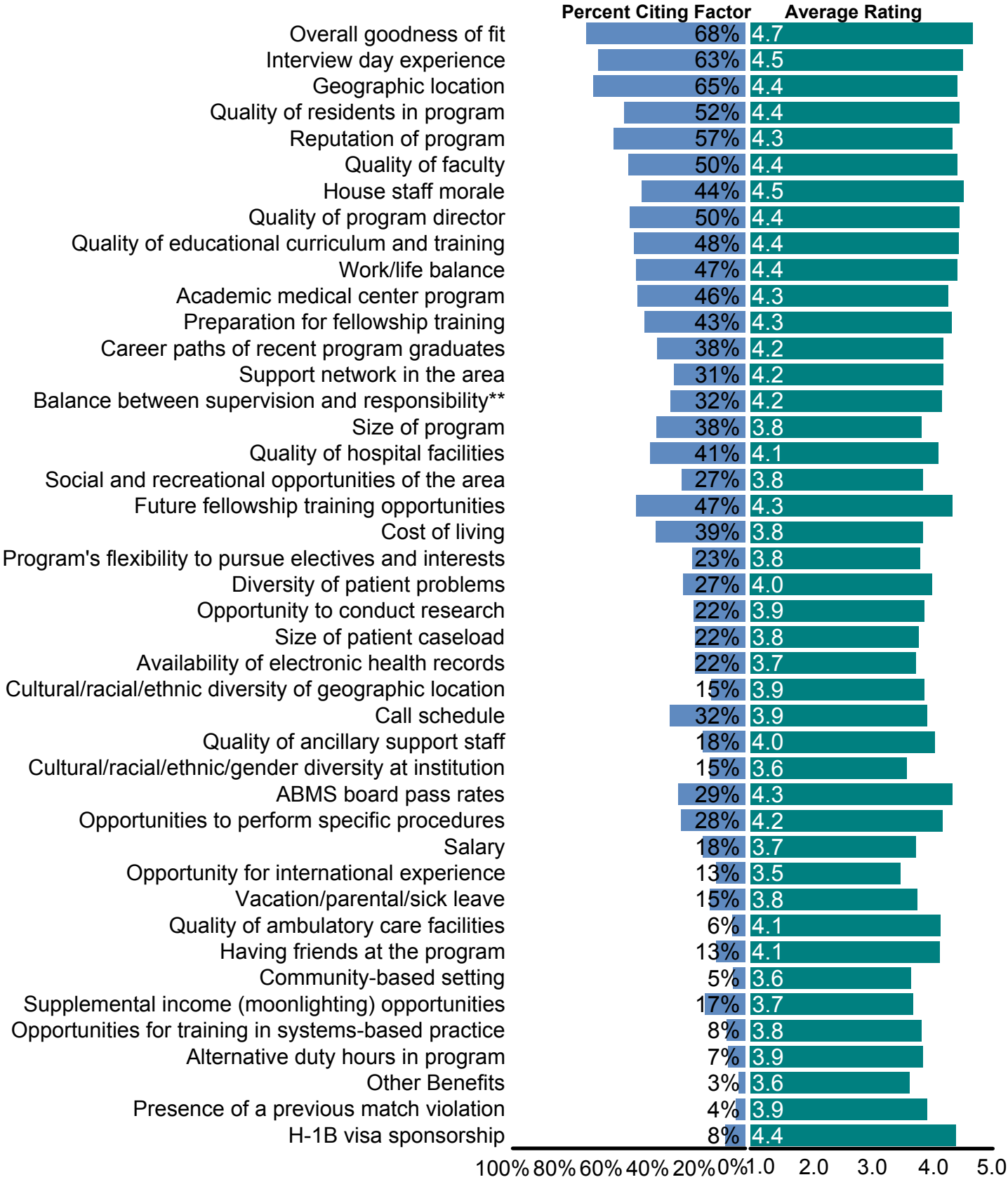

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Figure AN-3

Anesthesiology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

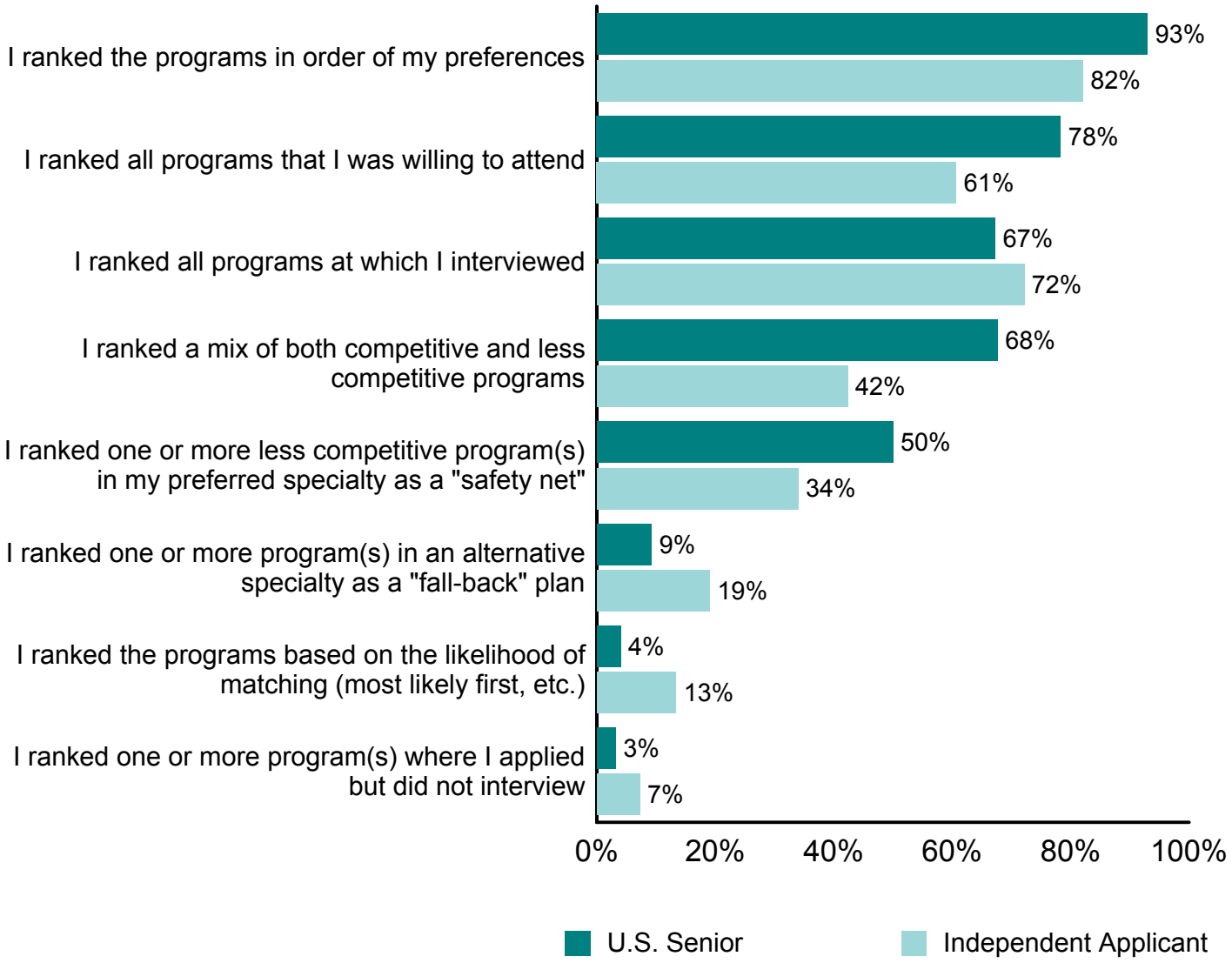
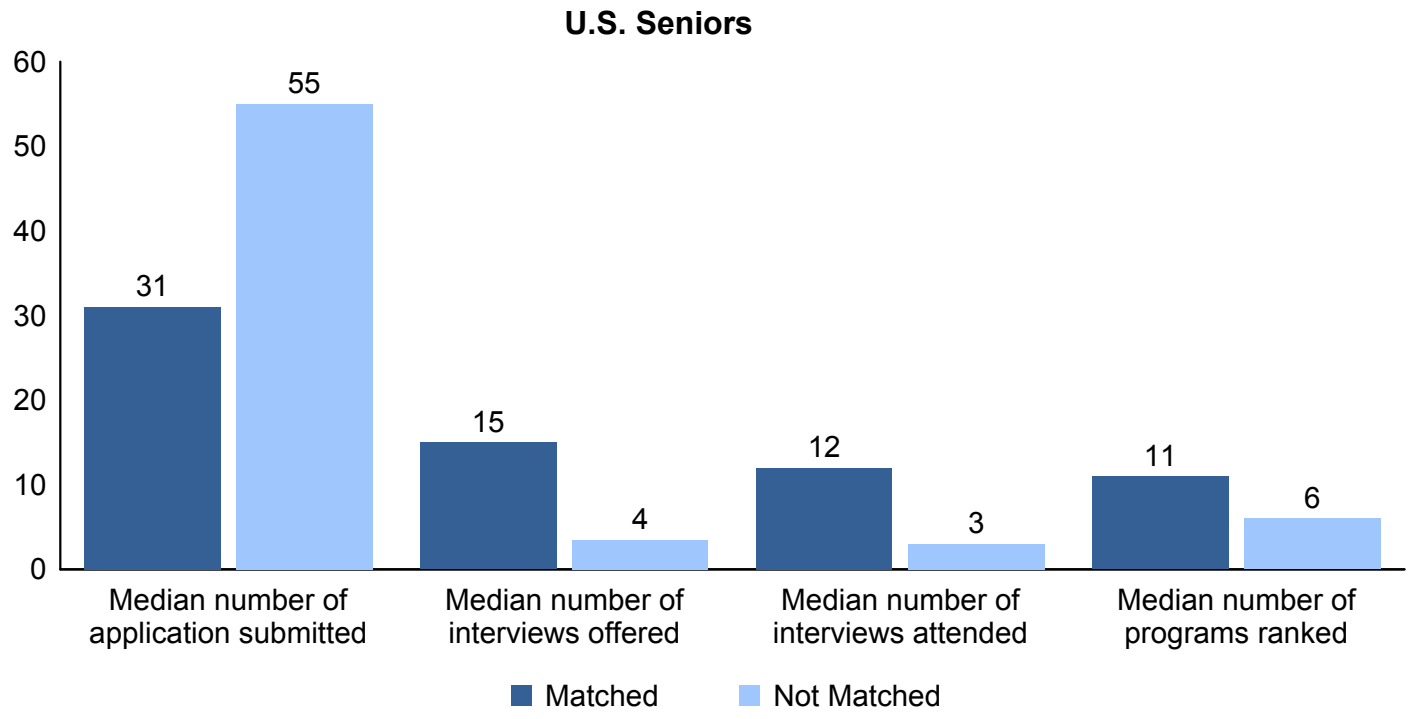
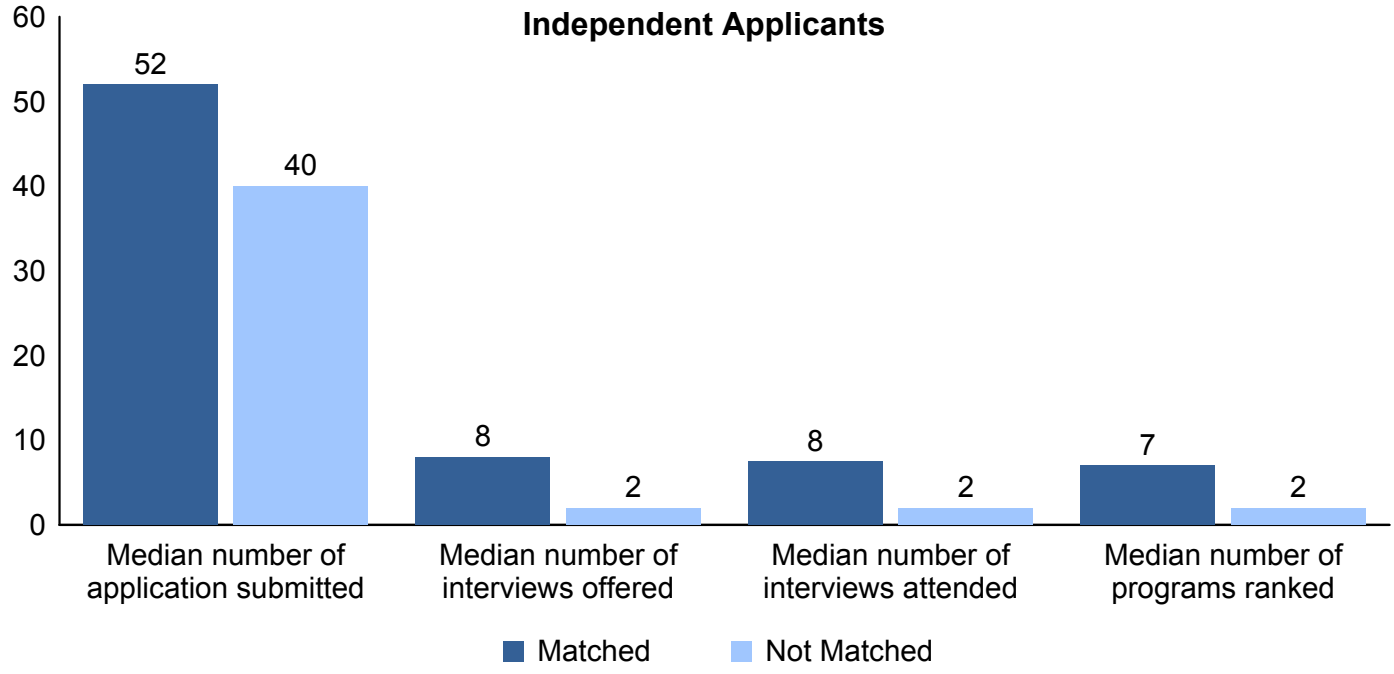


Figure AN-4

Anesthesiology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



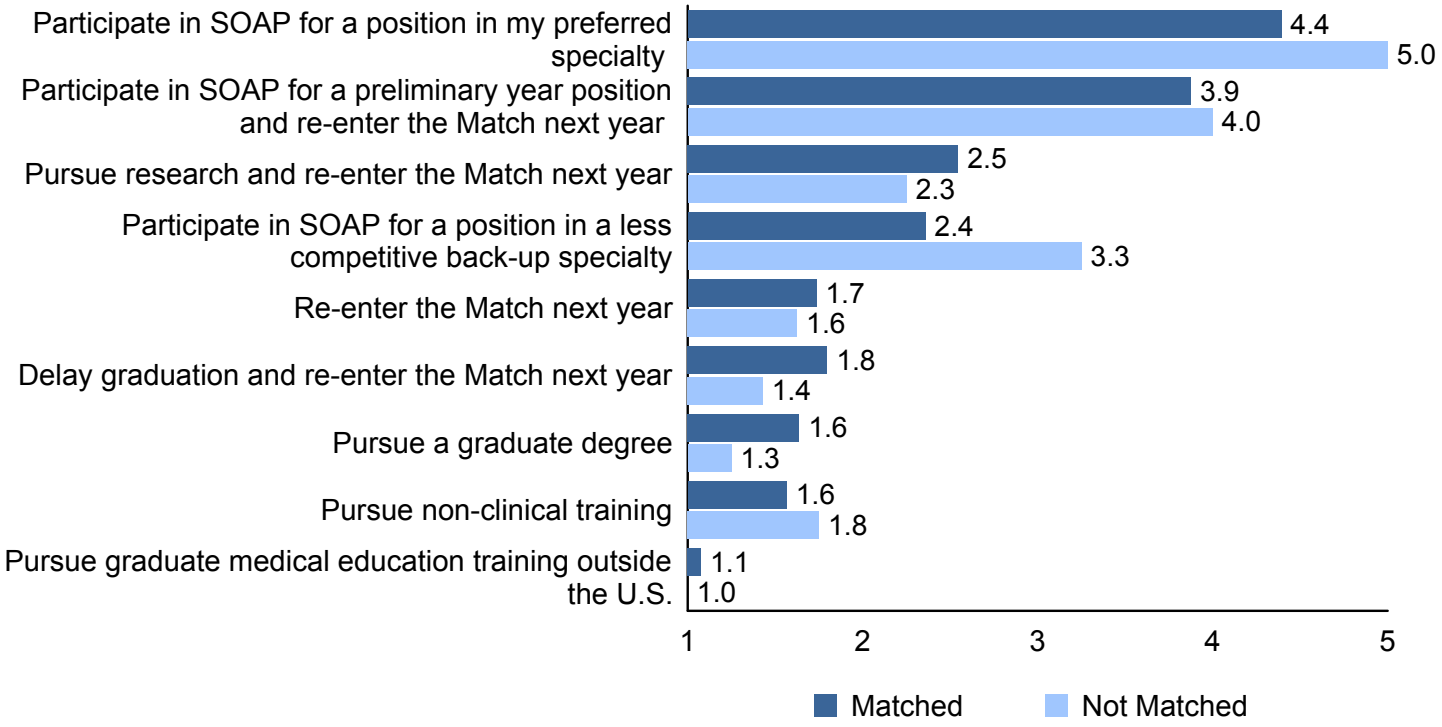


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

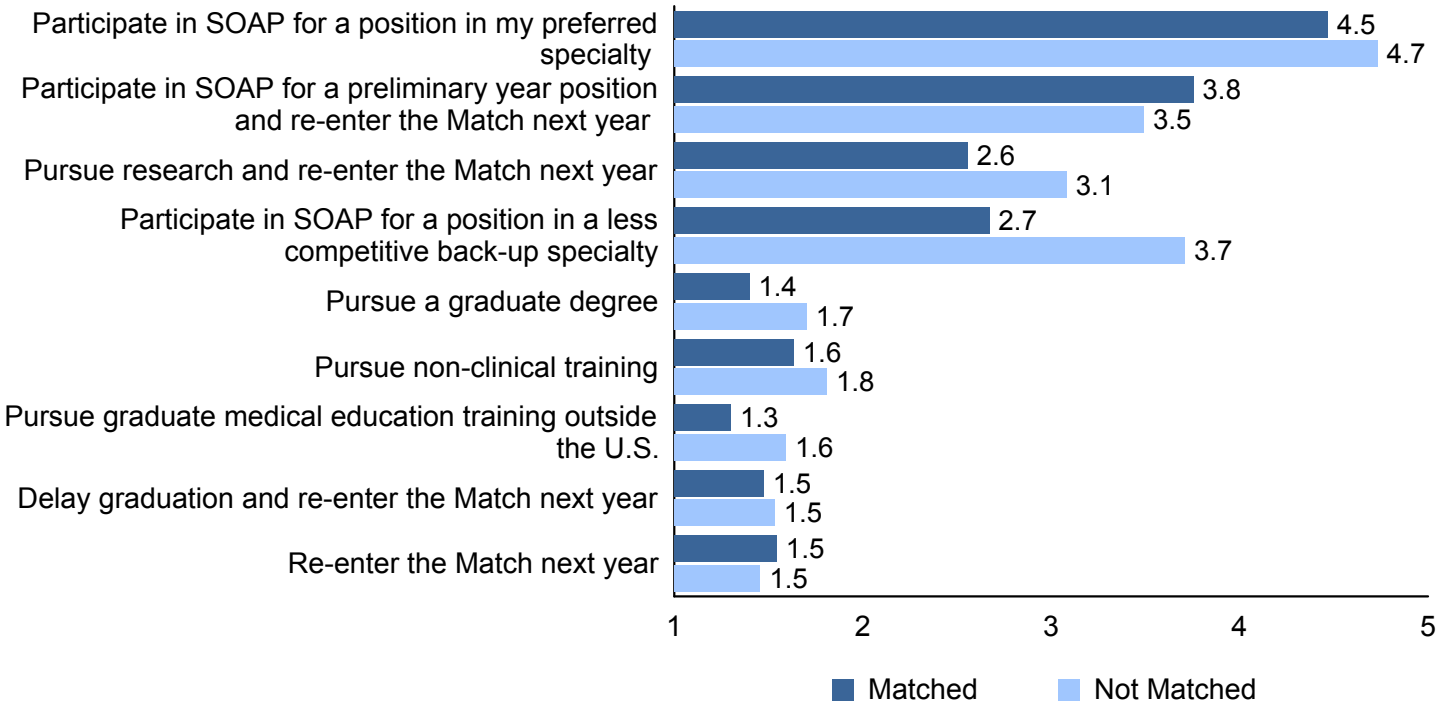
Figure AN-5

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

U.S. Seniors



Independent Applicants



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Child Neurology

Figure CN-1

Child Neurology

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

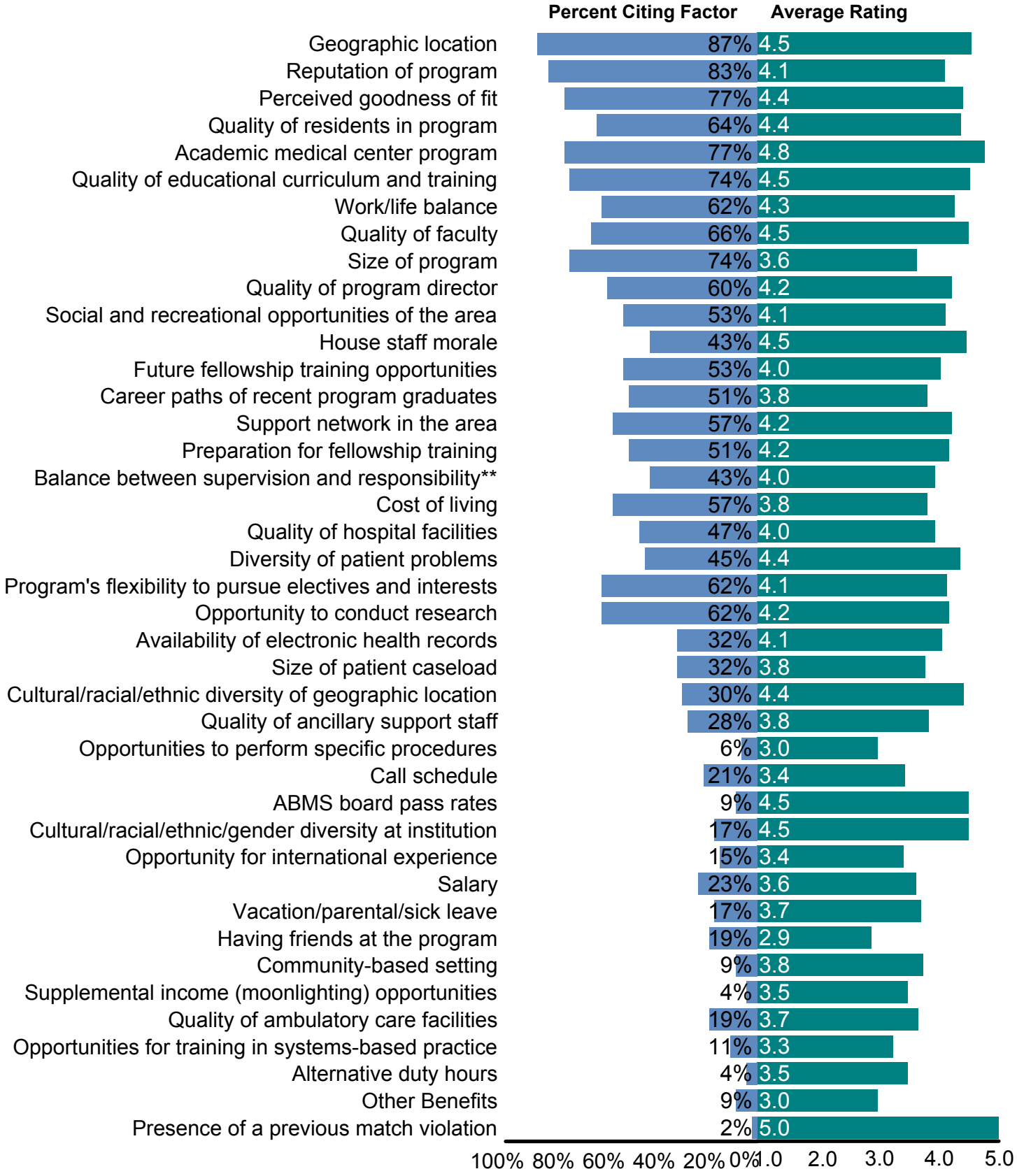

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Figure CN-1

Child Neurology

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

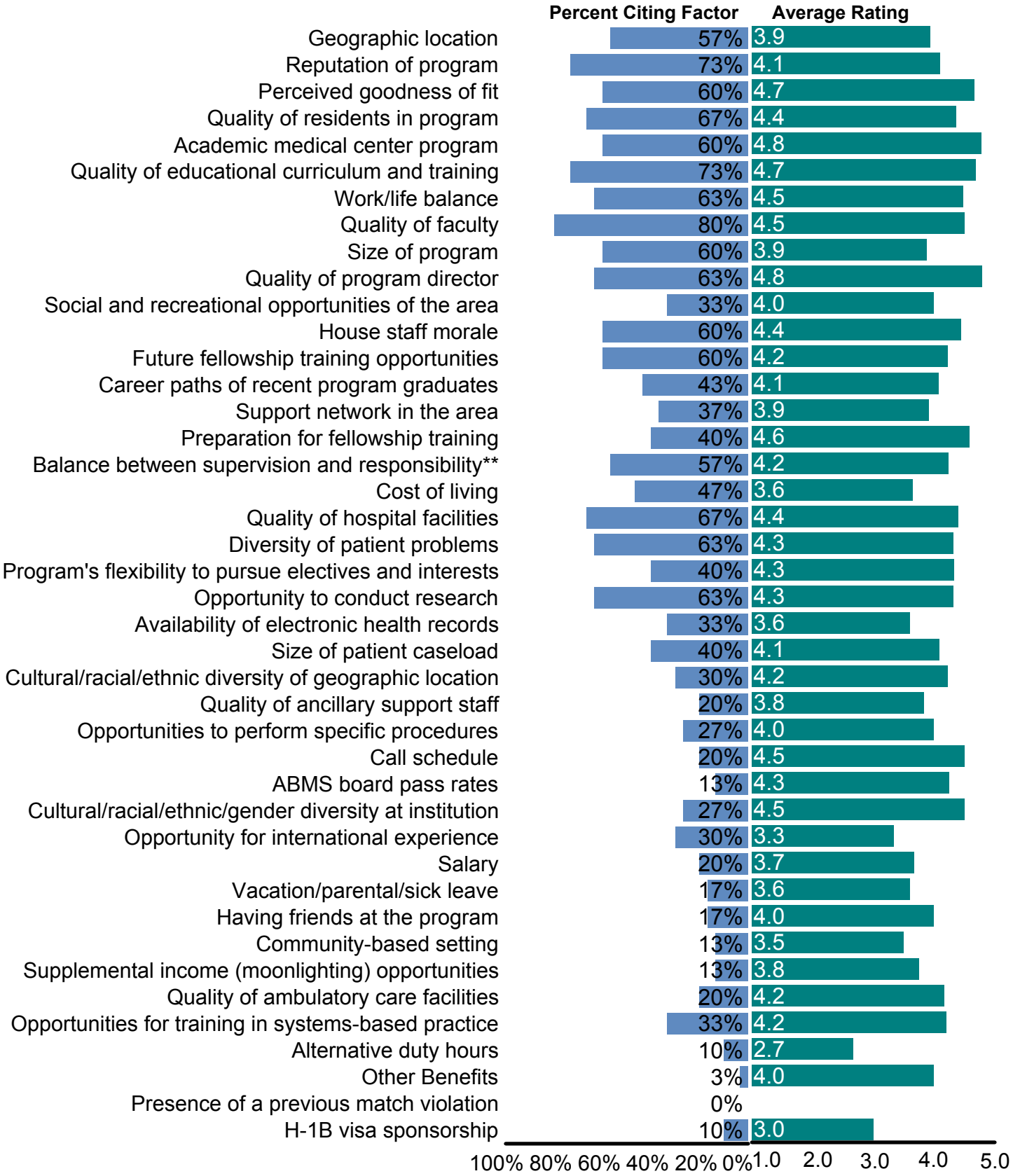

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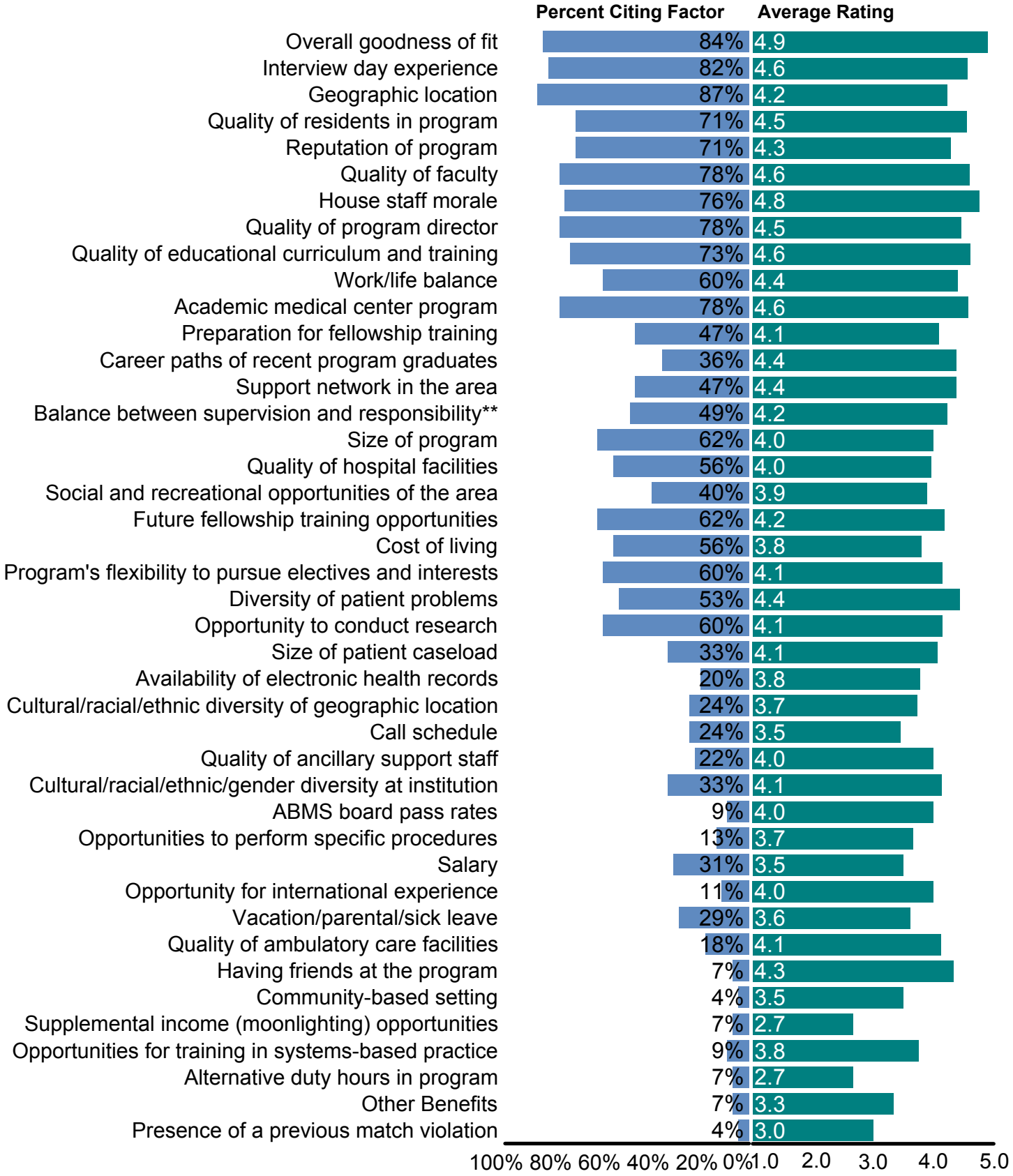
Figure CN-2

Child Neurology

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



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

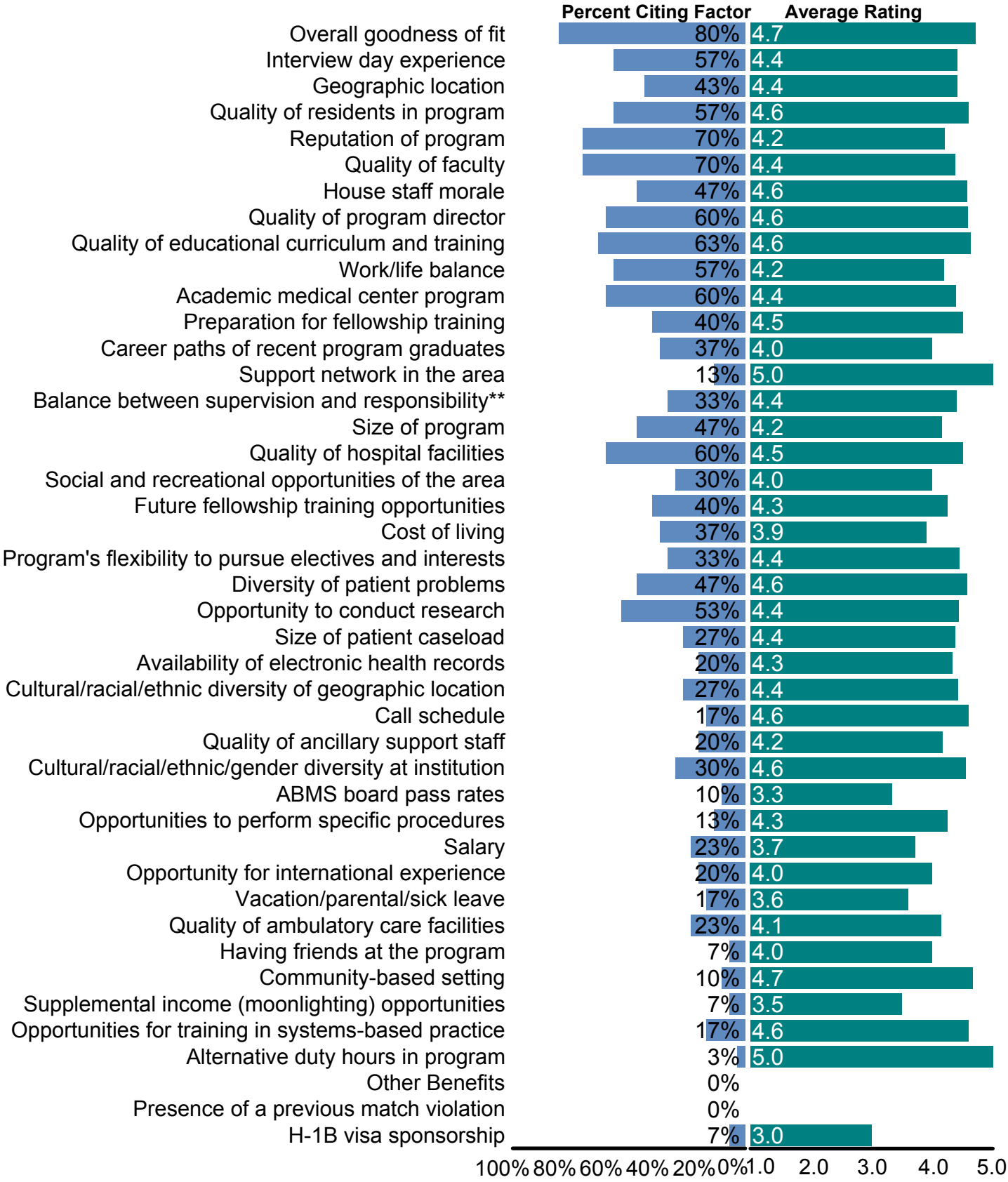
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure CN-2

Child Neurology

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



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

Figure CN-3

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

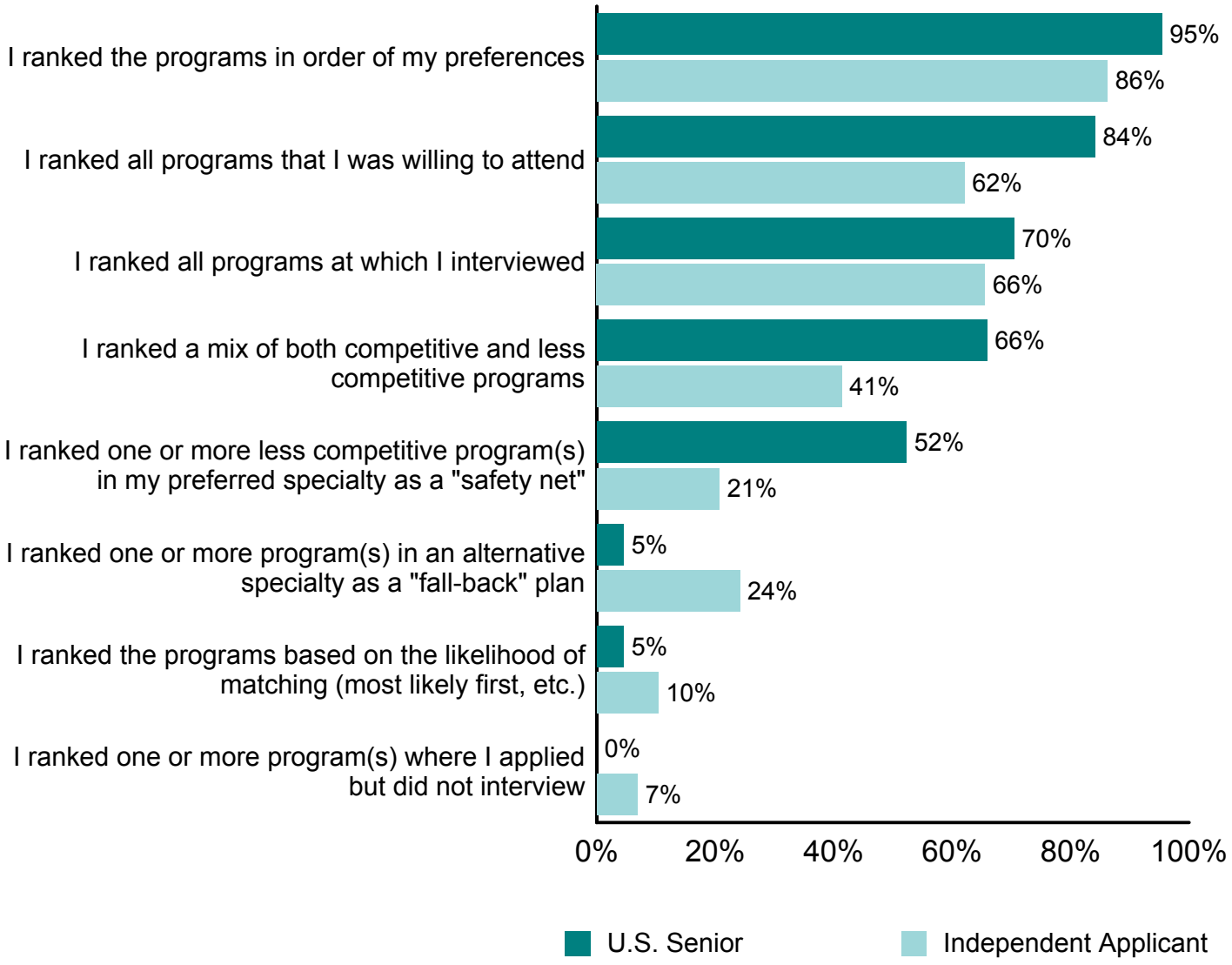
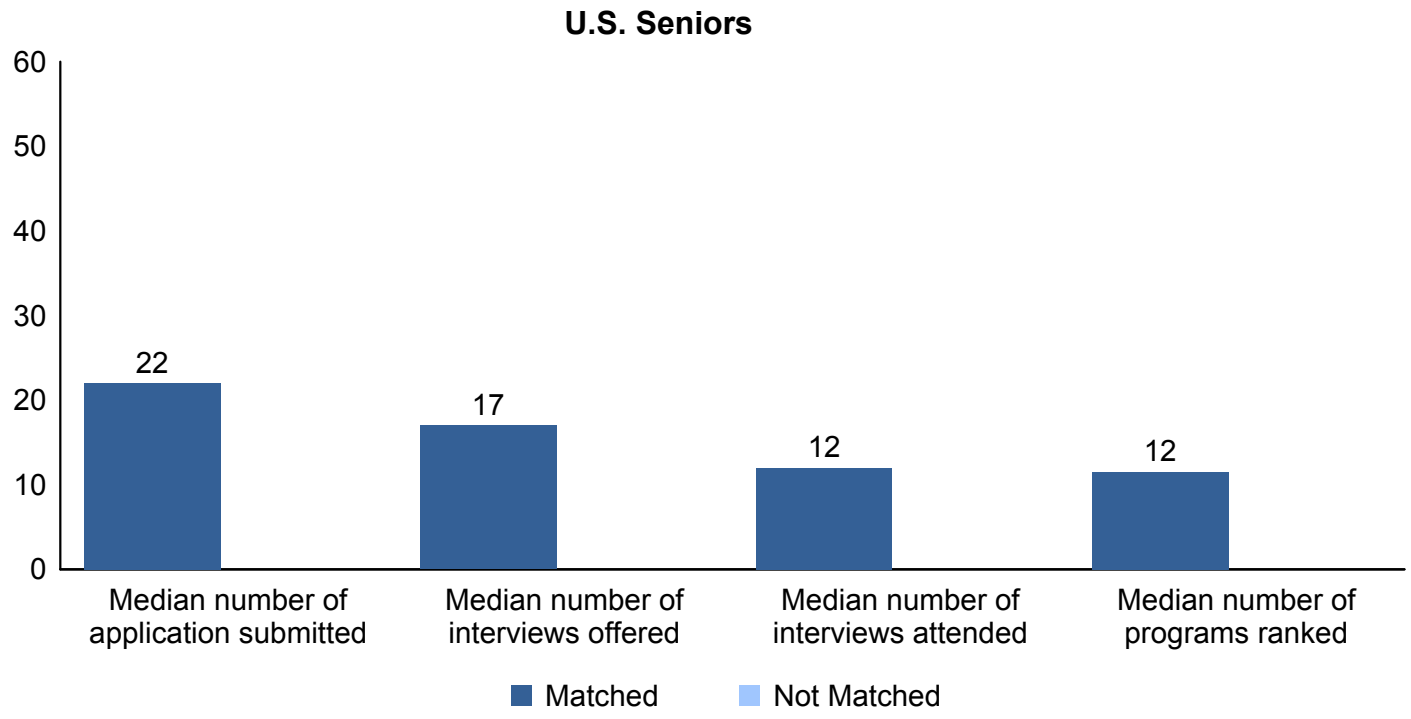
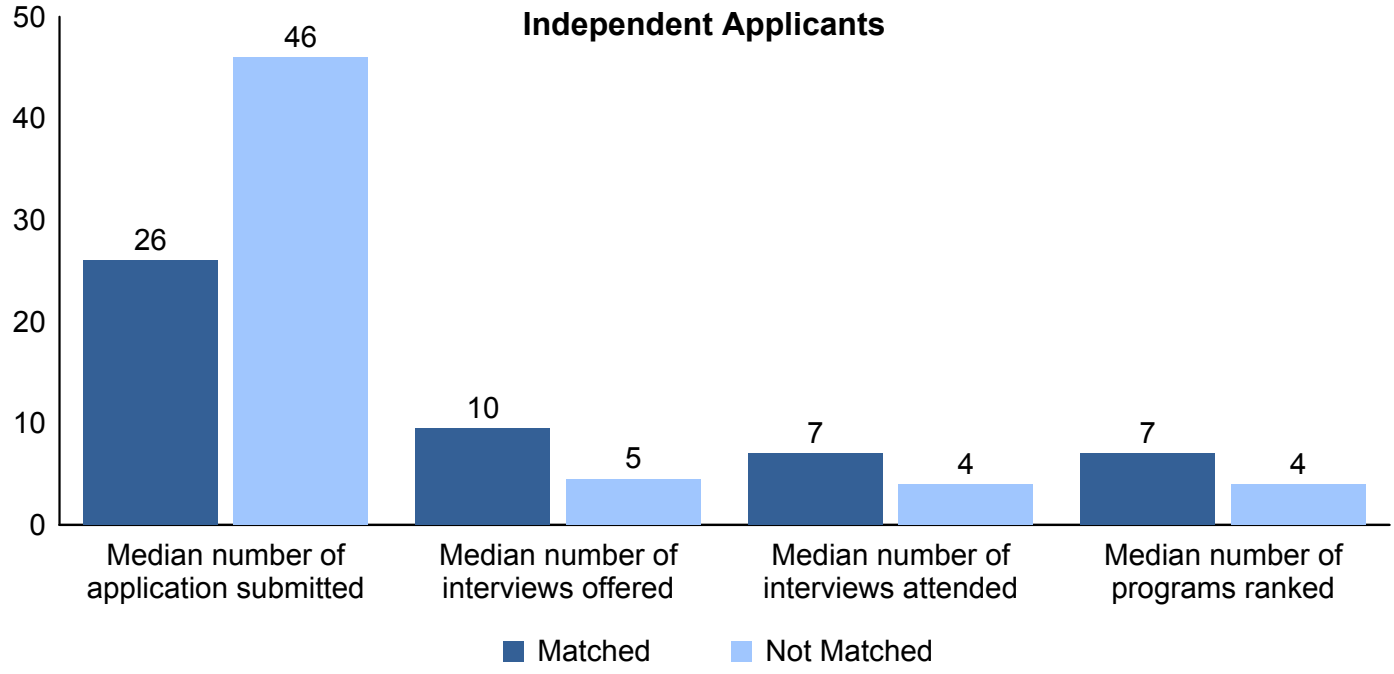


Figure CN-4

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

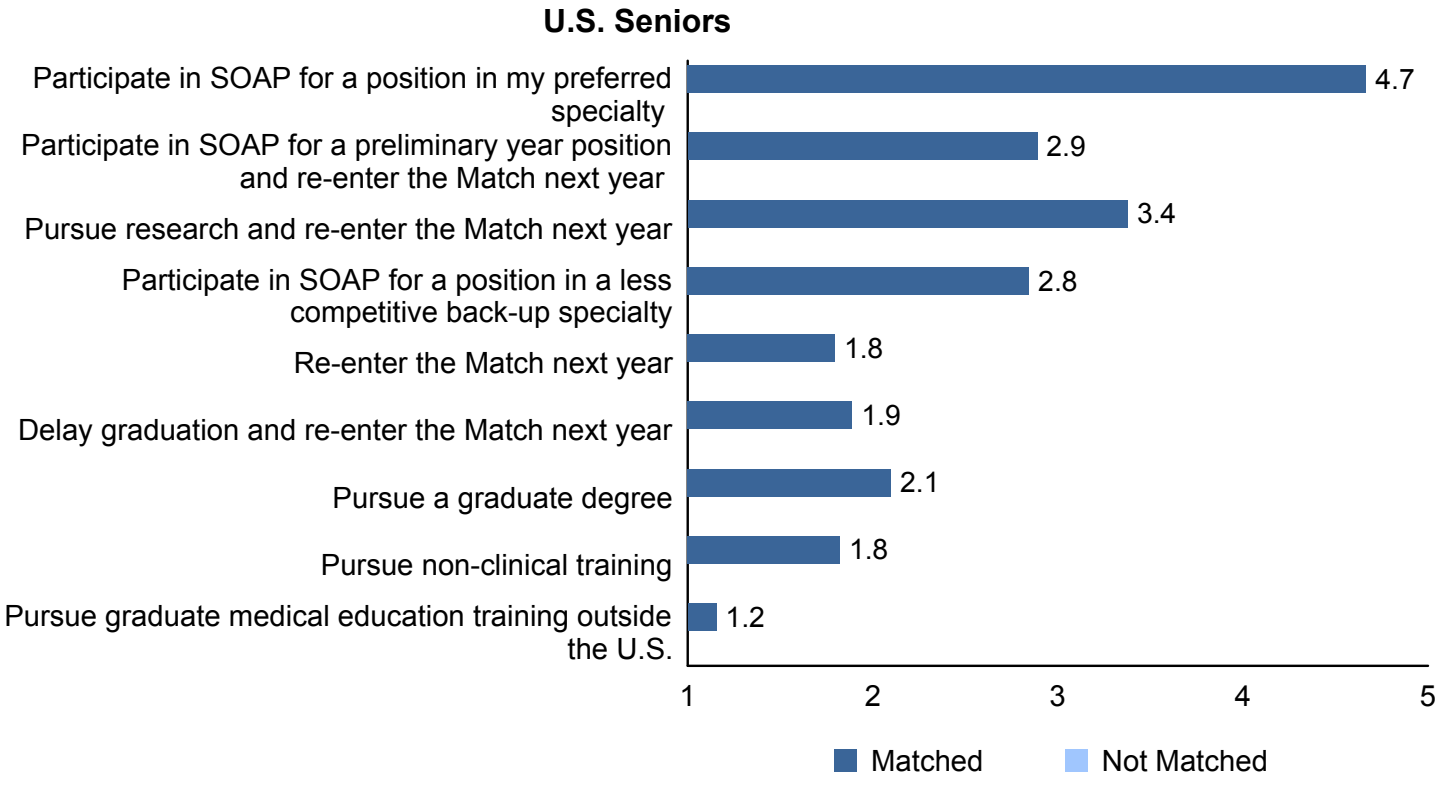


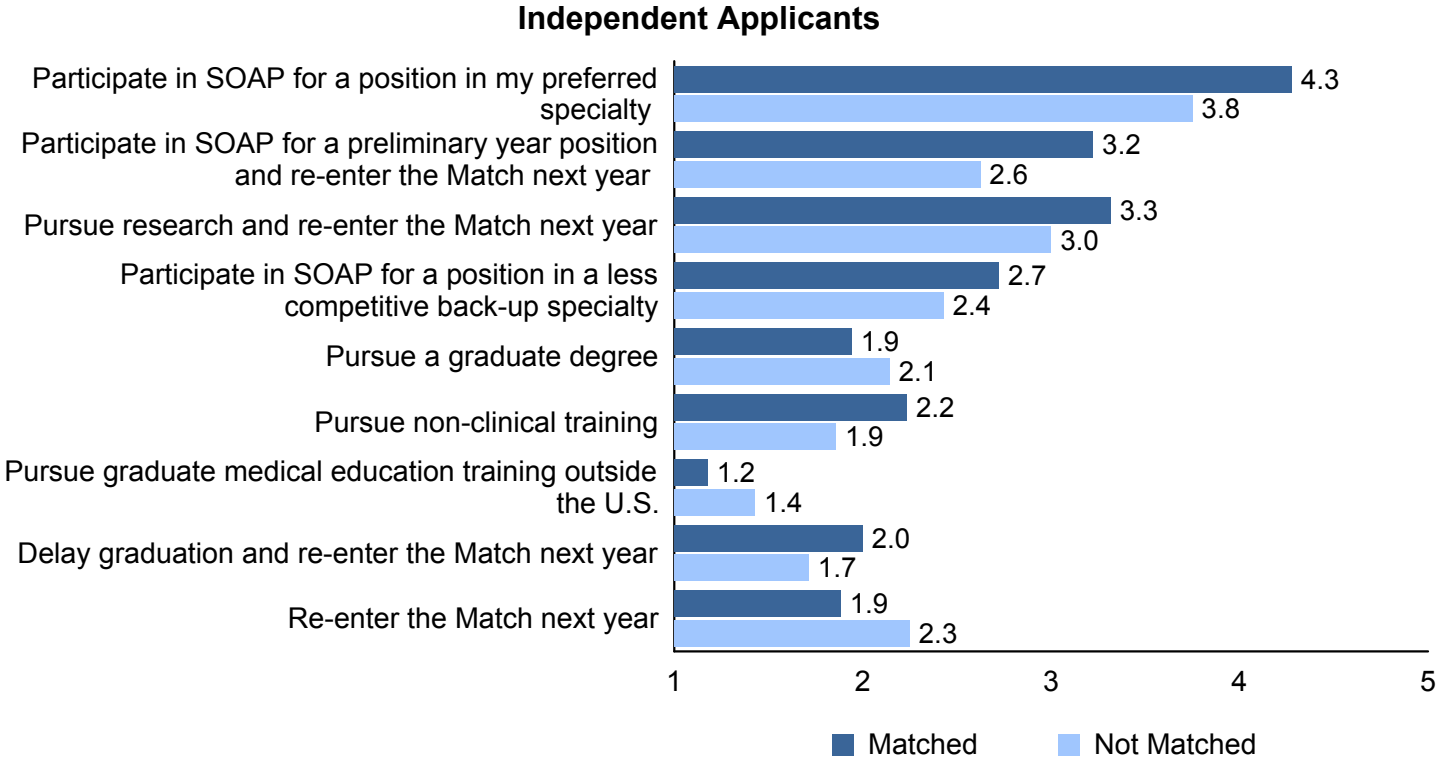


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure CN-5

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





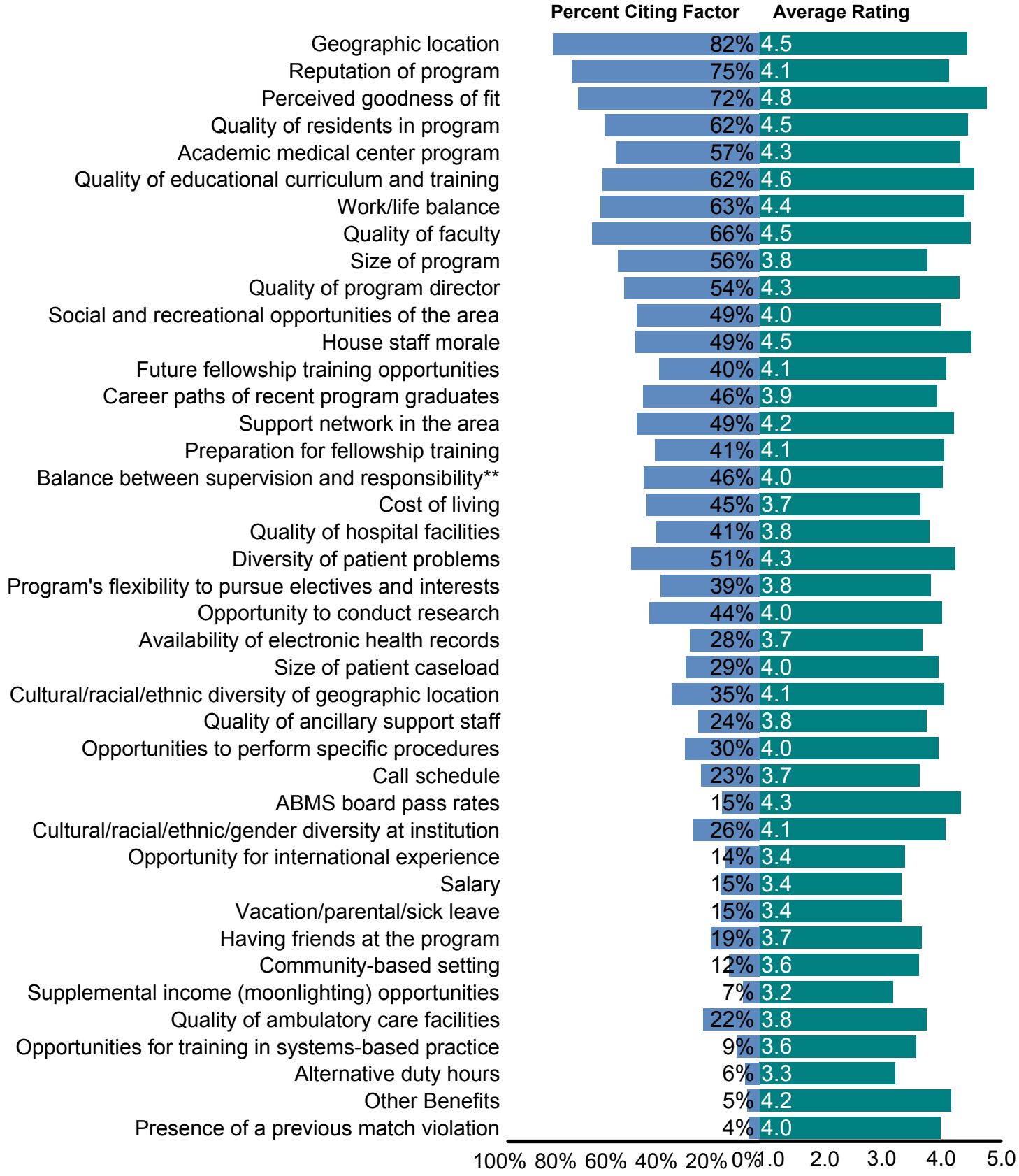
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Dermatology

Figure DM-1

Dermatology

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



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

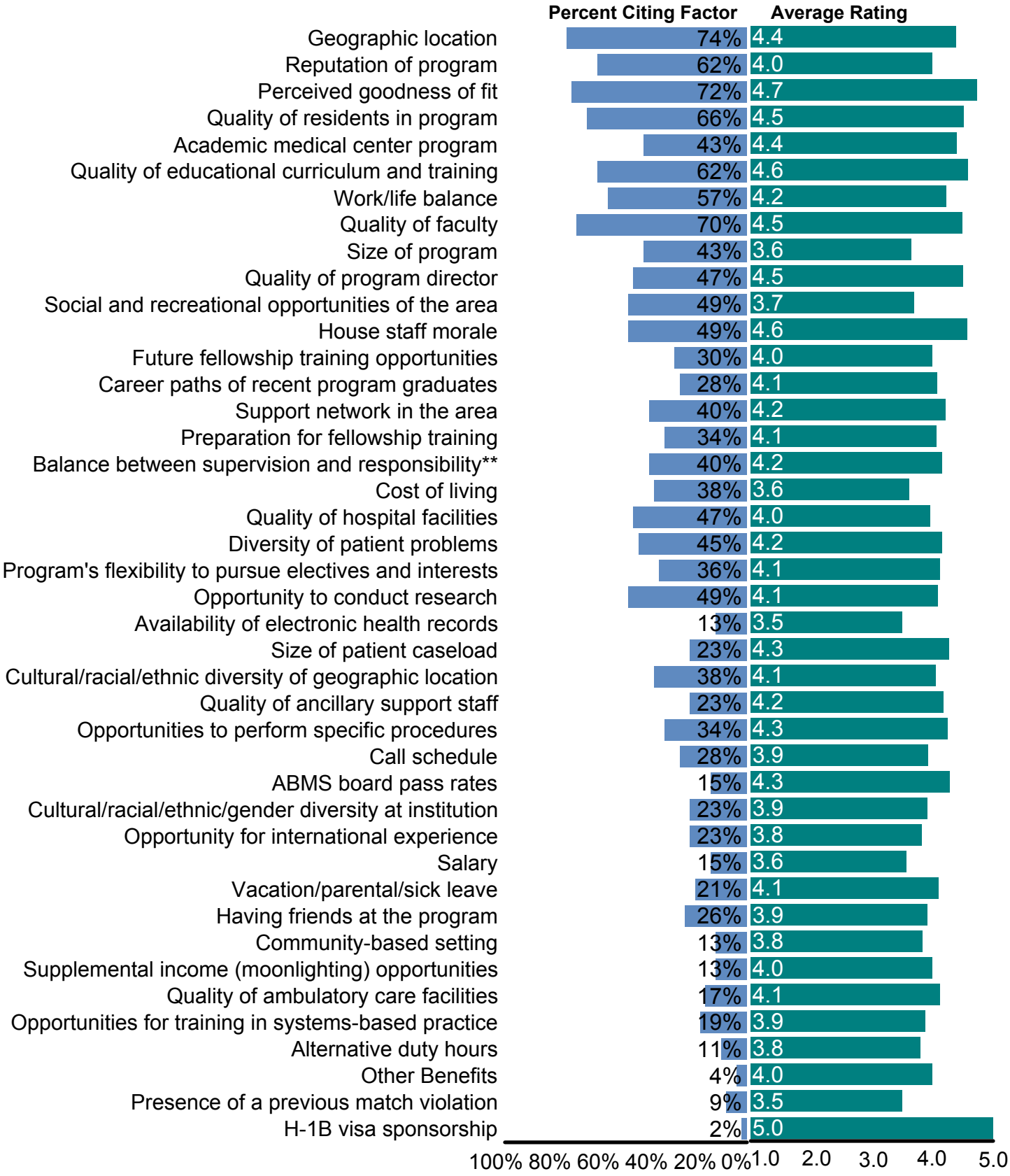
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure DM-1

Dermatology

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



Data are presented in 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

Figure DM-2

Dermatology

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

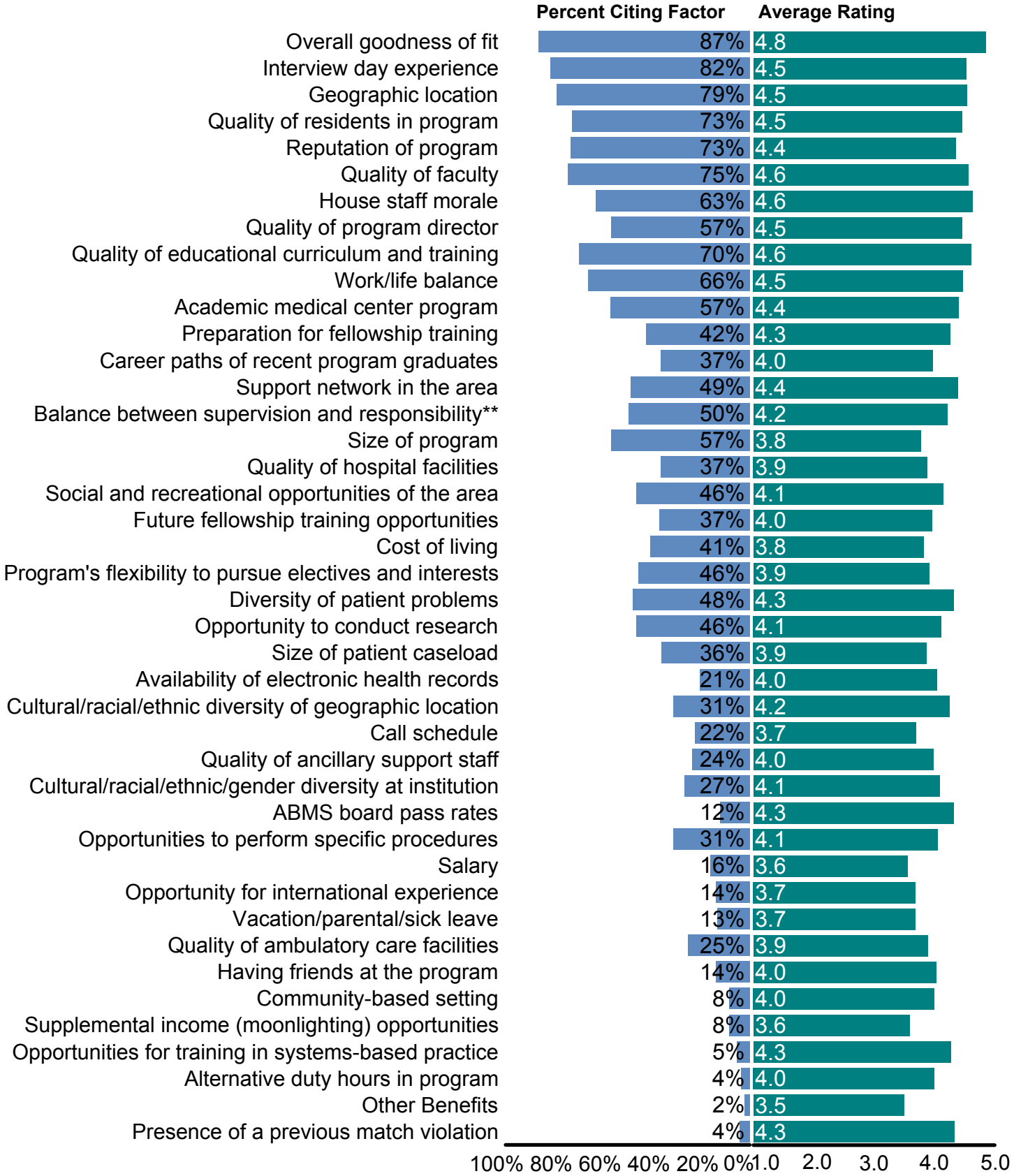


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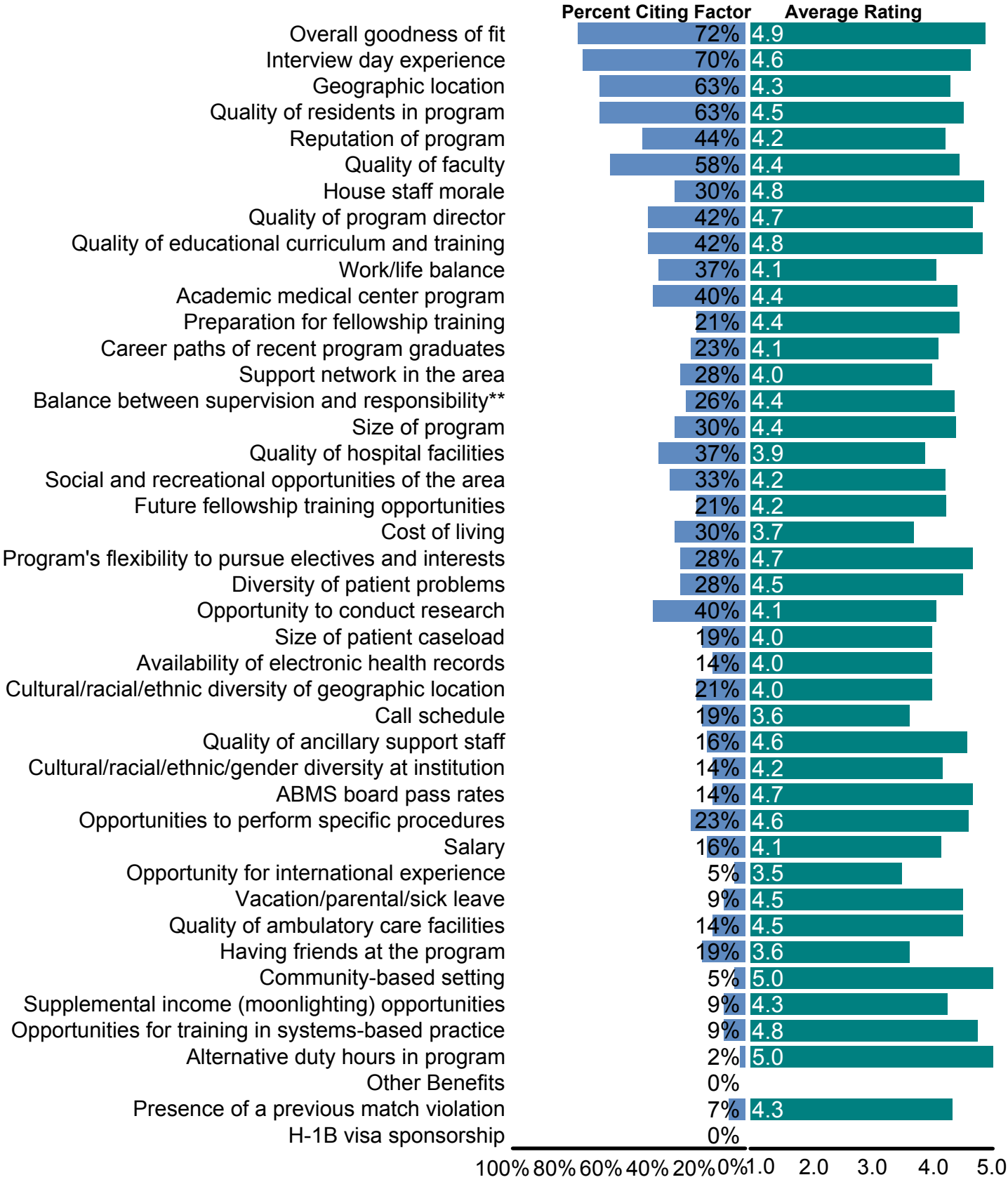
Figure DM-2

Dermatology

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



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

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

Figure DM-3

Dermatology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

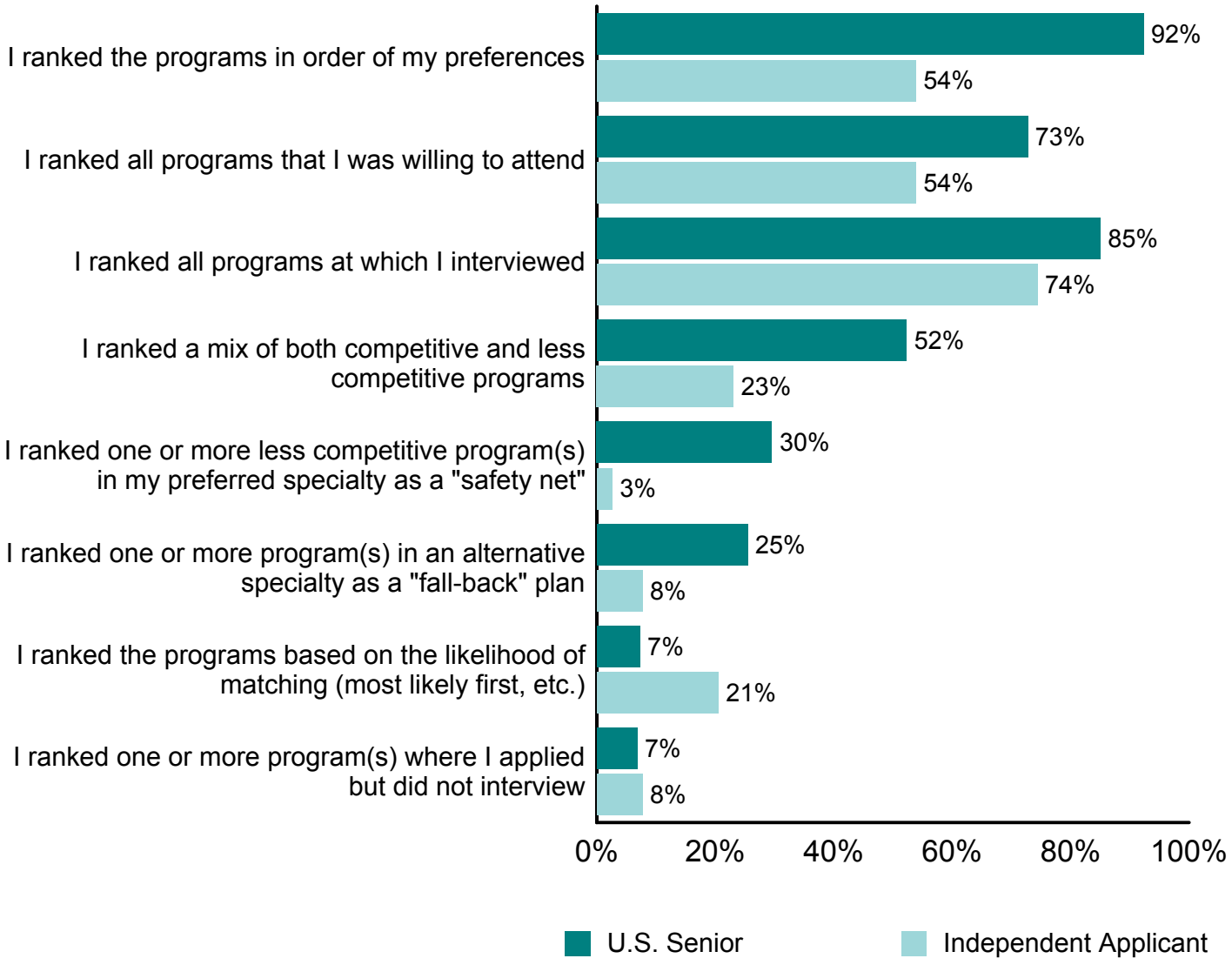
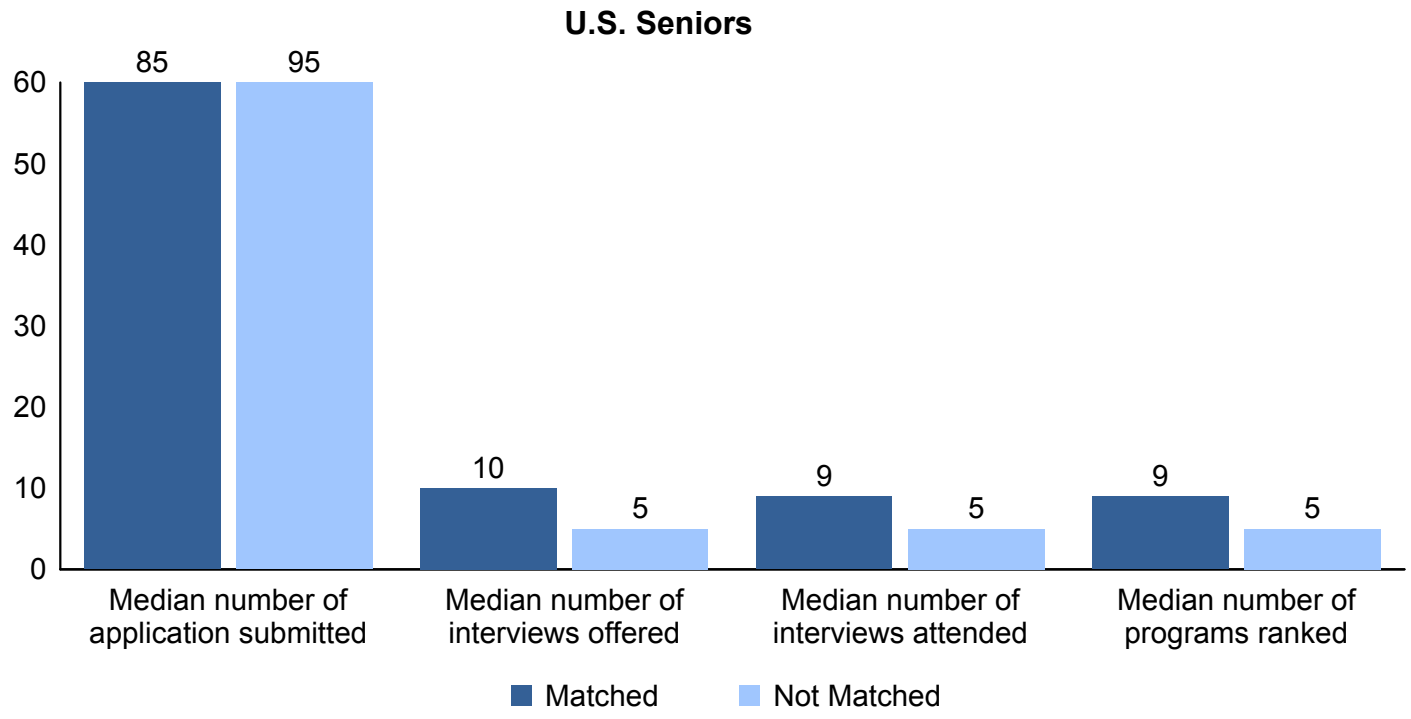
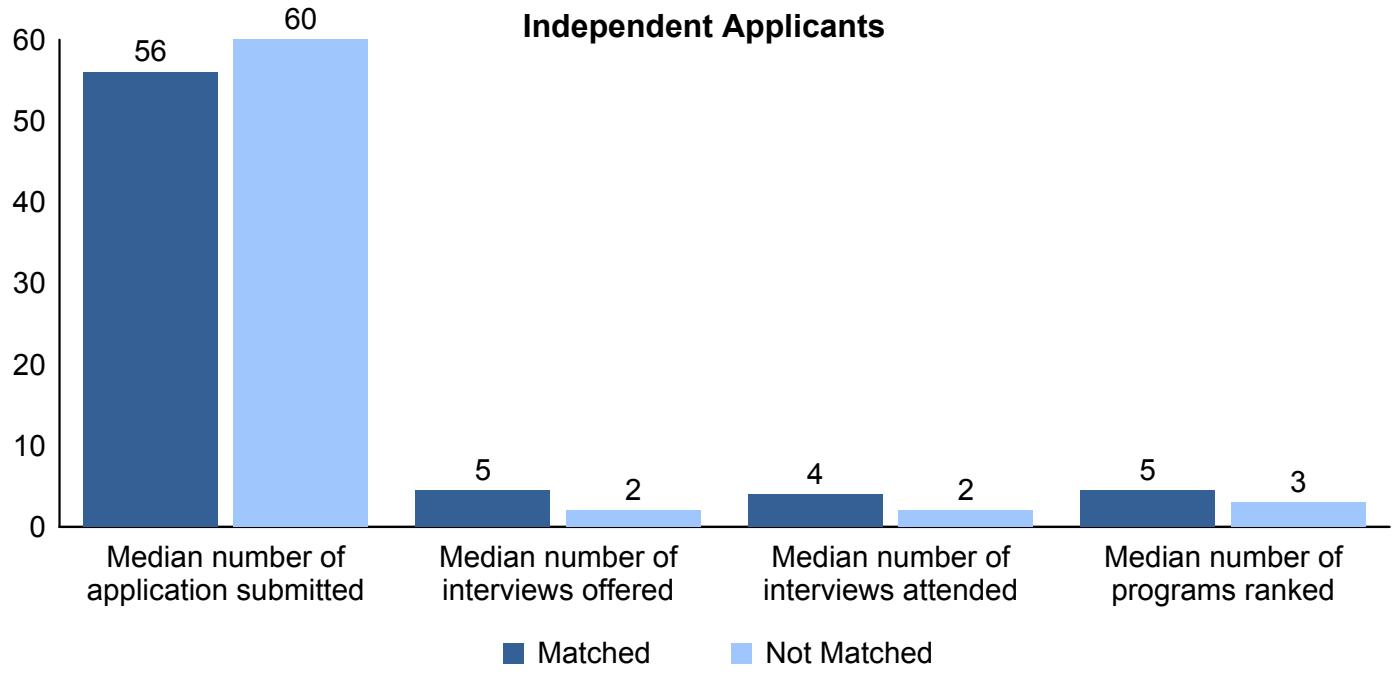


Figure DM-4

Dermatology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

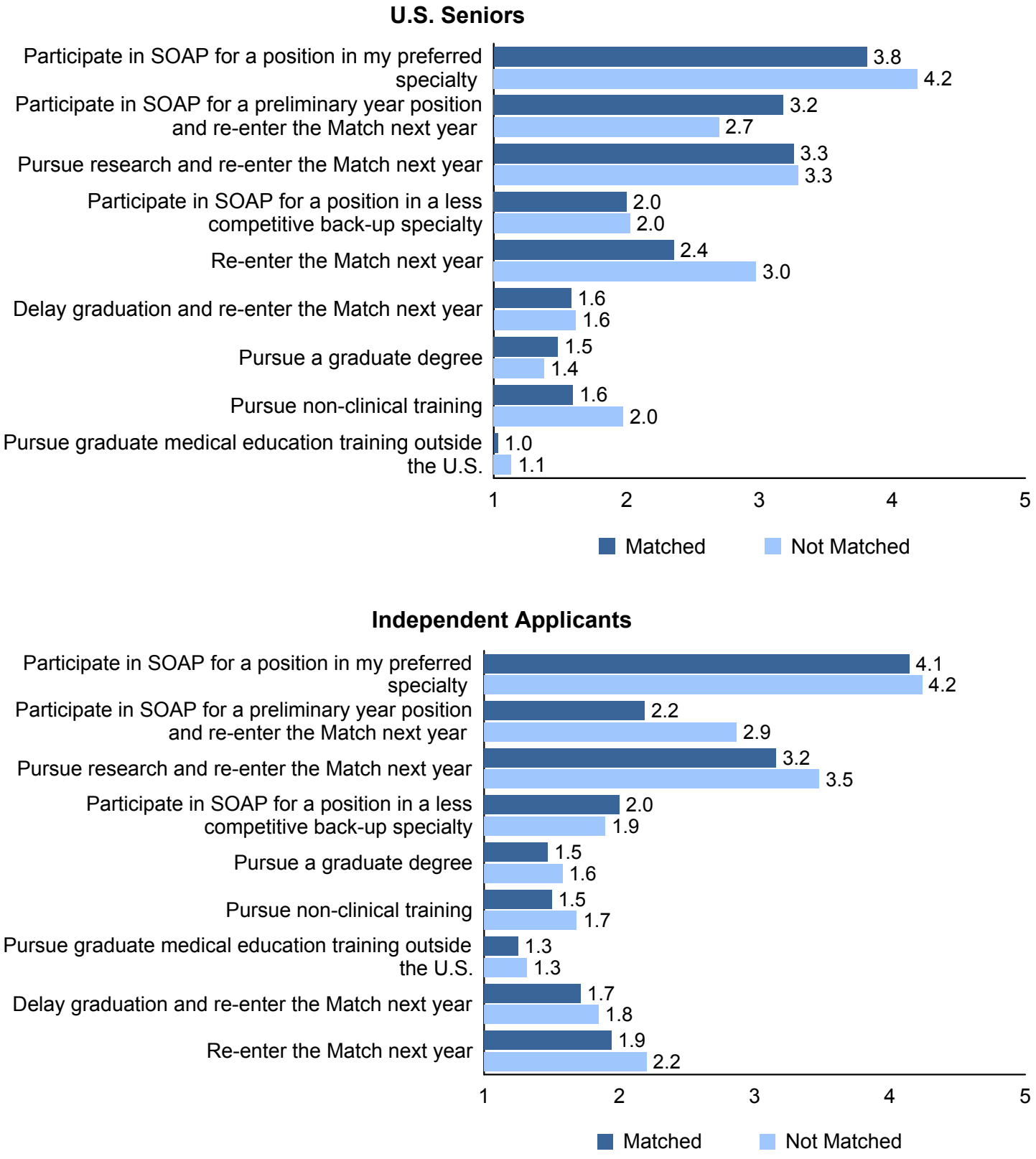




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure DM-5

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



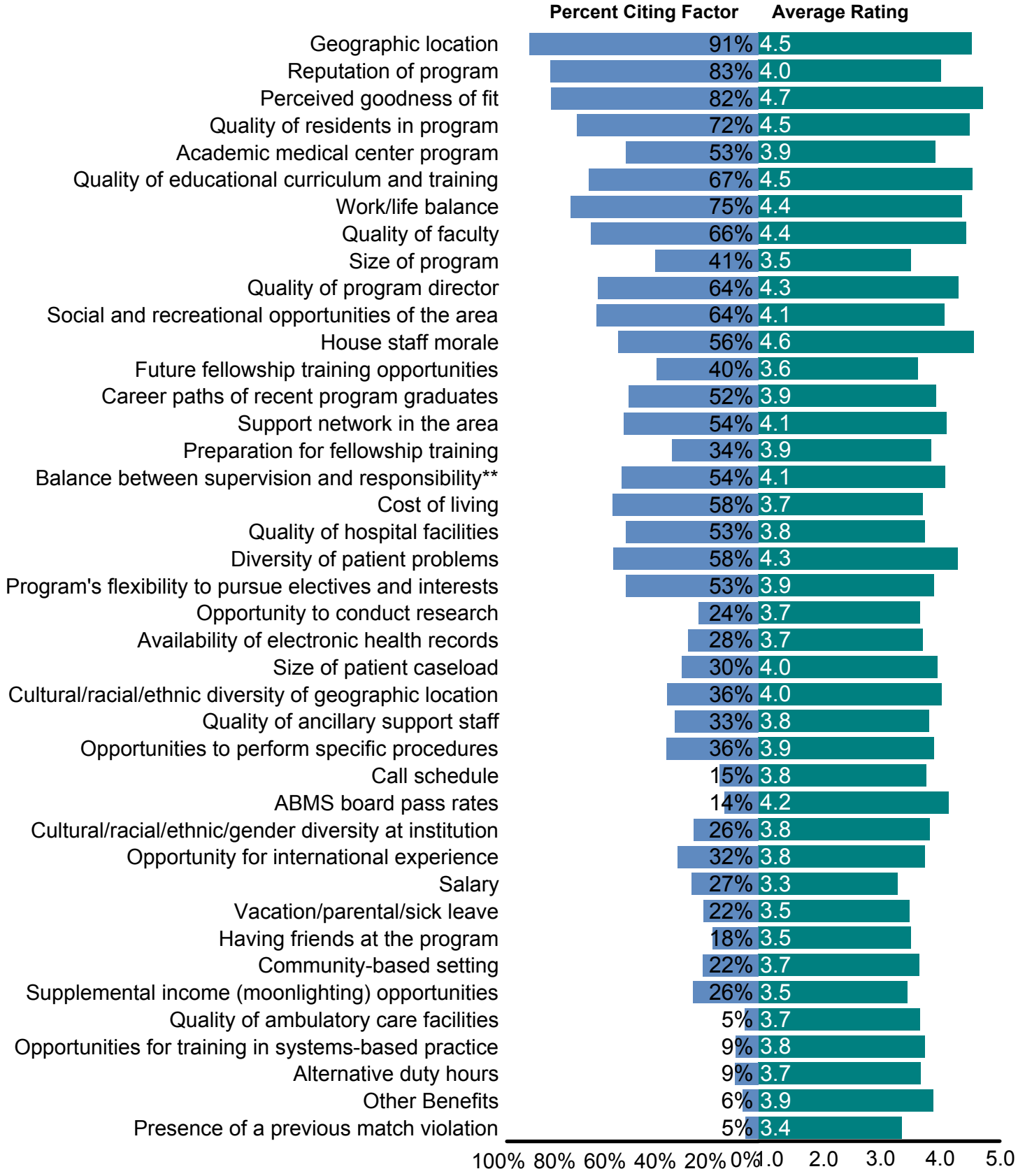
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Emergency Medicine

Figure EM-1

Emergency Medicine

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



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

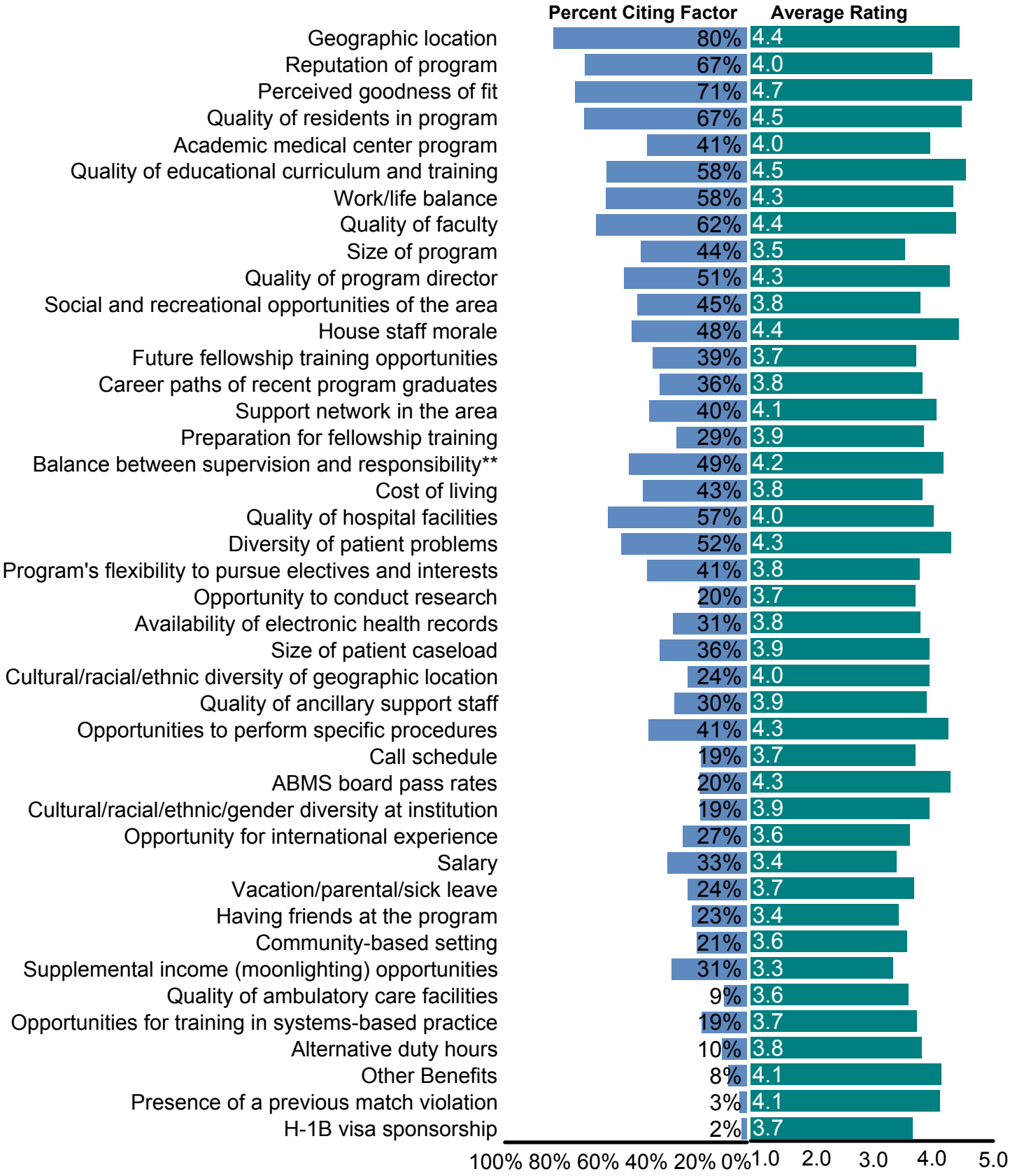
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure EM-1

Emergency Medicine

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



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

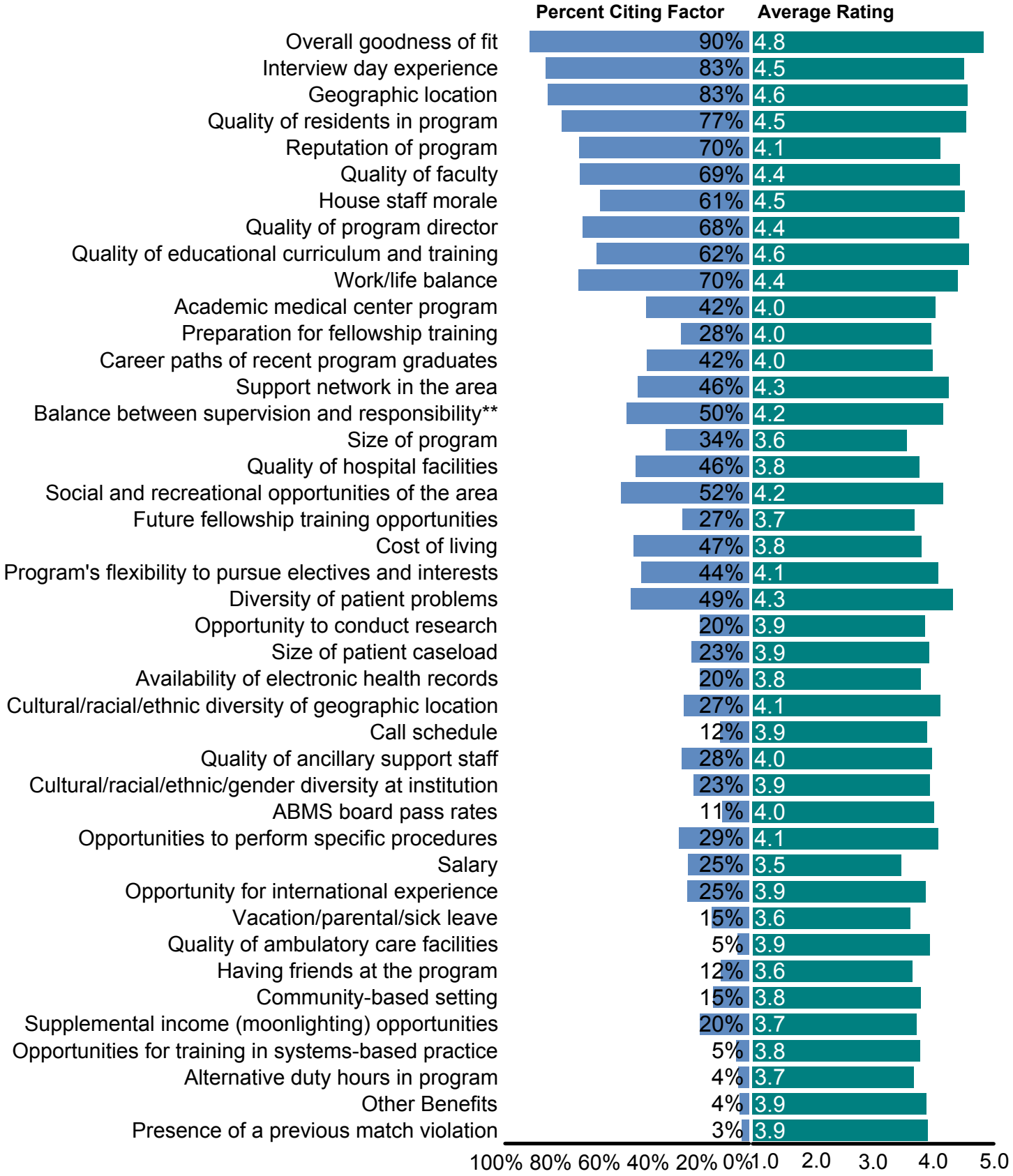
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure EM-2

Emergency Medicine

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



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

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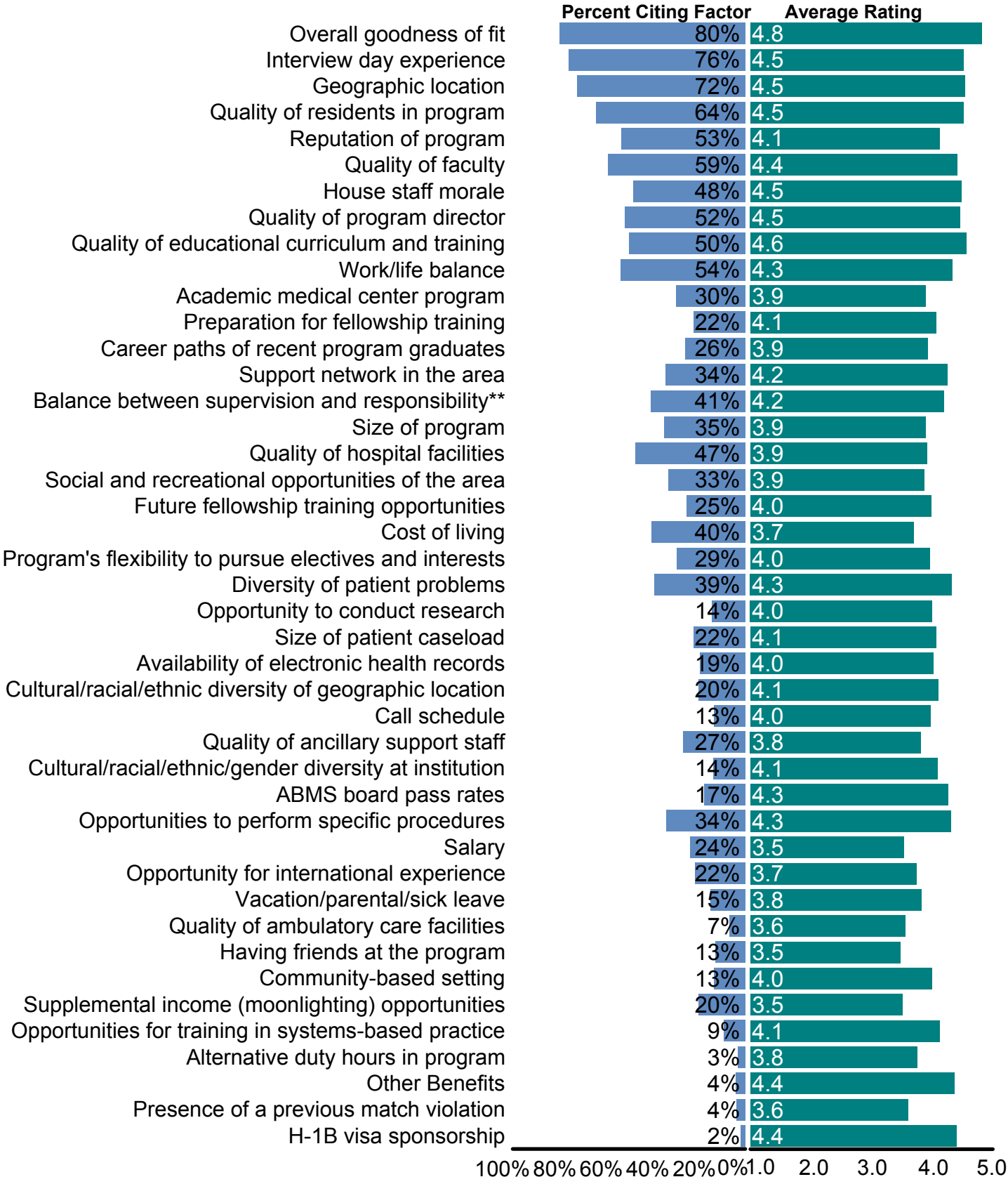
Figure EM-2

Emergency Medicine

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



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

Figure EM-3

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

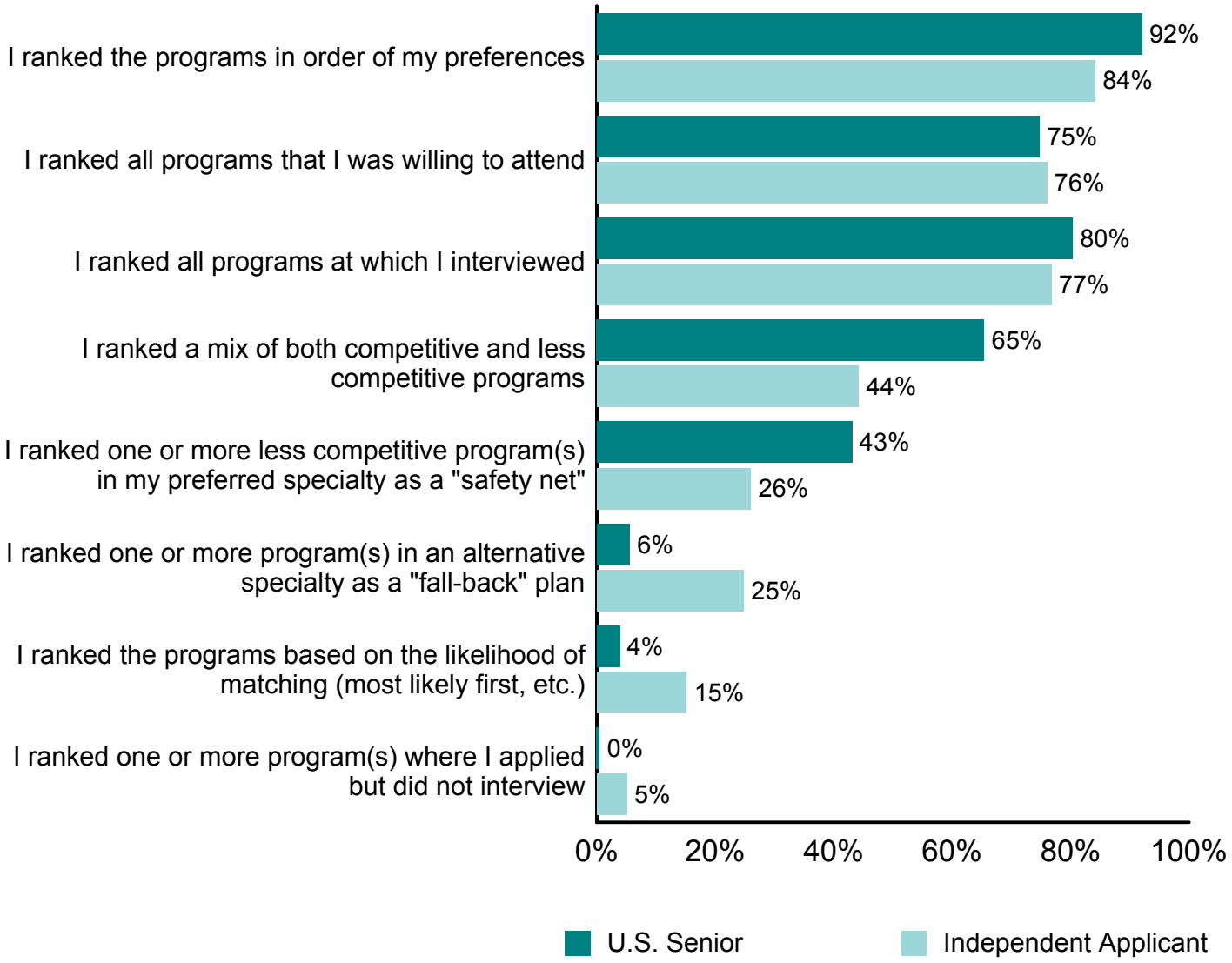
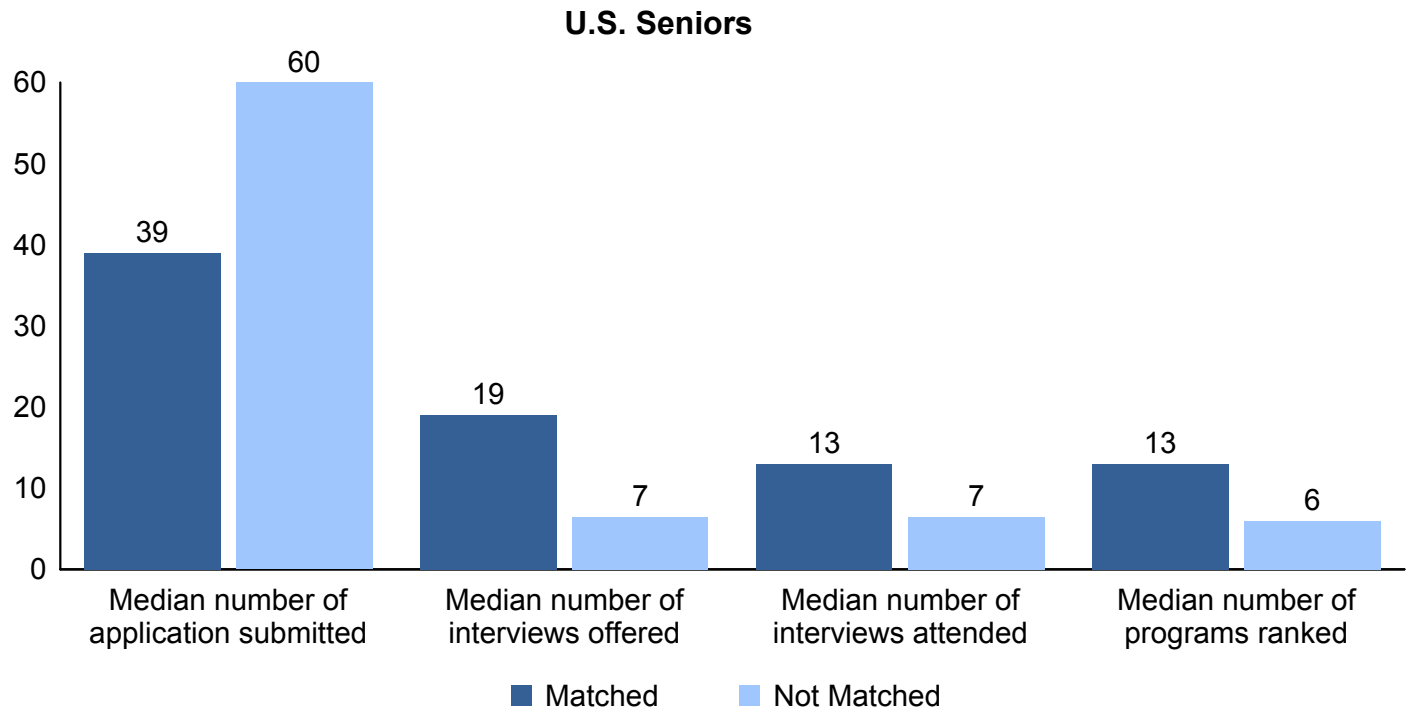
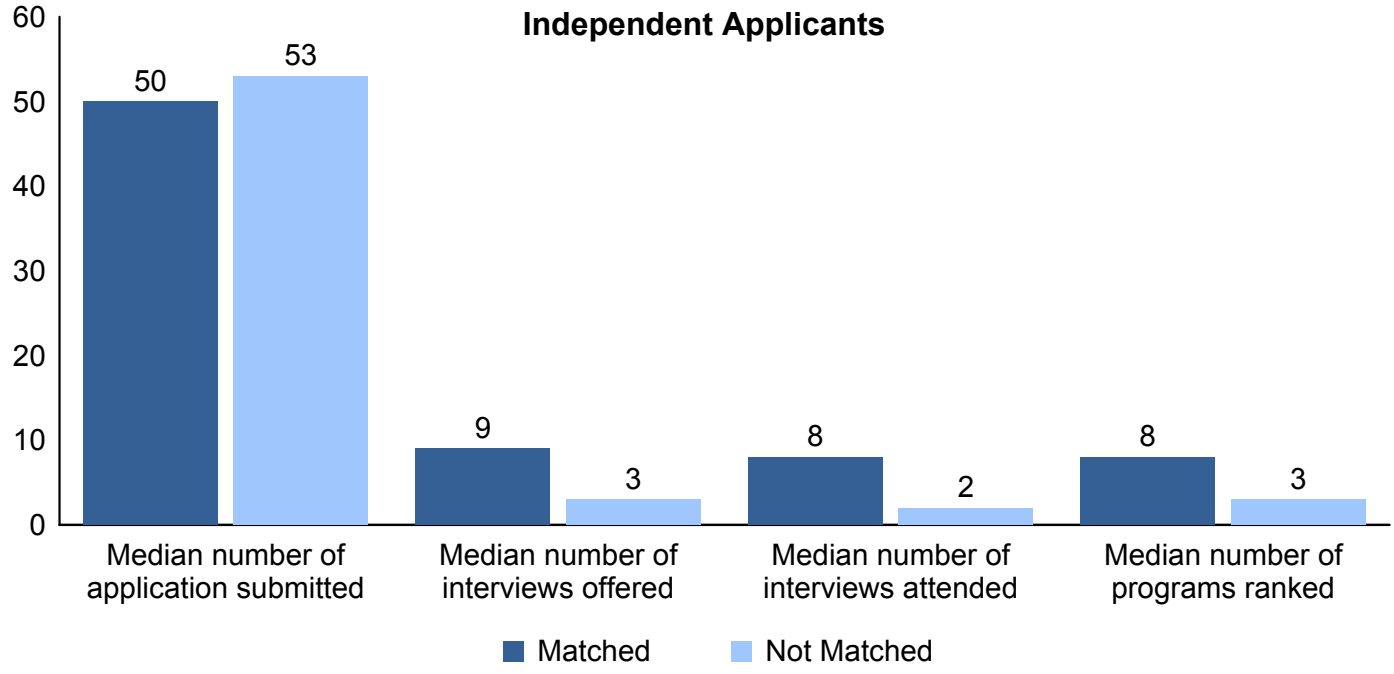


Figure EM-4

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

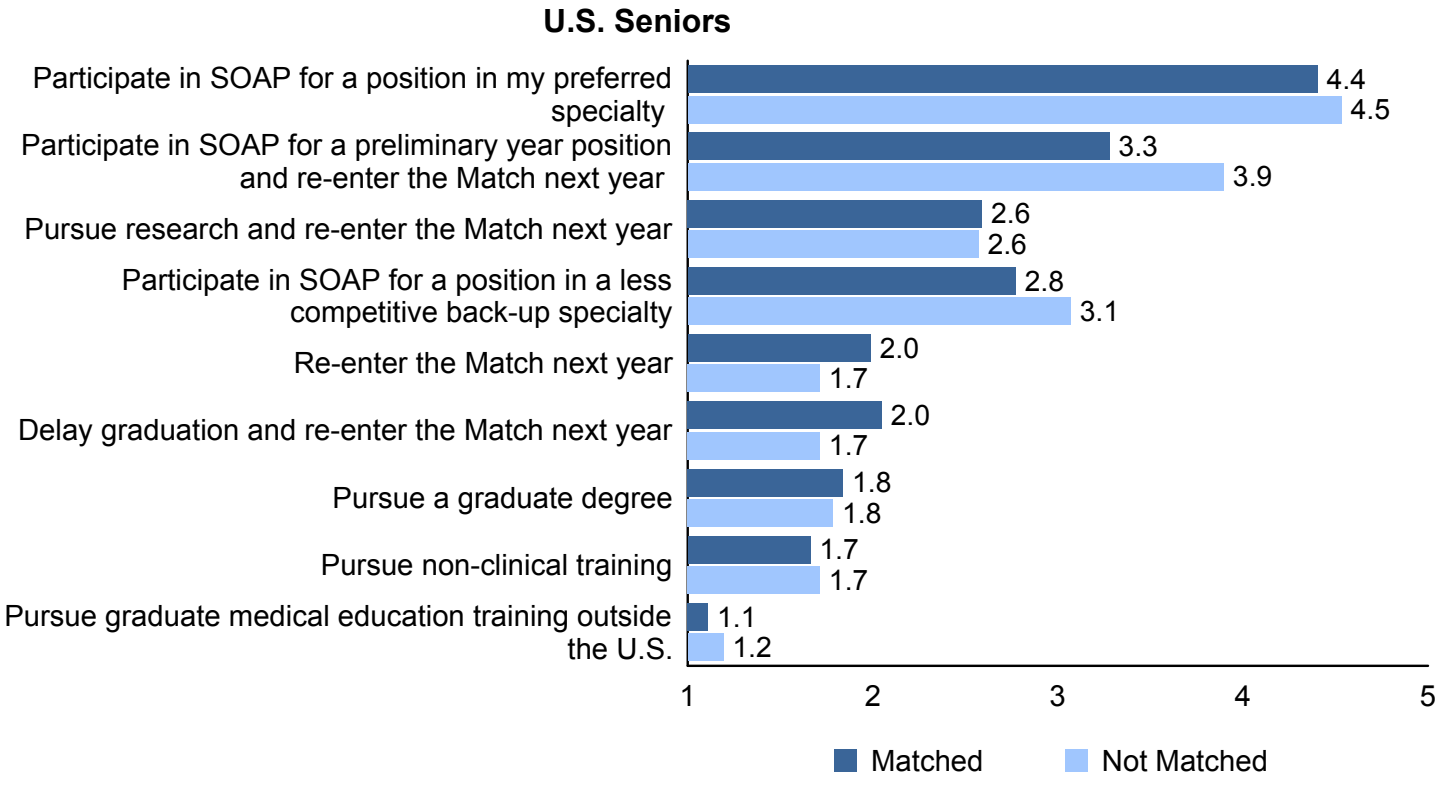


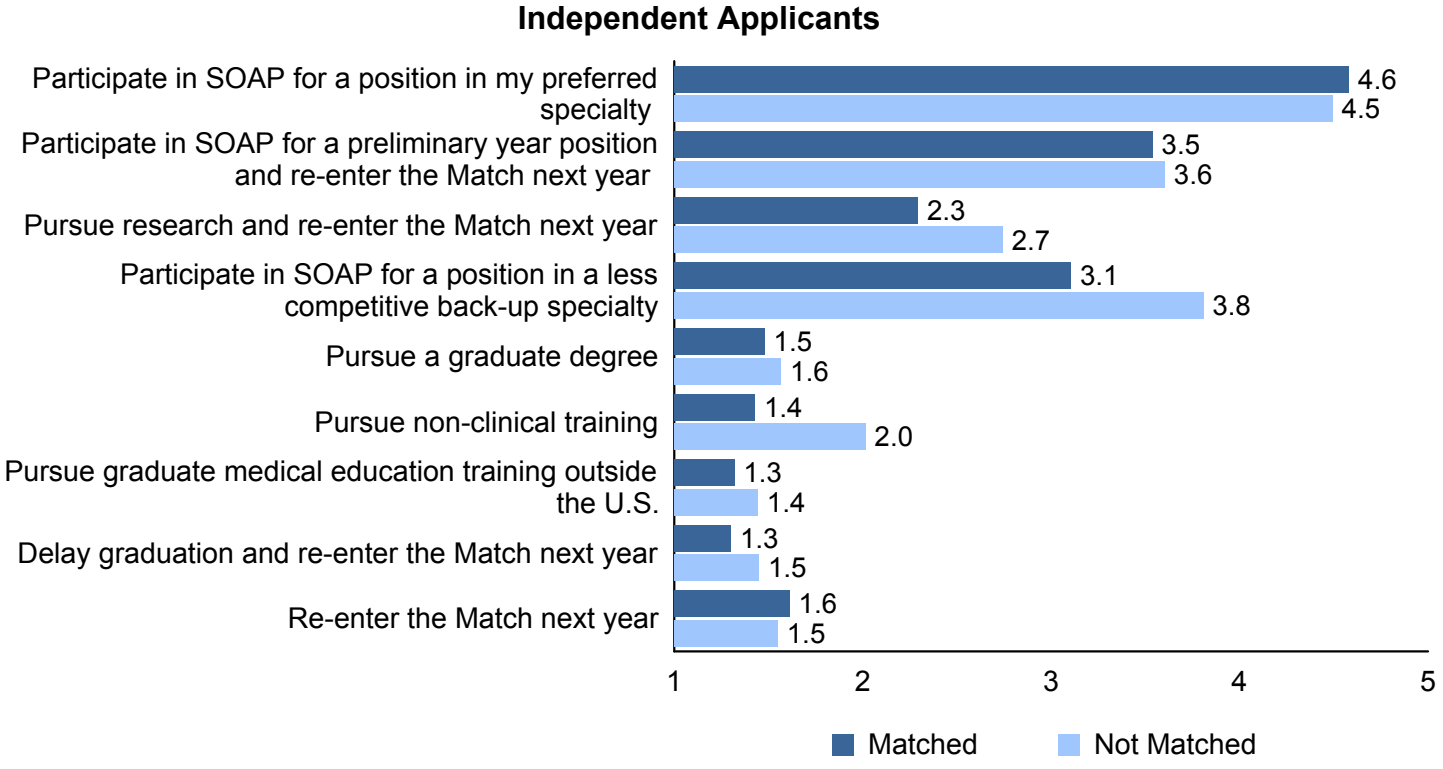


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure EM-5

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





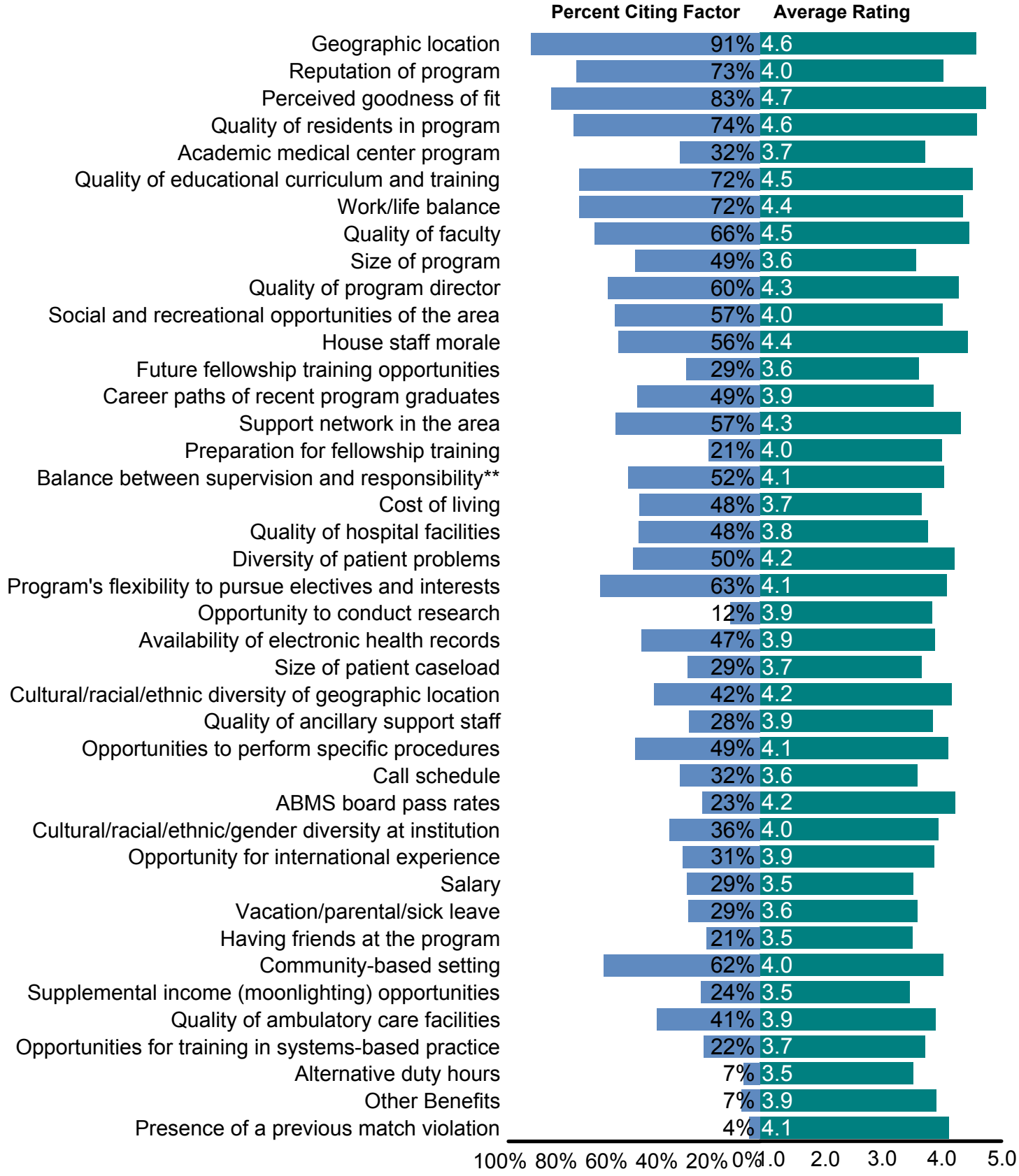
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Family Medicine

Figure FP-1

Family Medicine

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



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

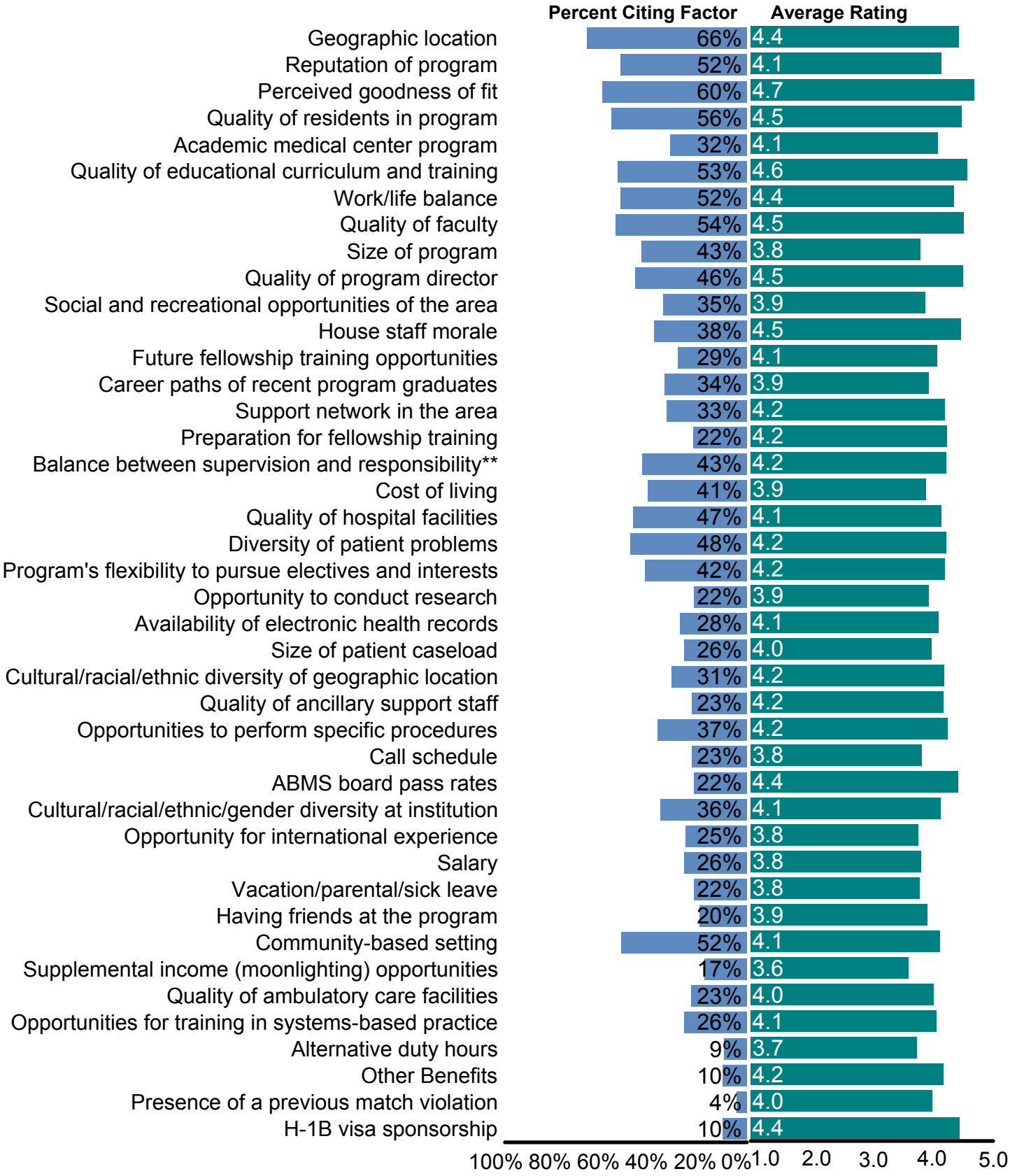
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure FP-1

Family Medicine

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



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

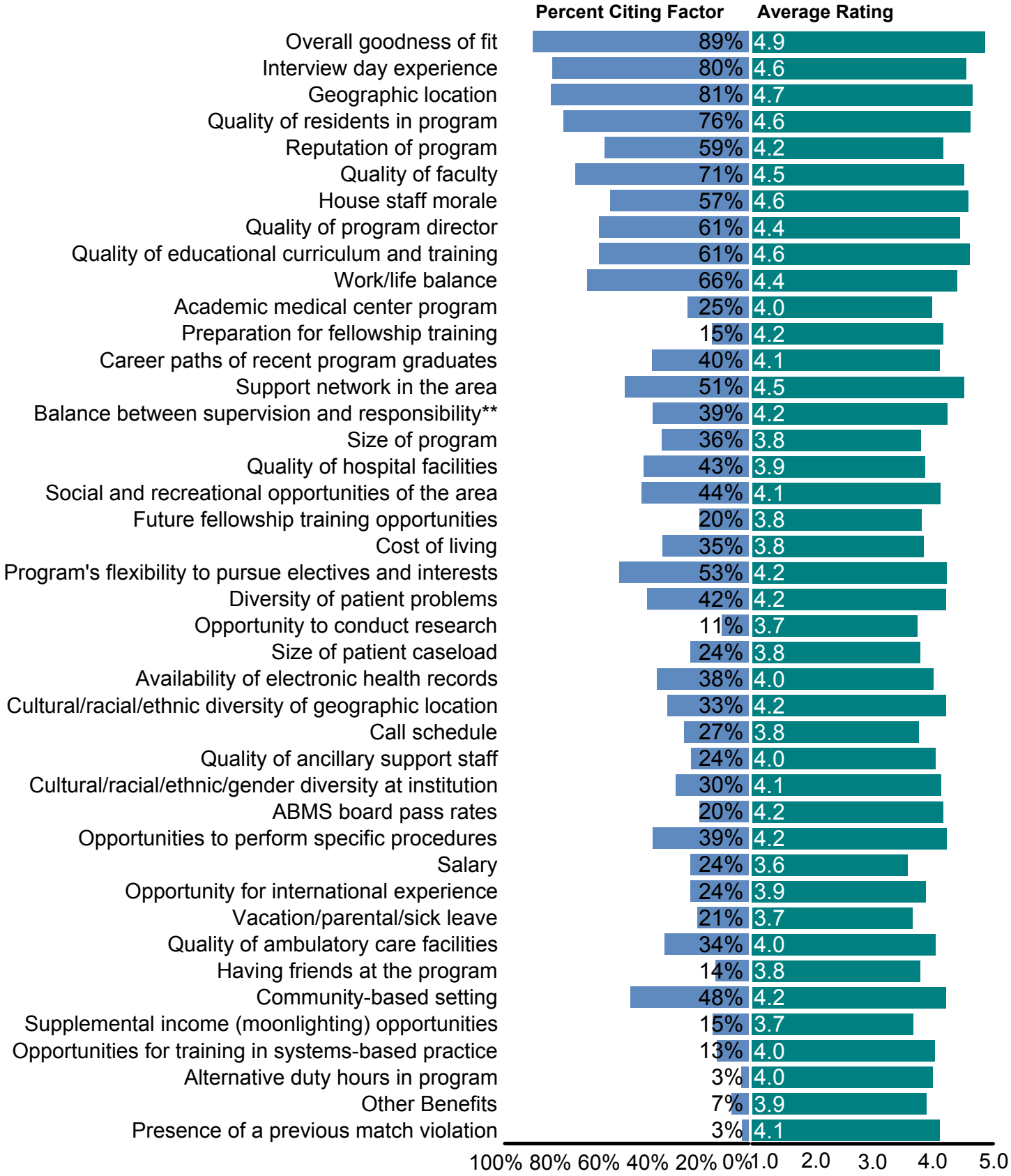
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure FP-2

Family Medicine

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



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

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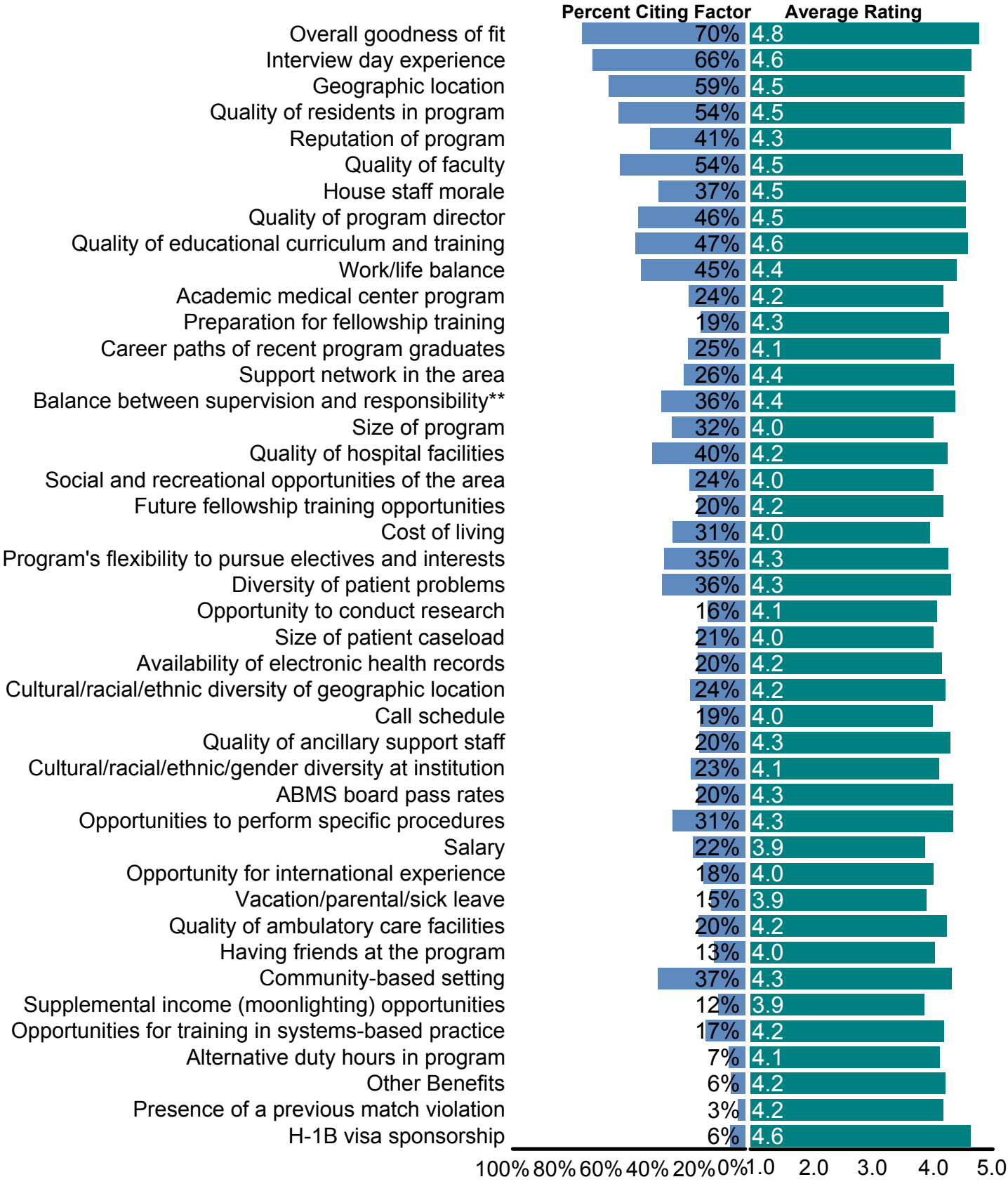
Figure FP-2

Family Medicine

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



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

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Figure FP-3

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

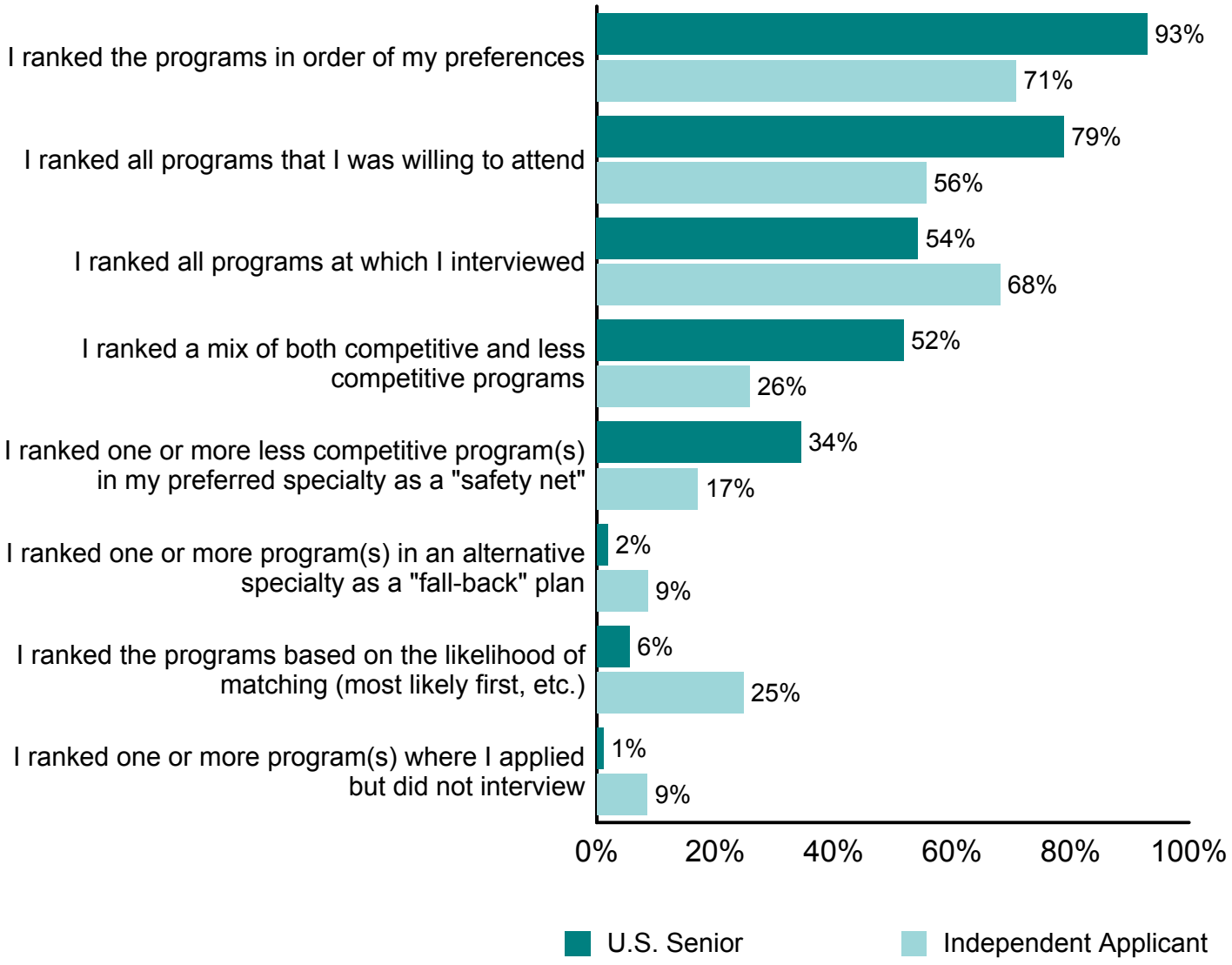
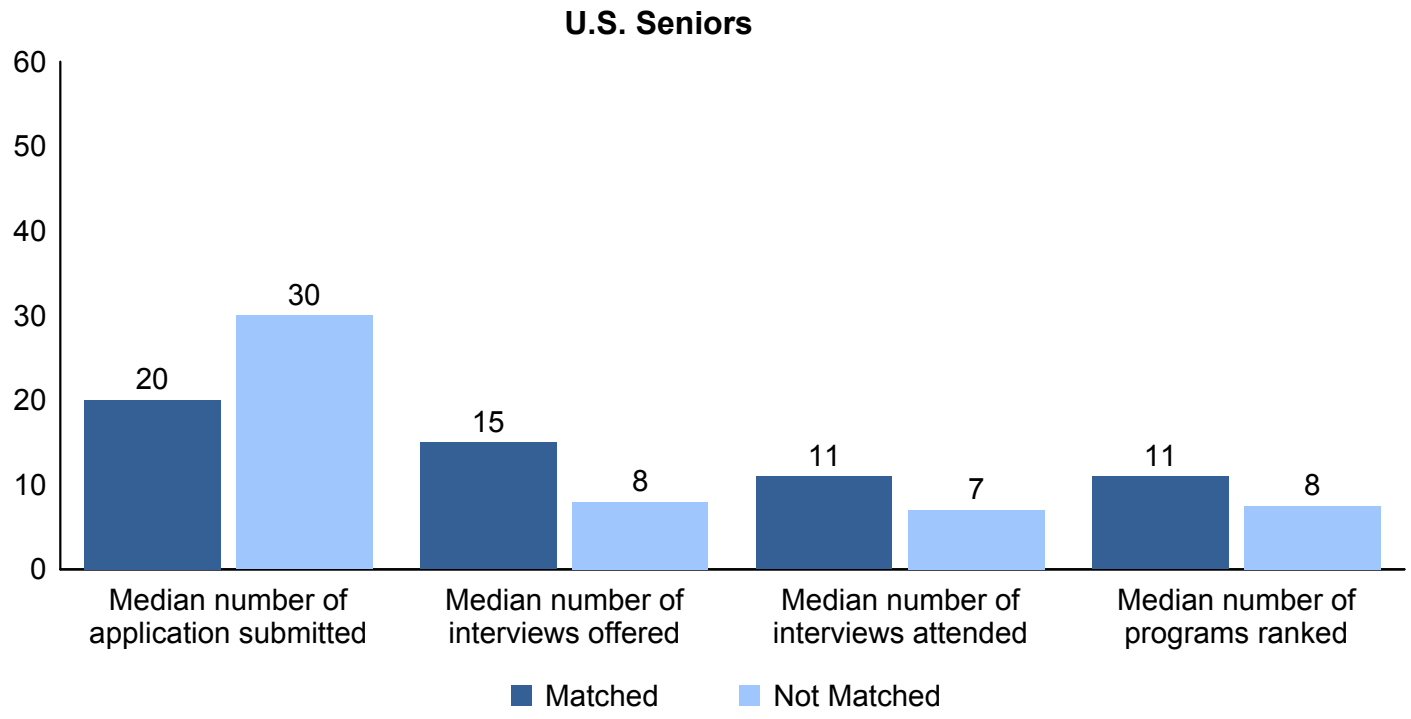
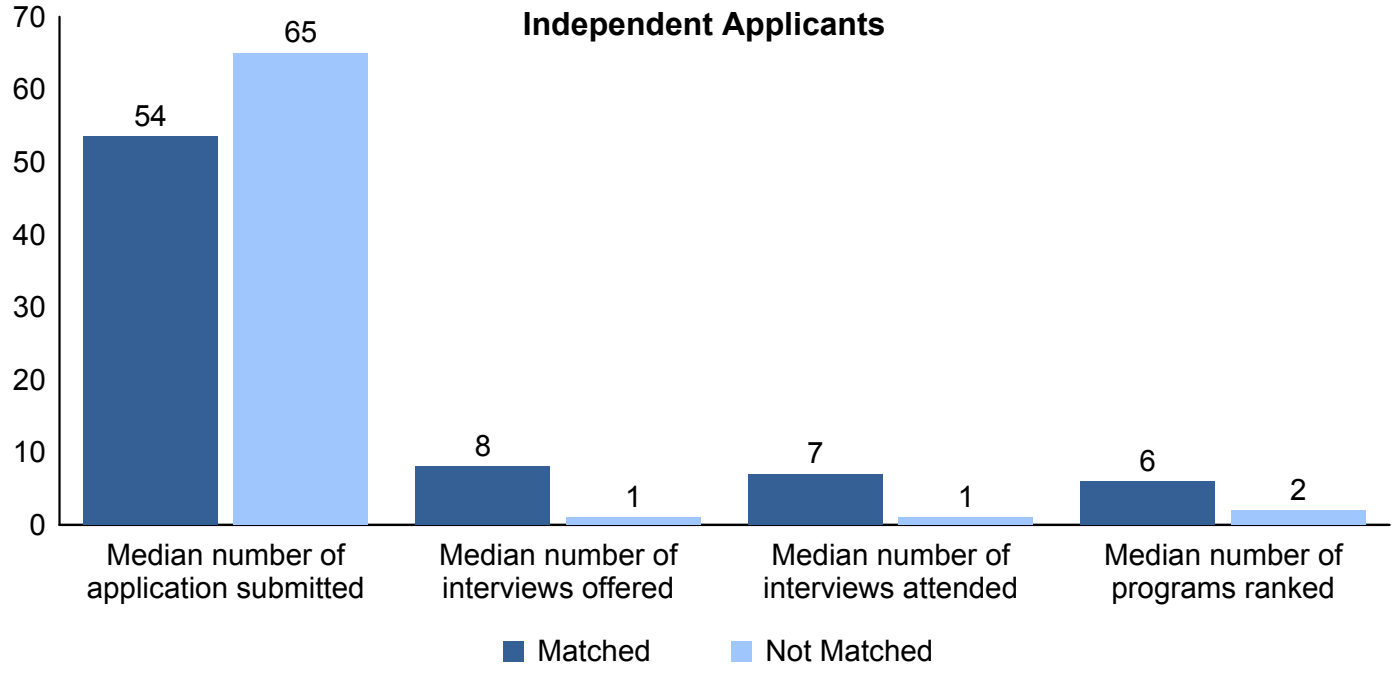


Figure FP-4

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



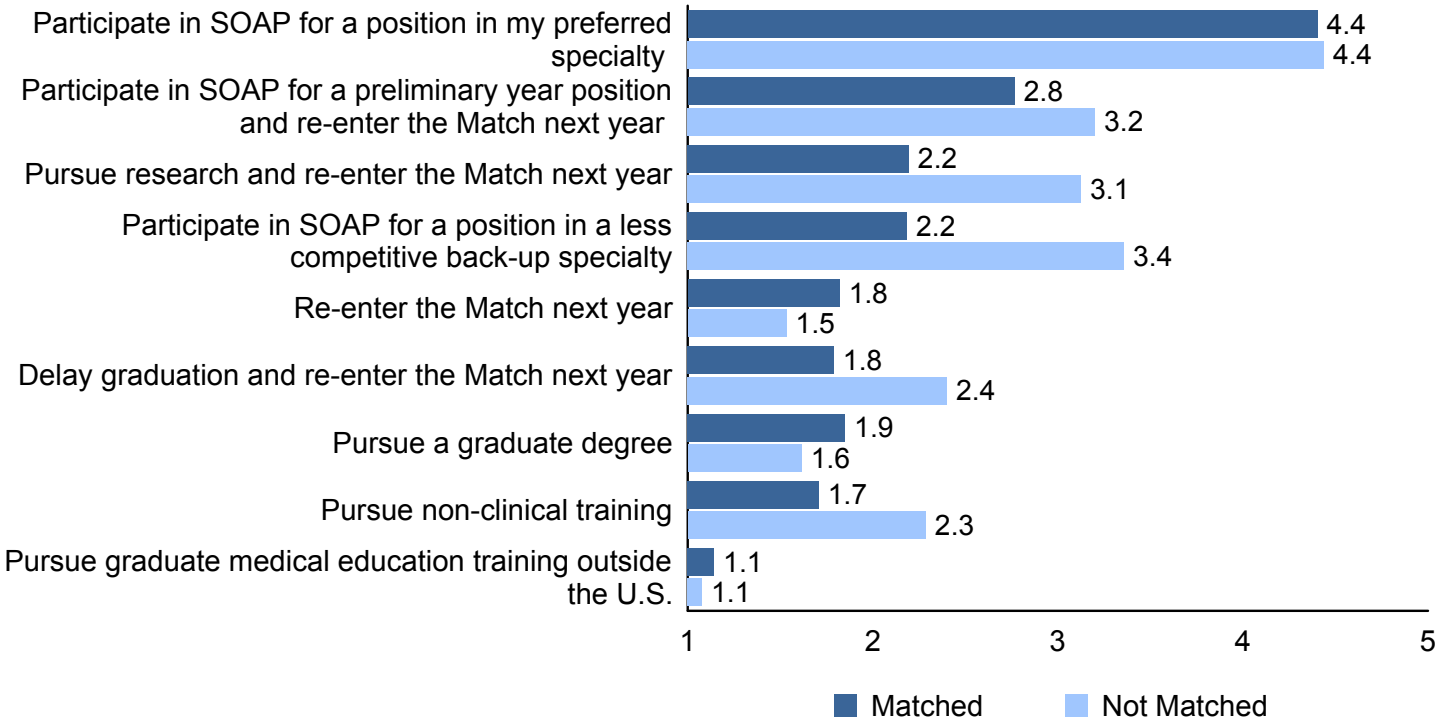


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

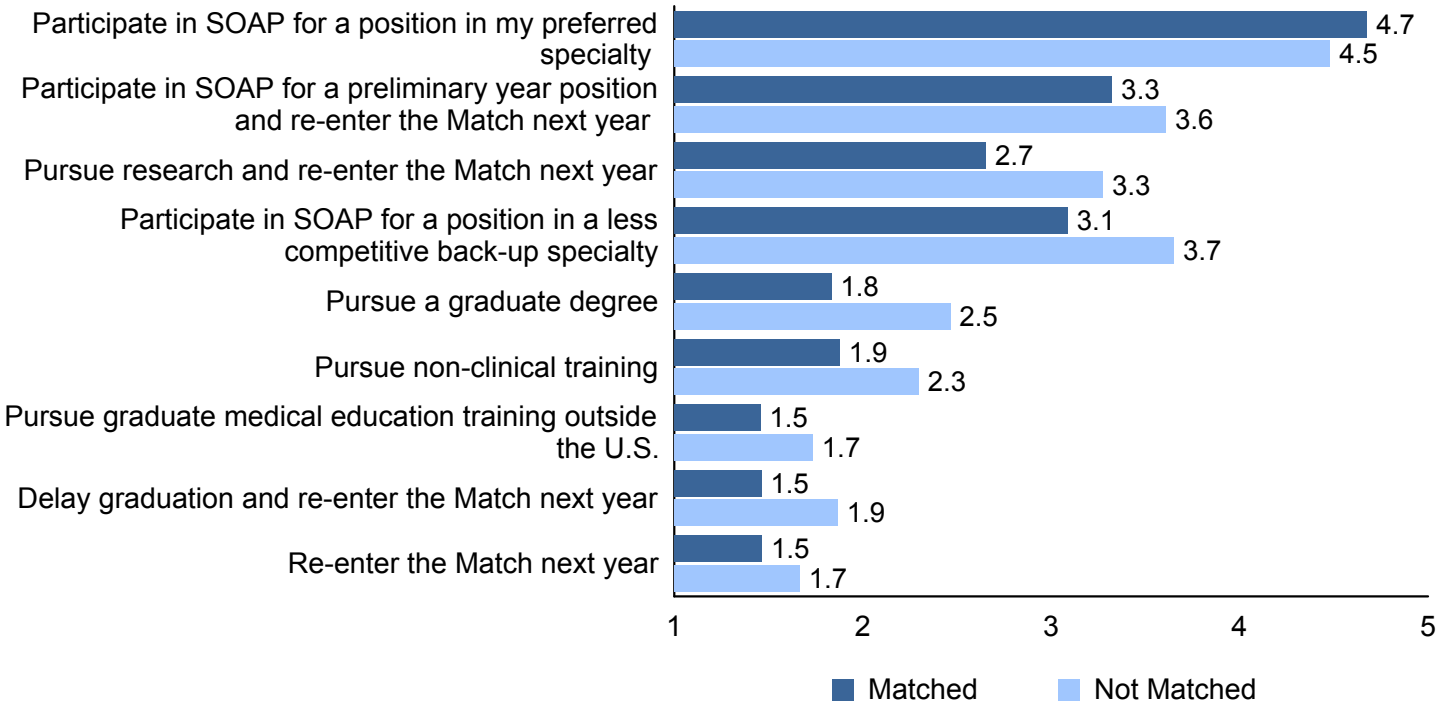
Figure FP-5

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

U.S. Seniors



Independent Applicants



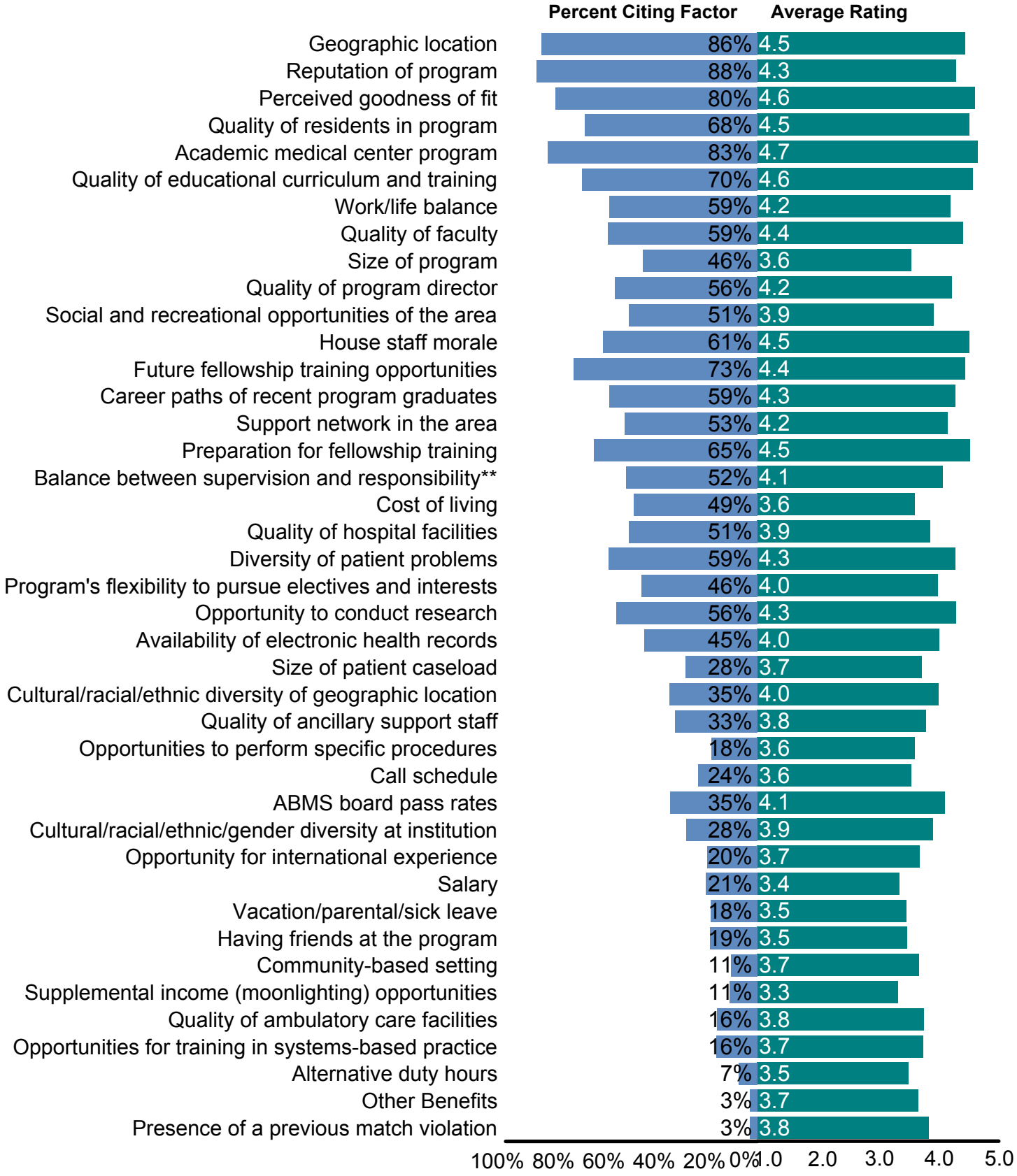
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Internal Medicine

Figure IM-1

Internal Medicine

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



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

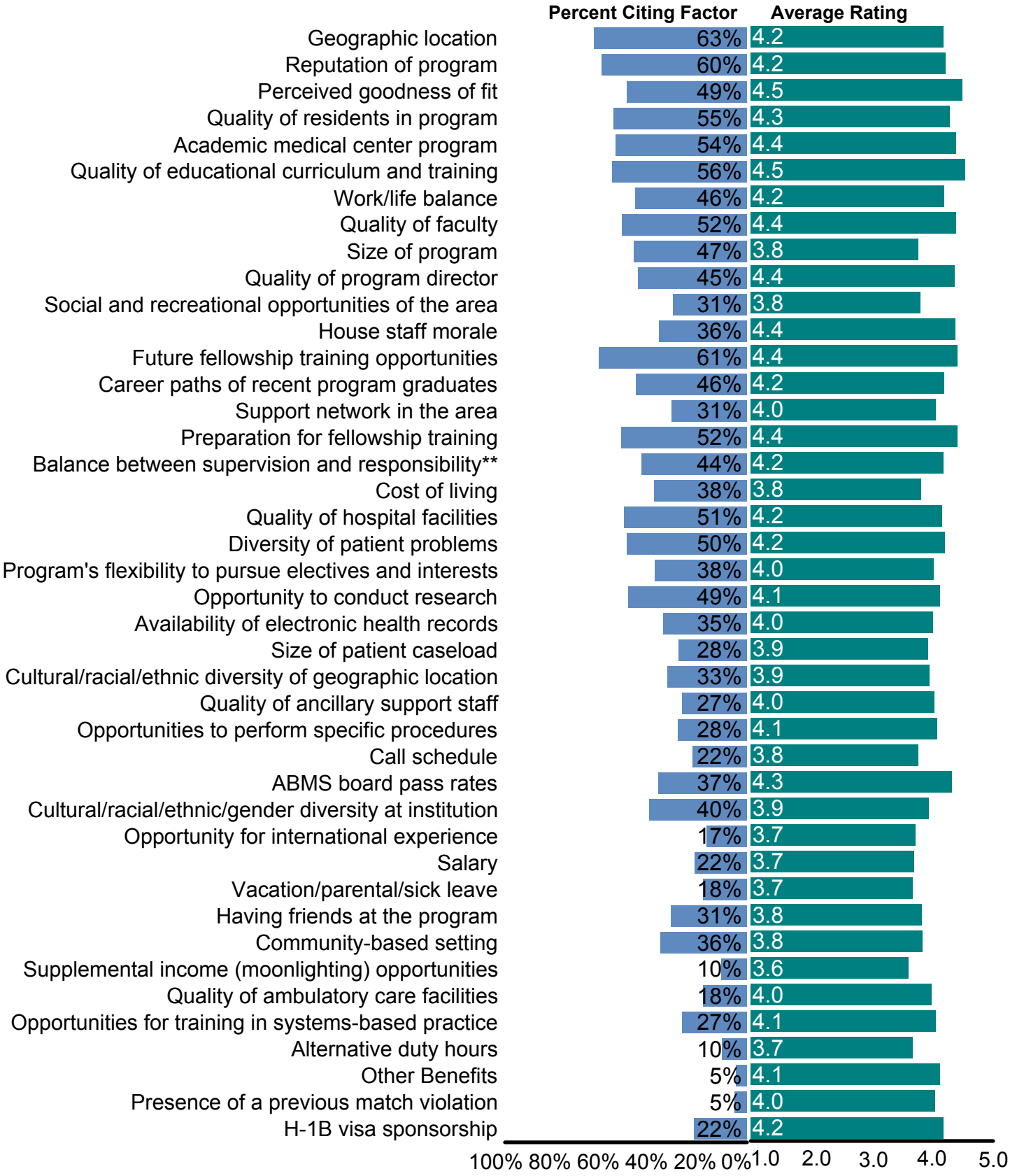
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure IM-1

Internal Medicine

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



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

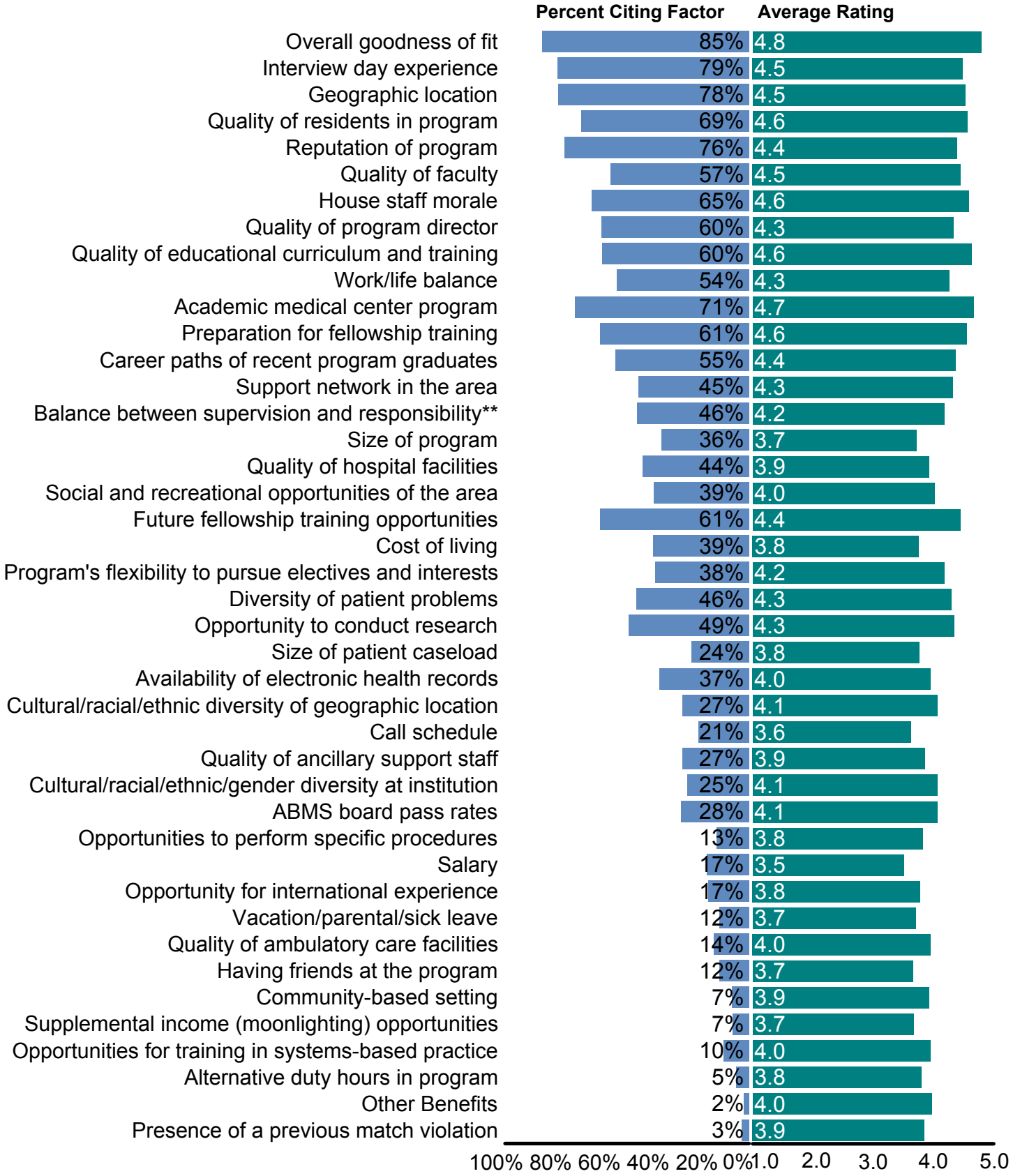
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure IM-2

Internal Medicine

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



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

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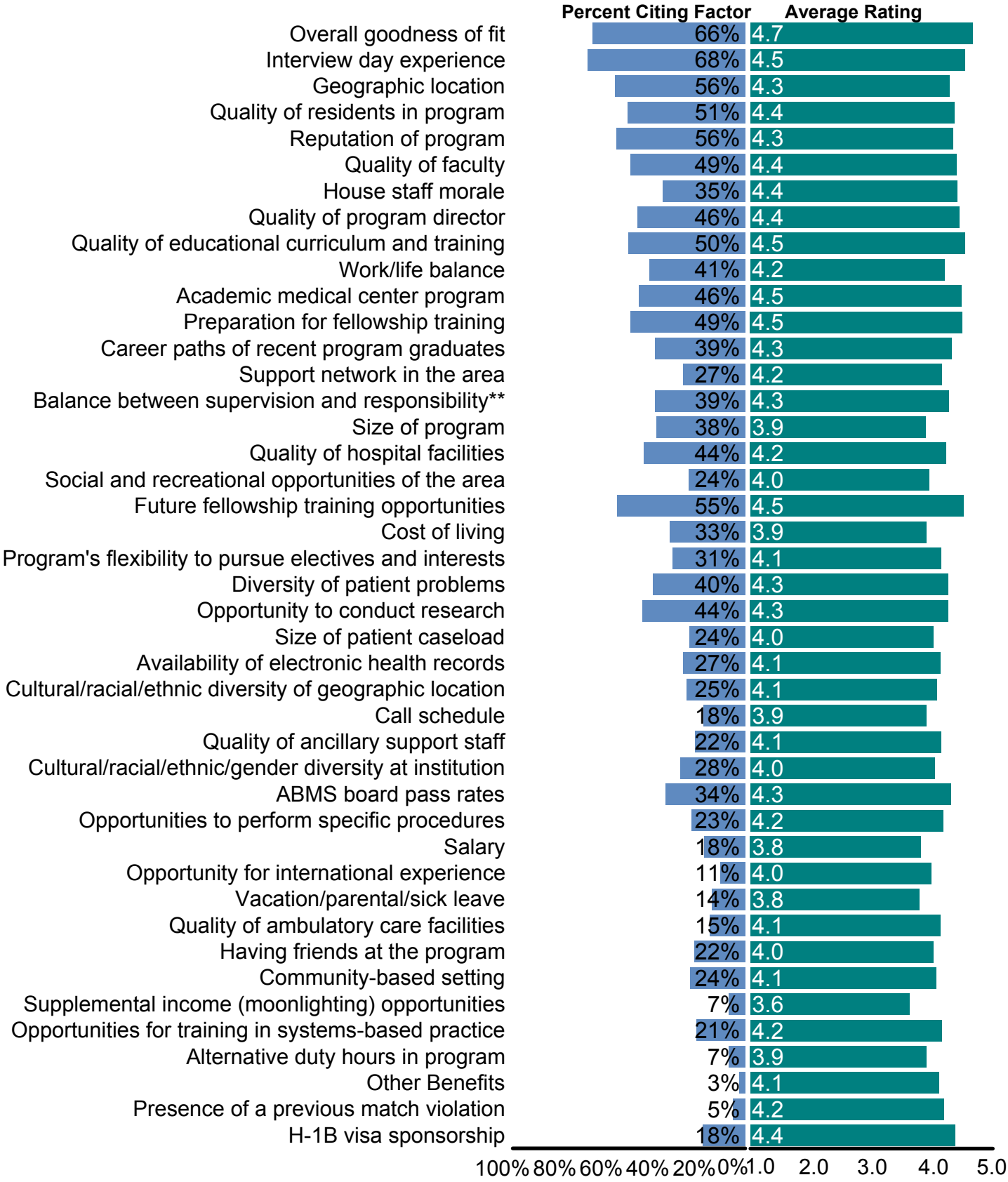
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure IM-2

Internal Medicine

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



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

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Figure IM-3

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

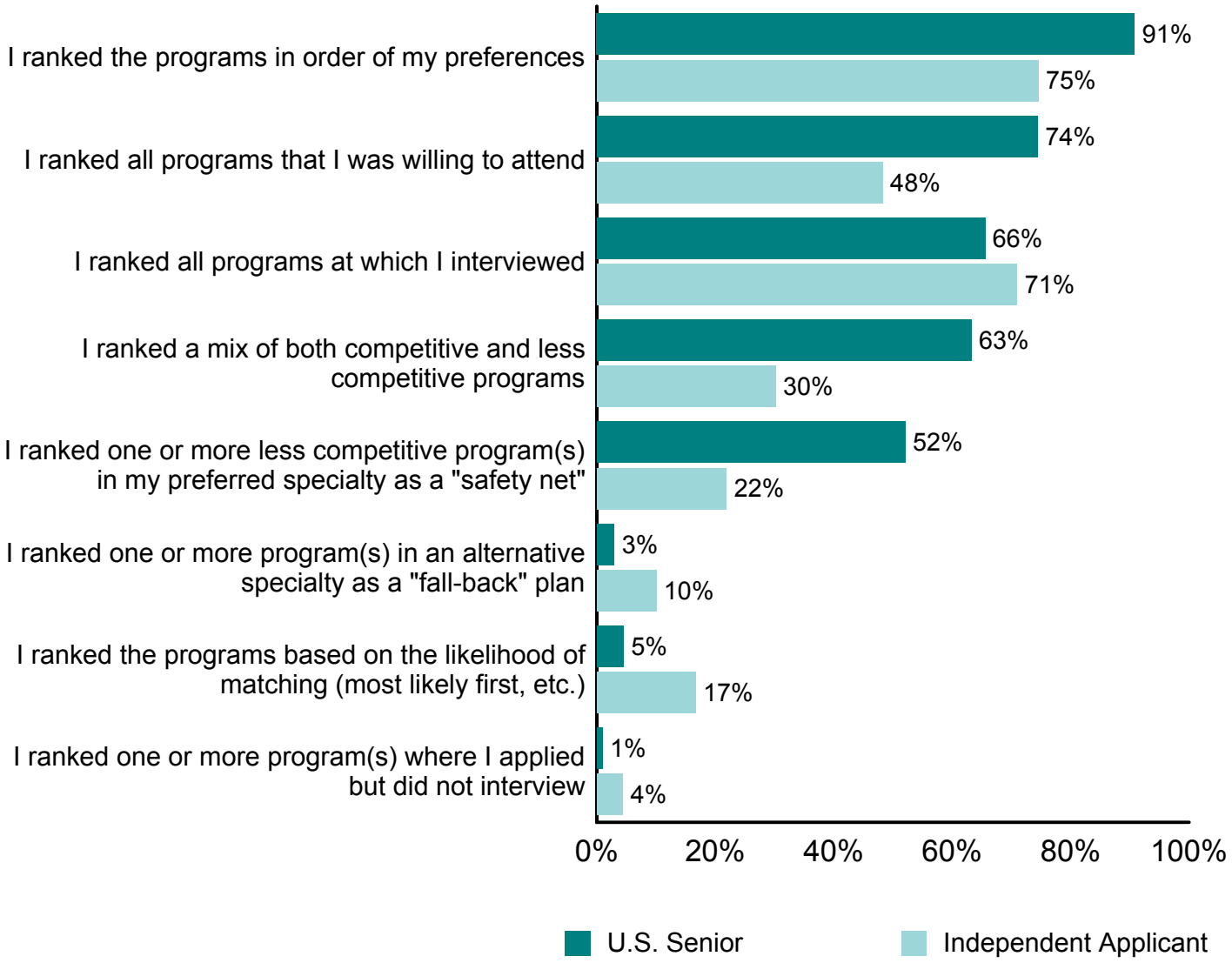
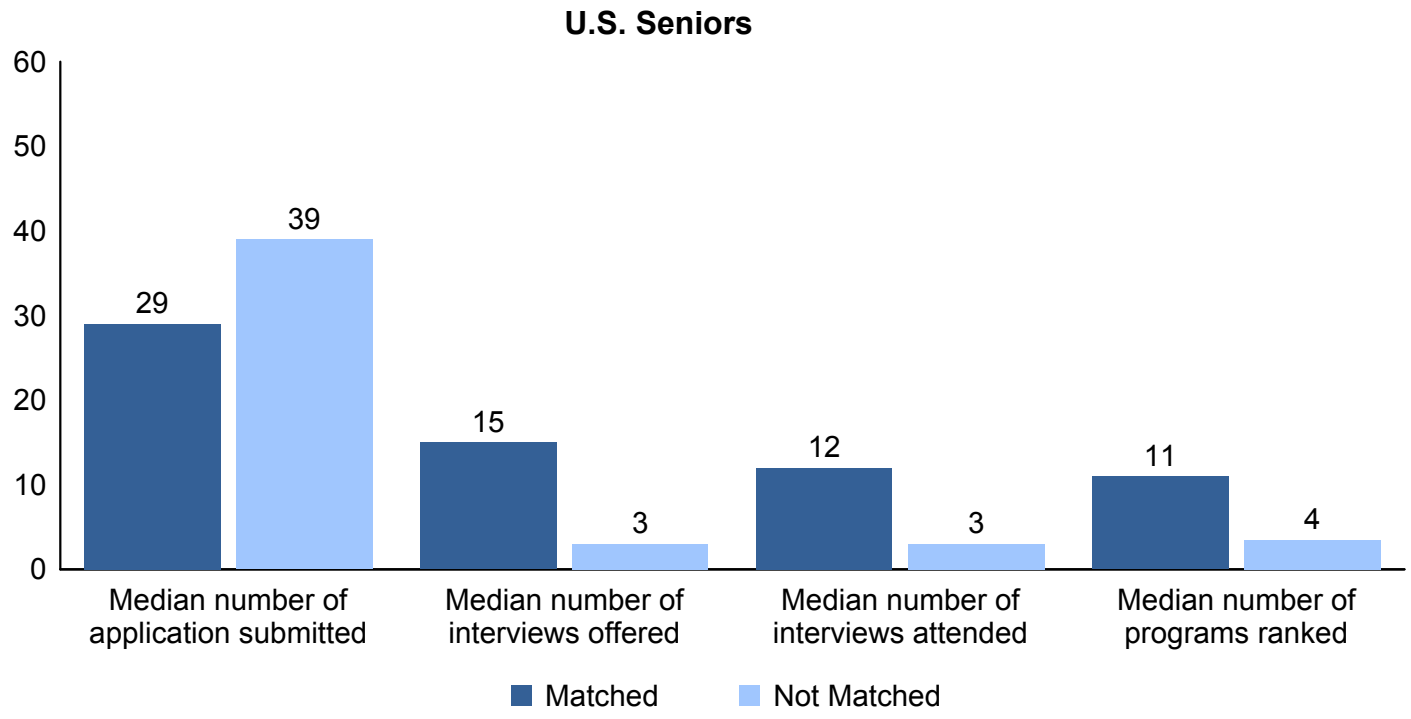
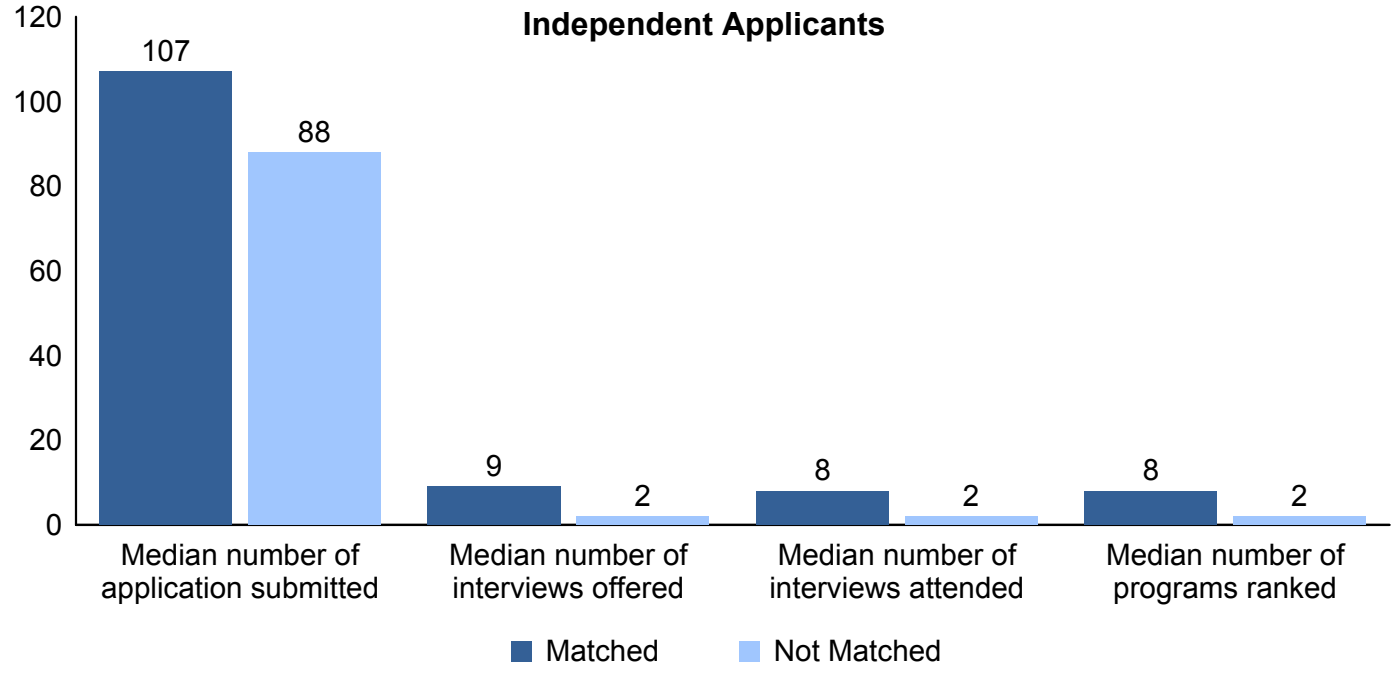


Figure IM-4

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

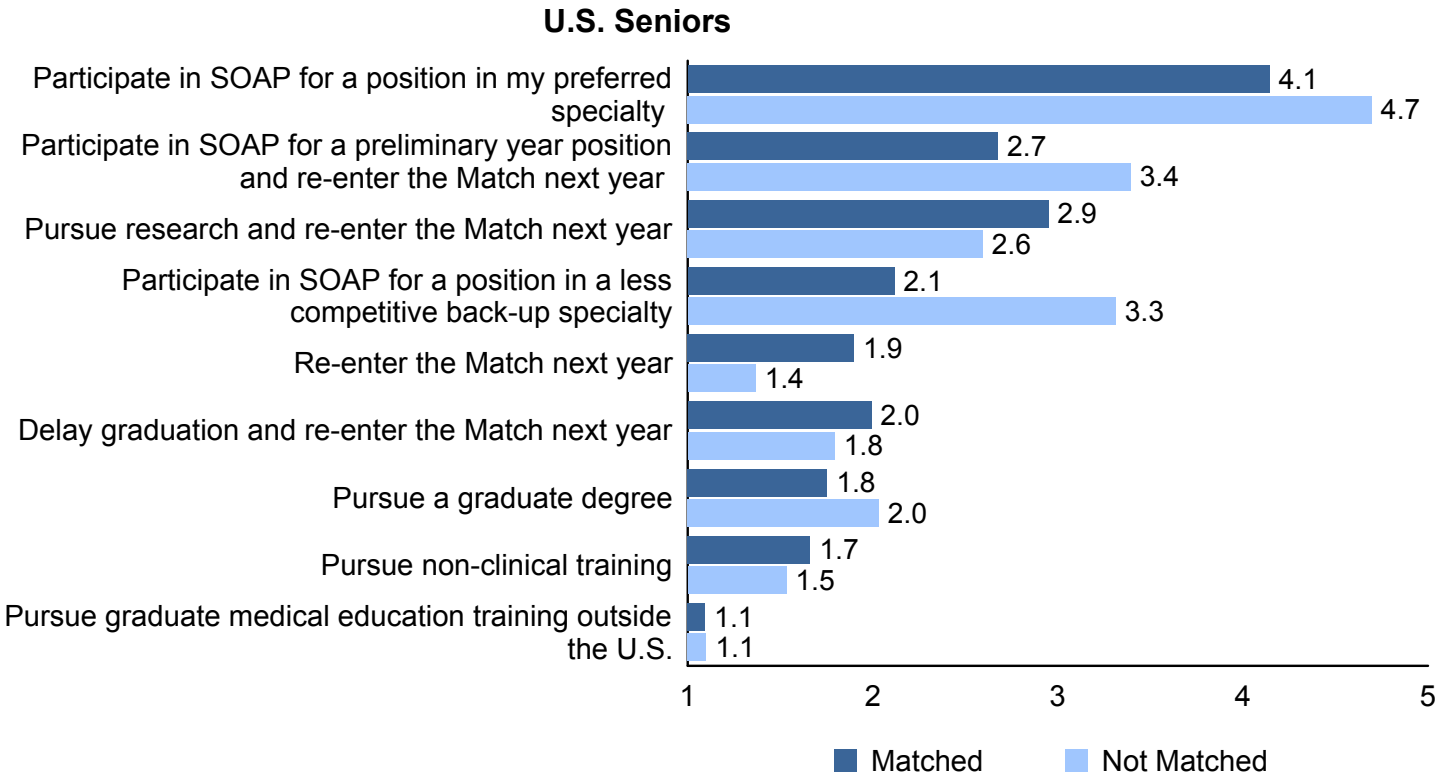


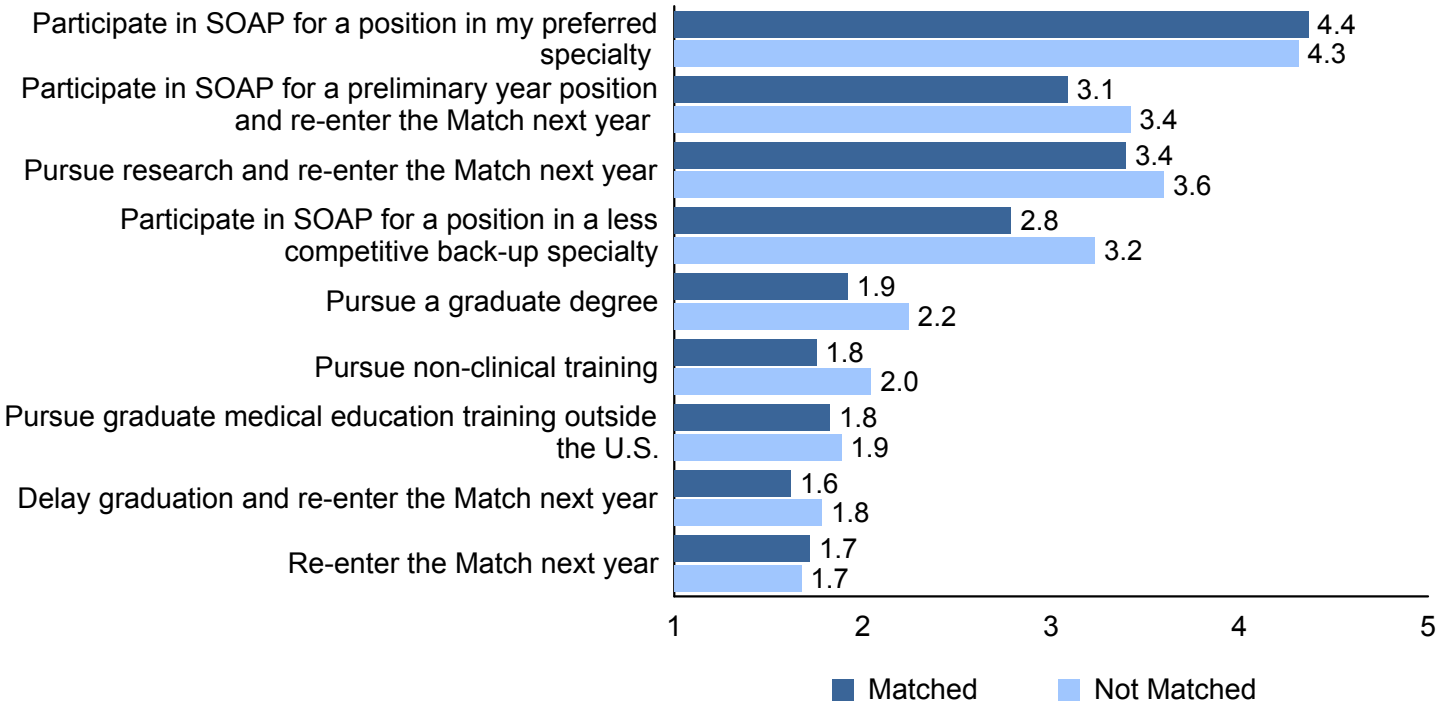


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure IM-5

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





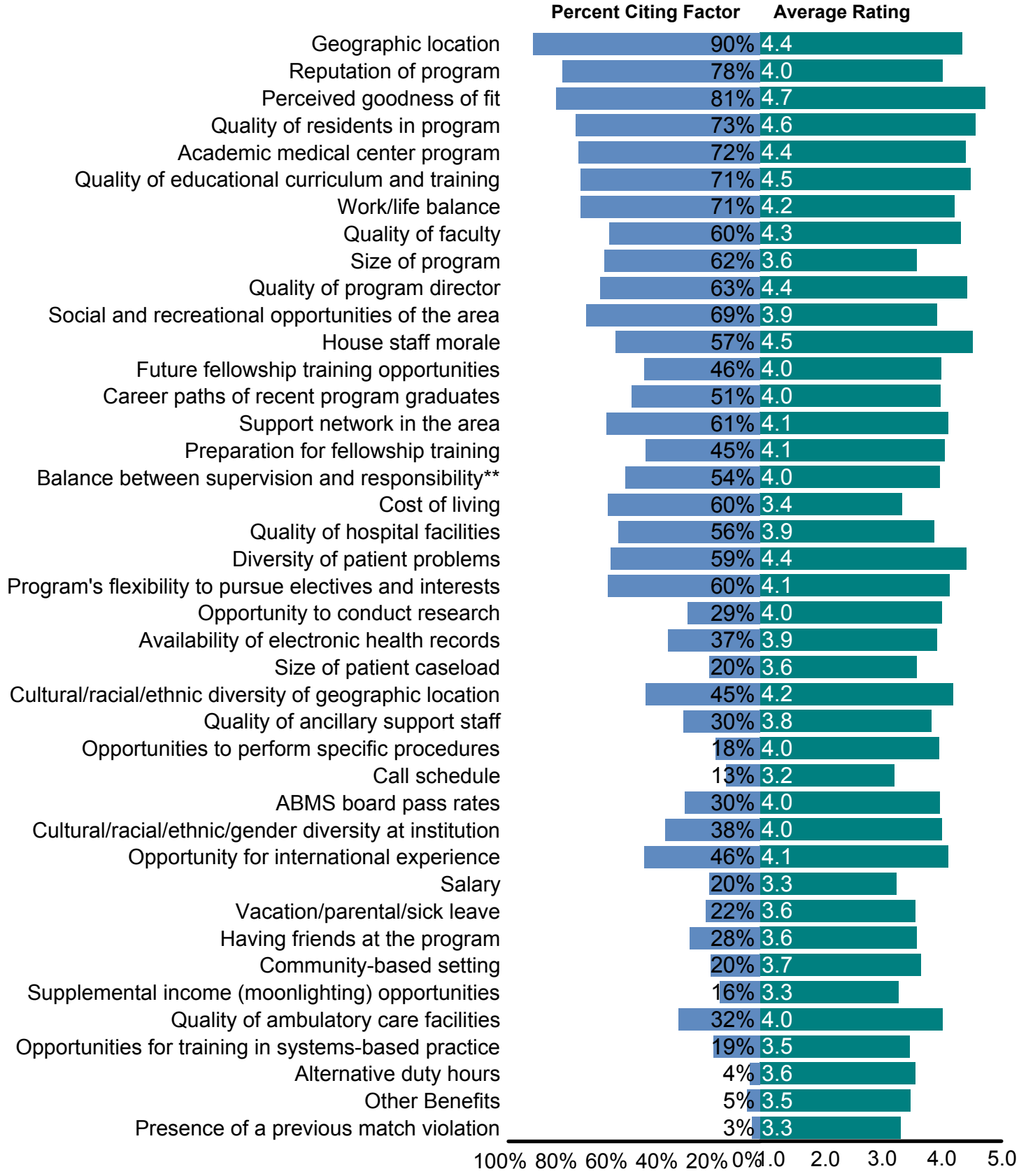
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Internal Medicine/Pediatrics

Figure MP-1

Internal Medicine/Pediatrics

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



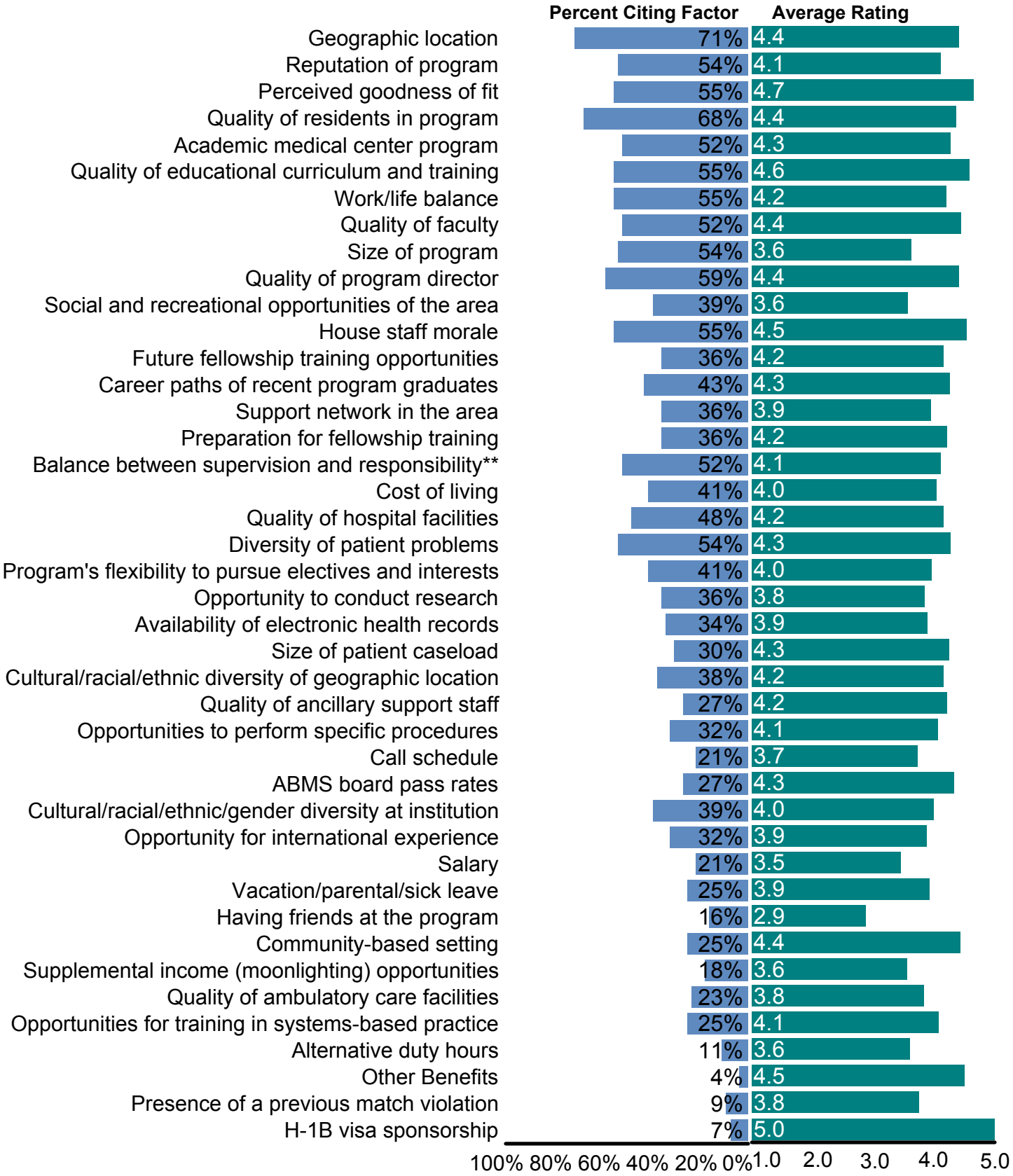
Data are presented in a descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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

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

Figure MP-1

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

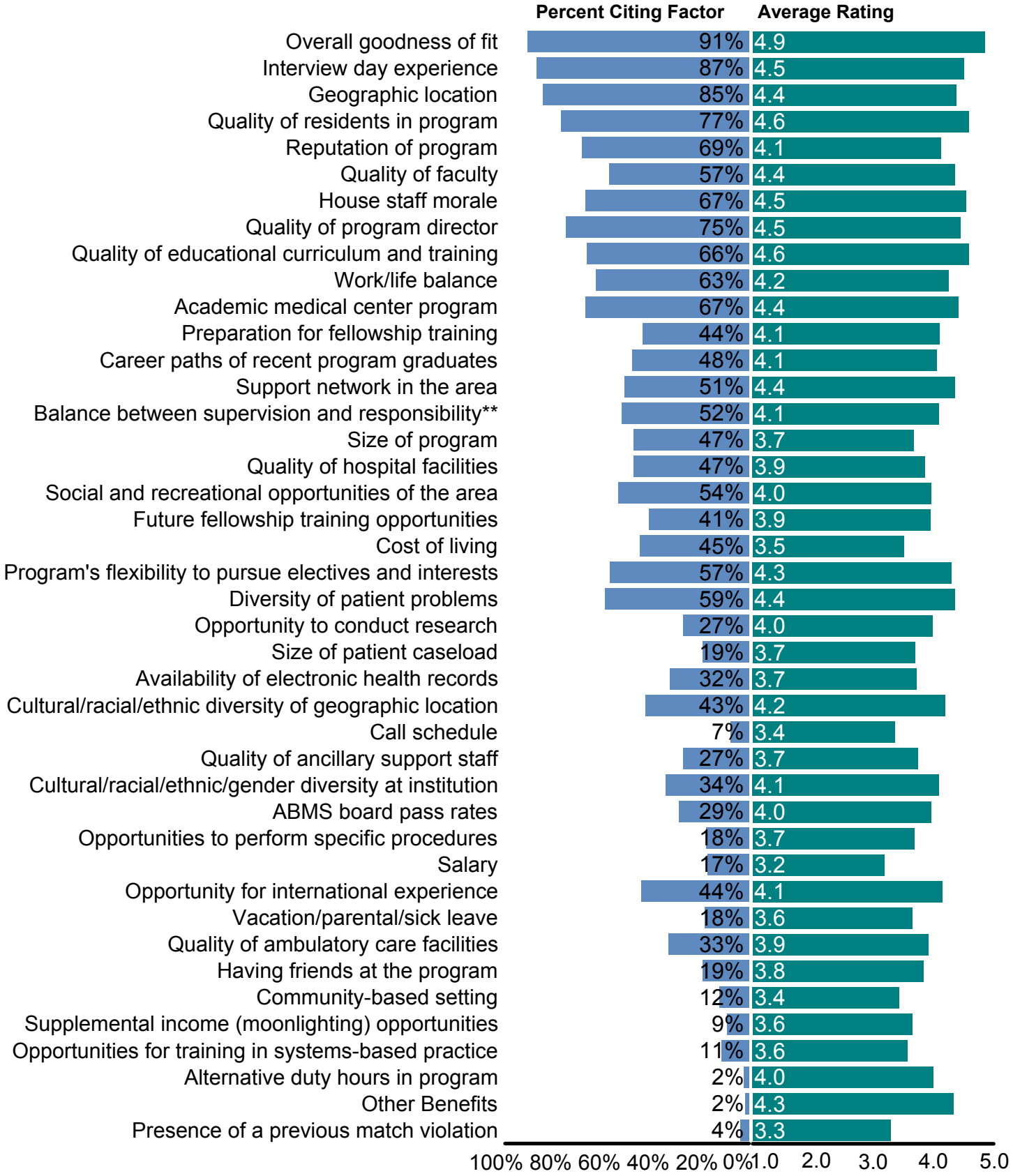


Data are presented in a descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**
*Ratings on a scale from 1 (not important) to 5 (extremely important)
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure MP-2

Internal Medicine/Pediatrics

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



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

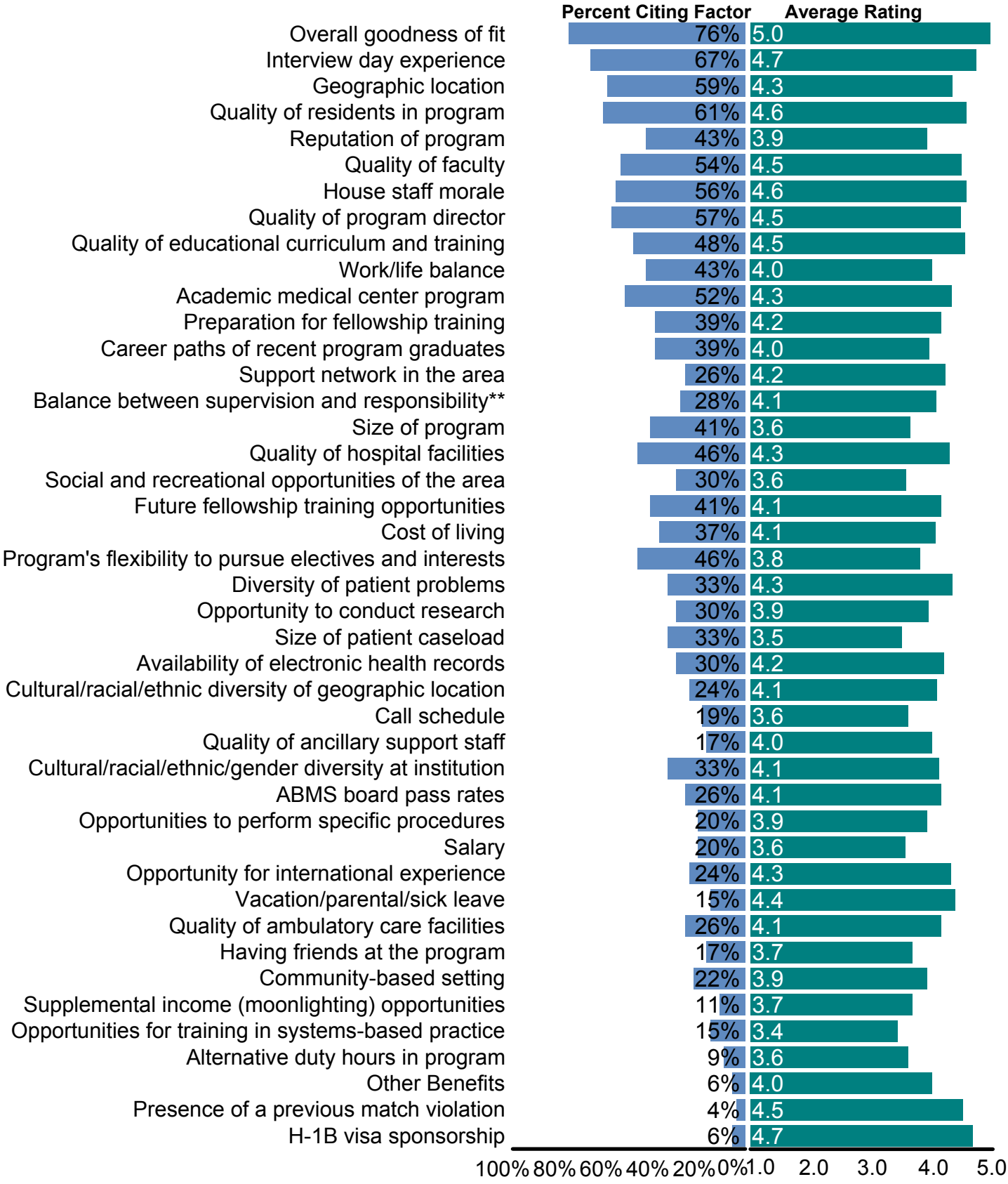
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure MP-2

Internal Medicine/Pediatrics

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



Data are presented in 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

Figure MP-3

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

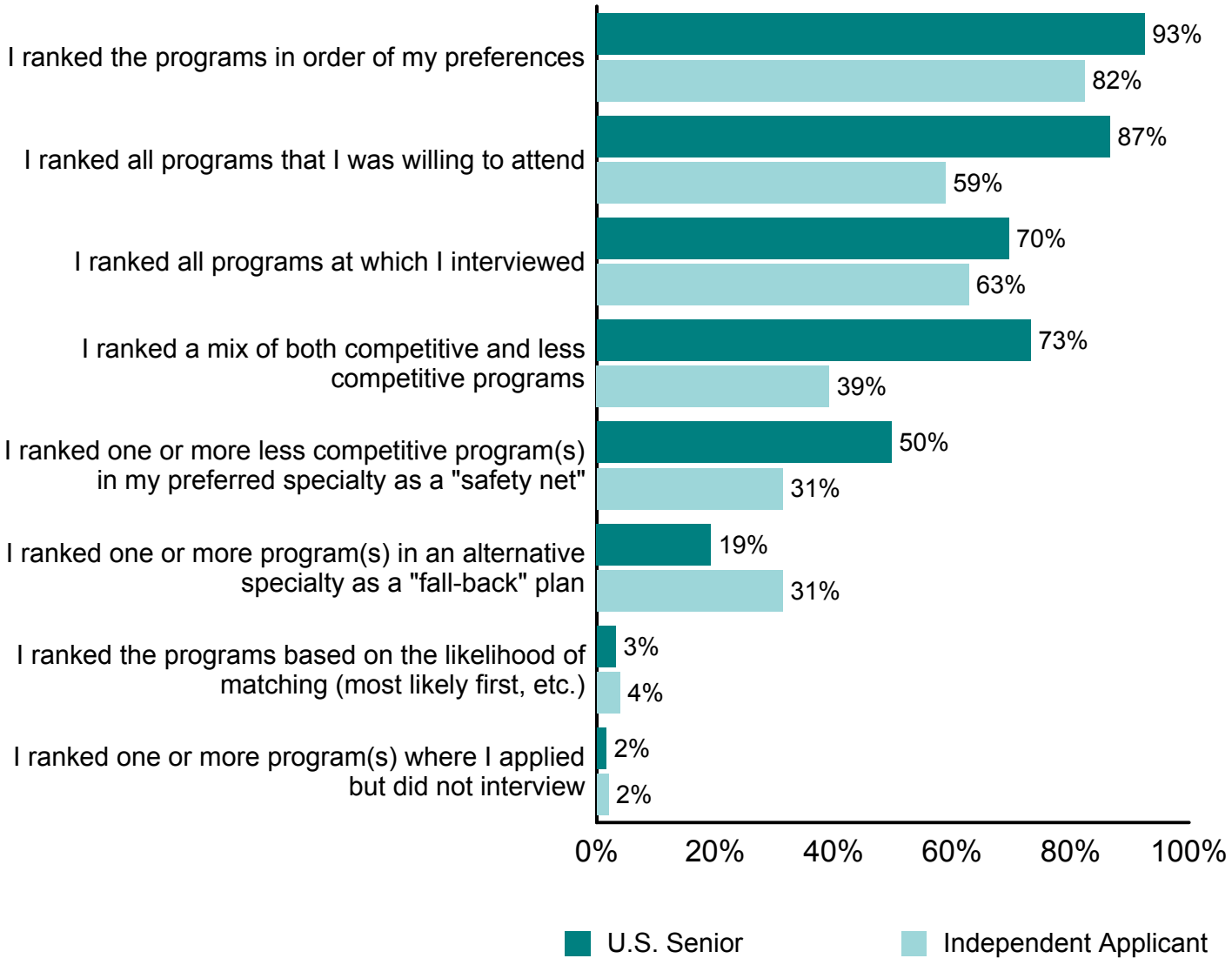
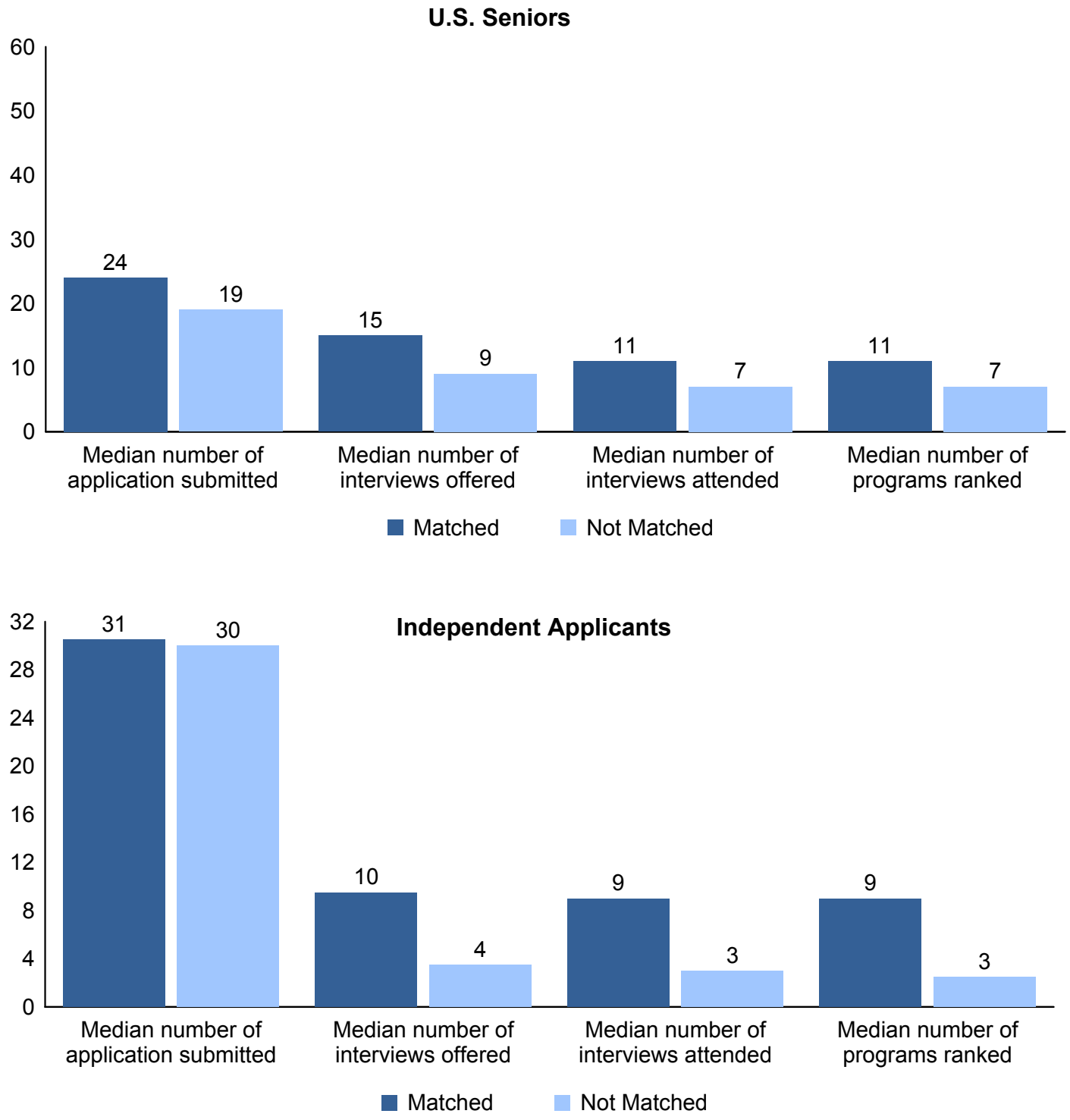


Figure MP-4

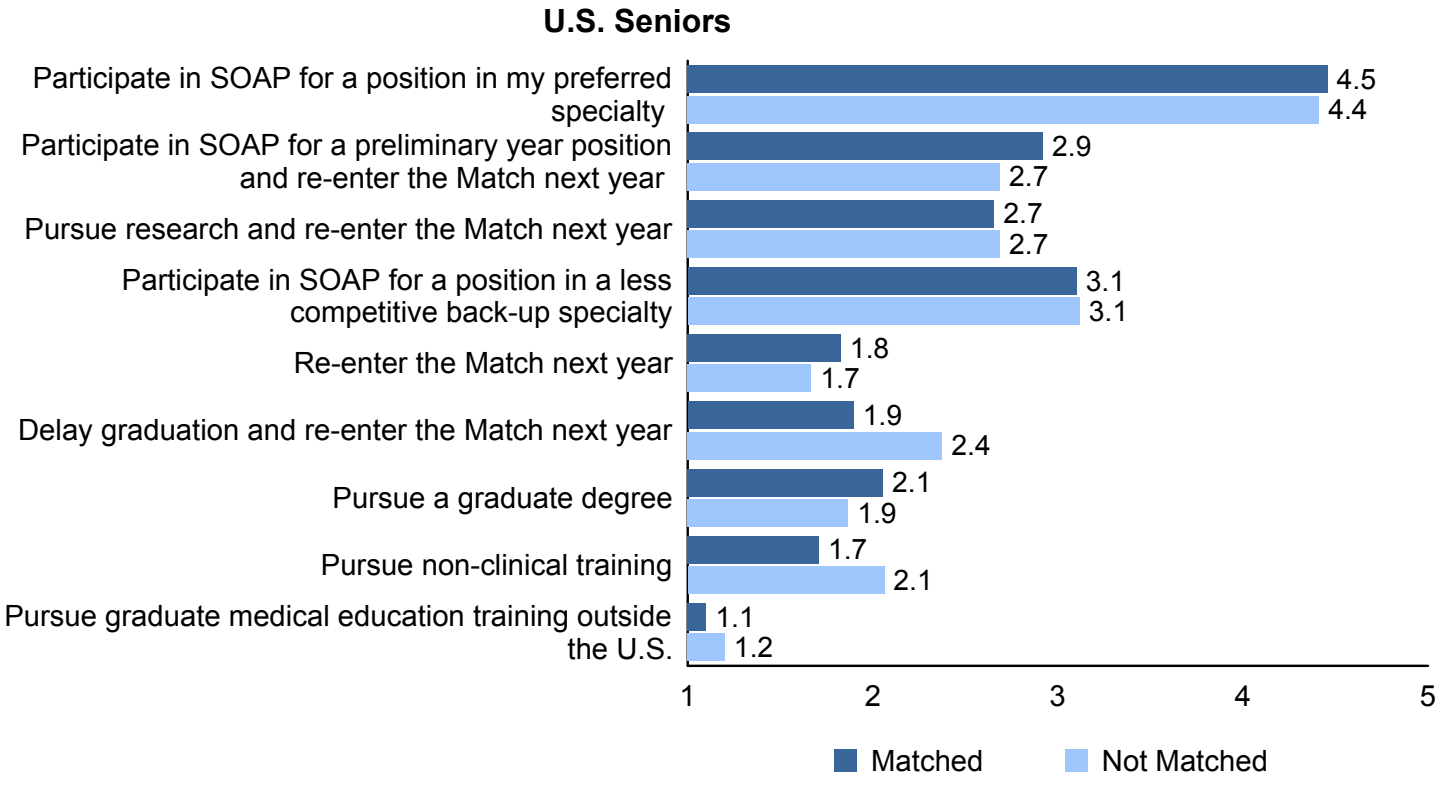
Internal Medicine/Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

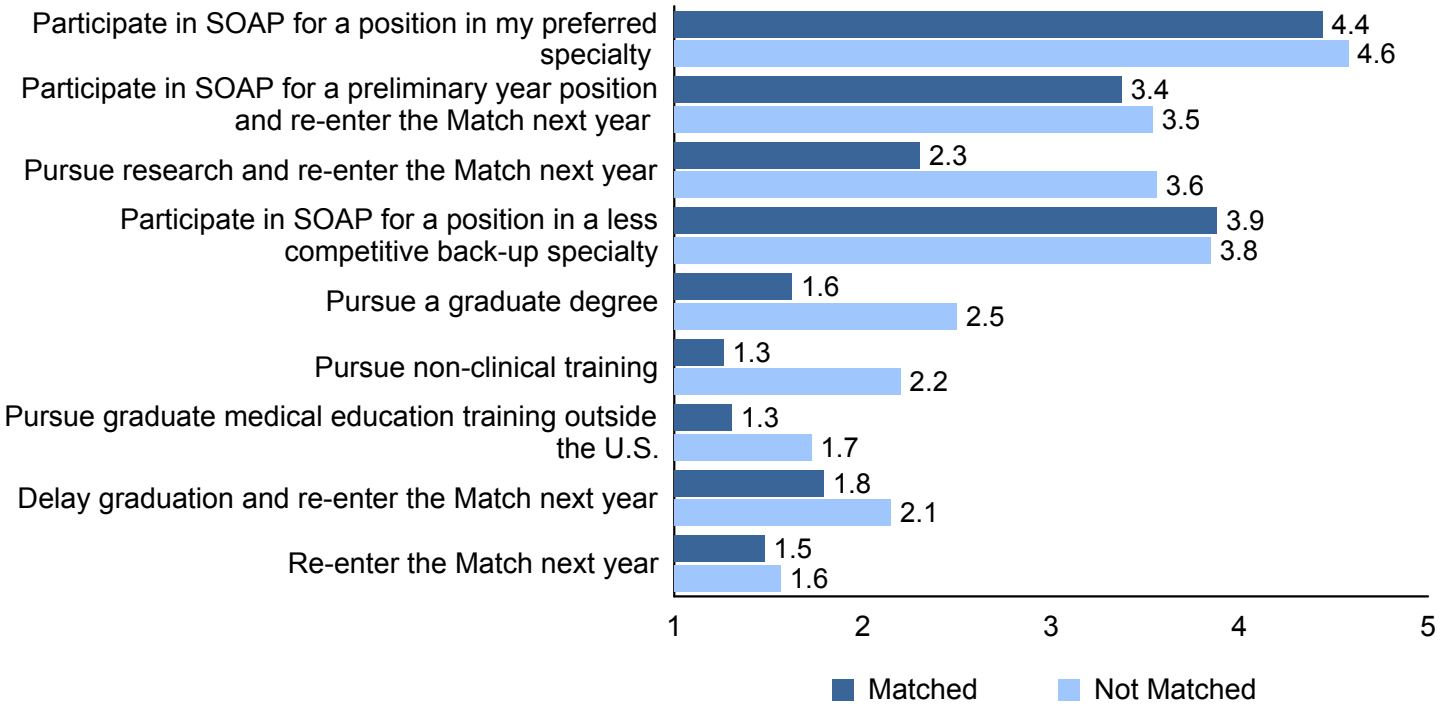


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure MP-5

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





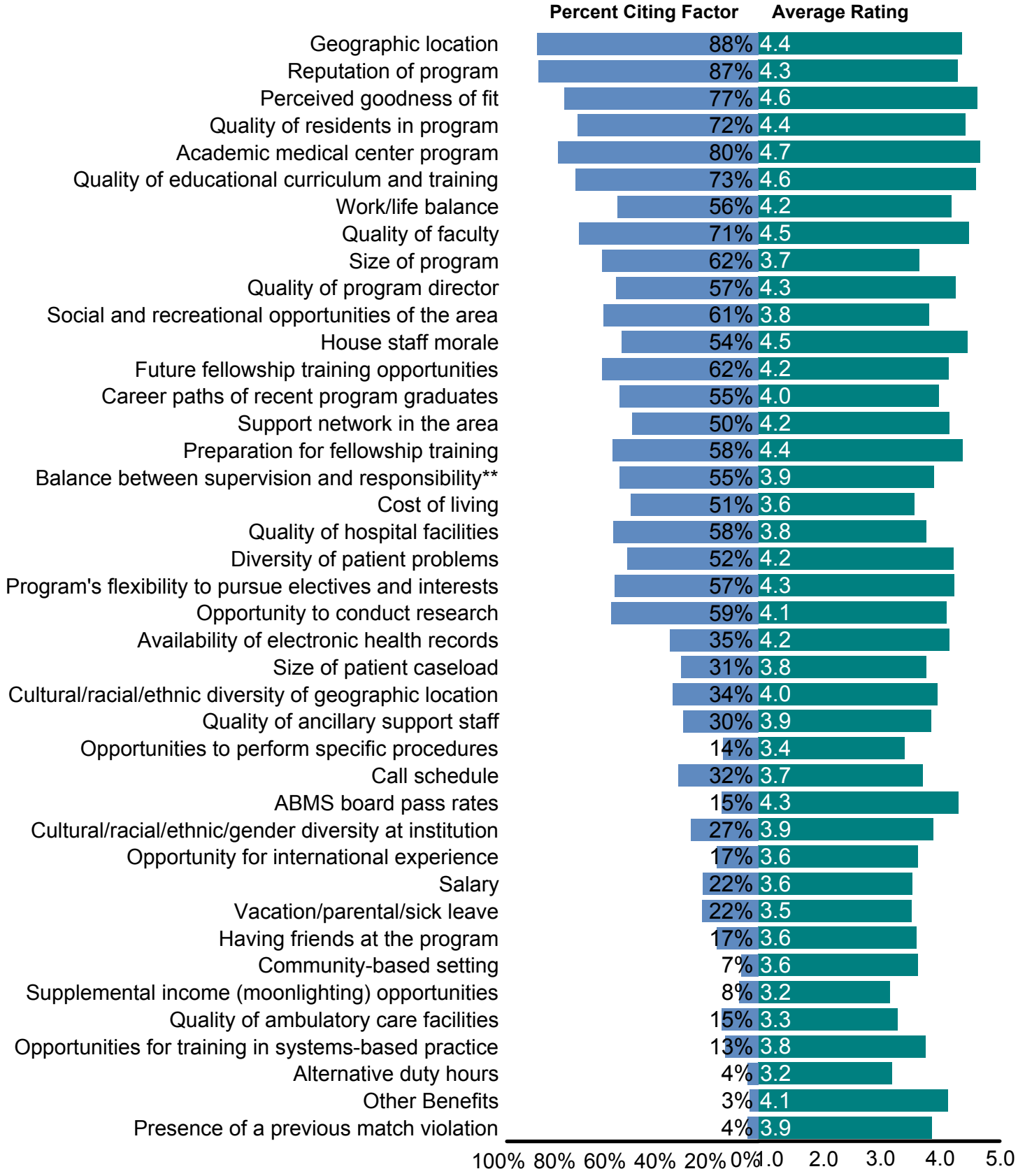
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Neurology

Figure NE-1

Neurology

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



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

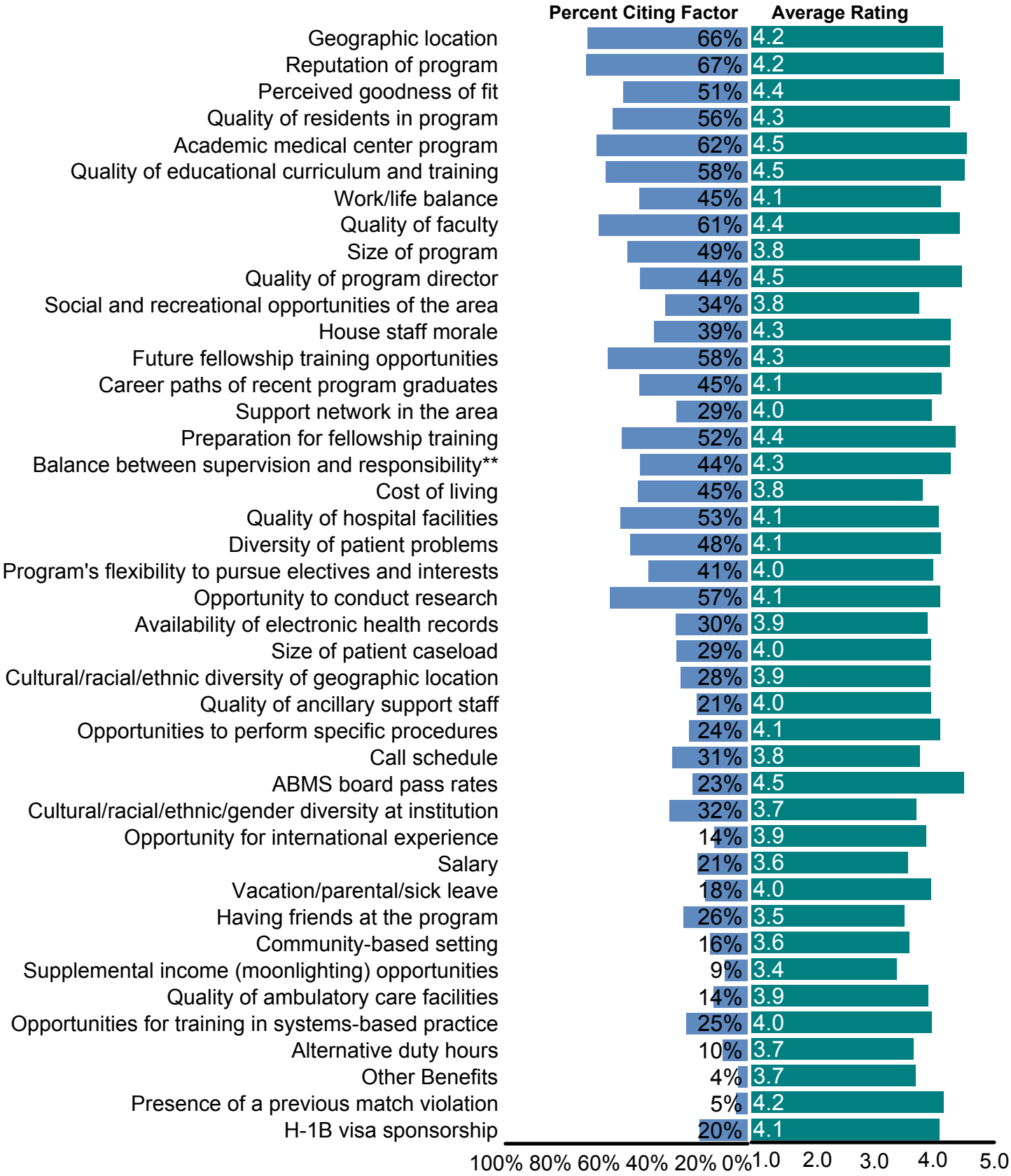
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure NE-1

Neurology

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



Data are presented in 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

Figure NE-2

Neurology

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

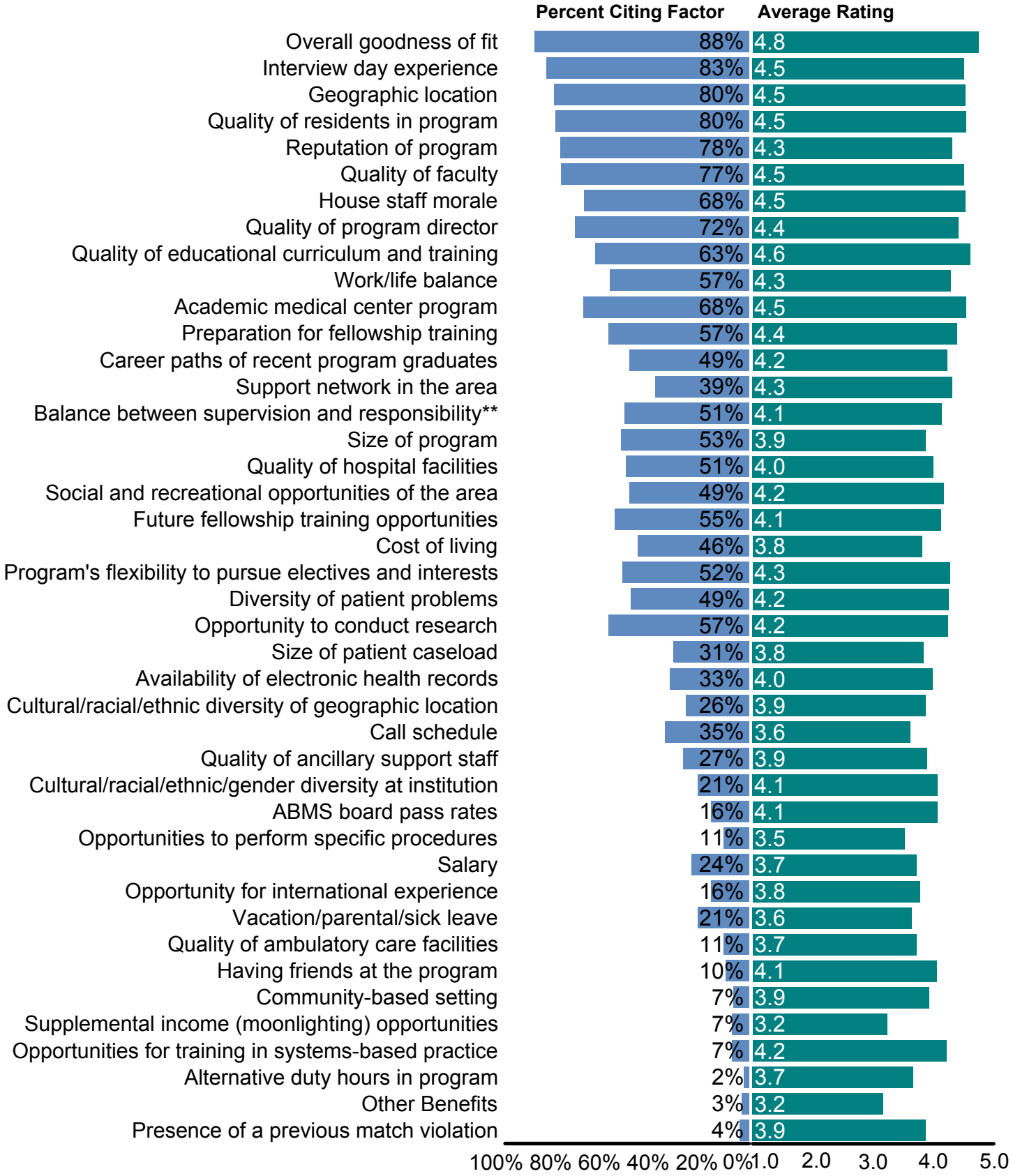


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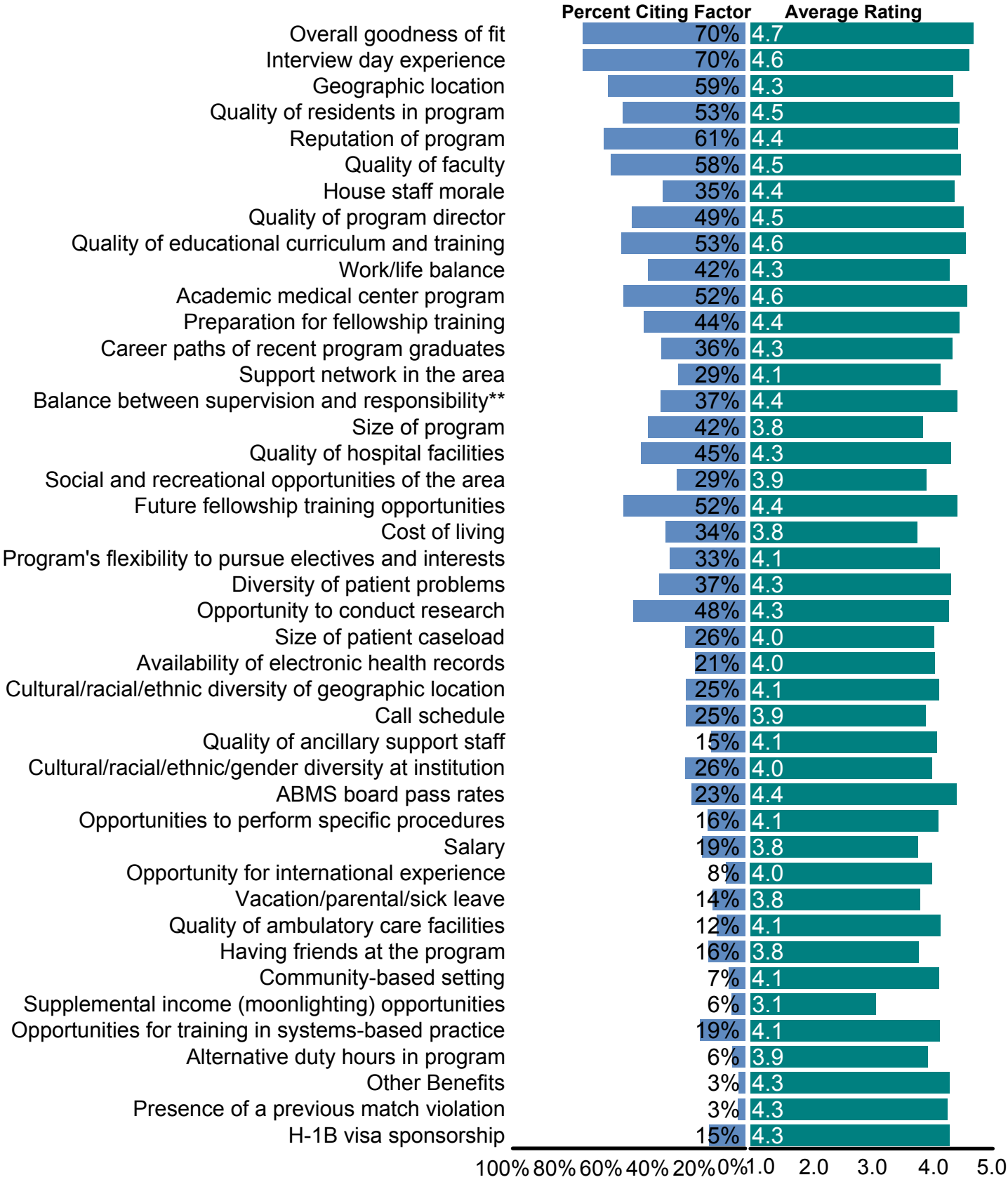
Figure NE-2

Neurology

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



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

Figure NE-3

Neurology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

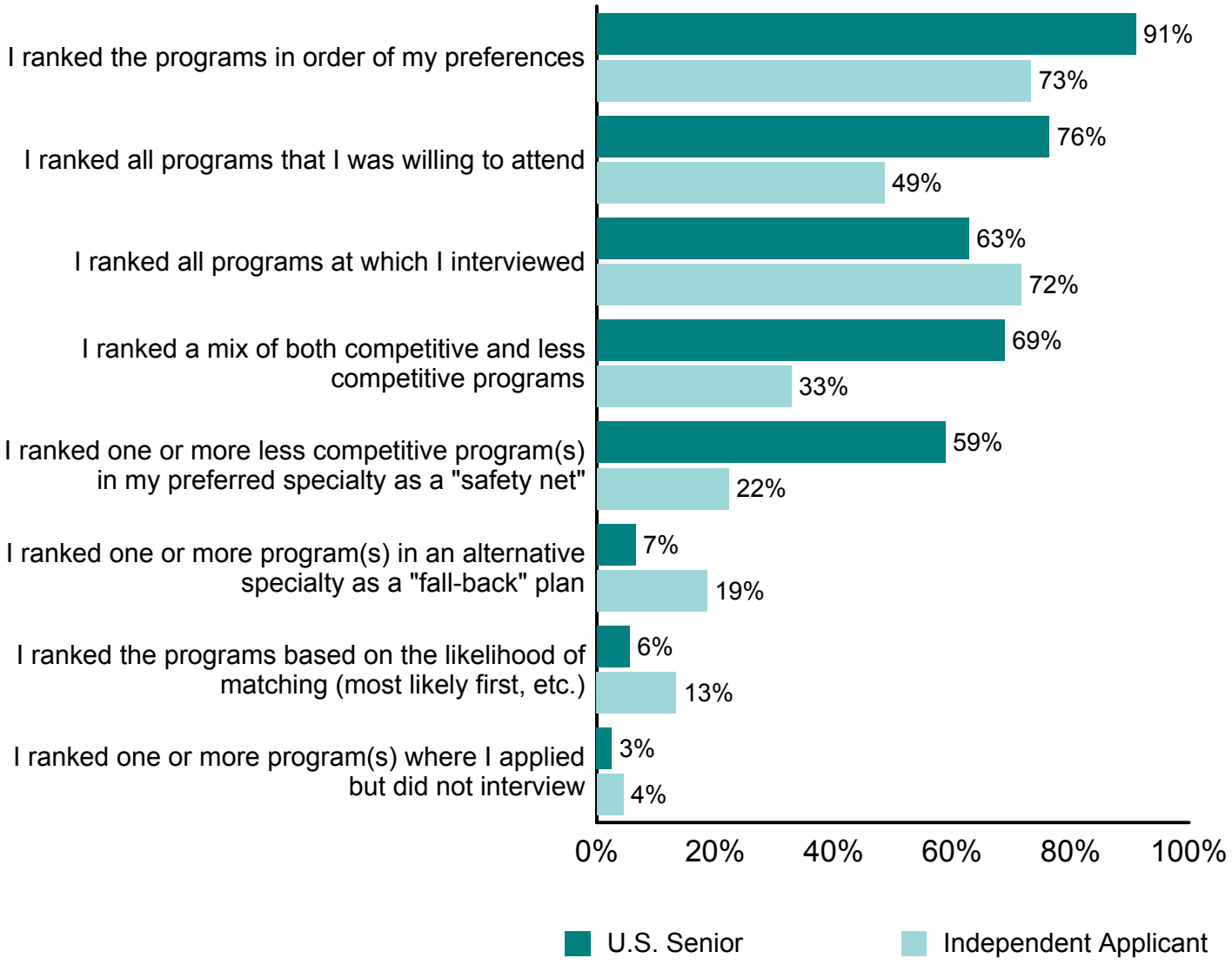
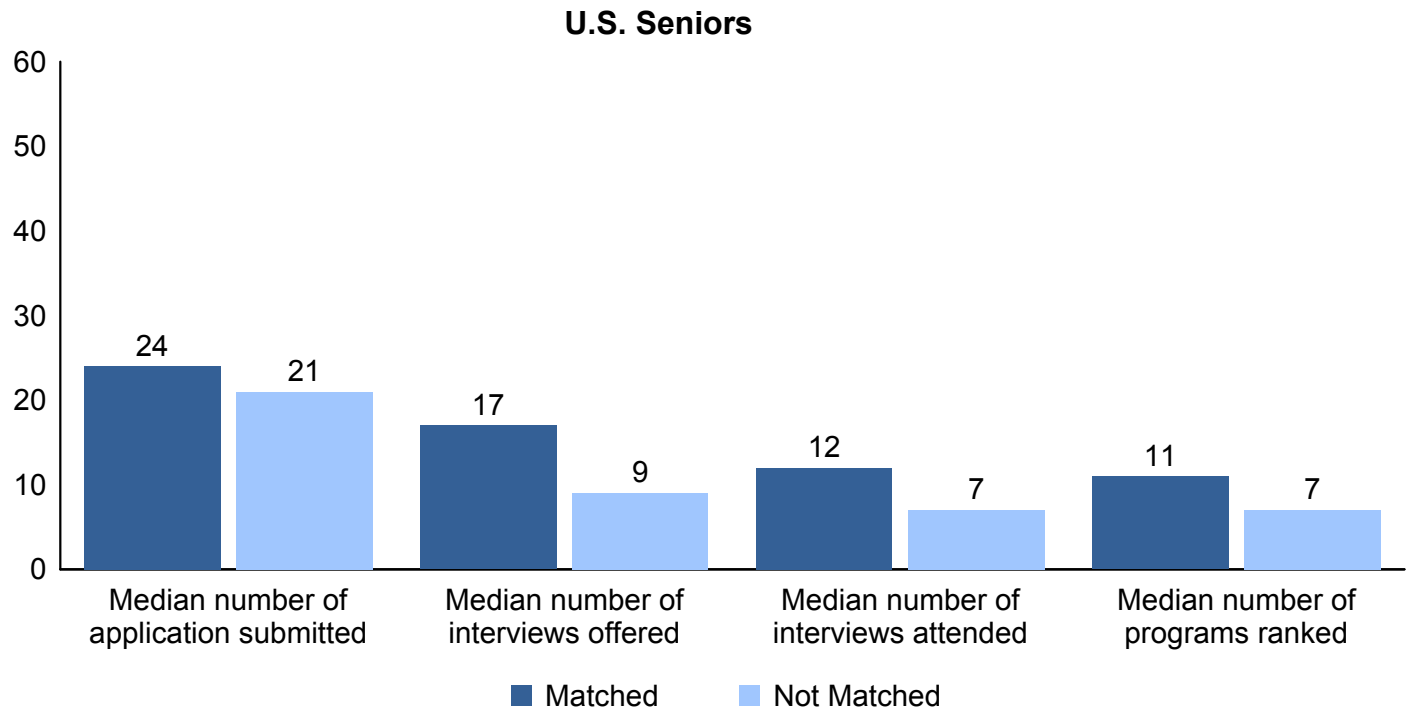
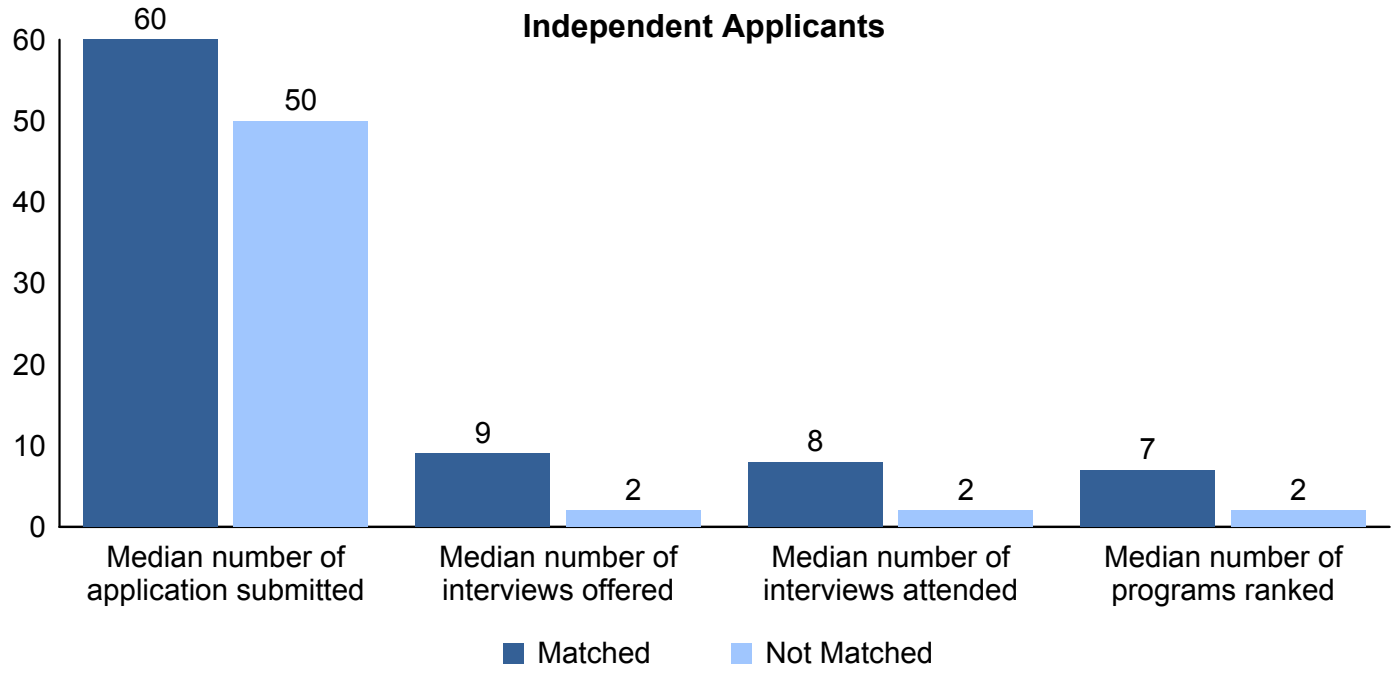


Figure NE-4

Neurology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

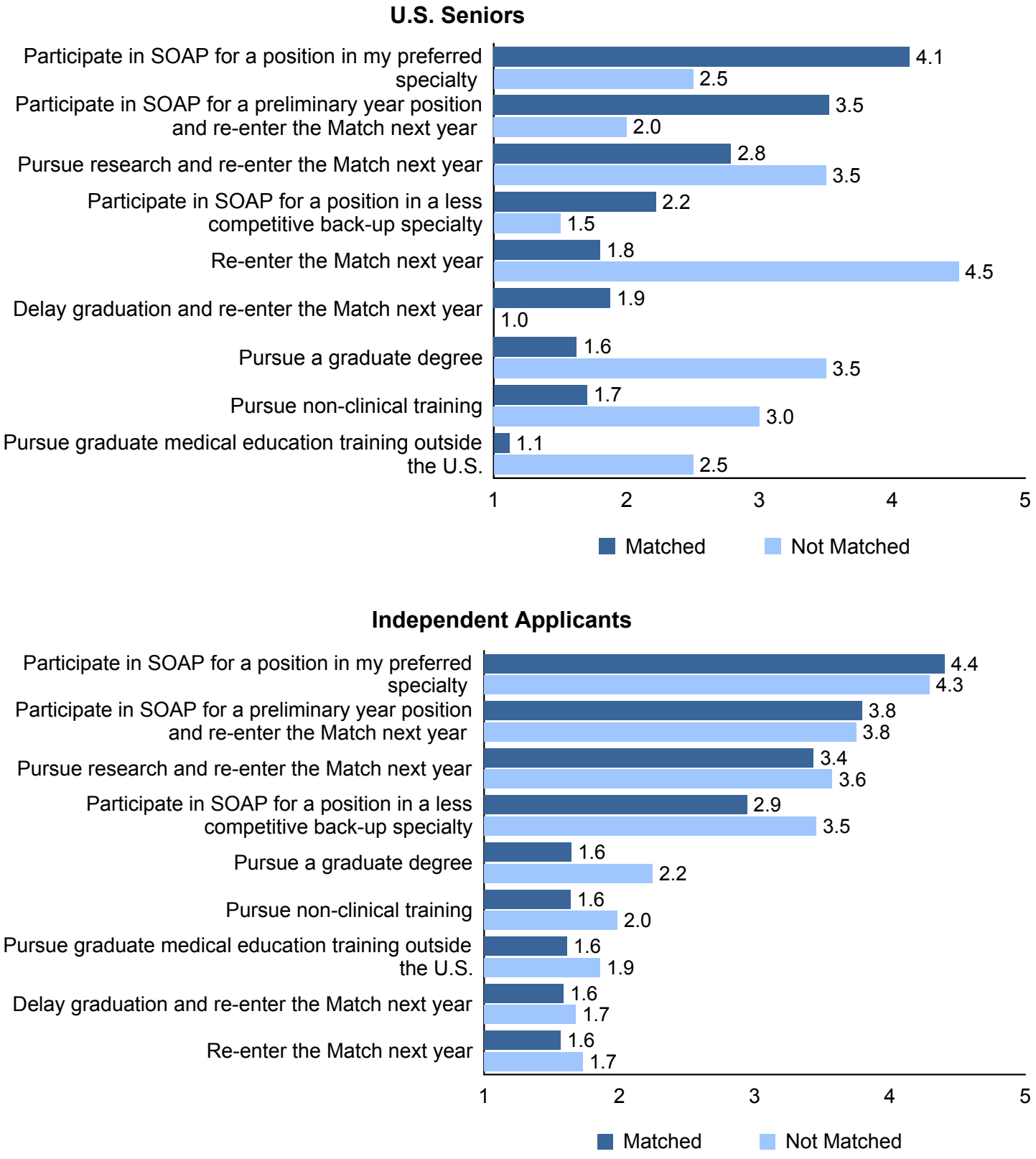




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure NE-5

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



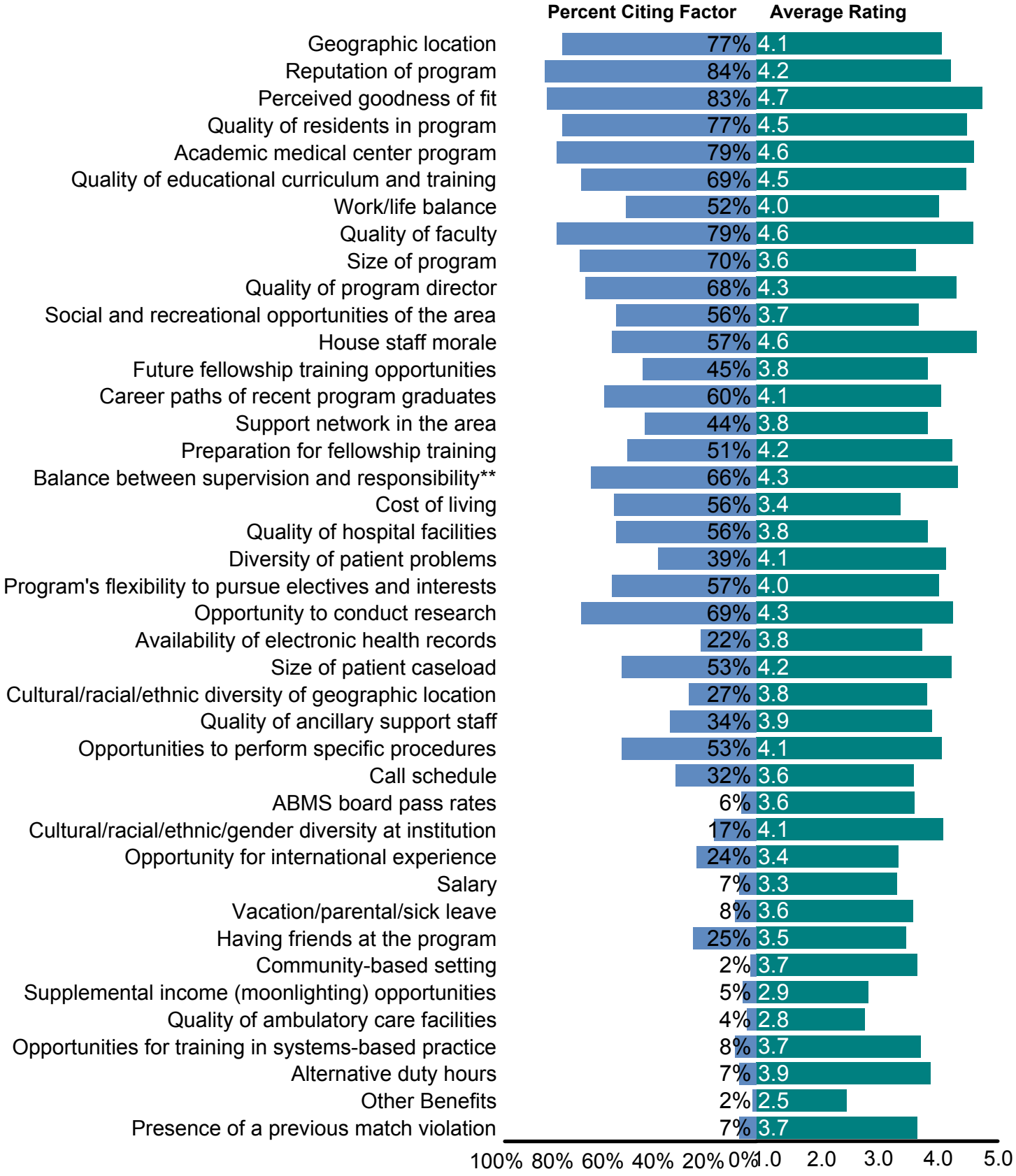
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Neurological Surgery

Figure NS-1

Neurological Surgery

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



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

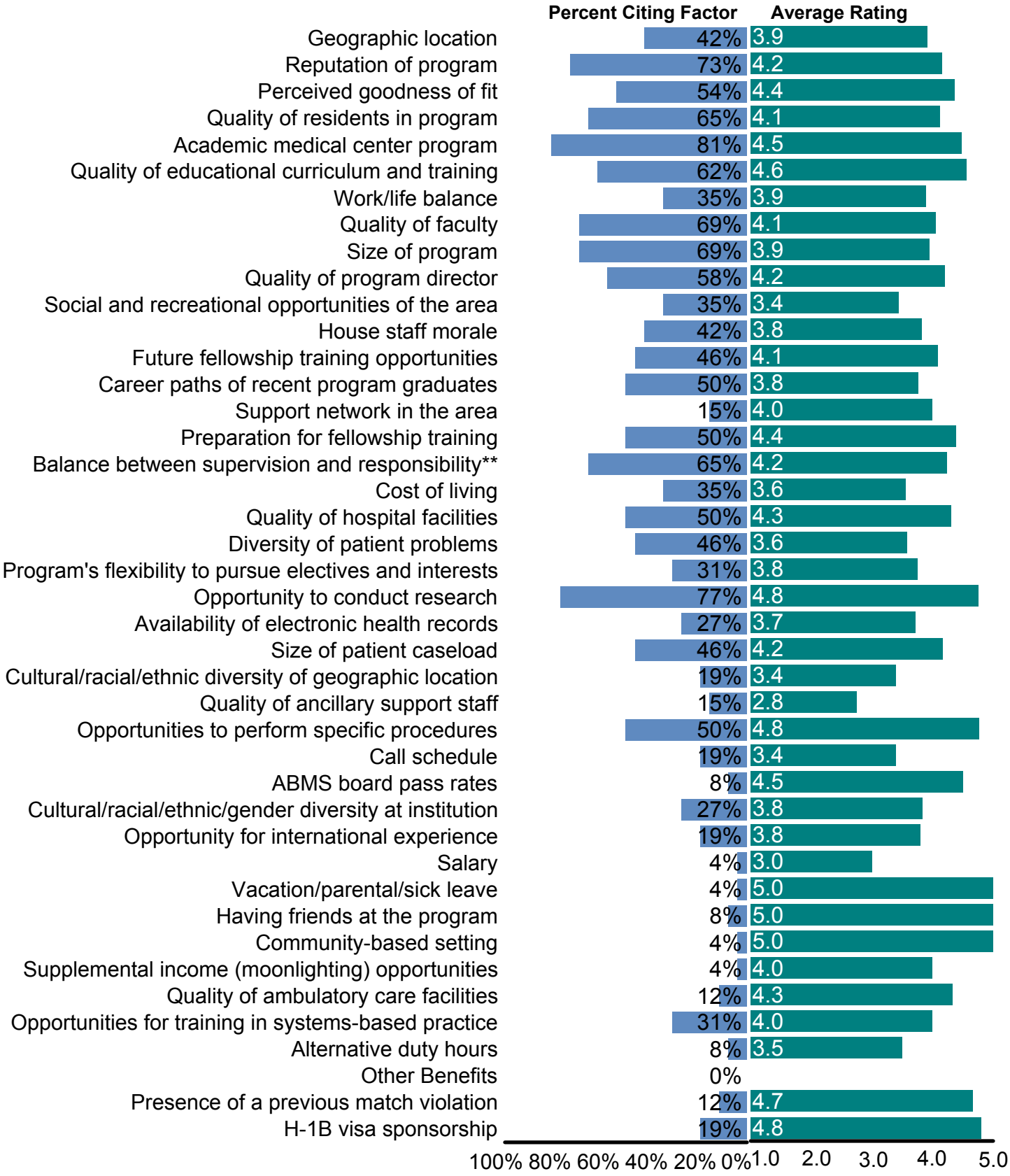
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure NS-1

Neurological Surgery

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



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

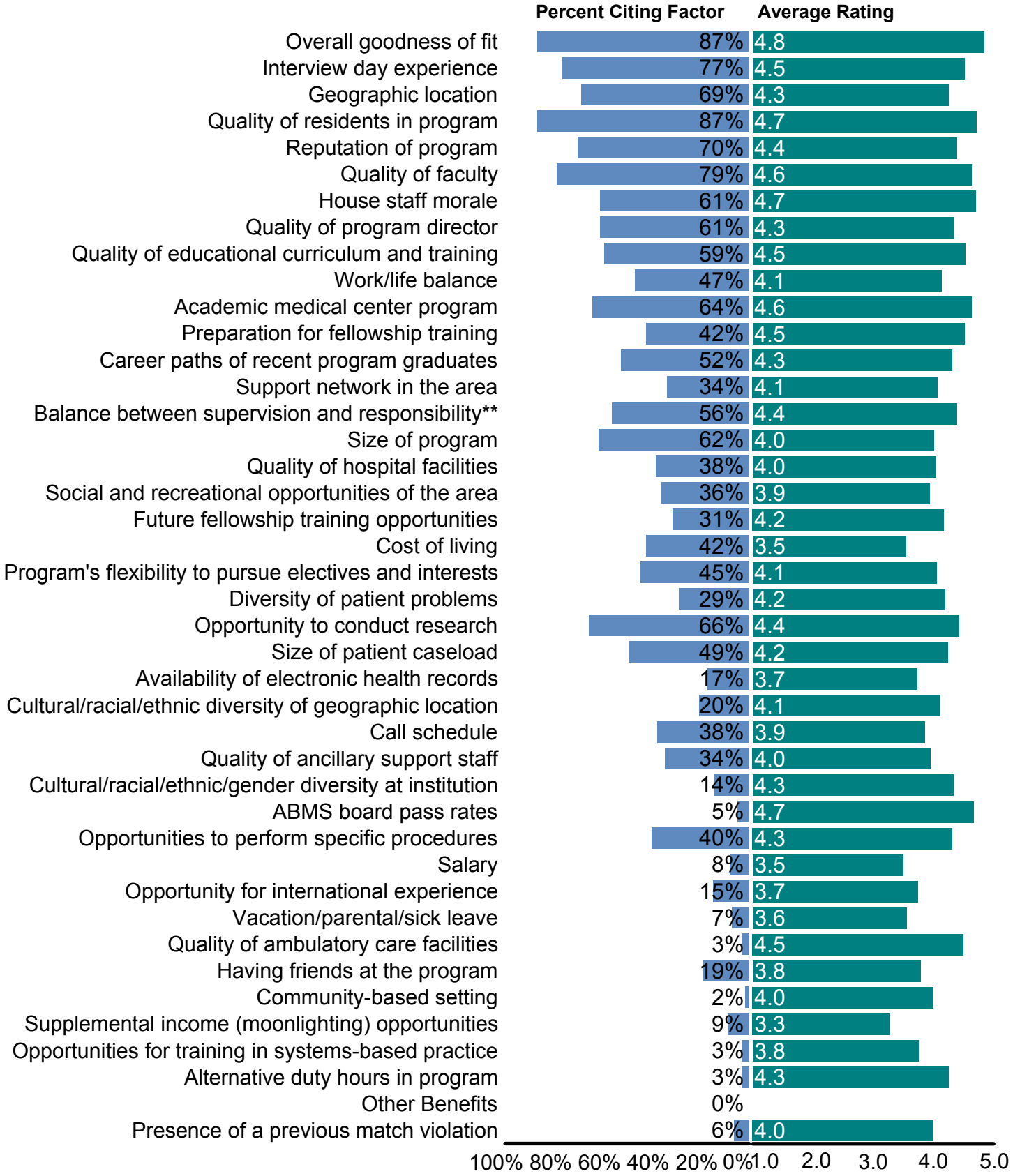
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure NS-2

Neurological Surgery

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



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

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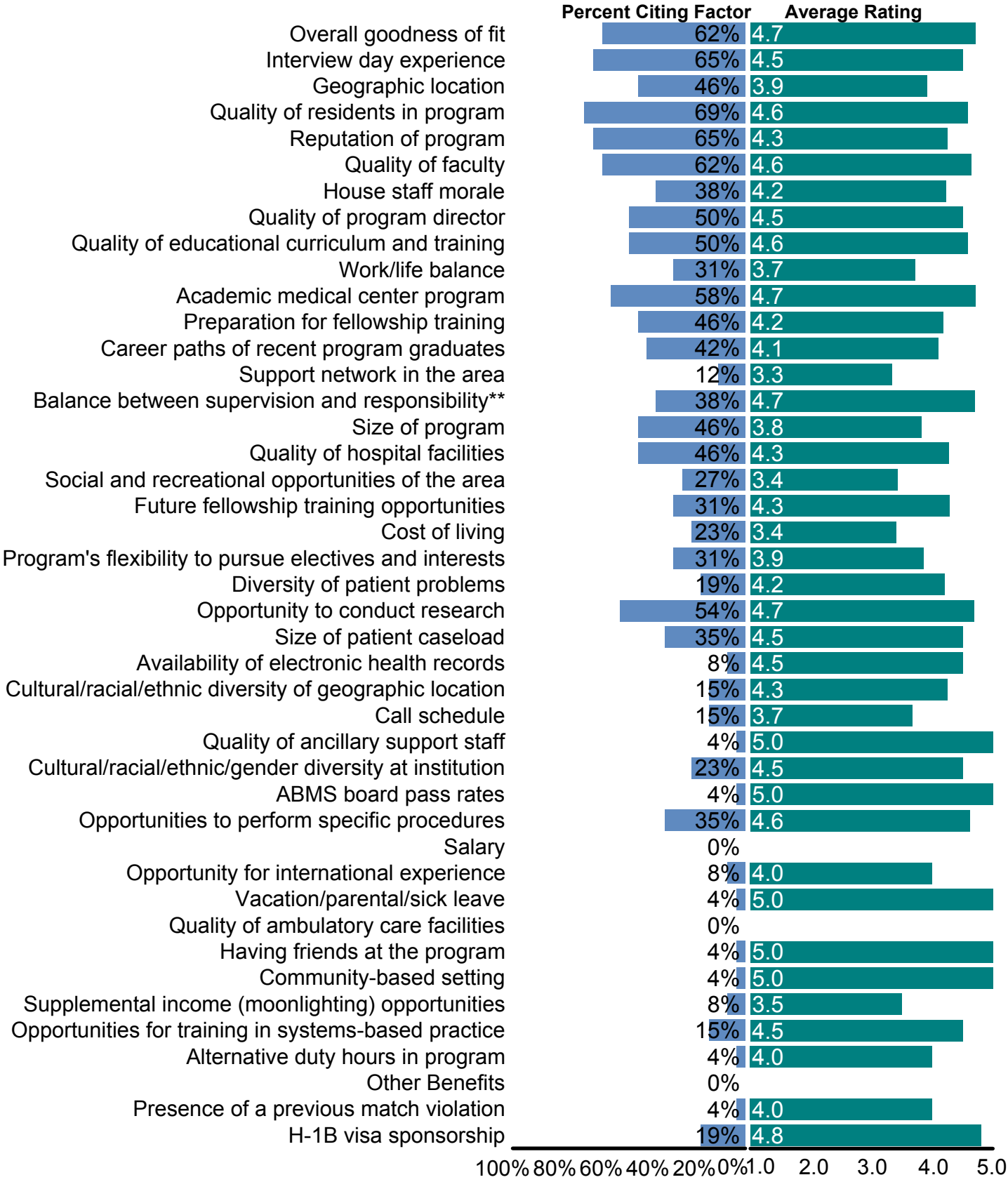
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure NS-2

Neurological Surgery

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



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

Figure NS-3

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

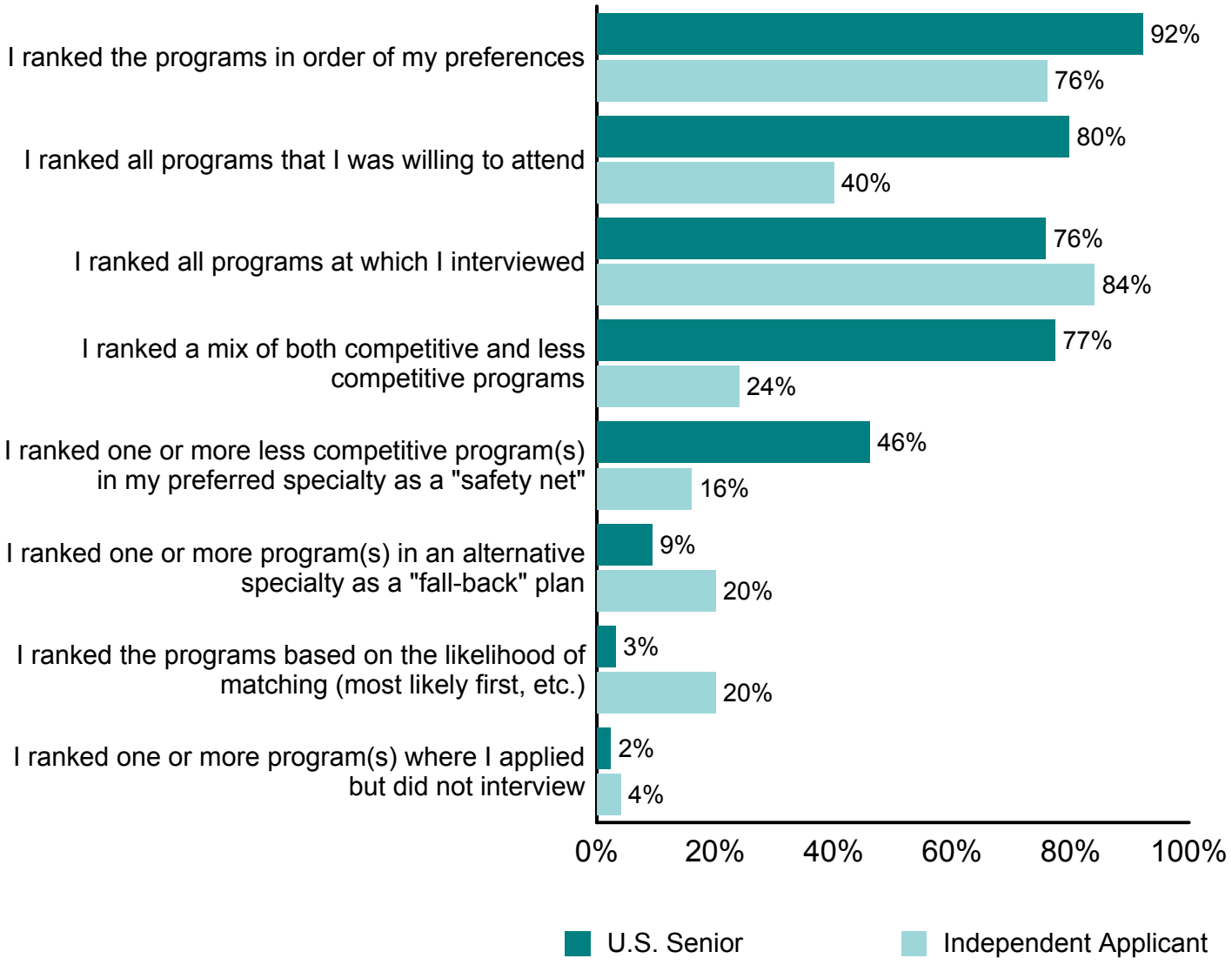
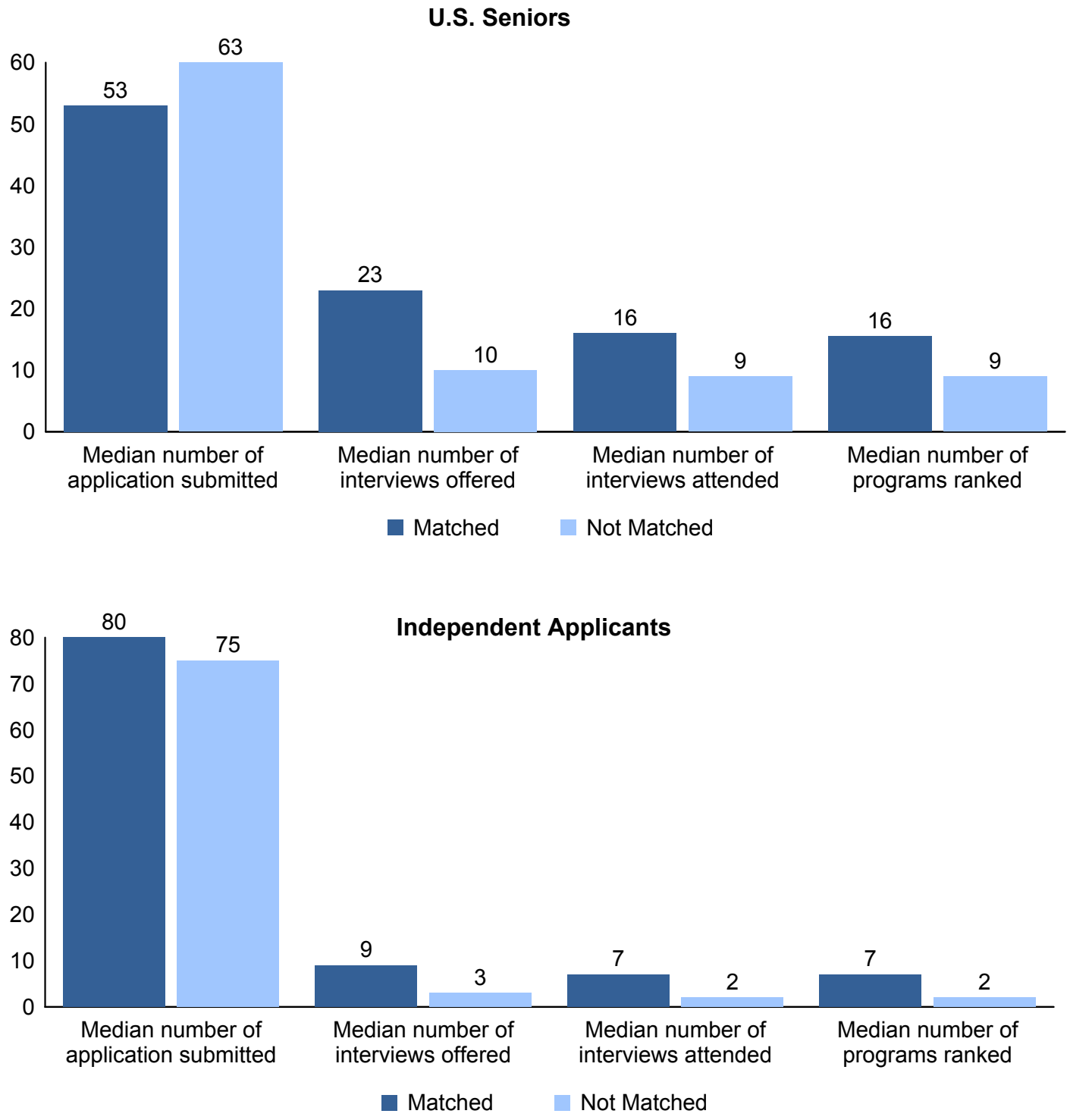


Figure NS-4

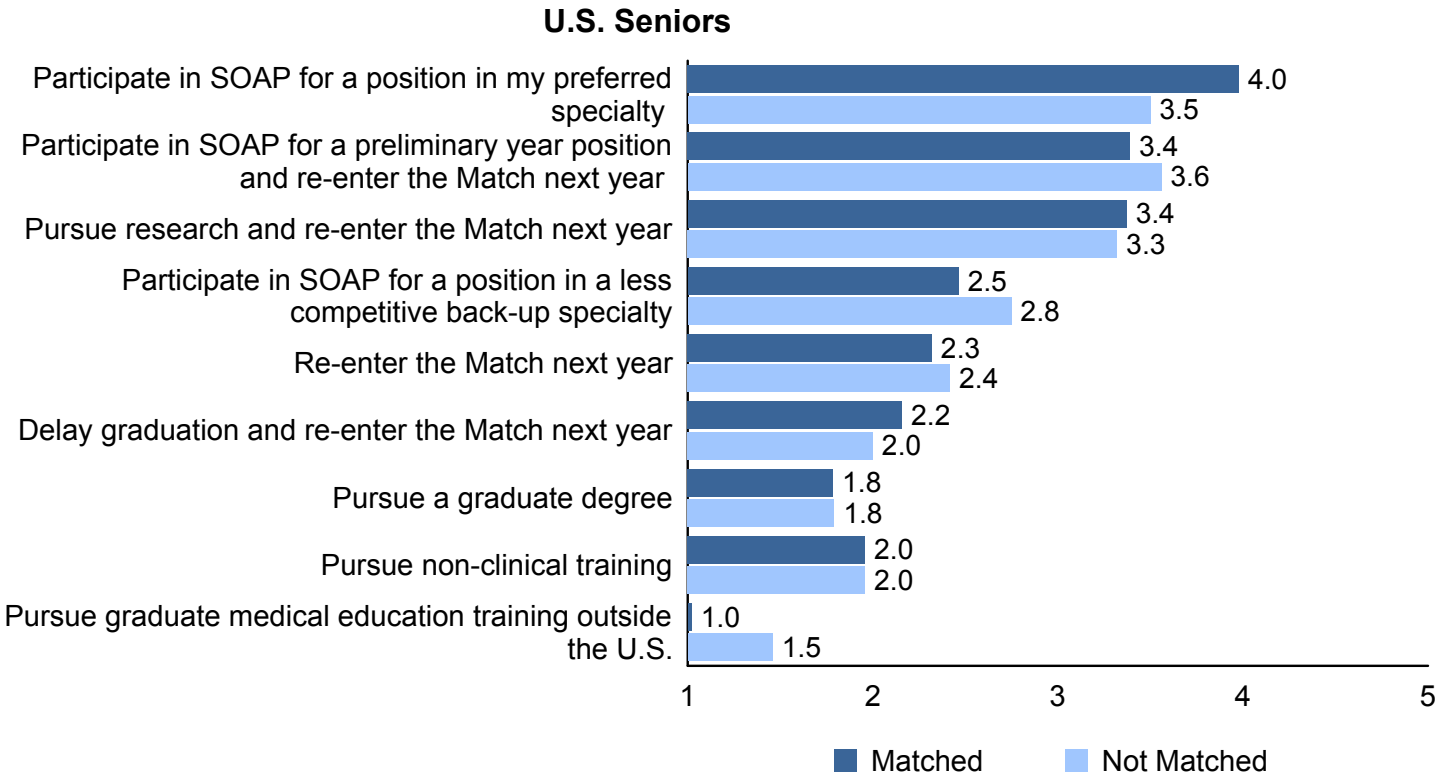
Neurological Surgery
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

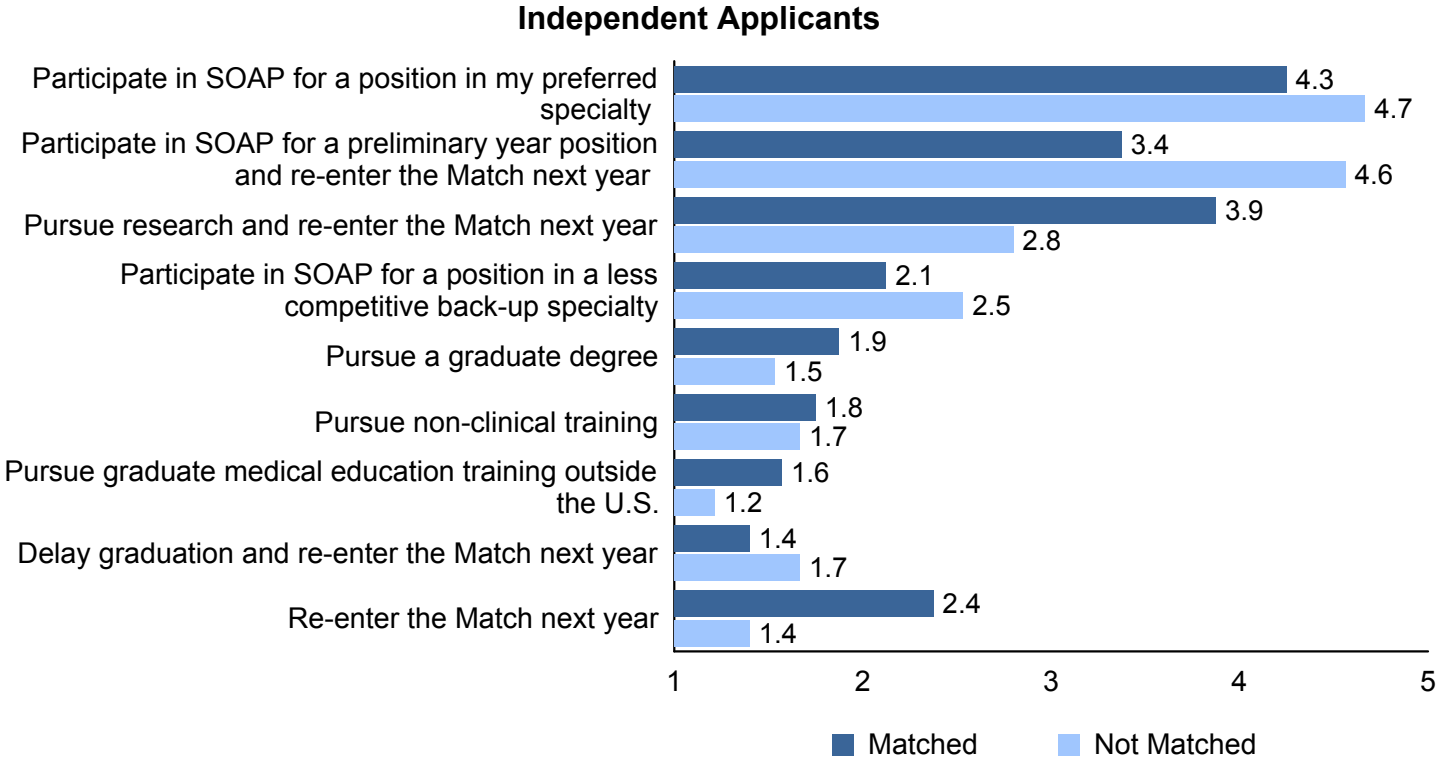


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure NS-5

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





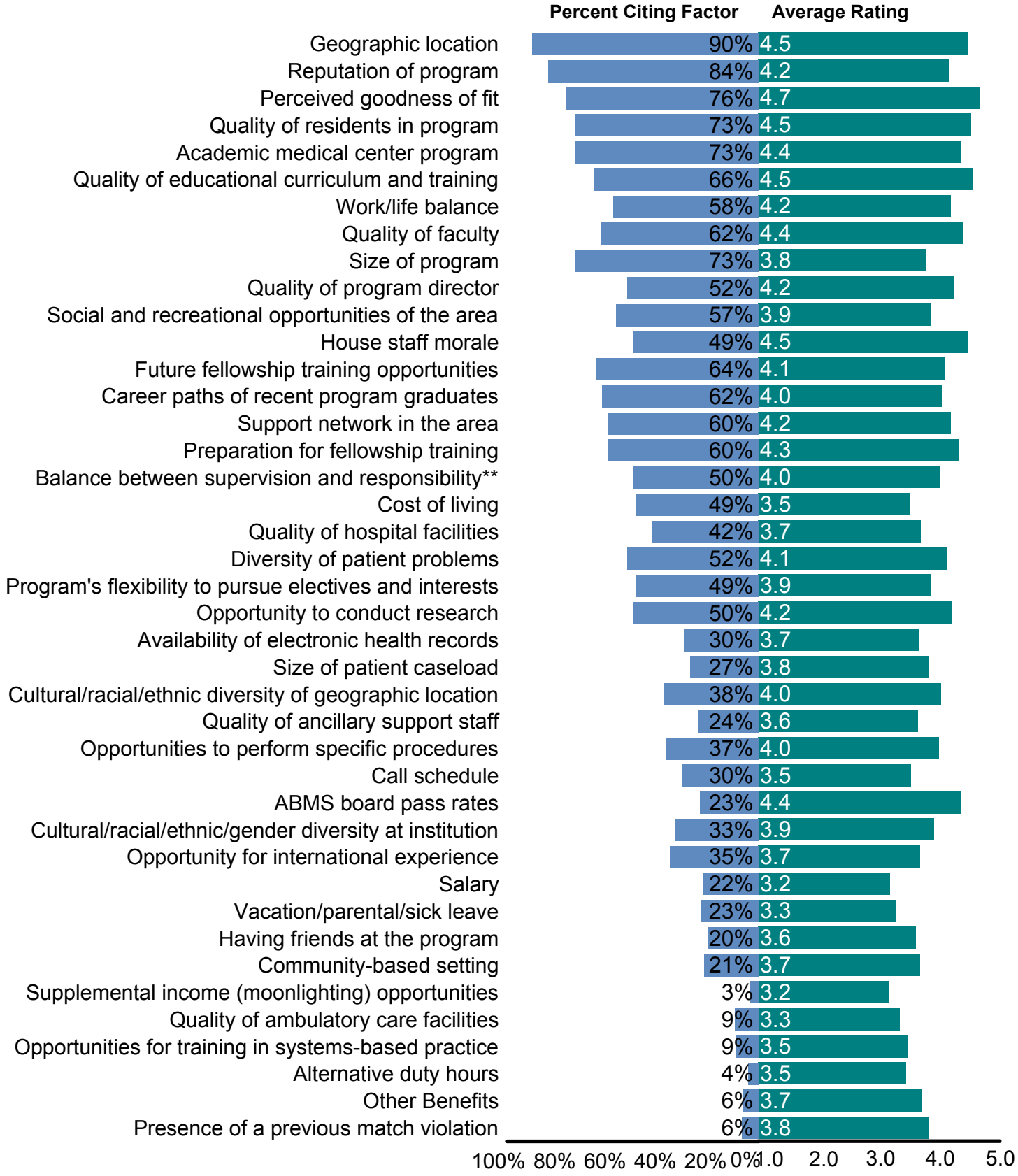
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Obstetrics and Gynecology

Figure OB-1

Obstetrics and Gynecology

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



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

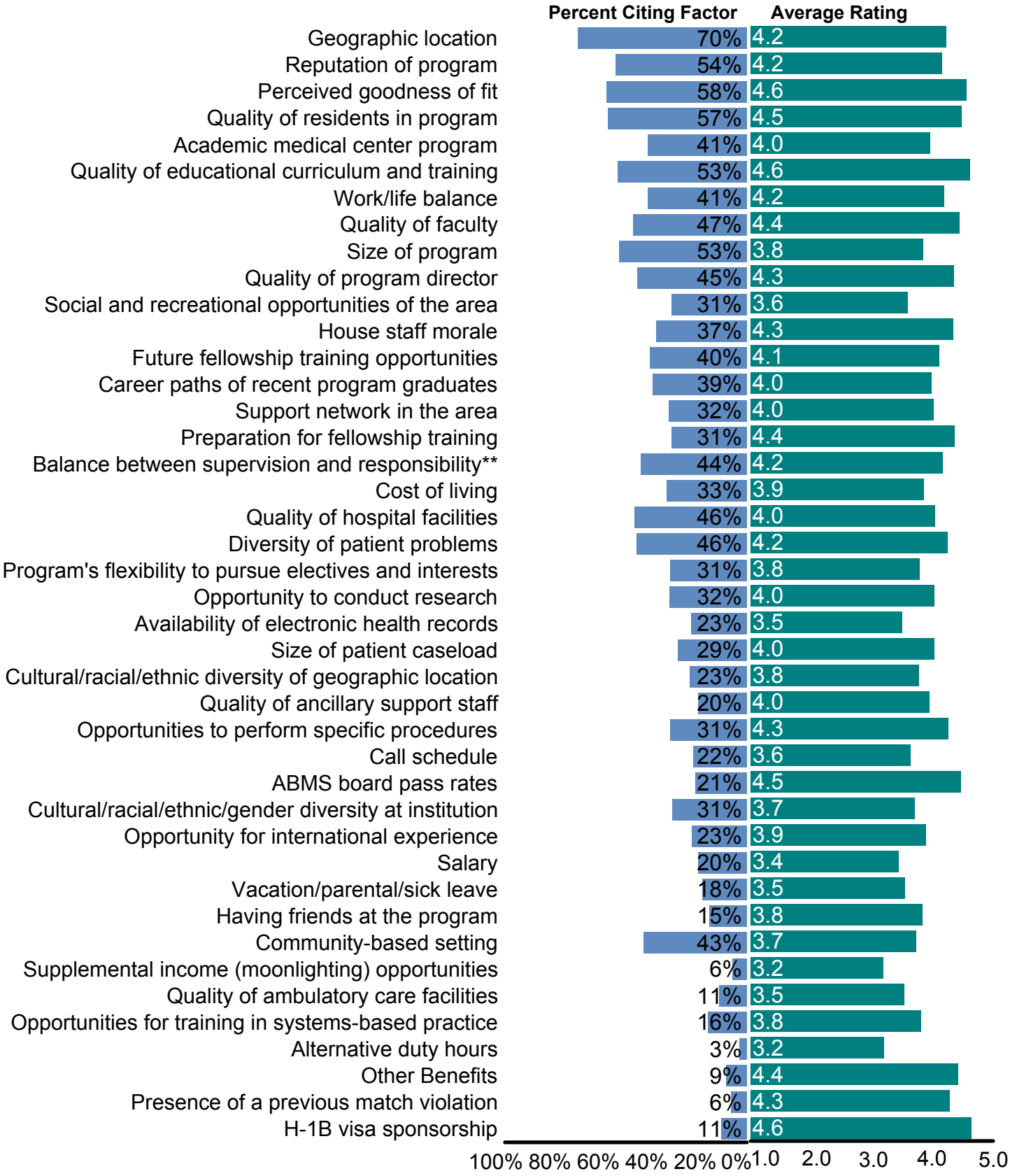
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OB-1

Obstetrics and Gynecology

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



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

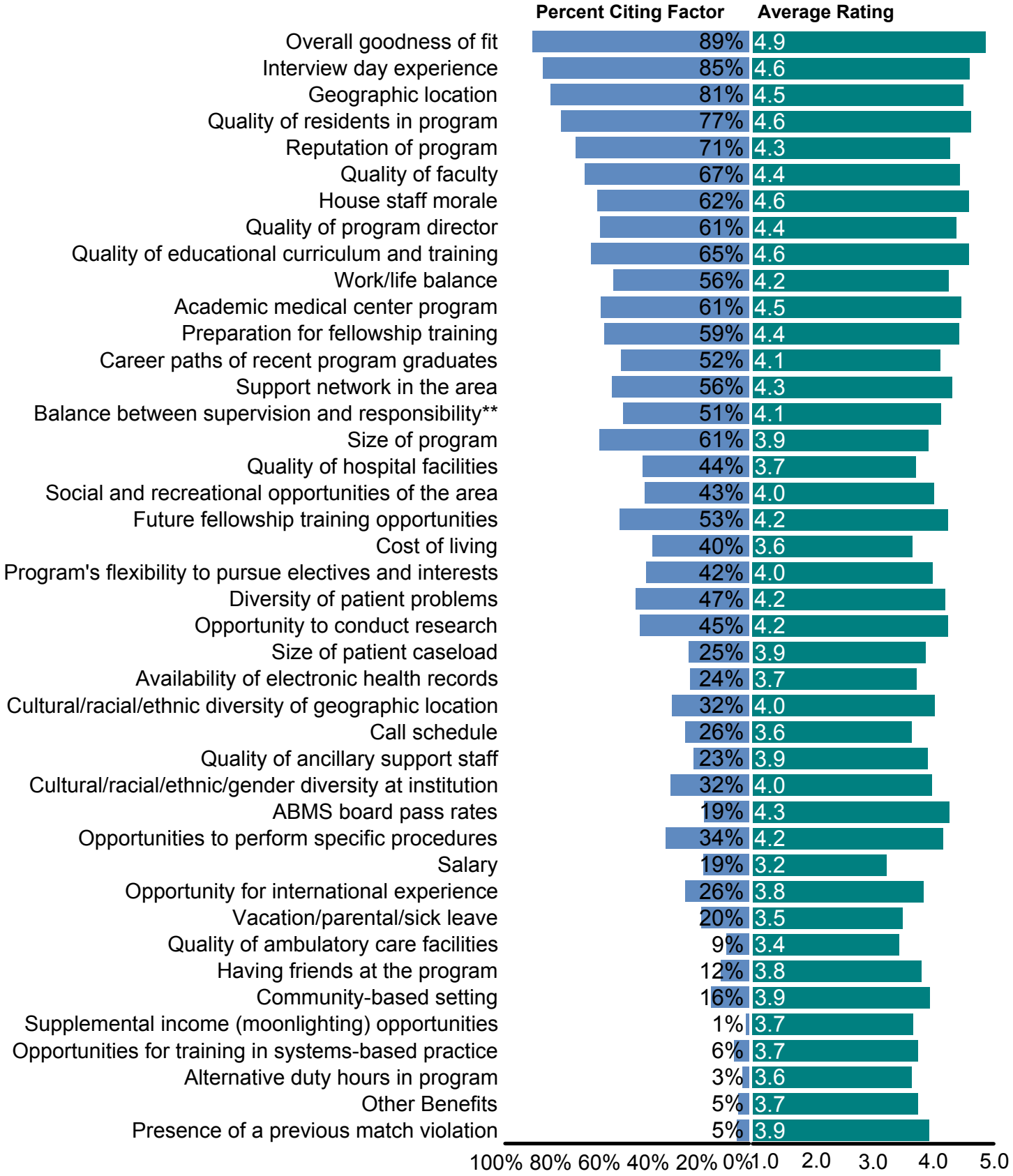
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OB-2

Obstetrics and Gynecology

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



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

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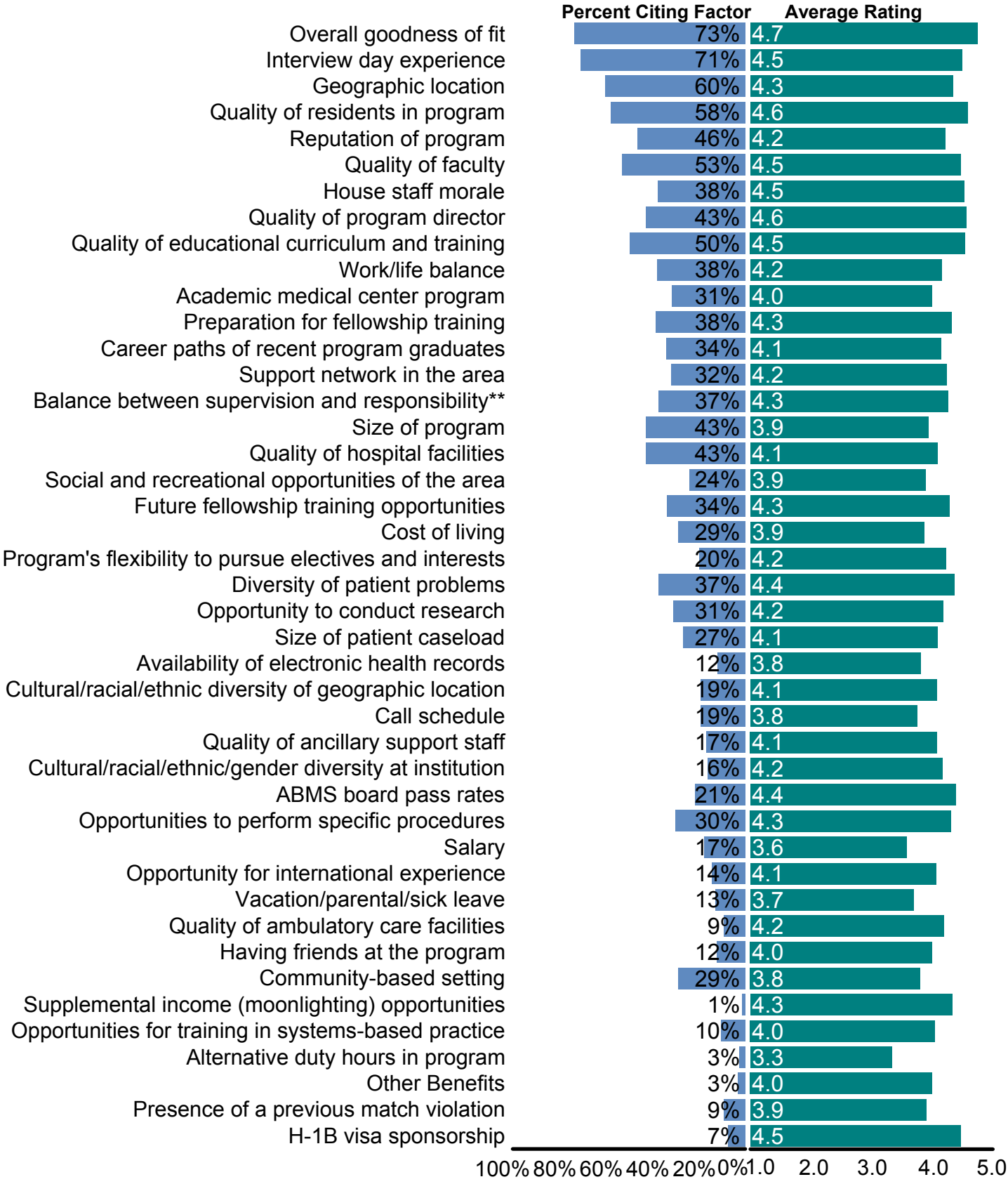
Figure OB-2

Obstetrics and Gynecology

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



Data are presented in 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

Figure OB-3

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

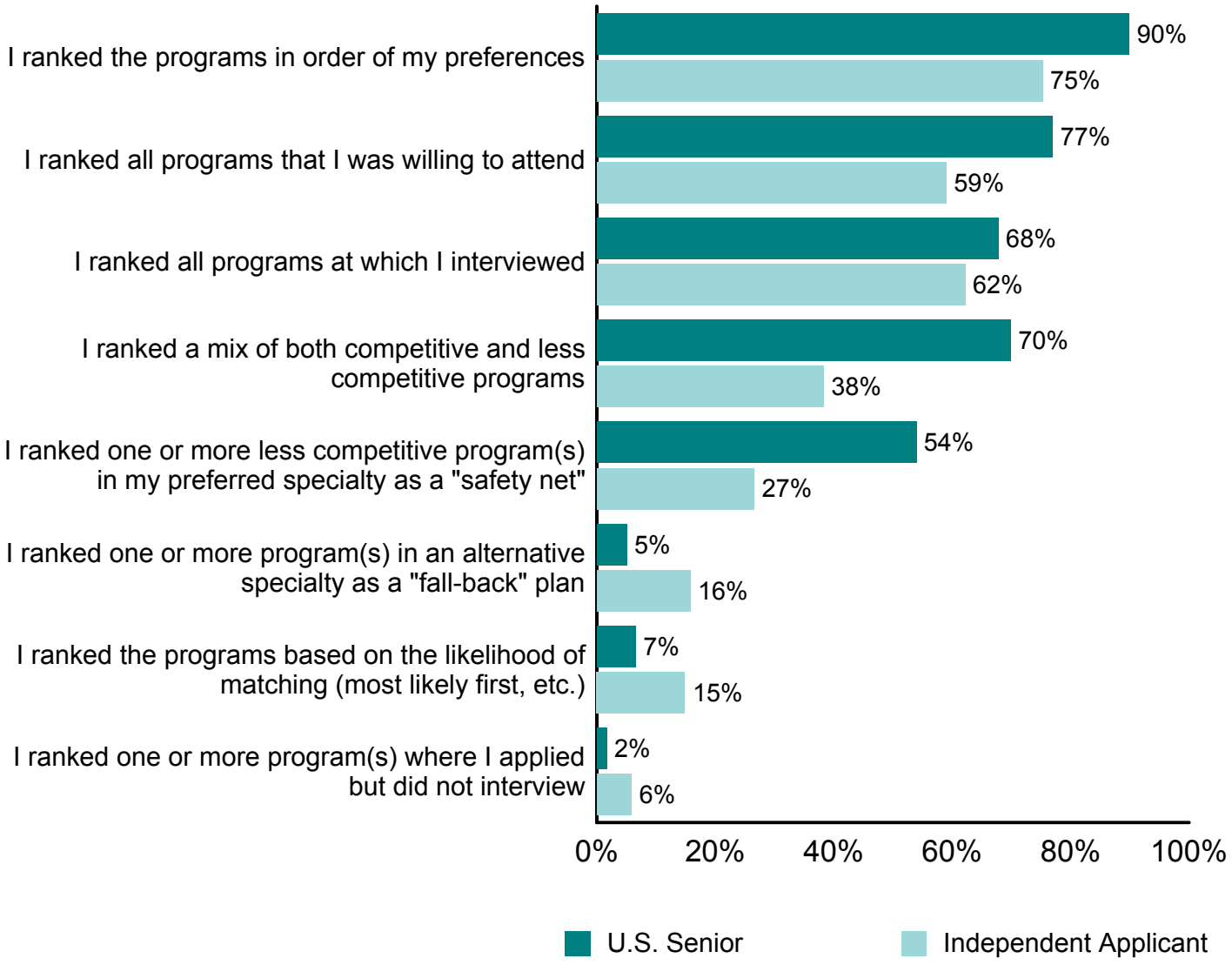
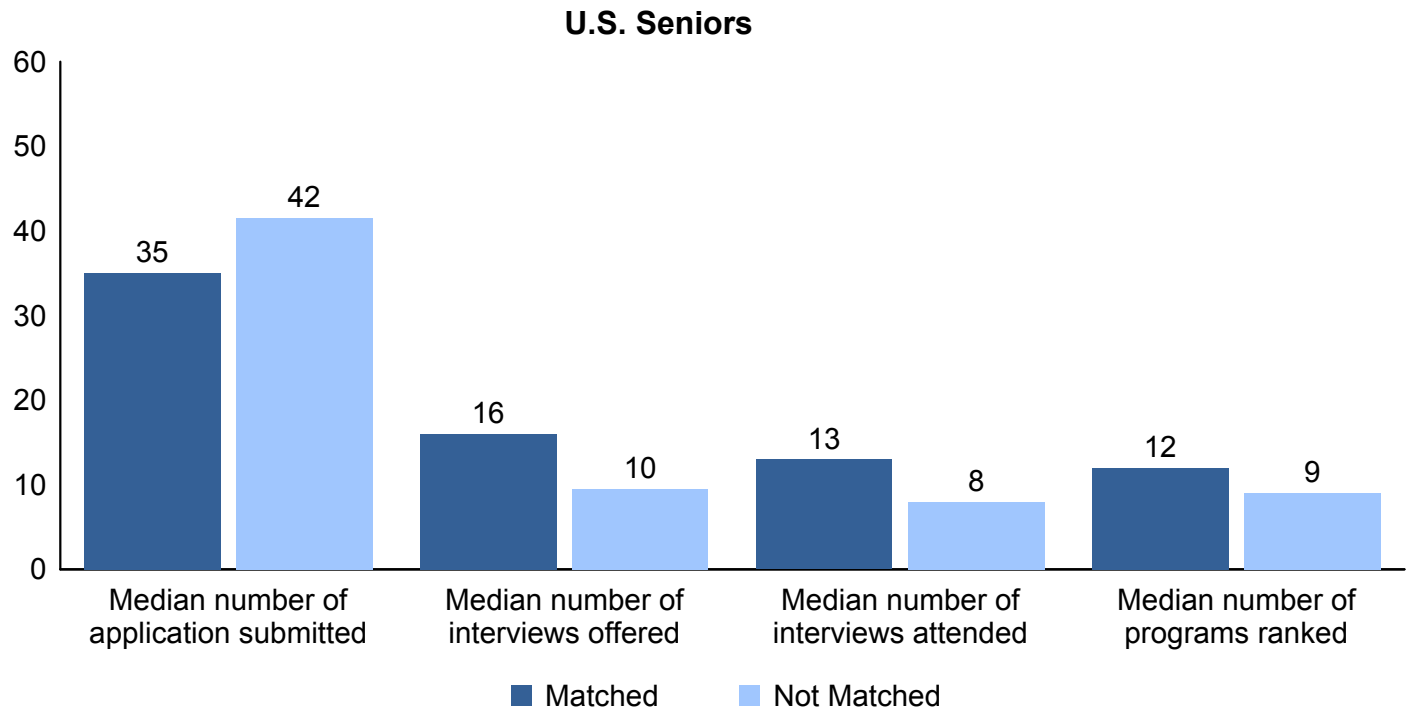
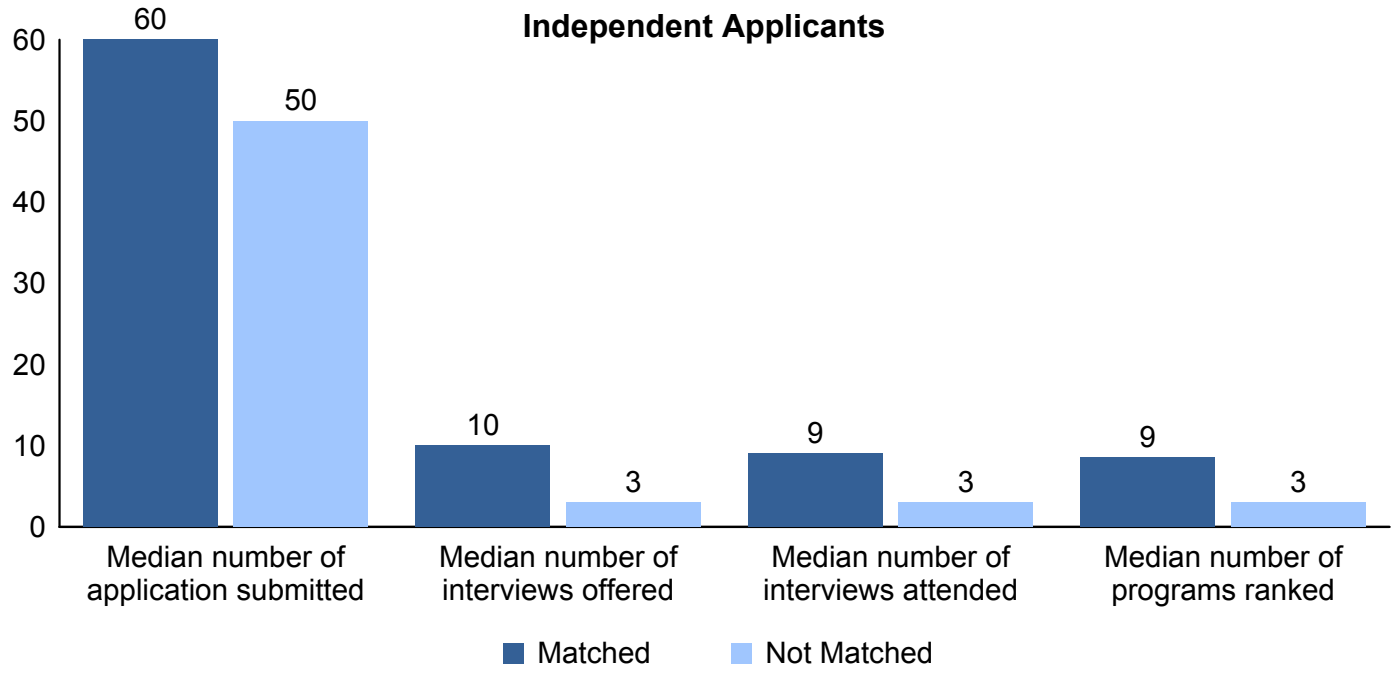


Figure OB-4

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



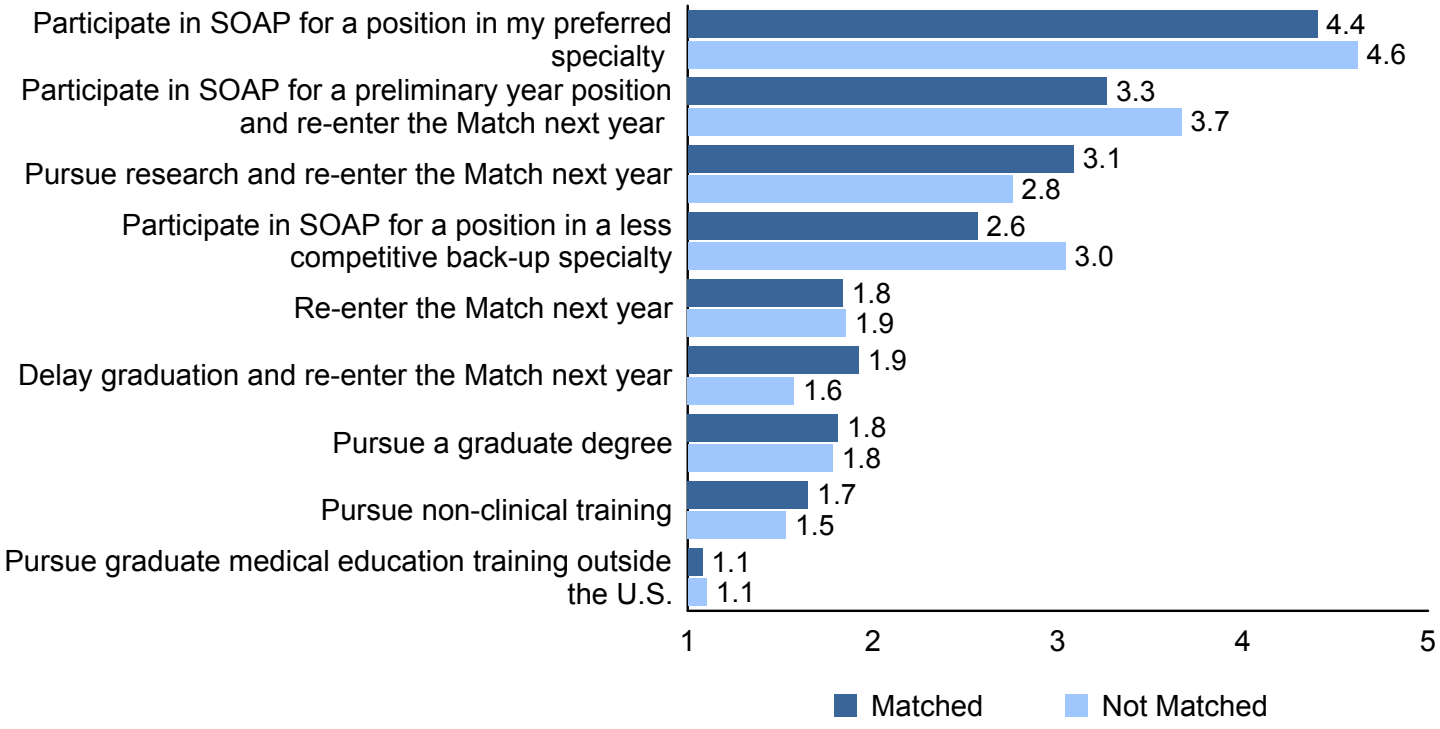


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

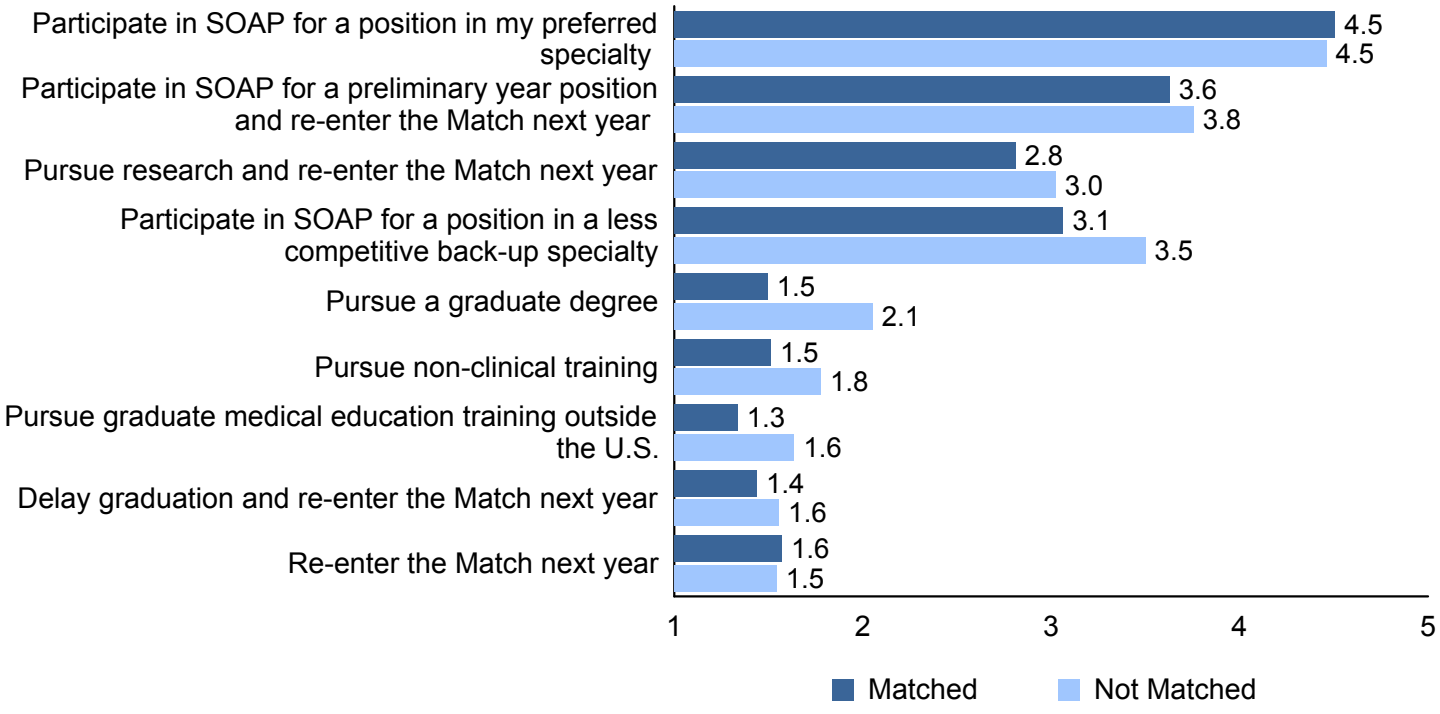
Figure OB-5

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

U.S. Seniors



Independent Applicants



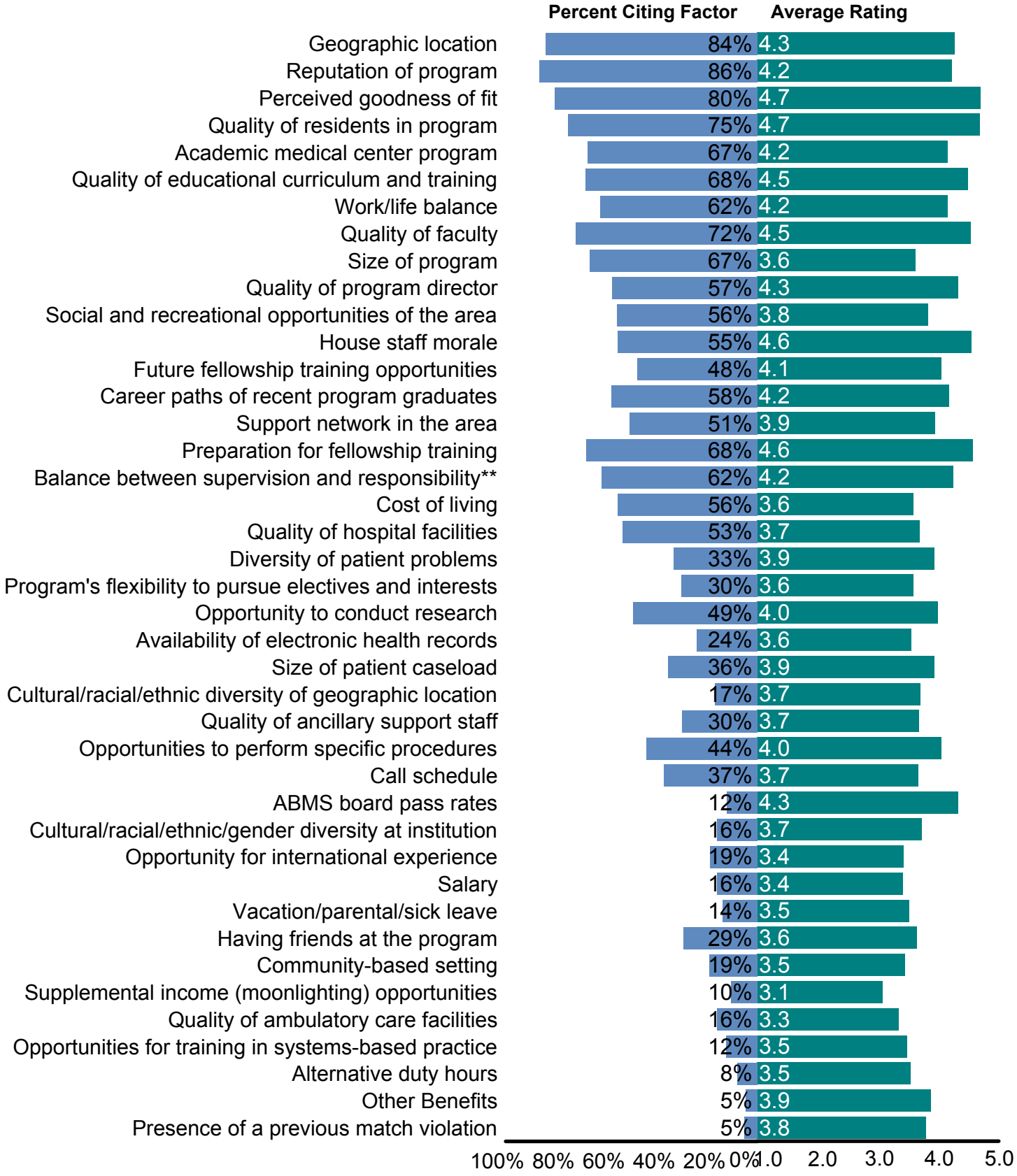
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Orthopaedic Surgery

Figure OS-1

Orthopaedic Surgery

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



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

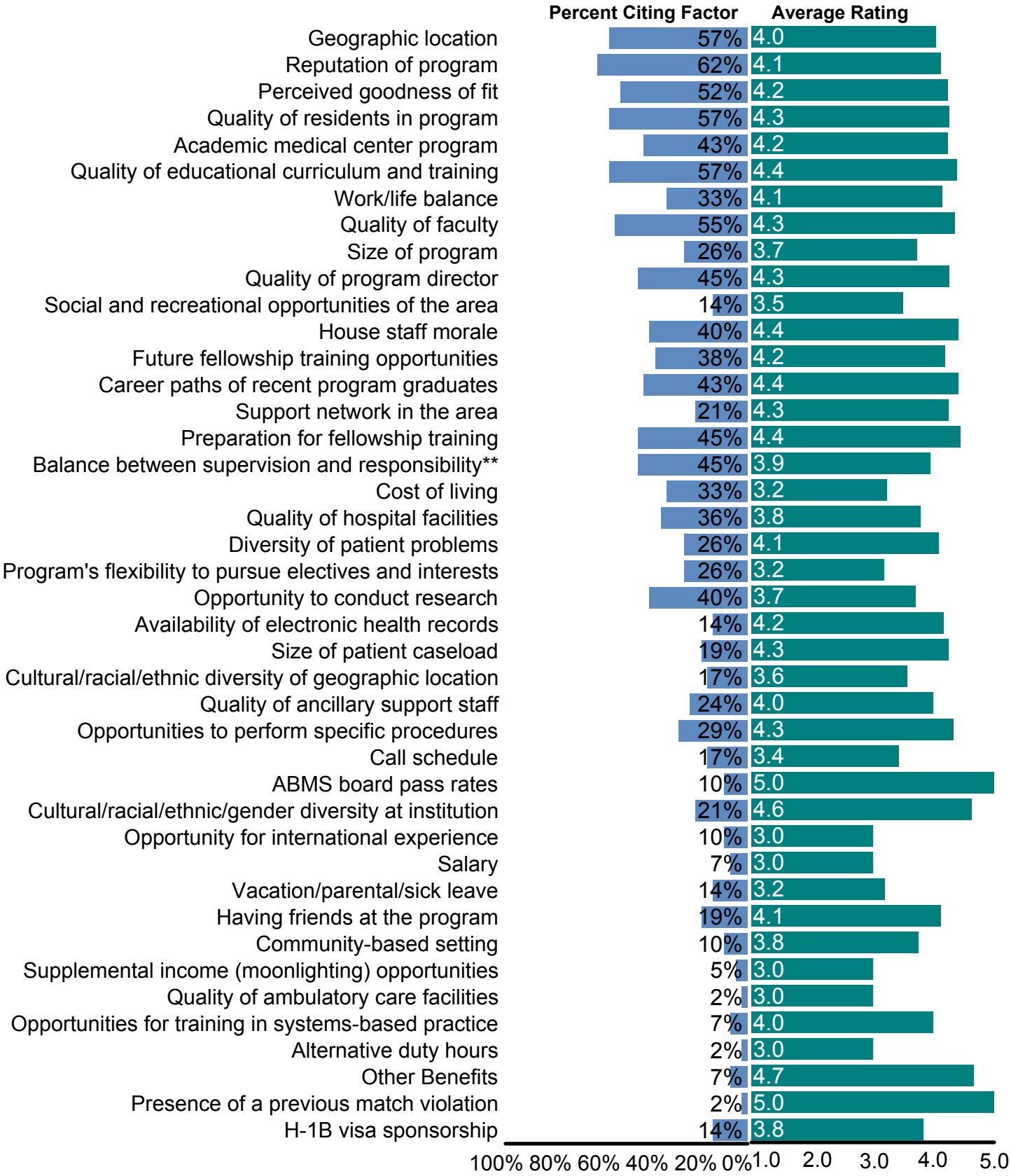
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OS-1

Orthopaedic Surgery

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



Data are presented in 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

Figure OS-2

Orthopaedic Surgery

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

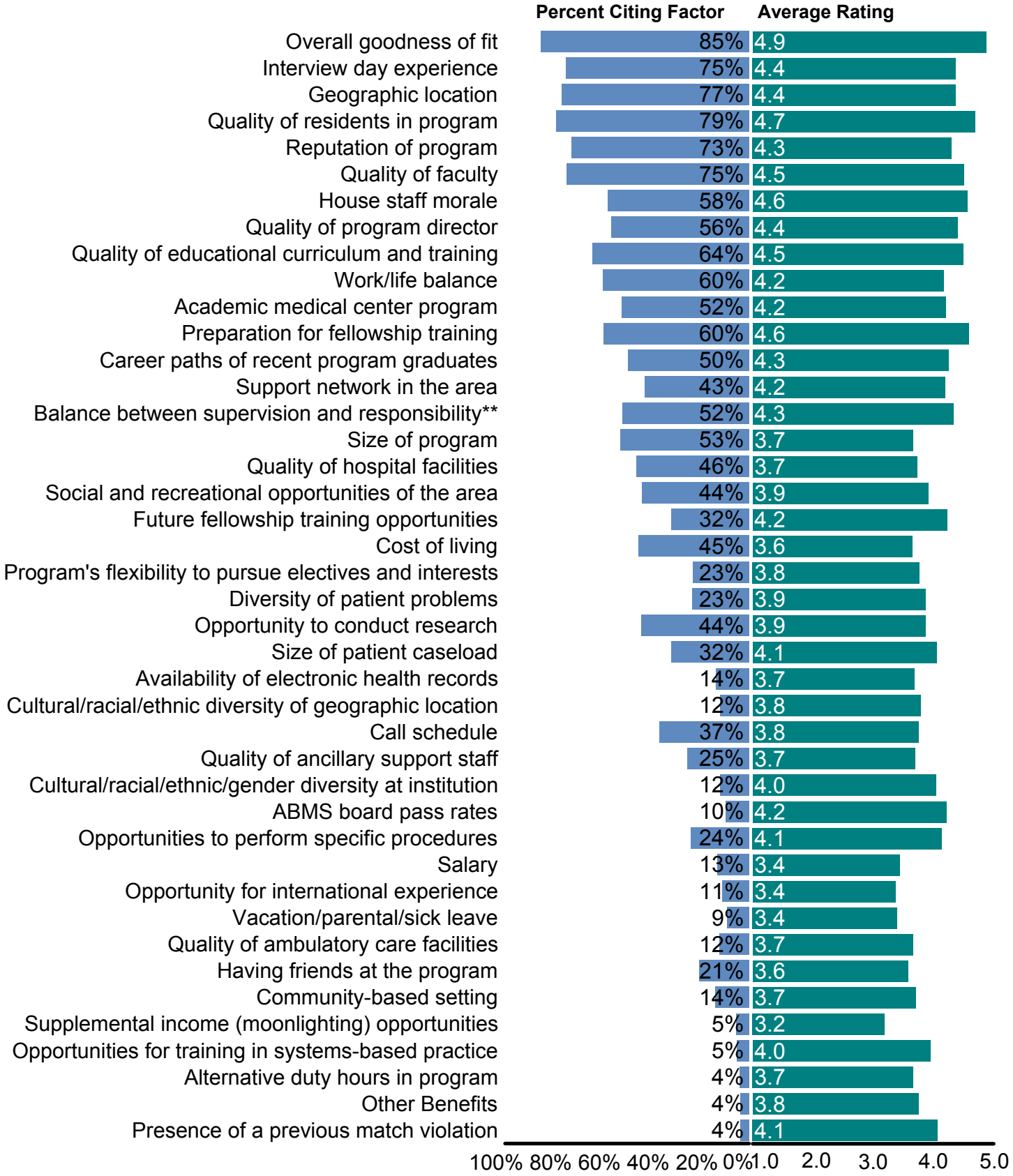


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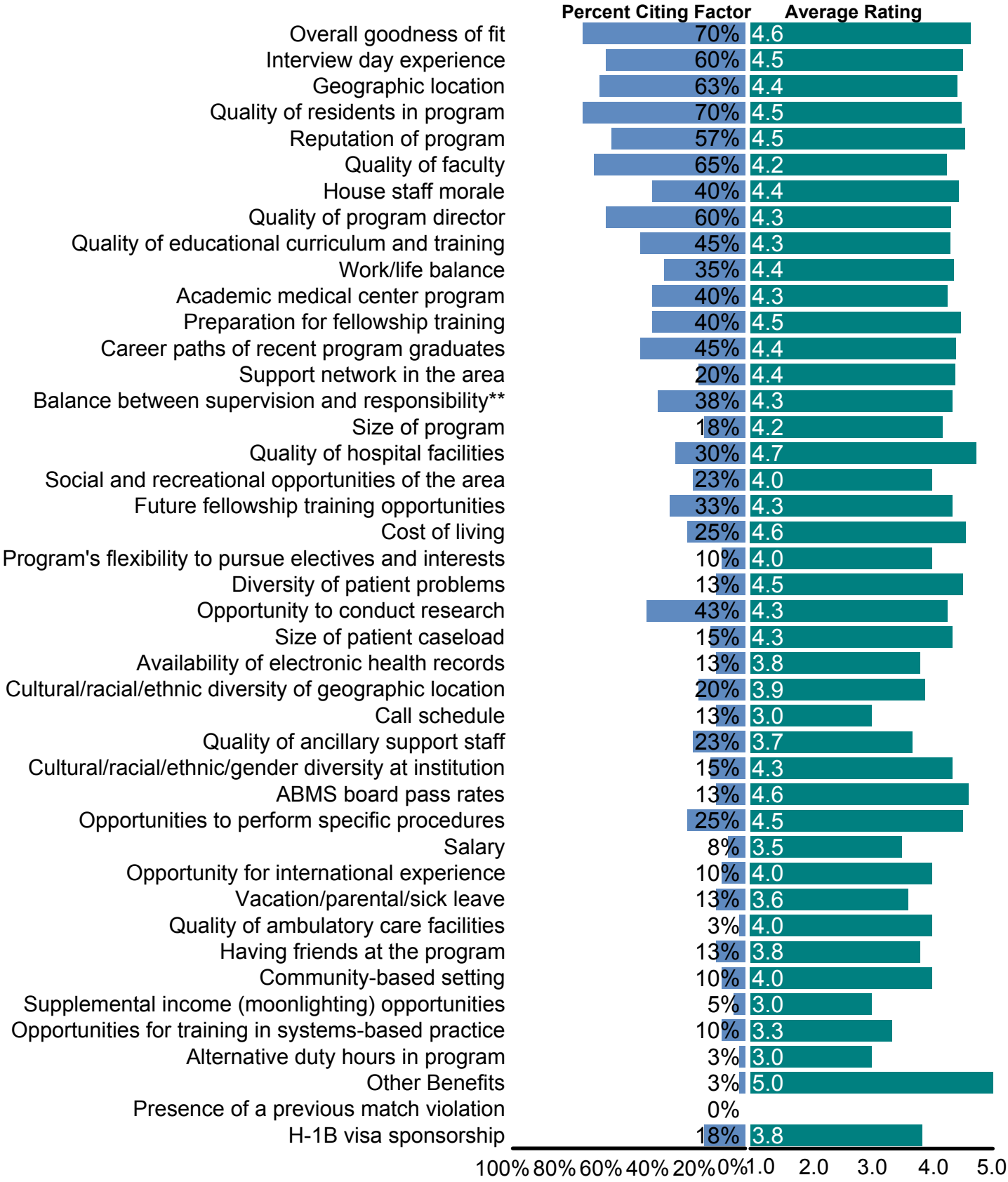
Figure OS-2

Orthopaedic Surgery

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



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

Figure OS-3

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

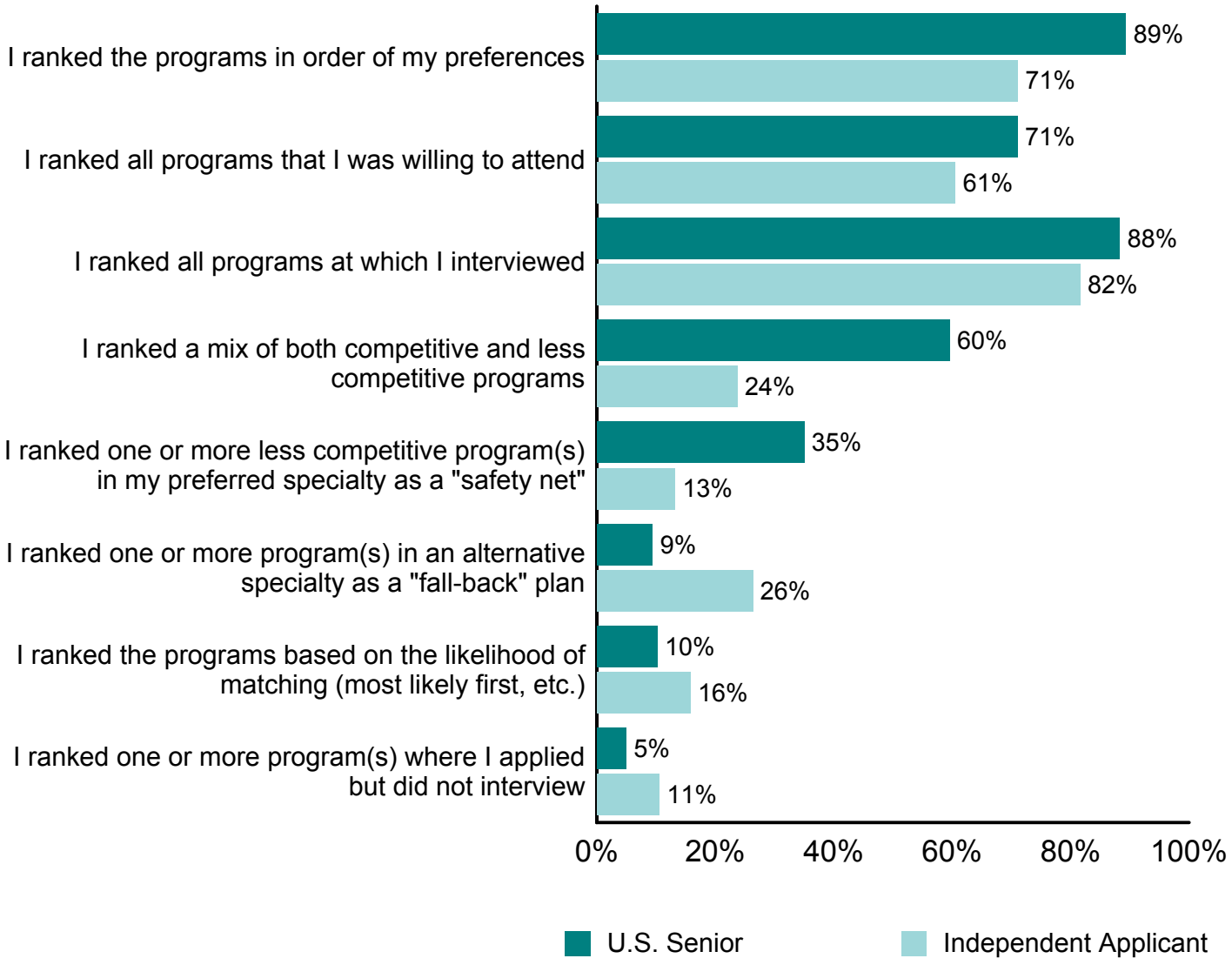
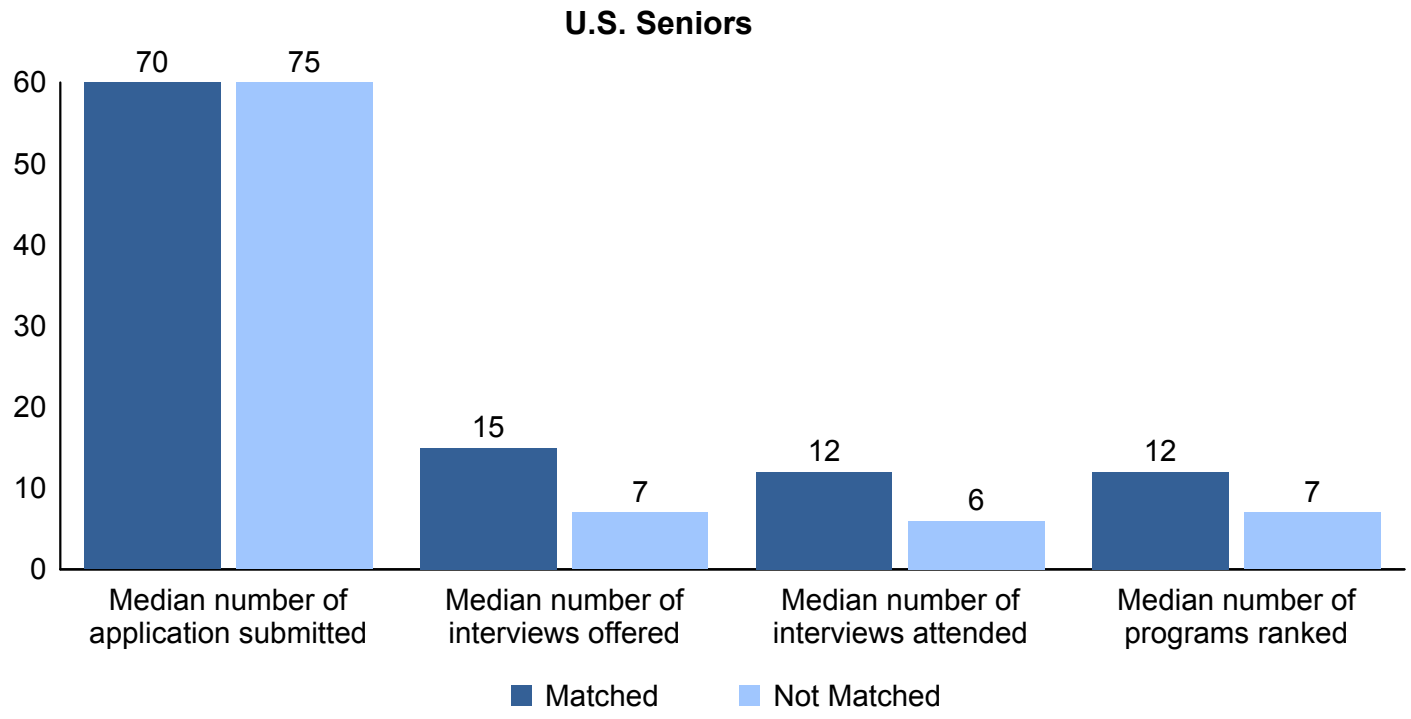
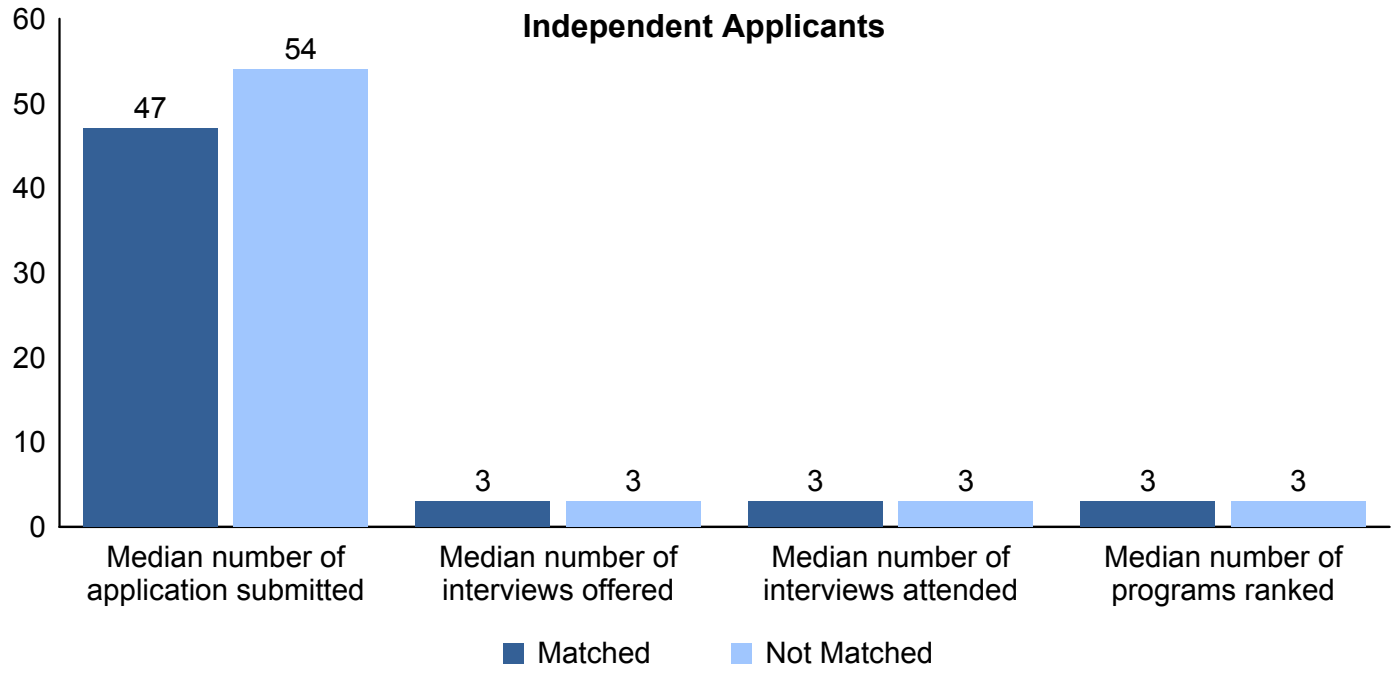


Figure OS-4

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



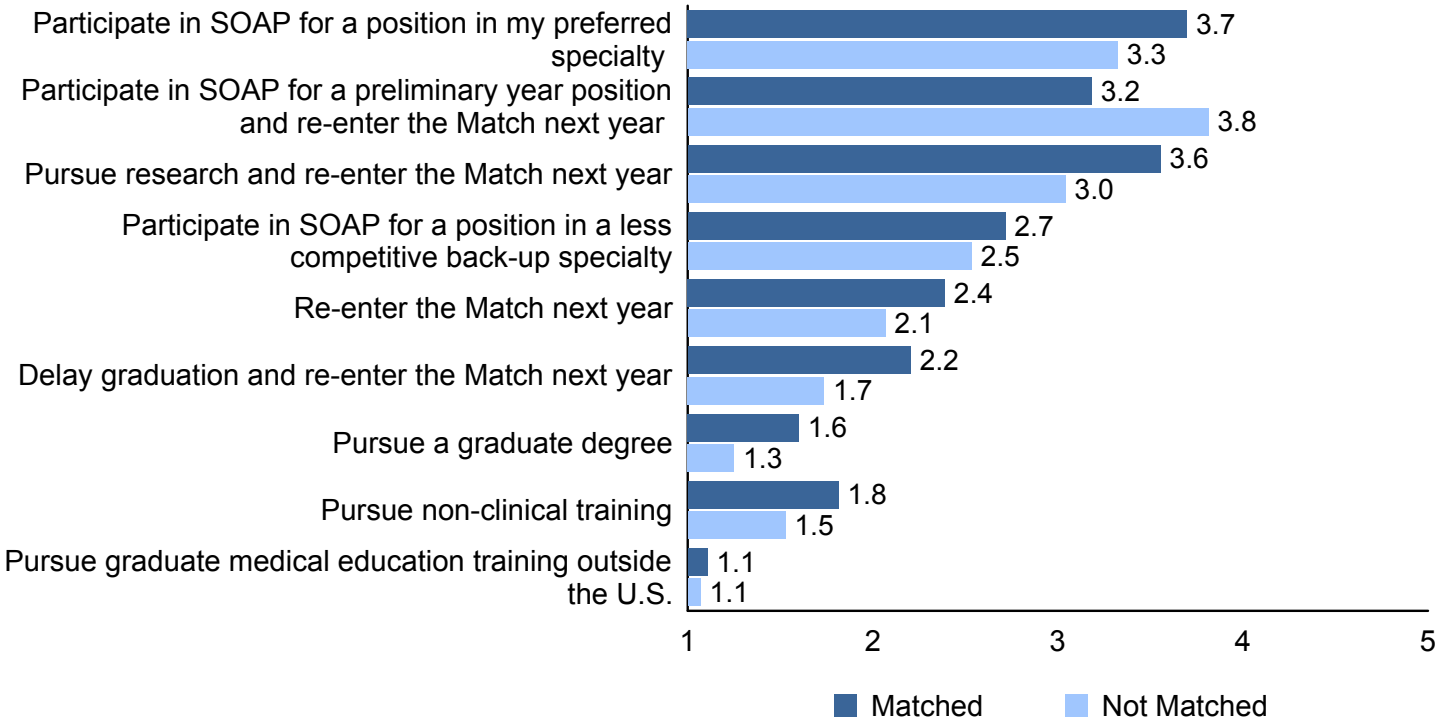


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

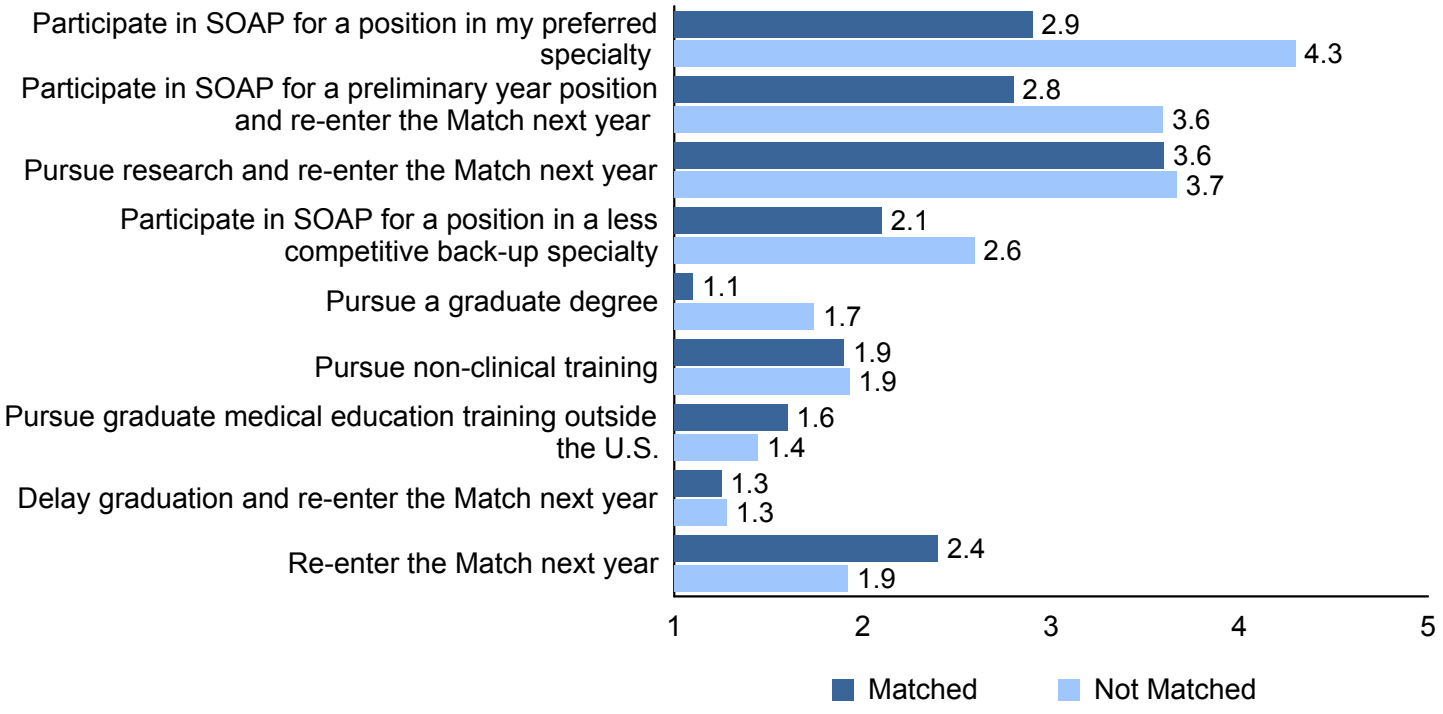
Figure OS-5

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

U.S. Seniors



Independent Applicants



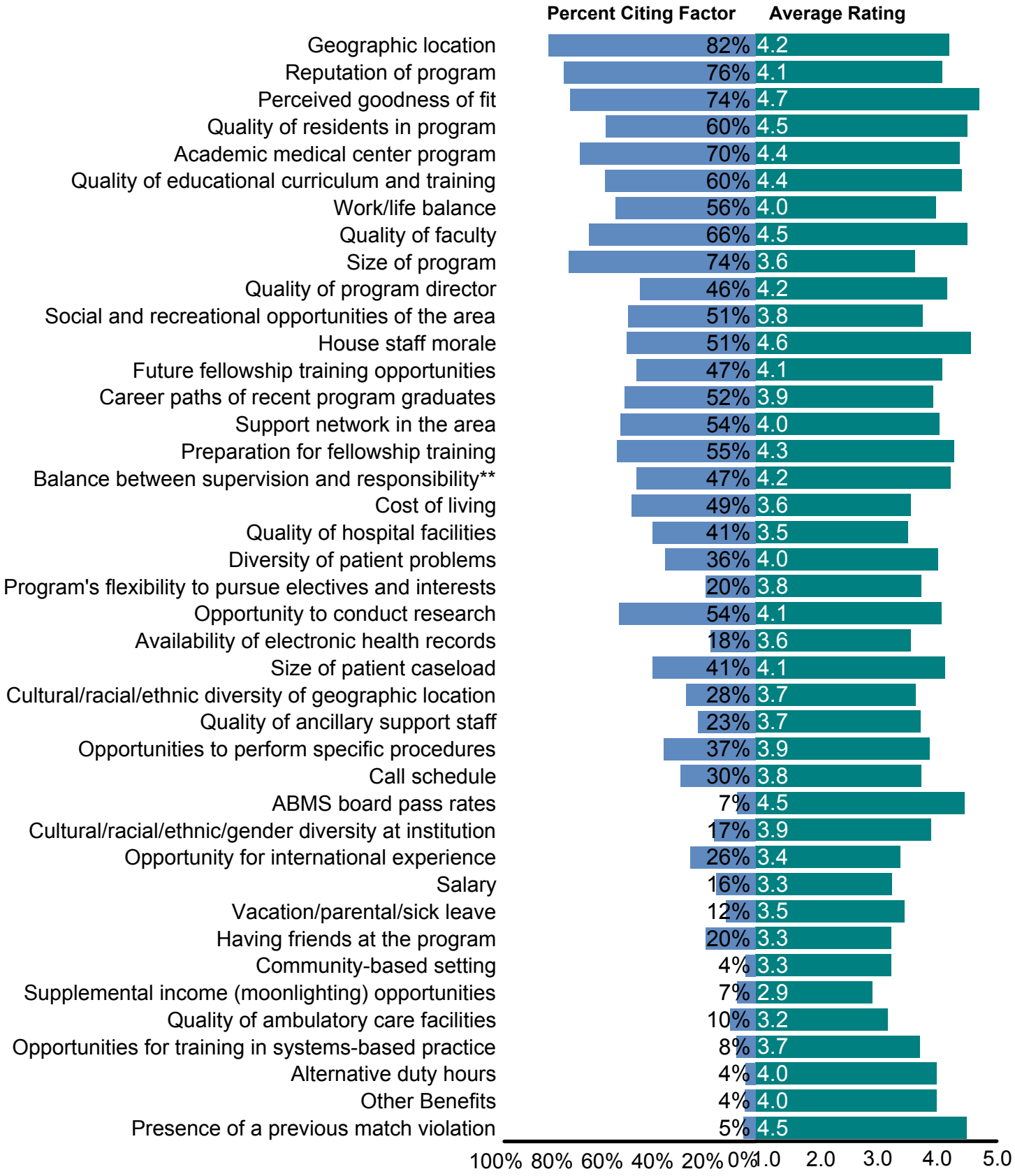
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Otolaryngology

Figure OT-1

Otolaryngology

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



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

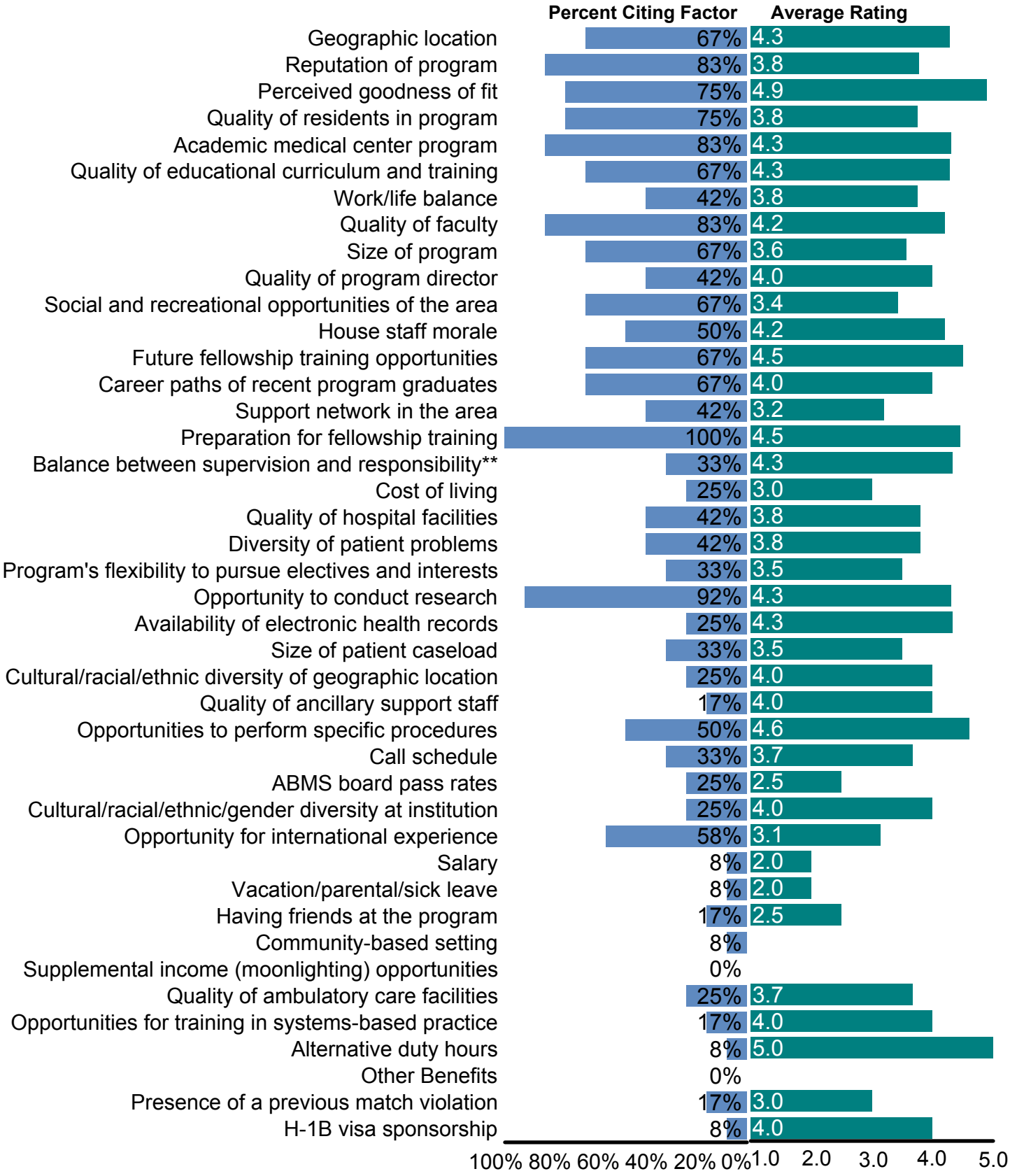
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure OT-1

Otolaryngology

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



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

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

Figure OT-2

Otolaryngology

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

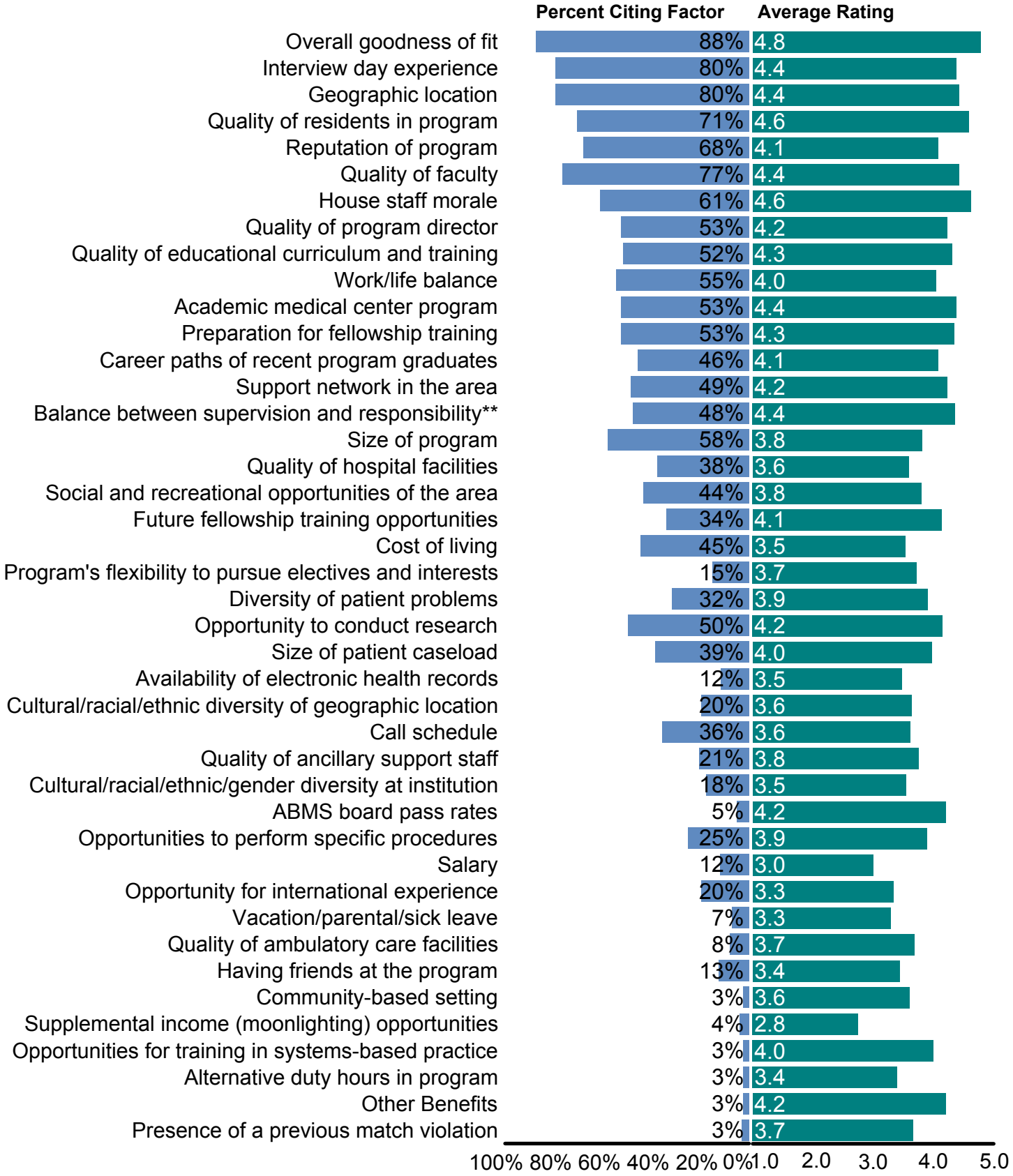

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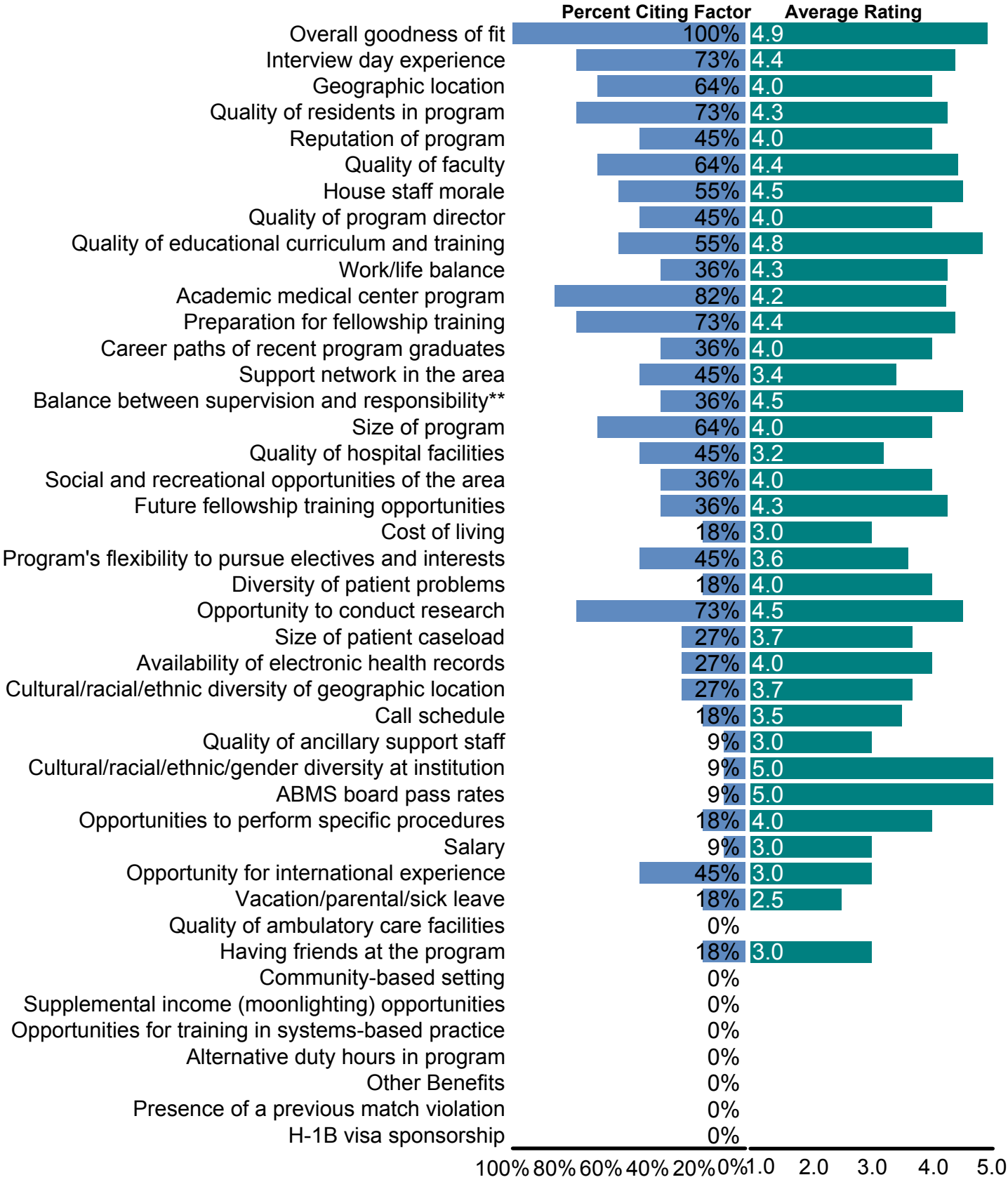
Figure OT-2

Otolaryngology

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



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

Figure OT-3

Otolaryngology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

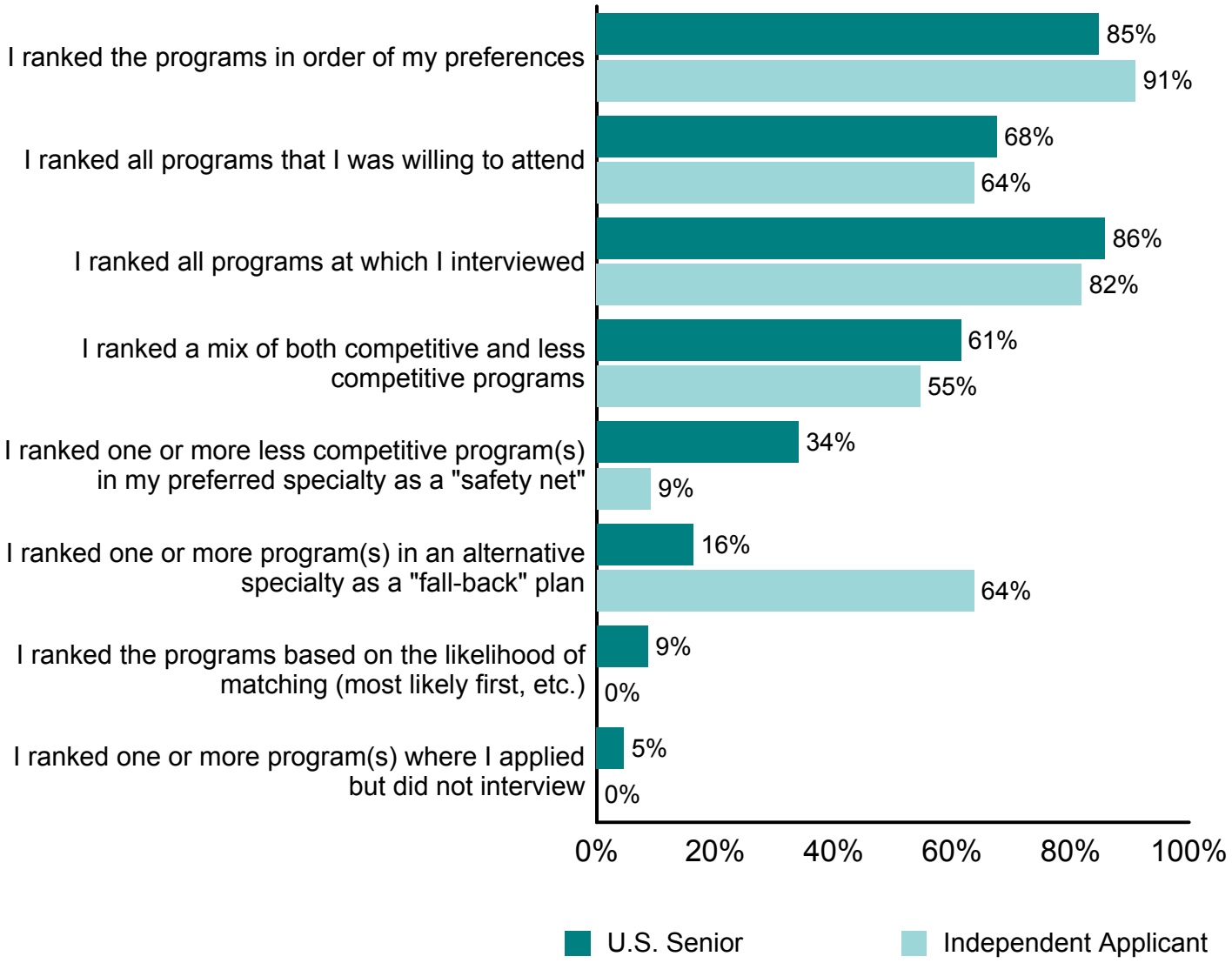
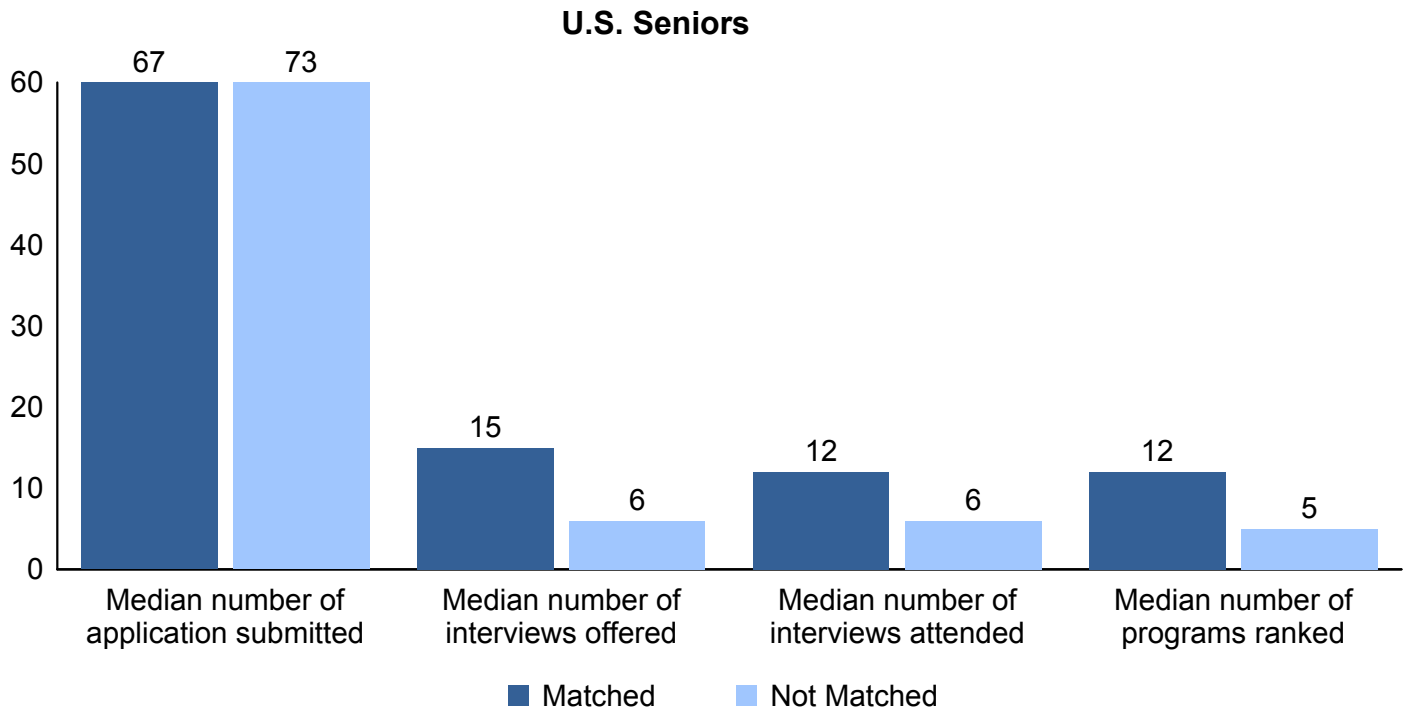
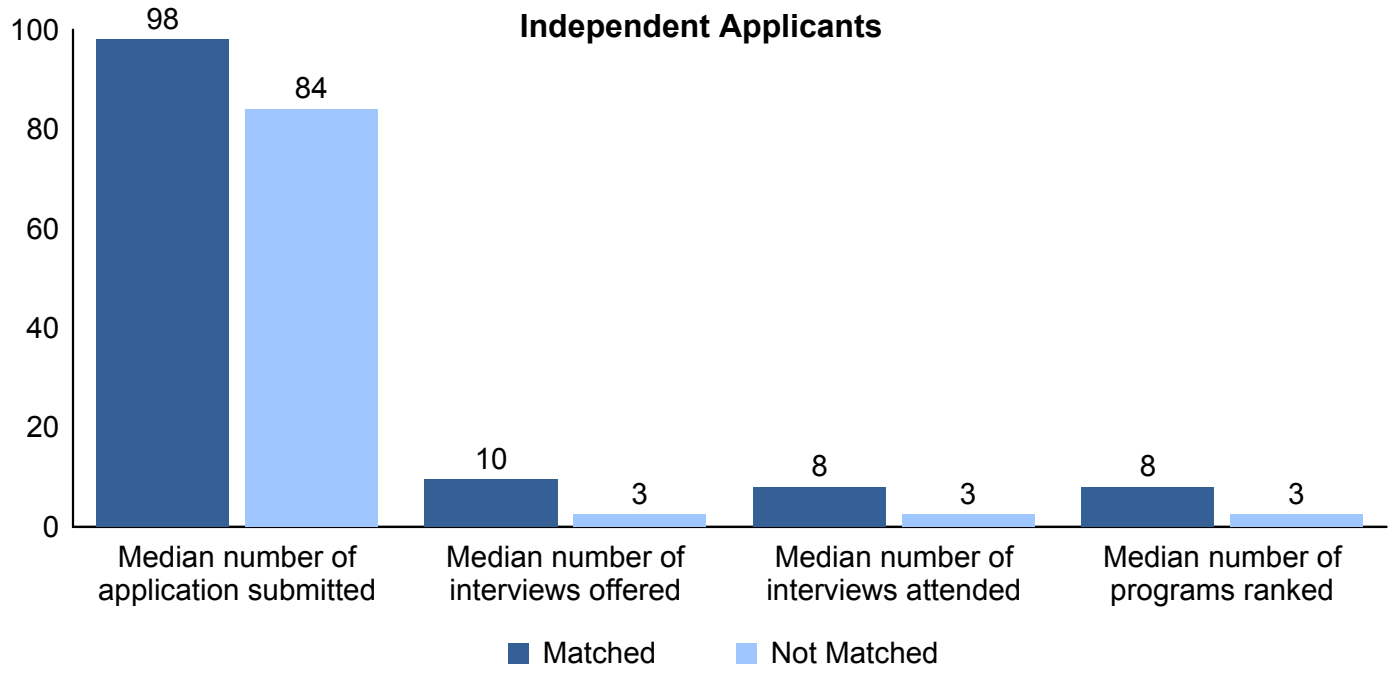


Figure OT-4

Otolaryngology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



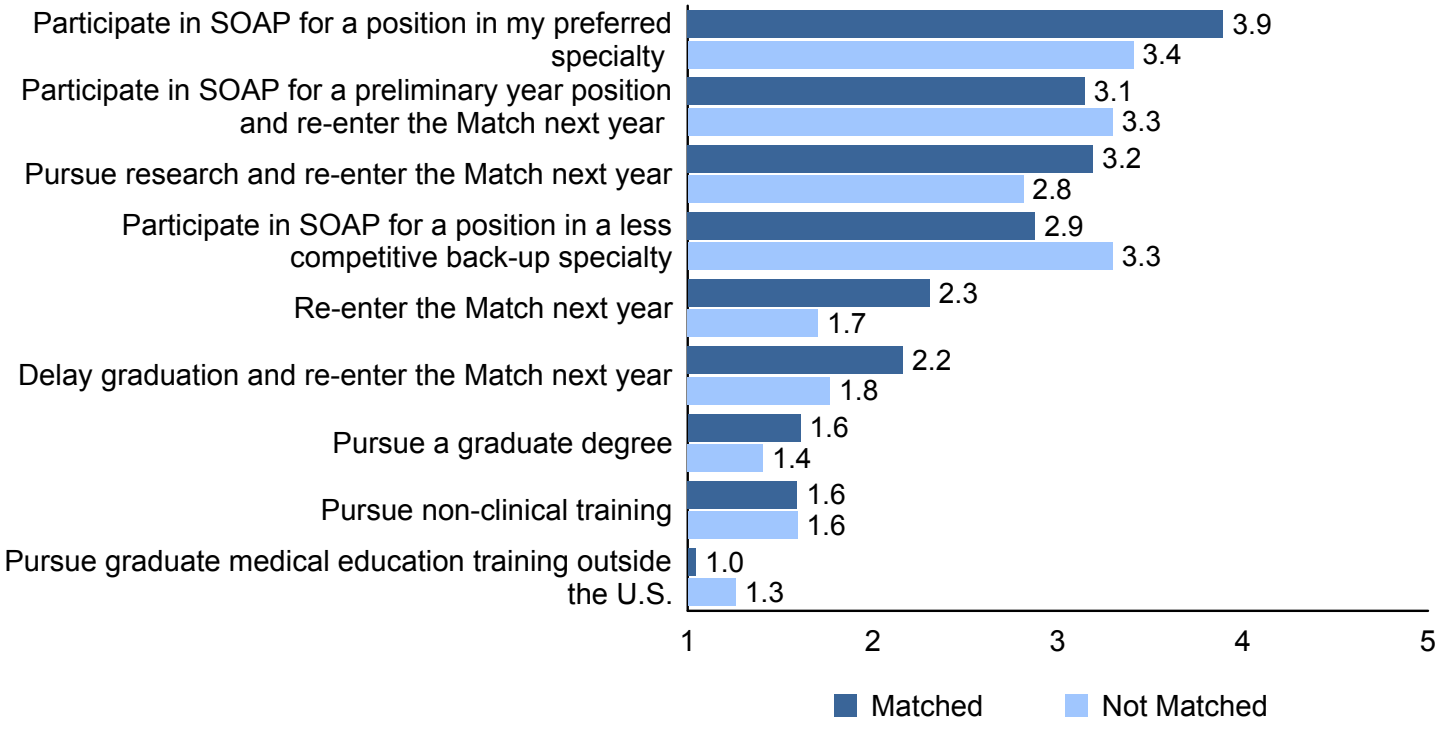


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

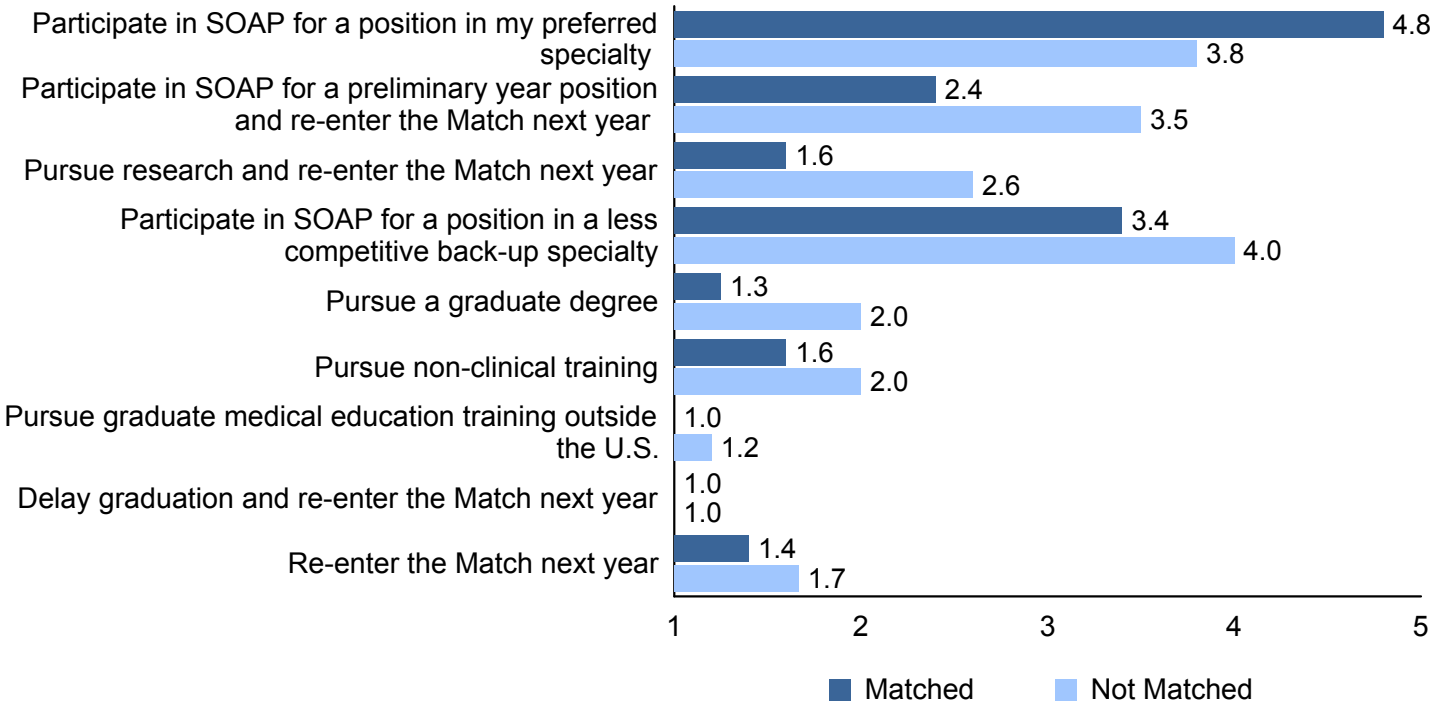
Figure OT-5

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

U.S. Seniors



Independent Applicants



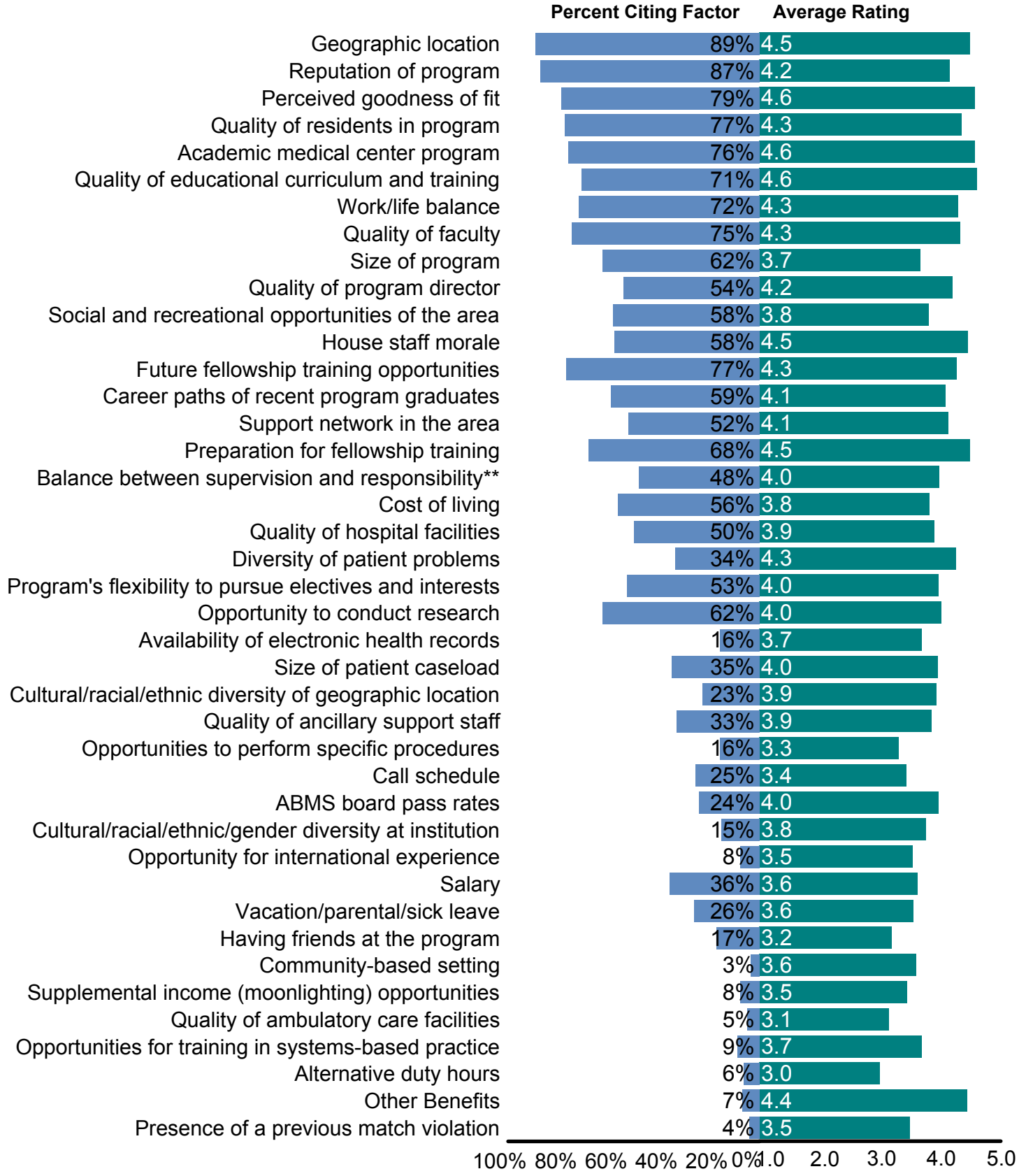
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pathology

Figure PA-1

Pathology

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



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

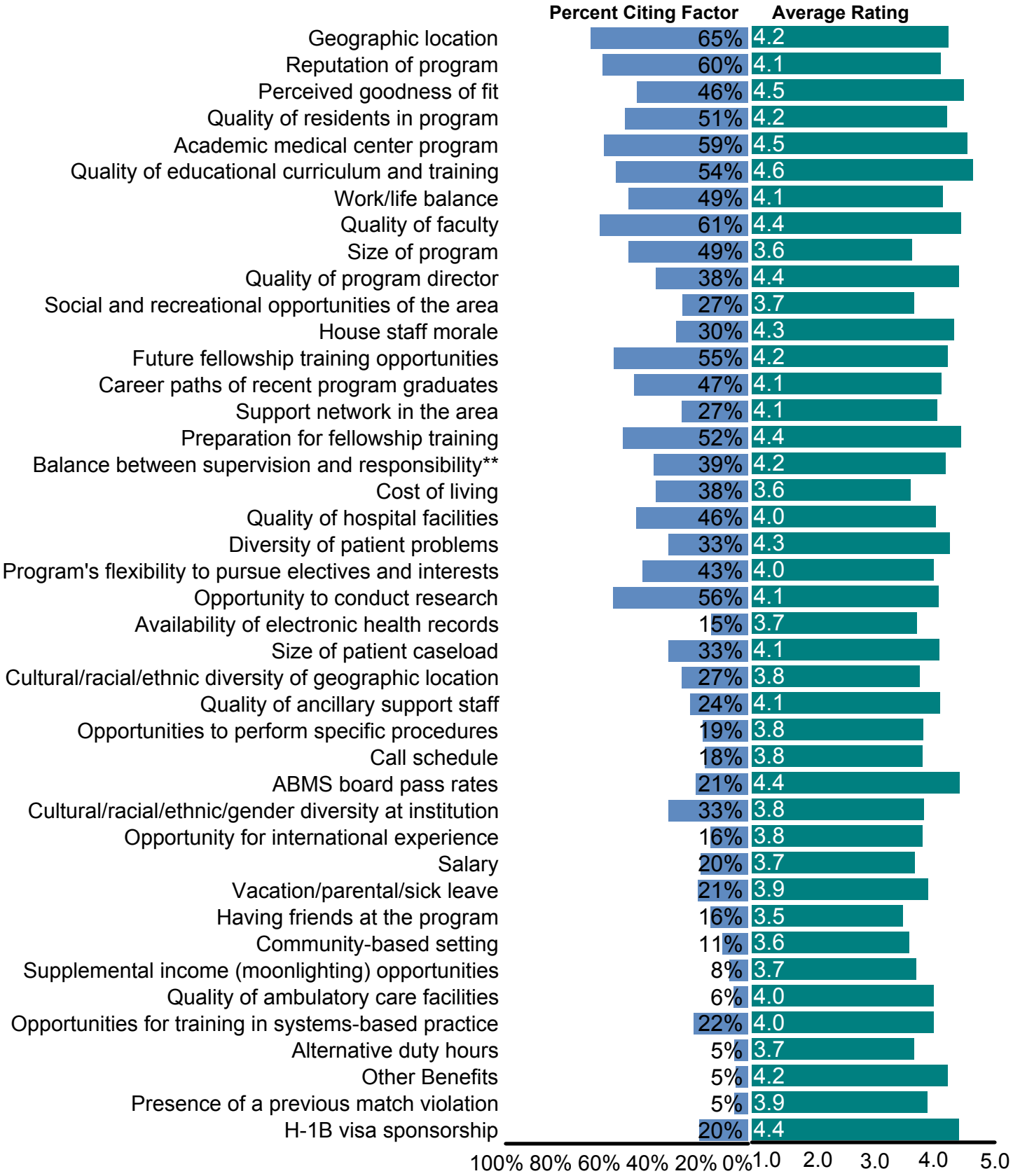
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure PA-1

Pathology

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



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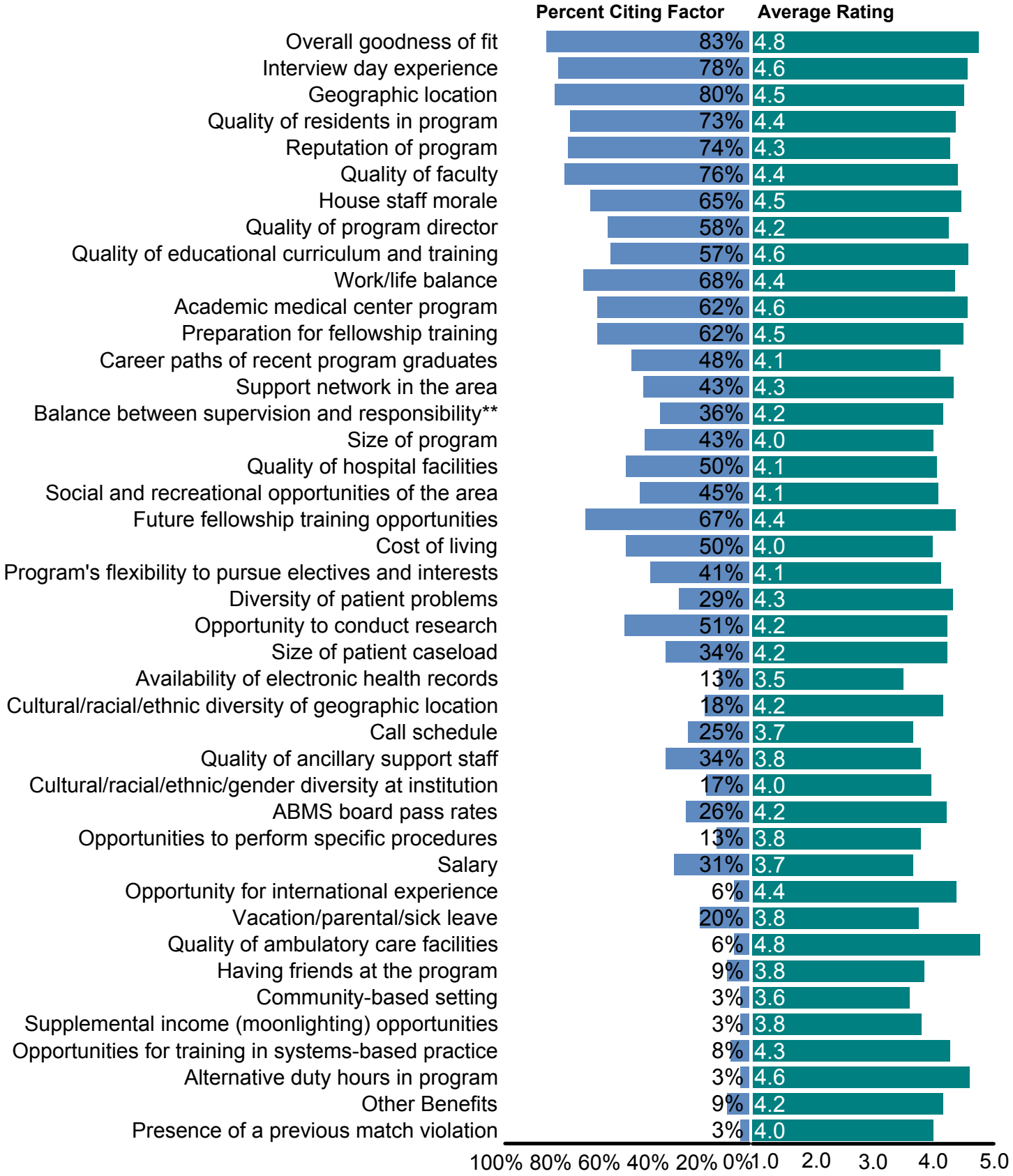
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PA-2

Pathology

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



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Pathology

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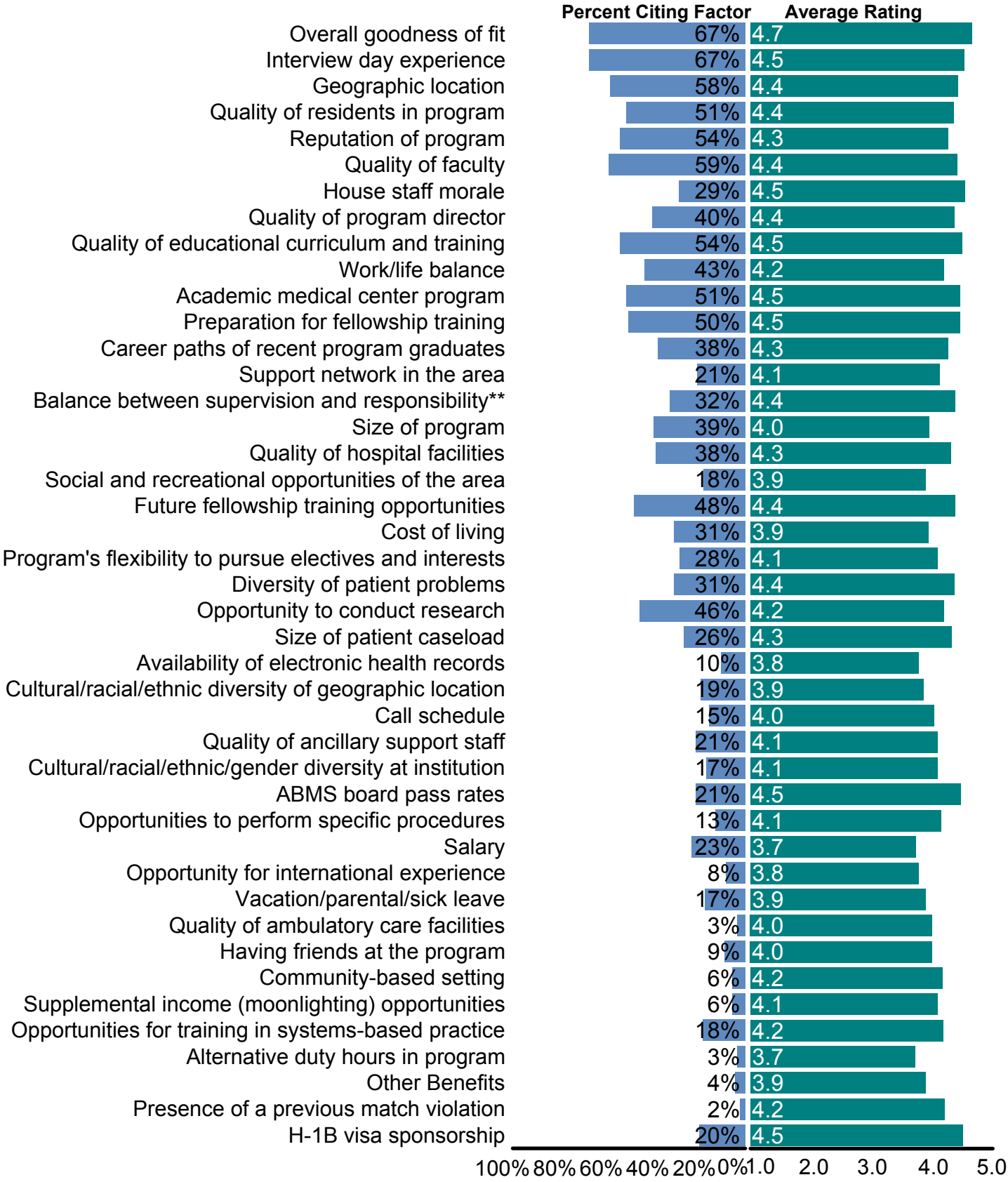

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Figure PA-3

Pathology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

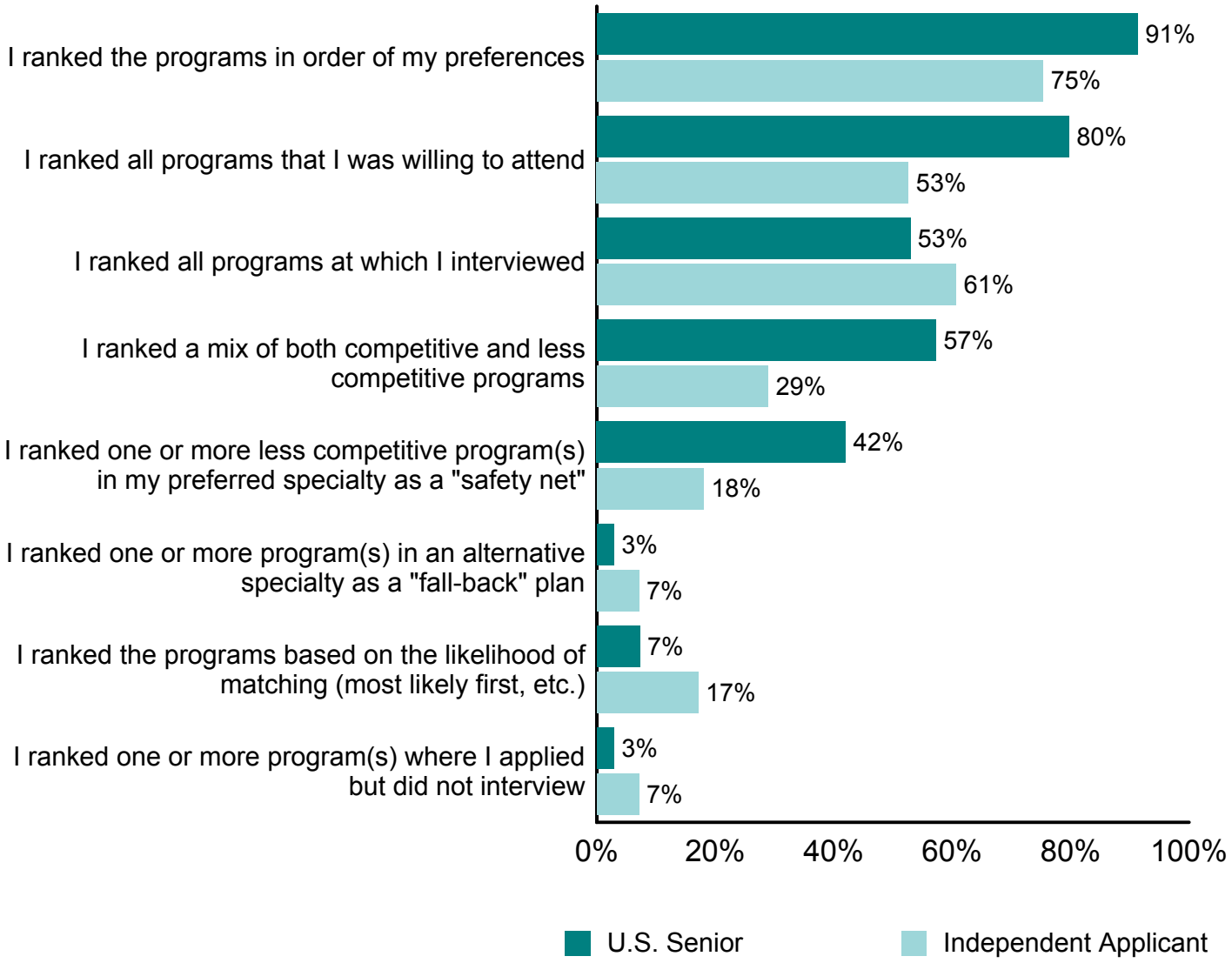
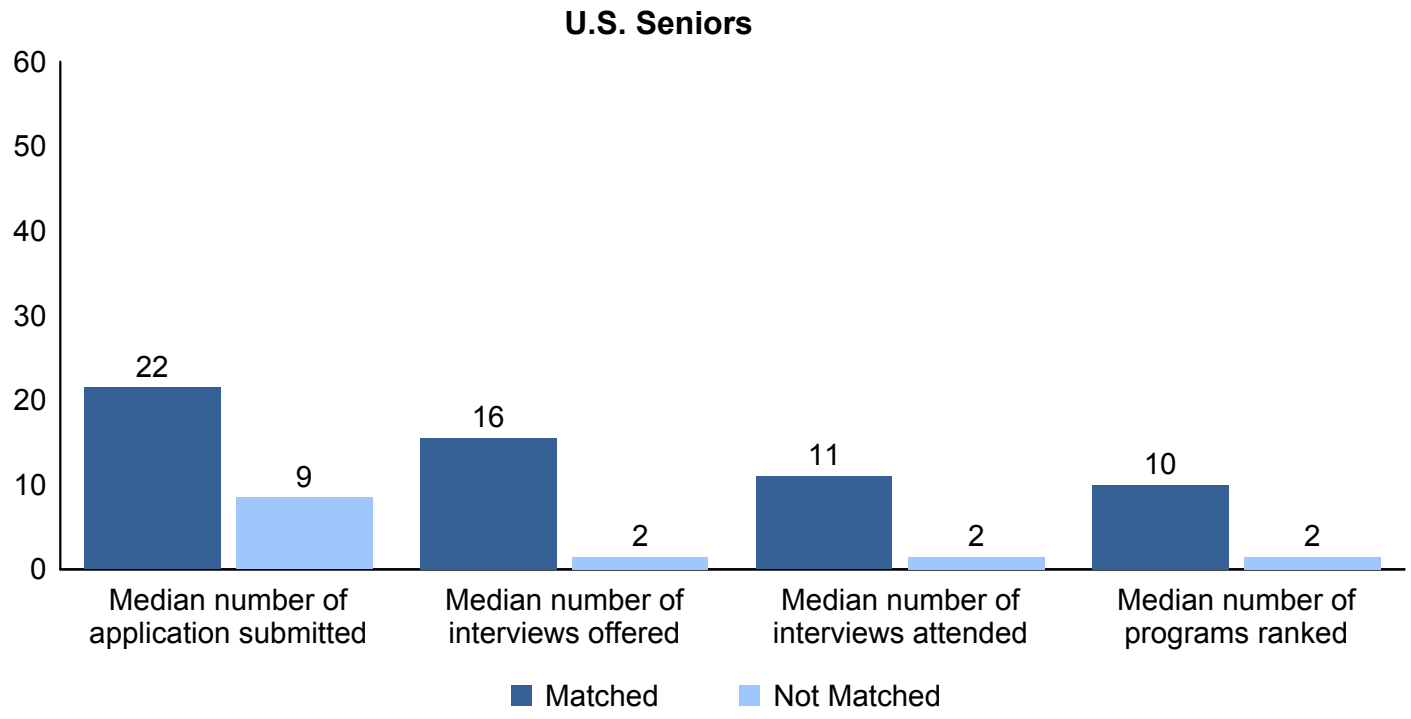
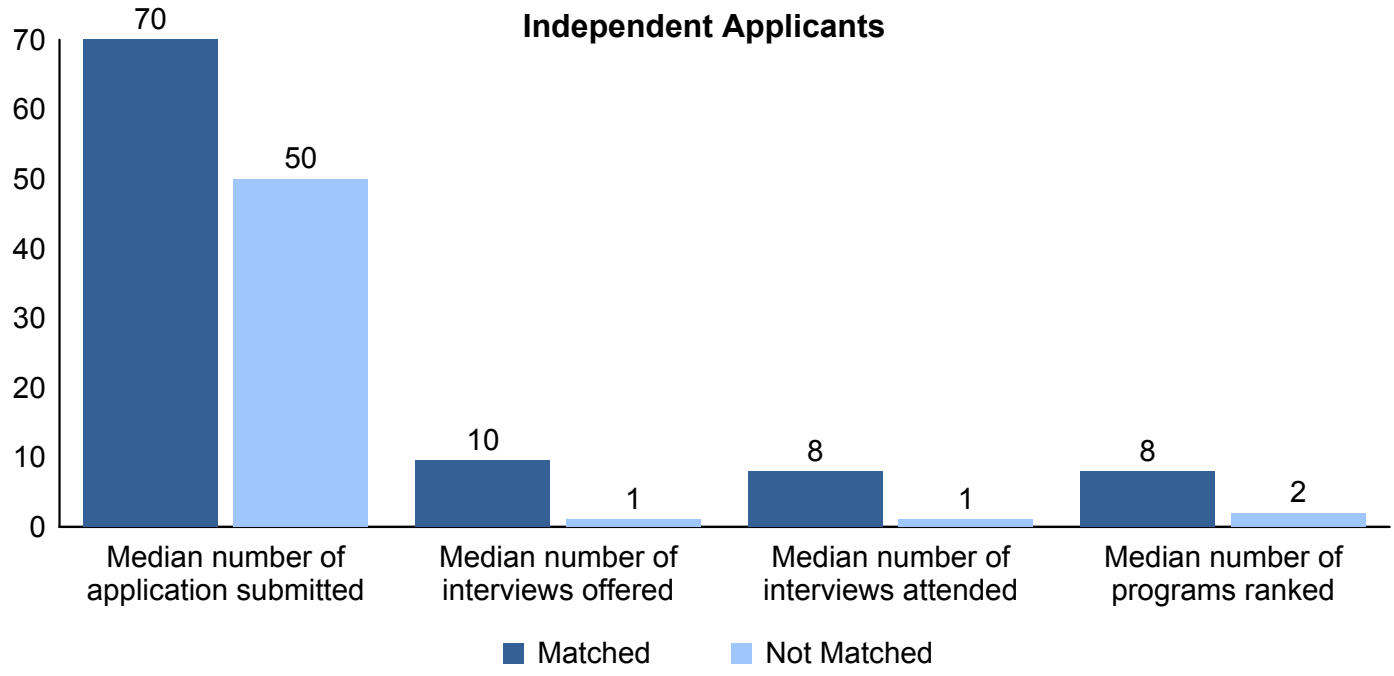


Figure PA-4

Pathology
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

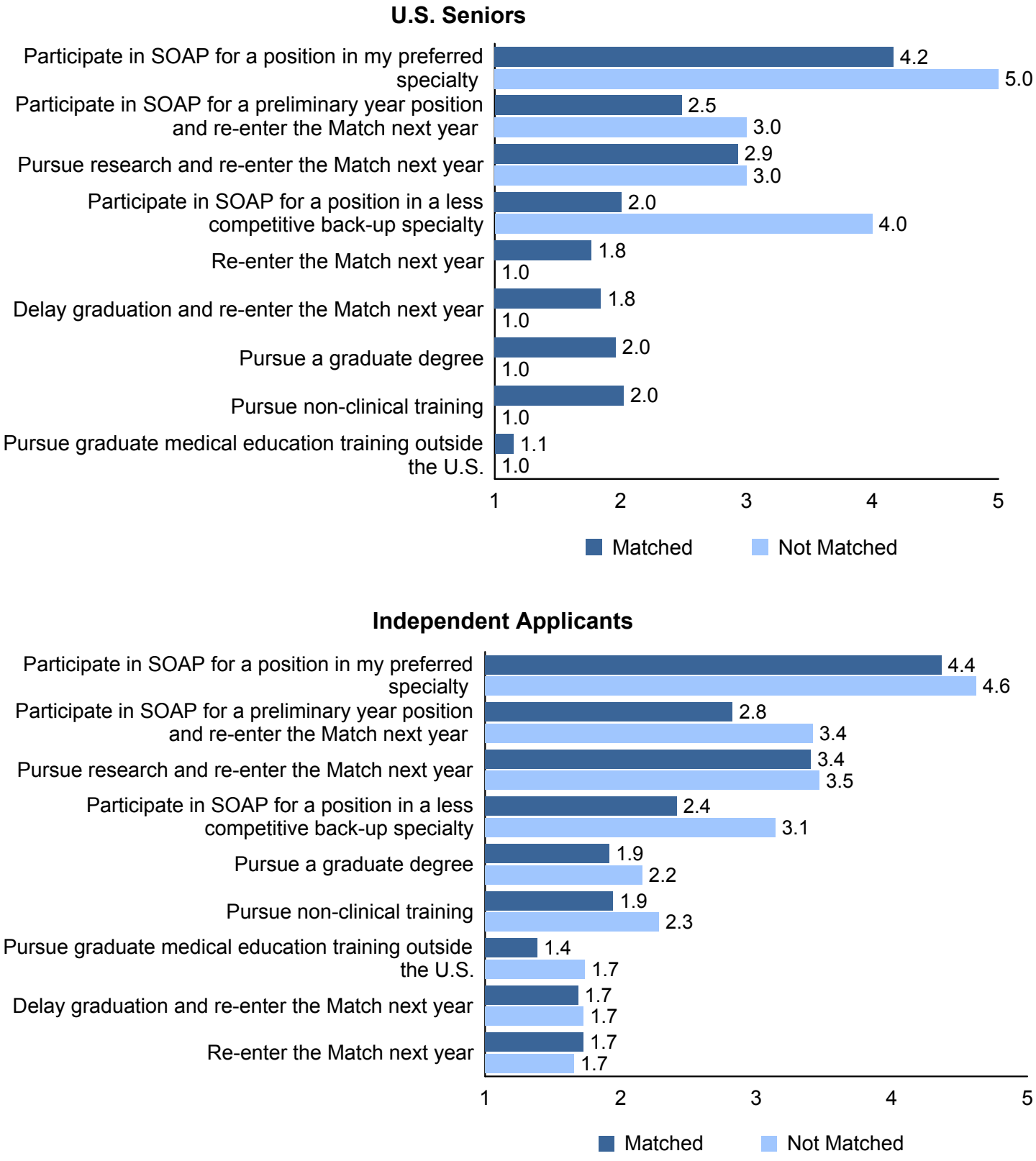




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PA-5

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



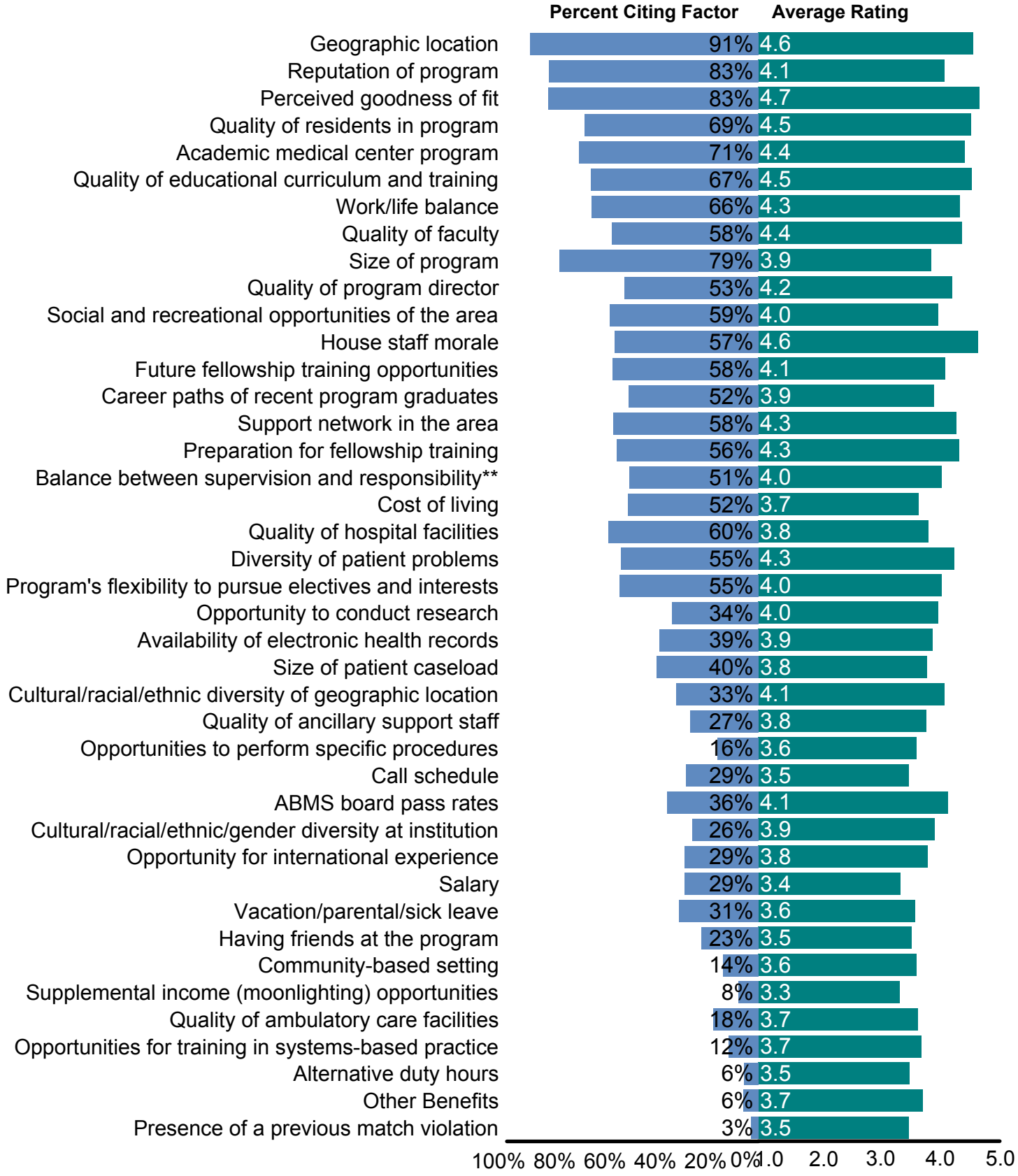
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Pediatrics

Figure PD-1

Pediatrics

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



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

Figure PD-1

Pediatrics

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

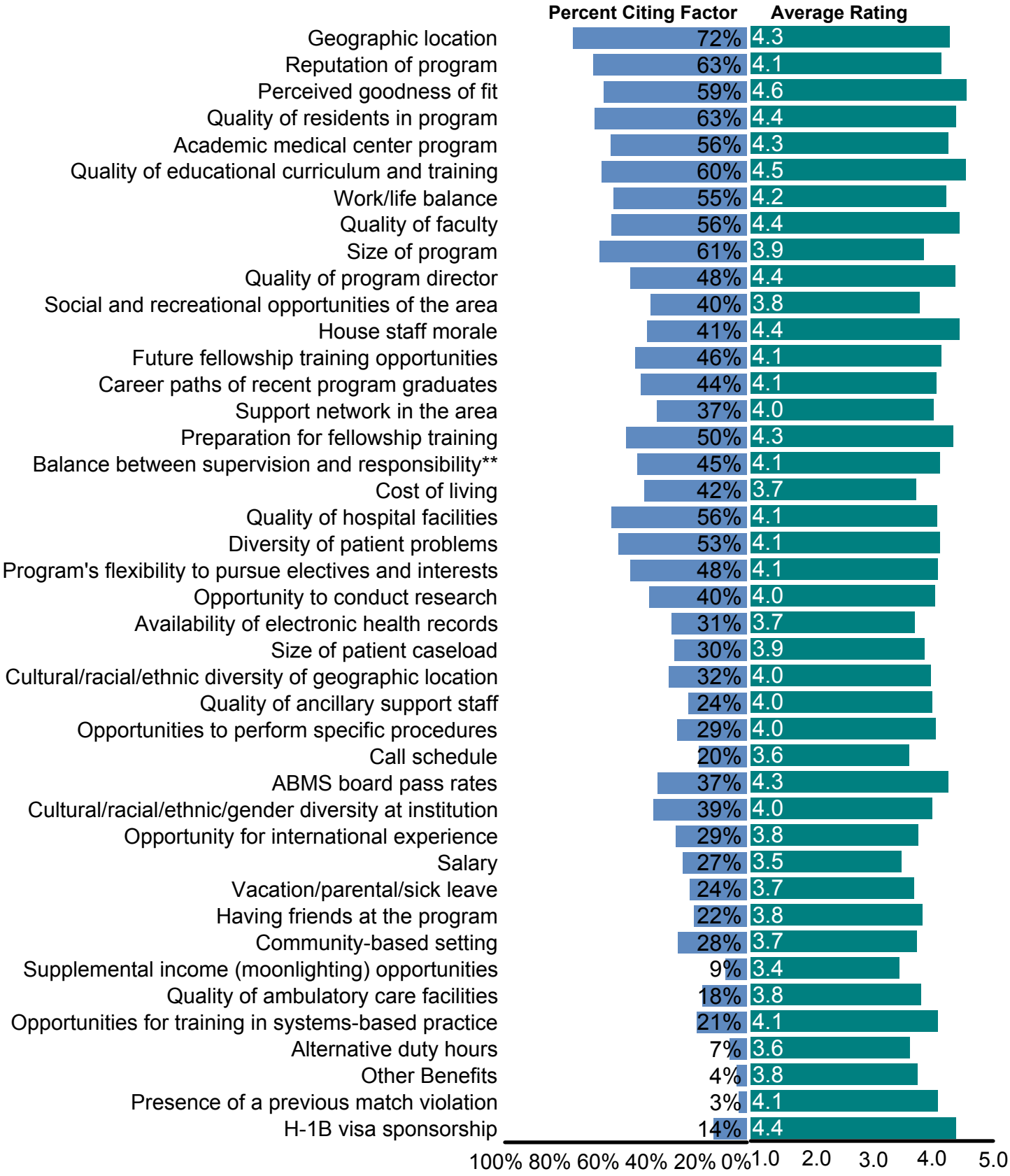

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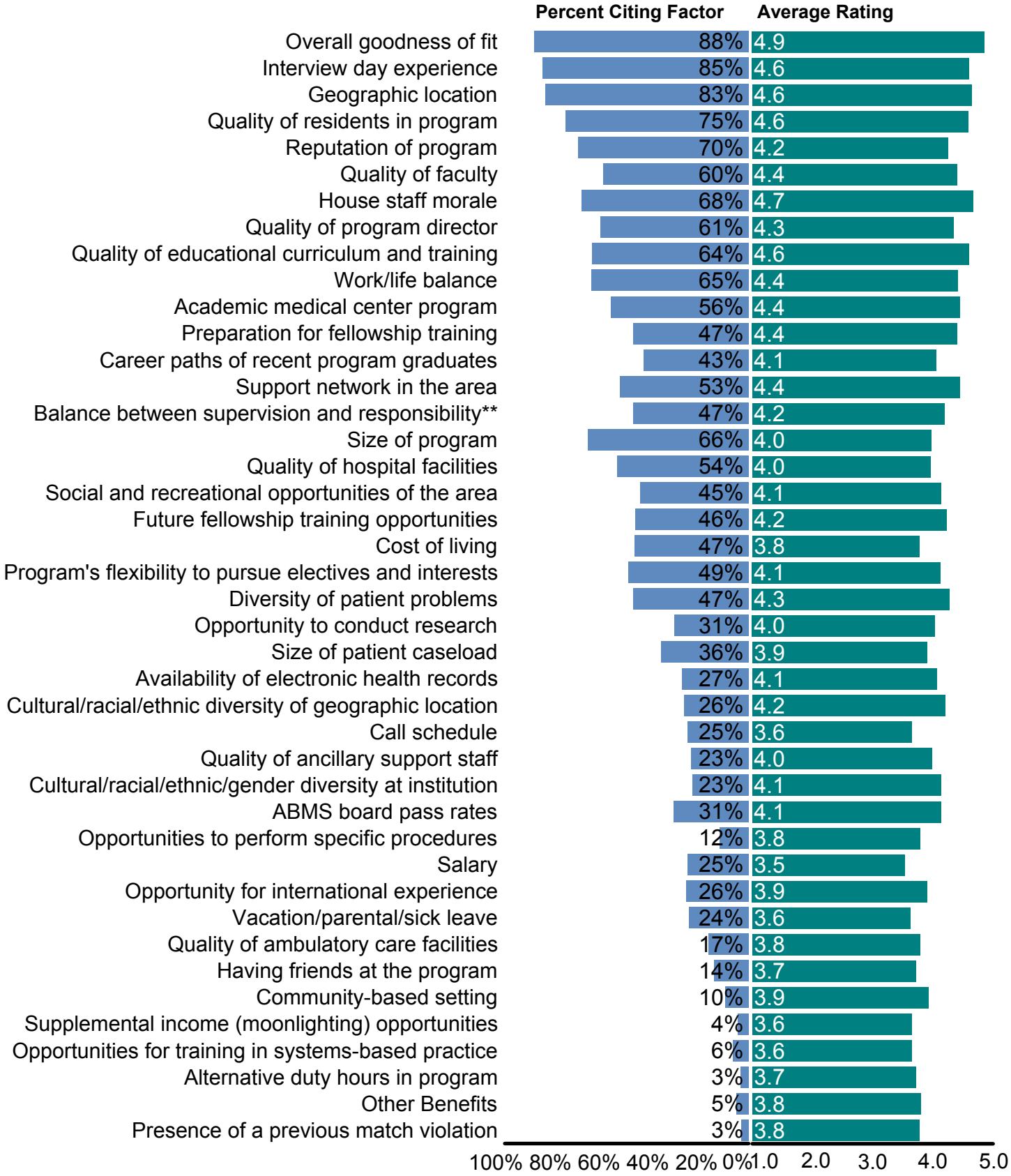
Figure PD-2

Pediatrics

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



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Pediatrics

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

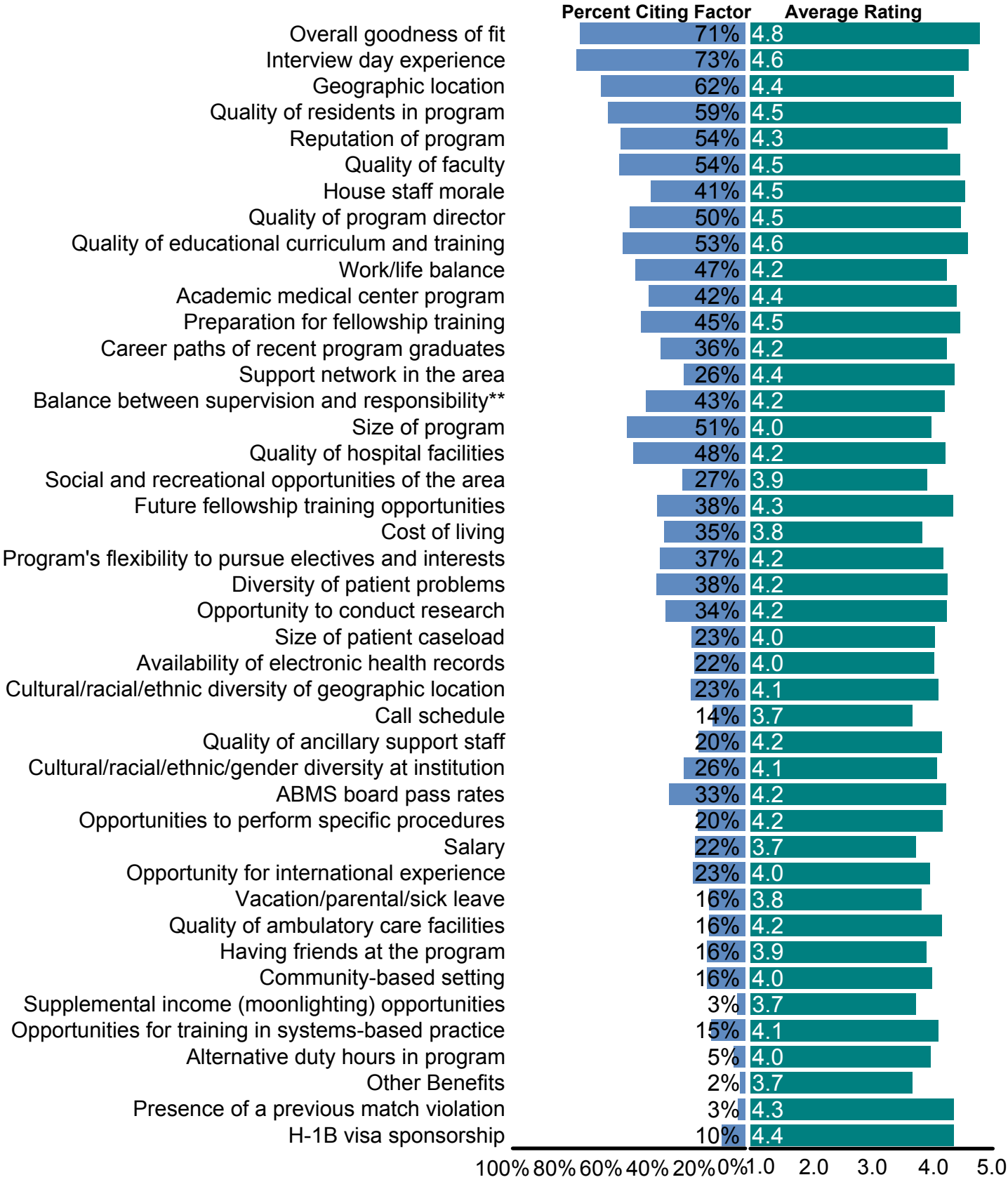

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Figure PD-3

Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

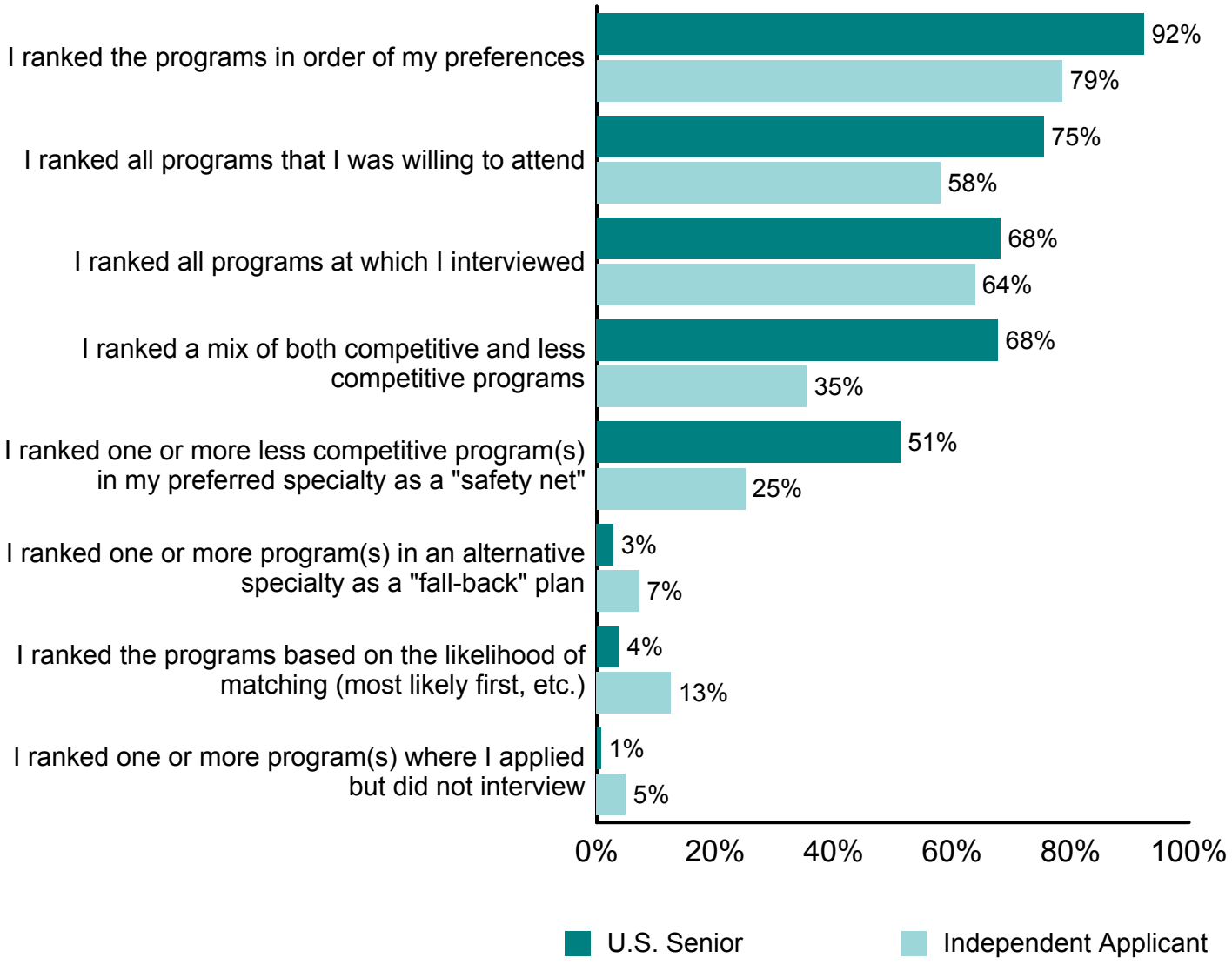
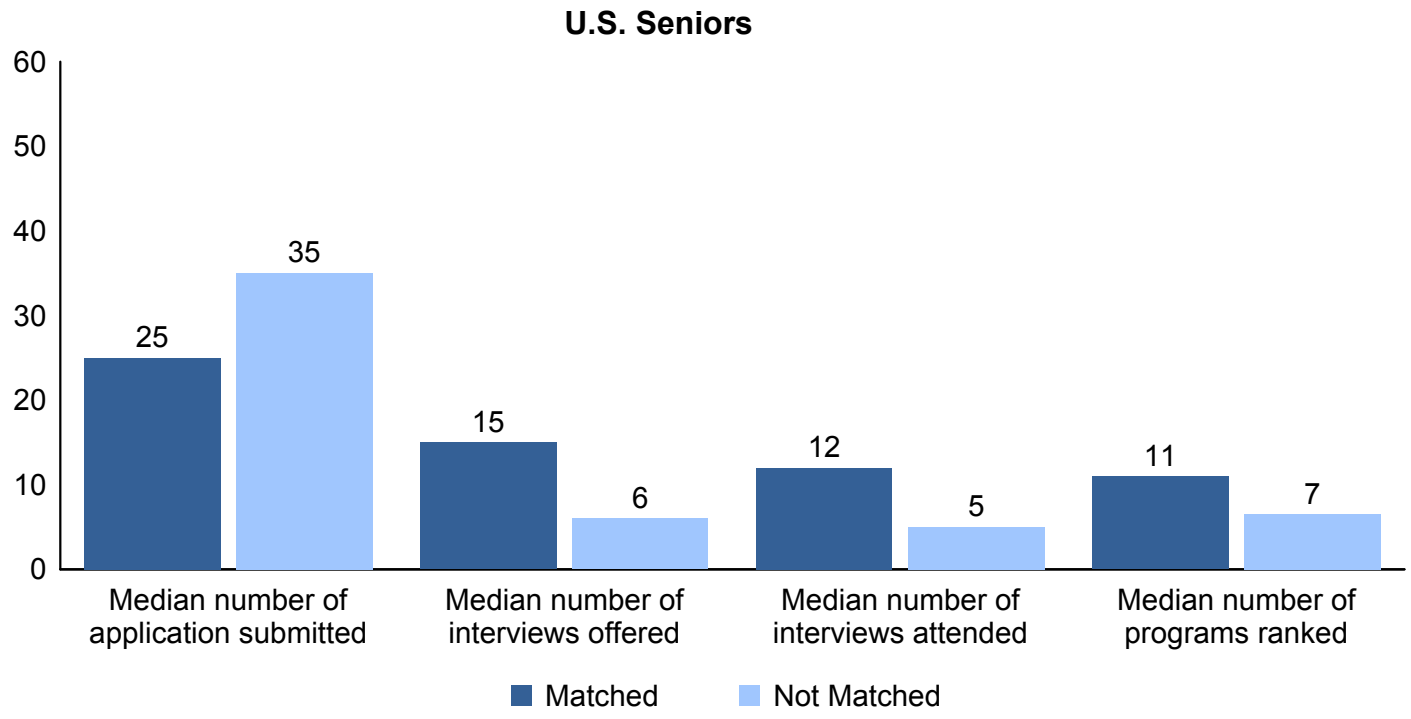
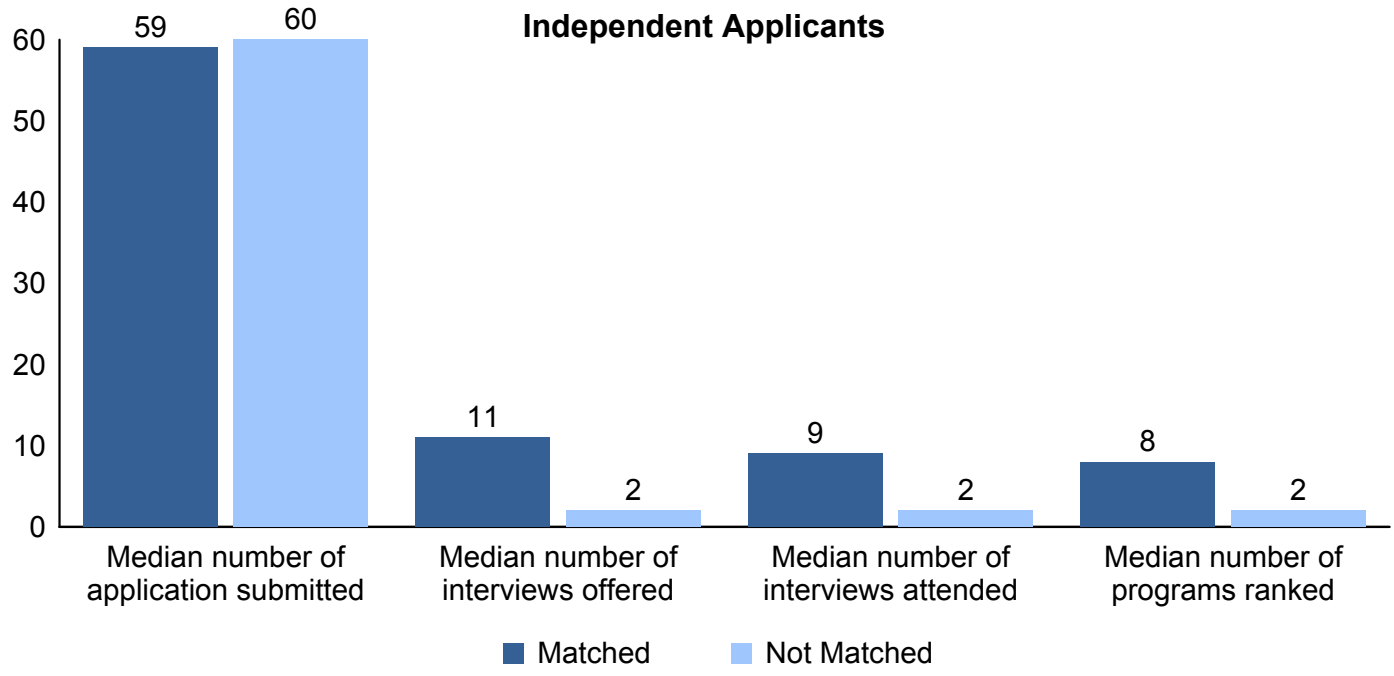


Figure PD-4

Pediatrics
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

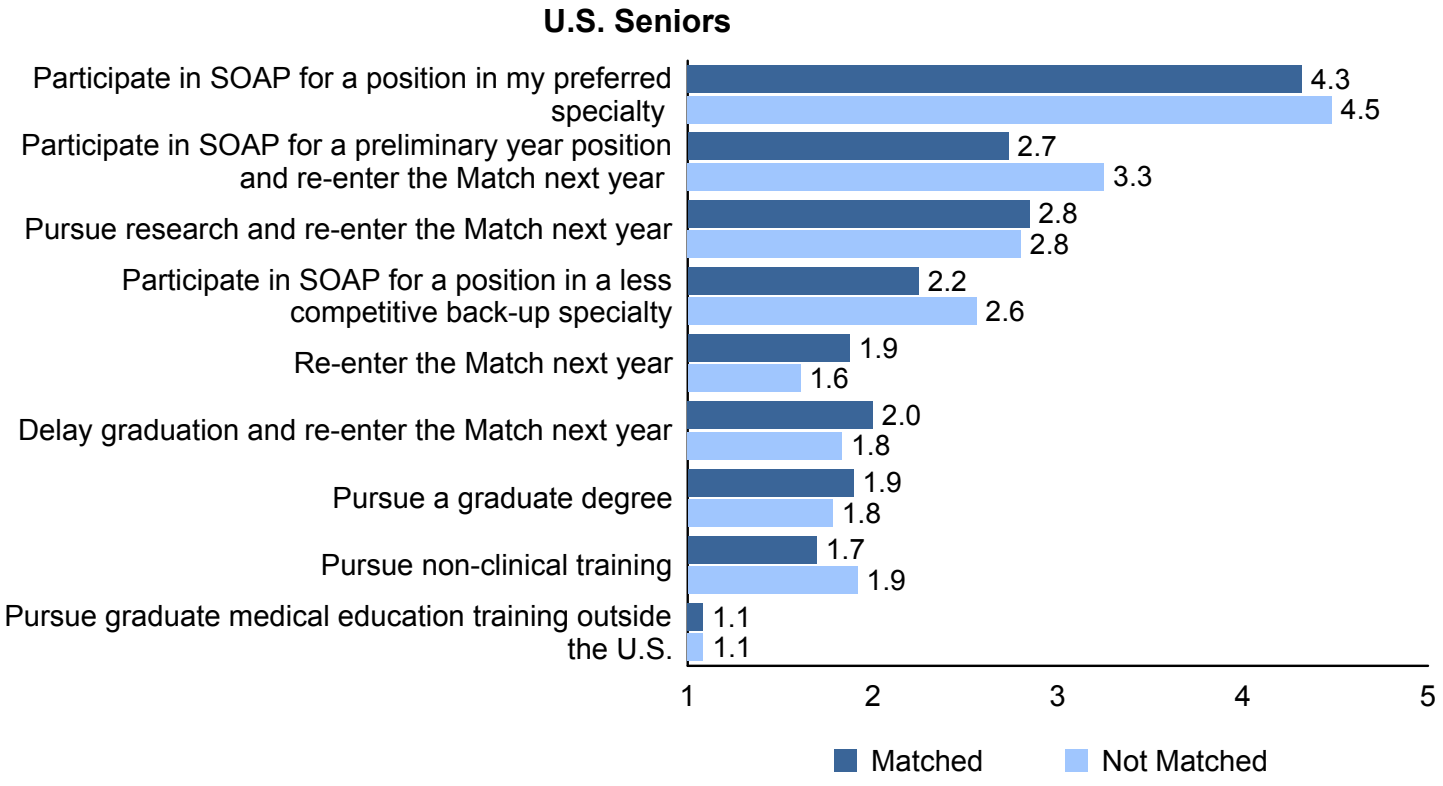


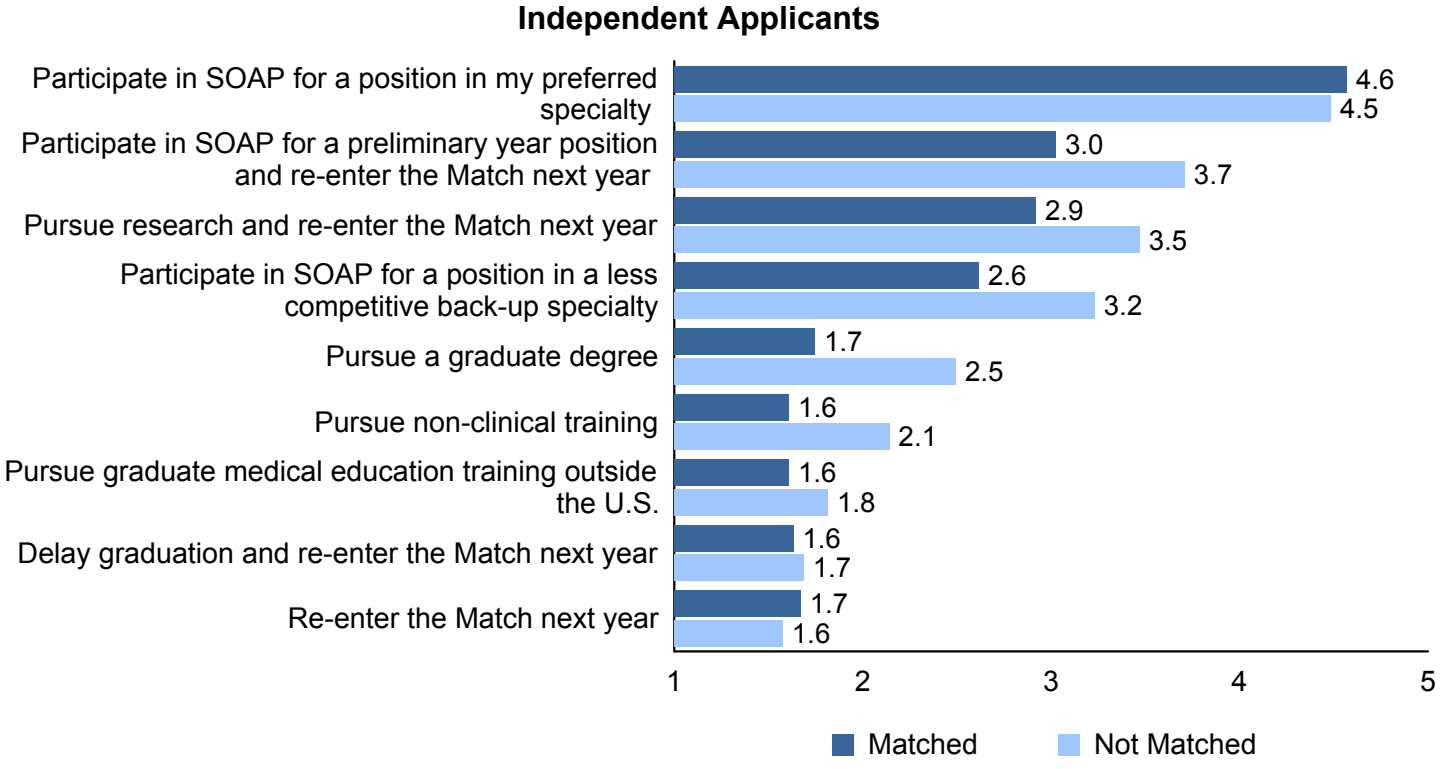


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PD-5

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





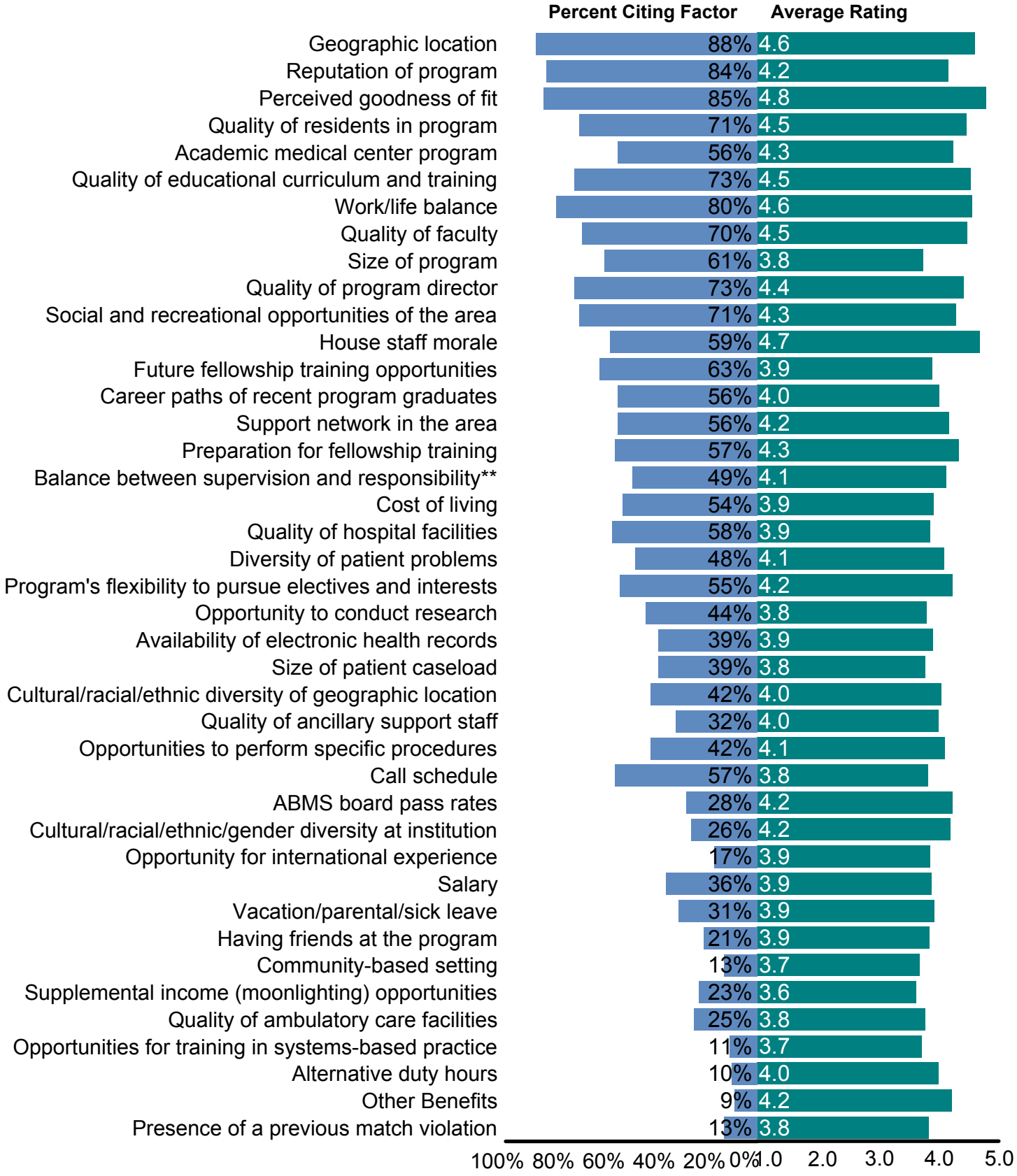
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Physical Medicine and Rehabilitation

Figure PM-1

Physical Medicine and Rehabilitation

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



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

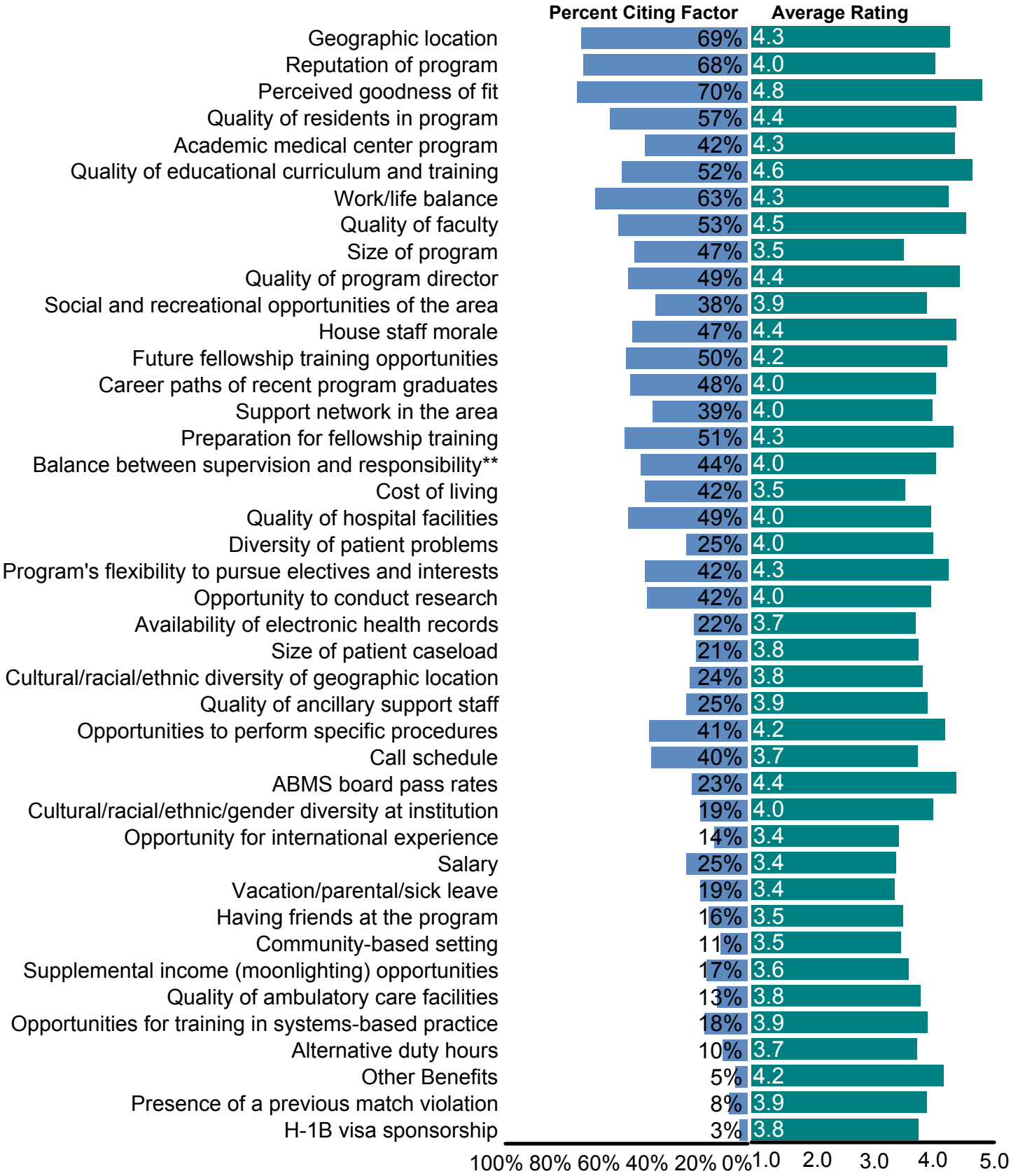
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure PM-1

Physical Medicine and Rehabilitation

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



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

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

Figure PM-2

Physical Medicine and Rehabilitation

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

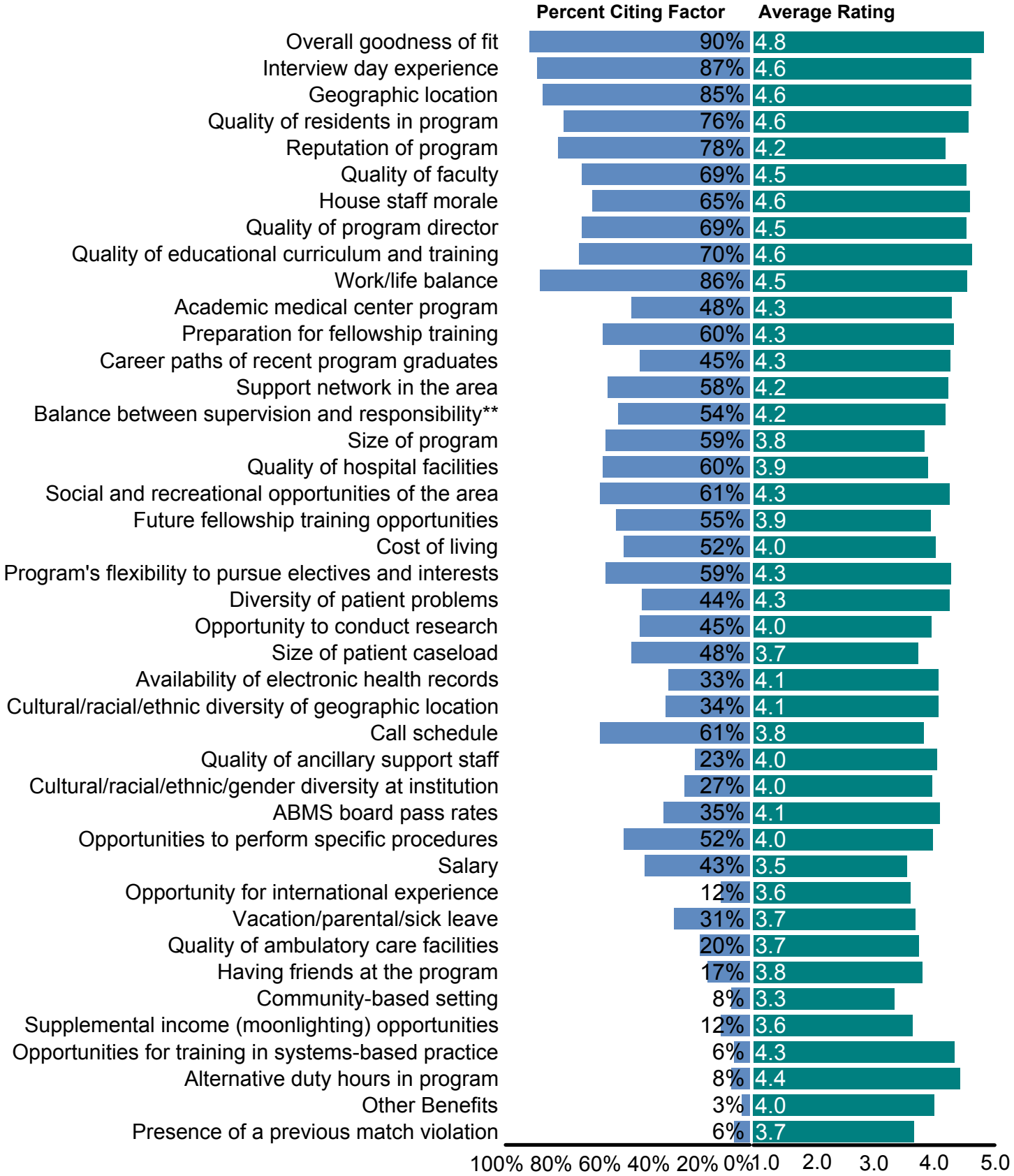

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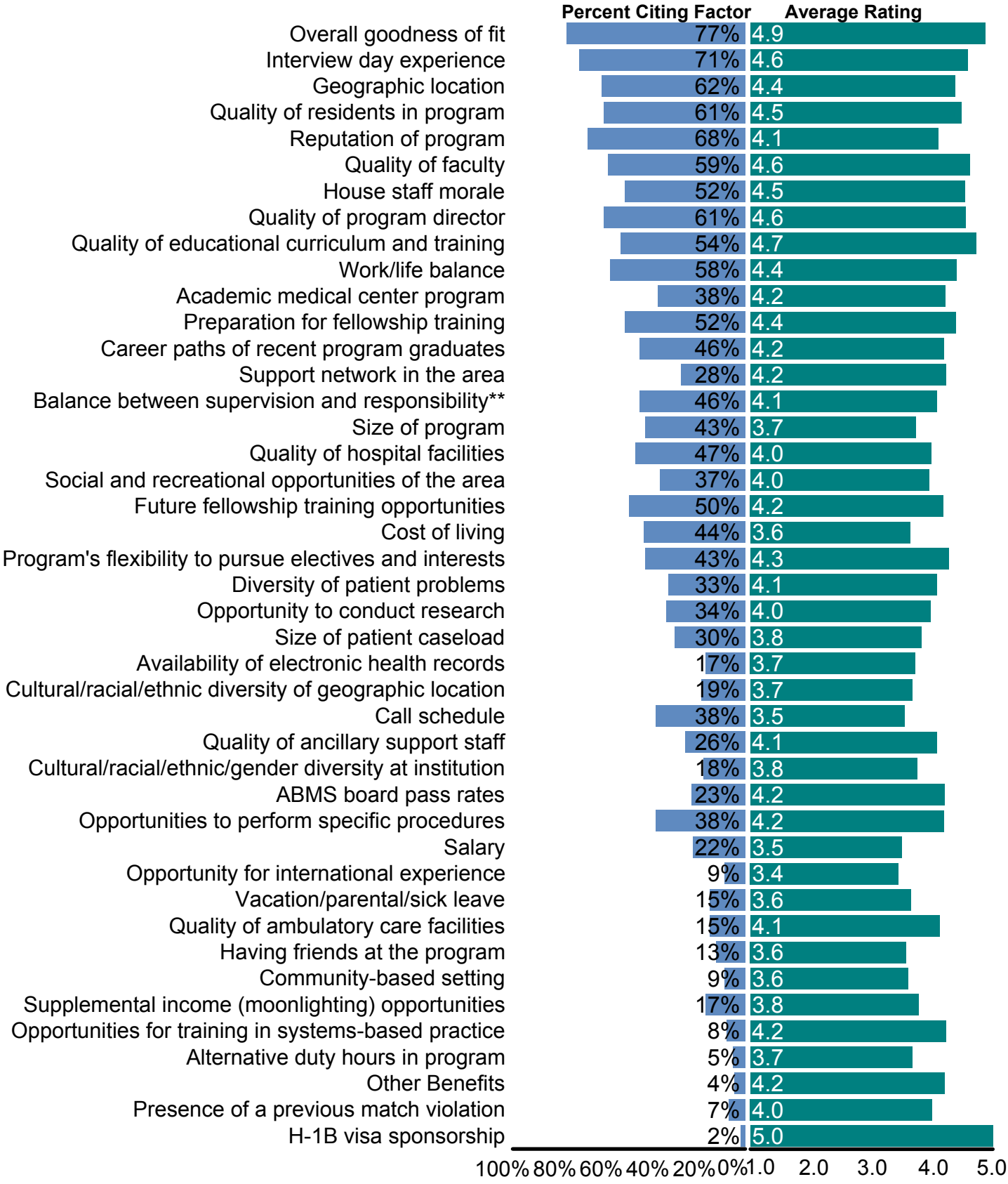
Figure PM-2

Physical Medicine and Rehabilitation

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



Data are presented in 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

Figure PM-3

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

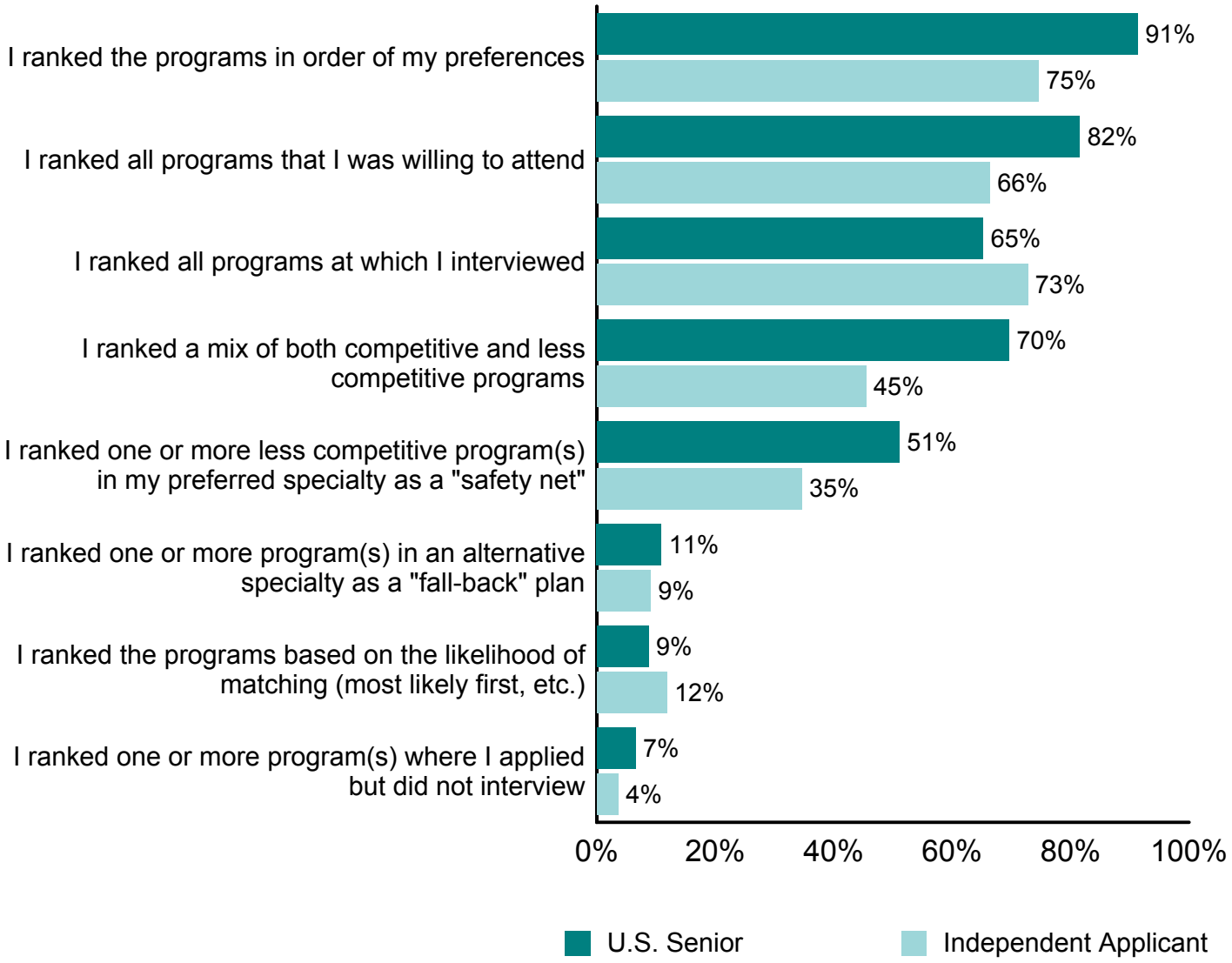
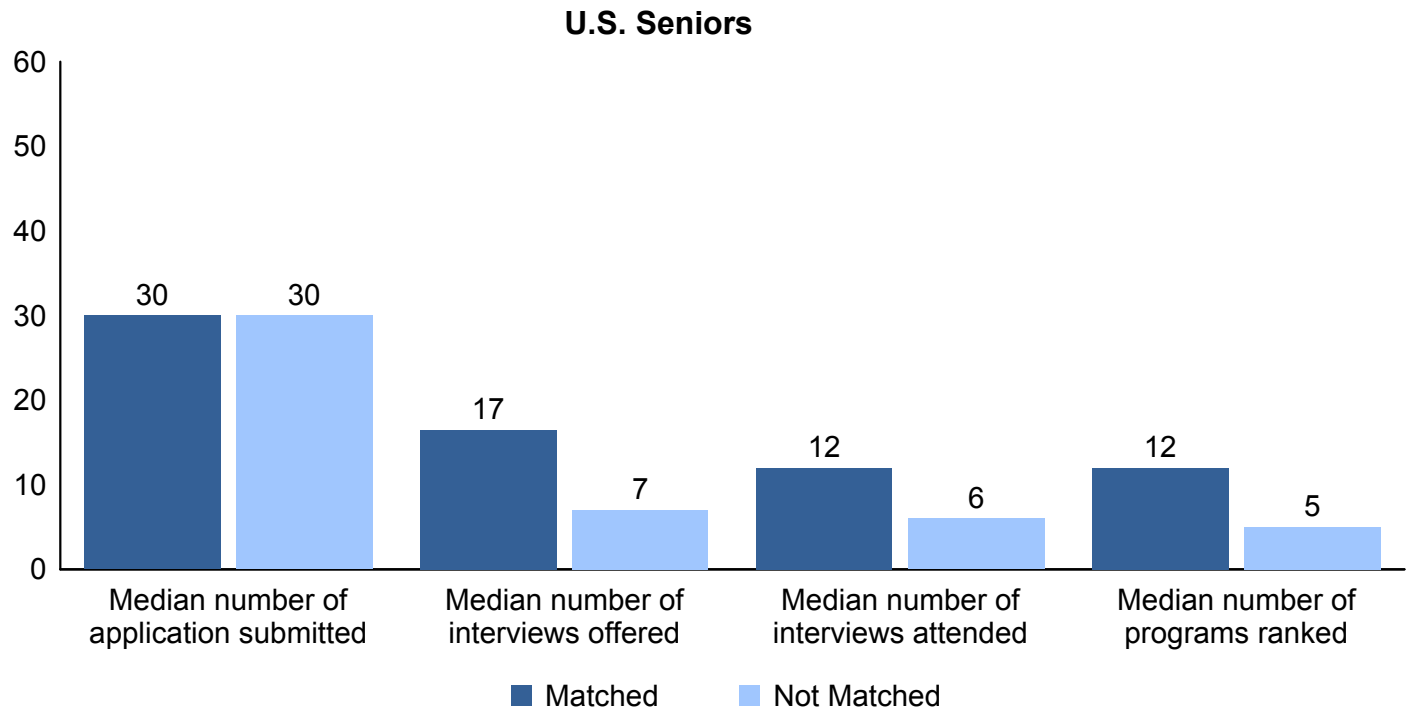
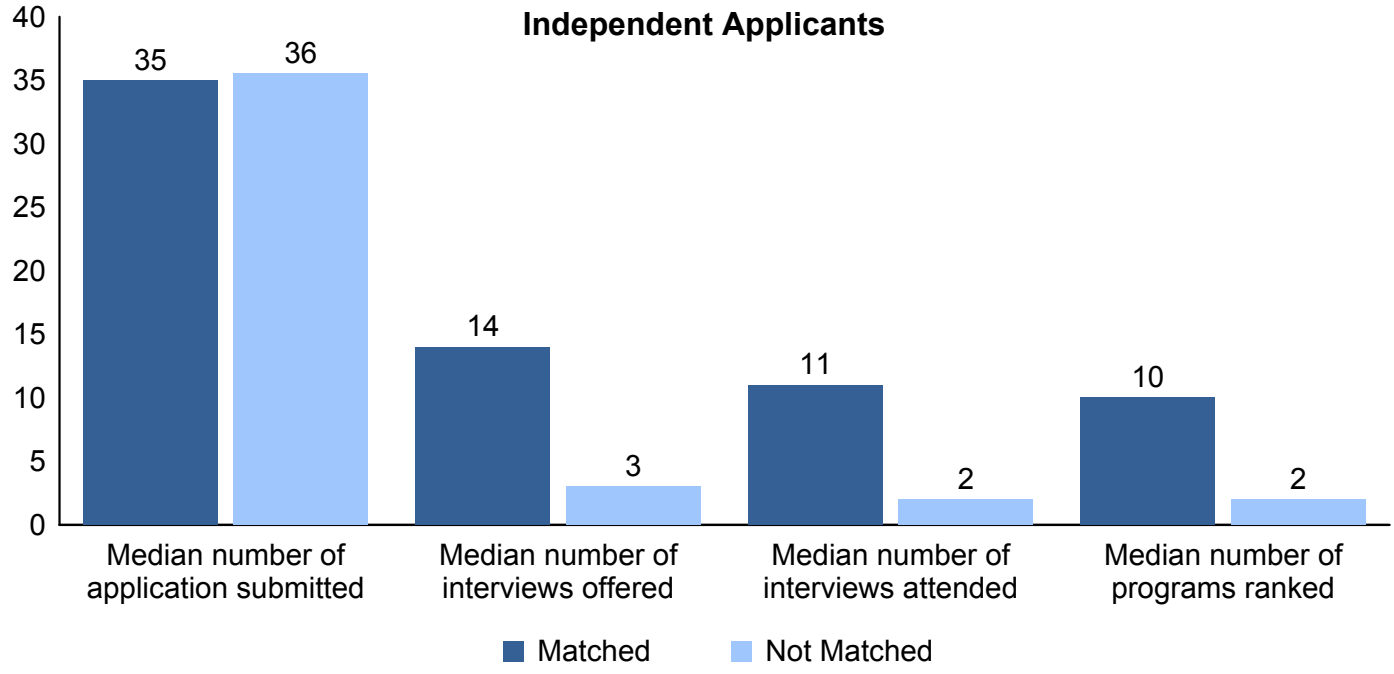


Figure PM-4

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

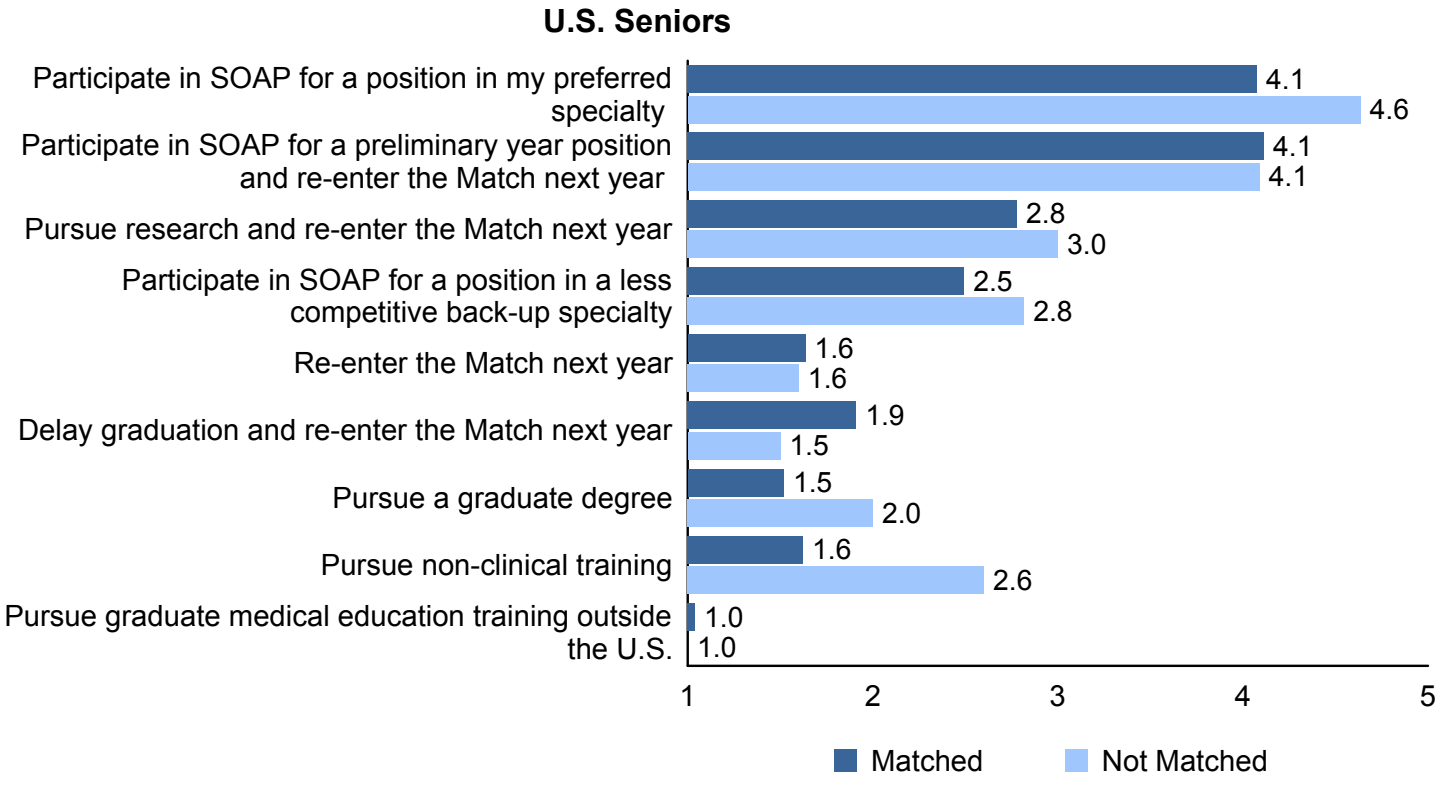


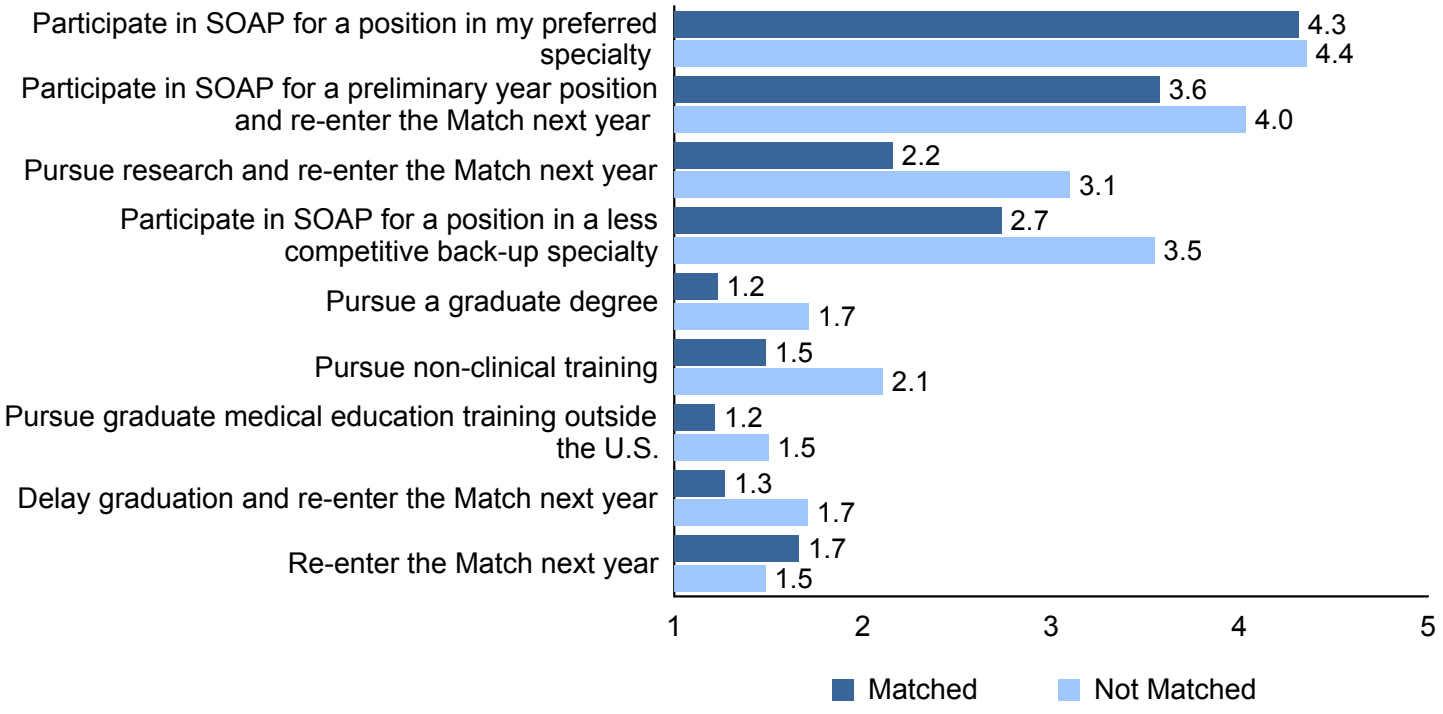


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PM-5

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



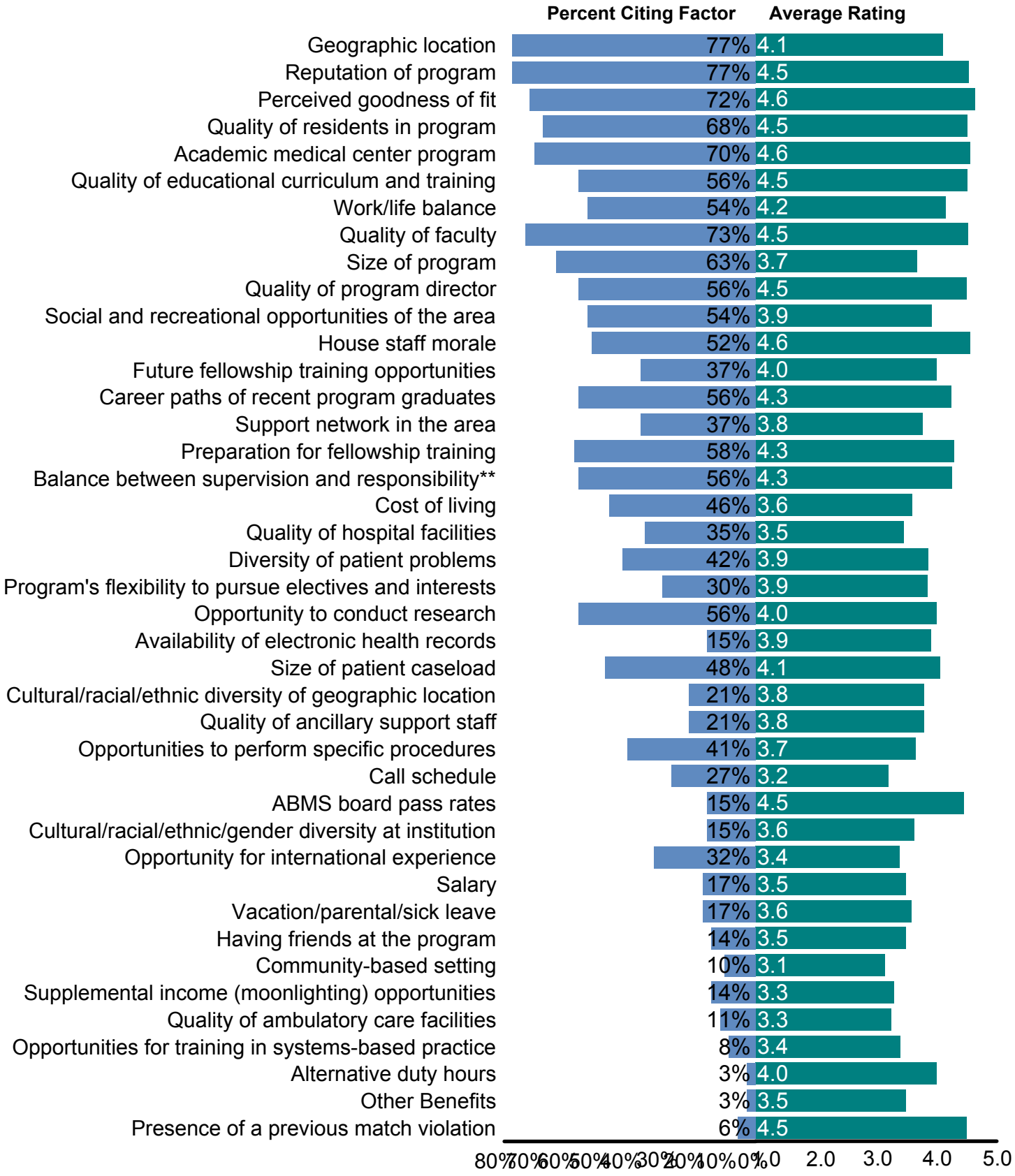


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Plastic Surgery

Figure PS-1

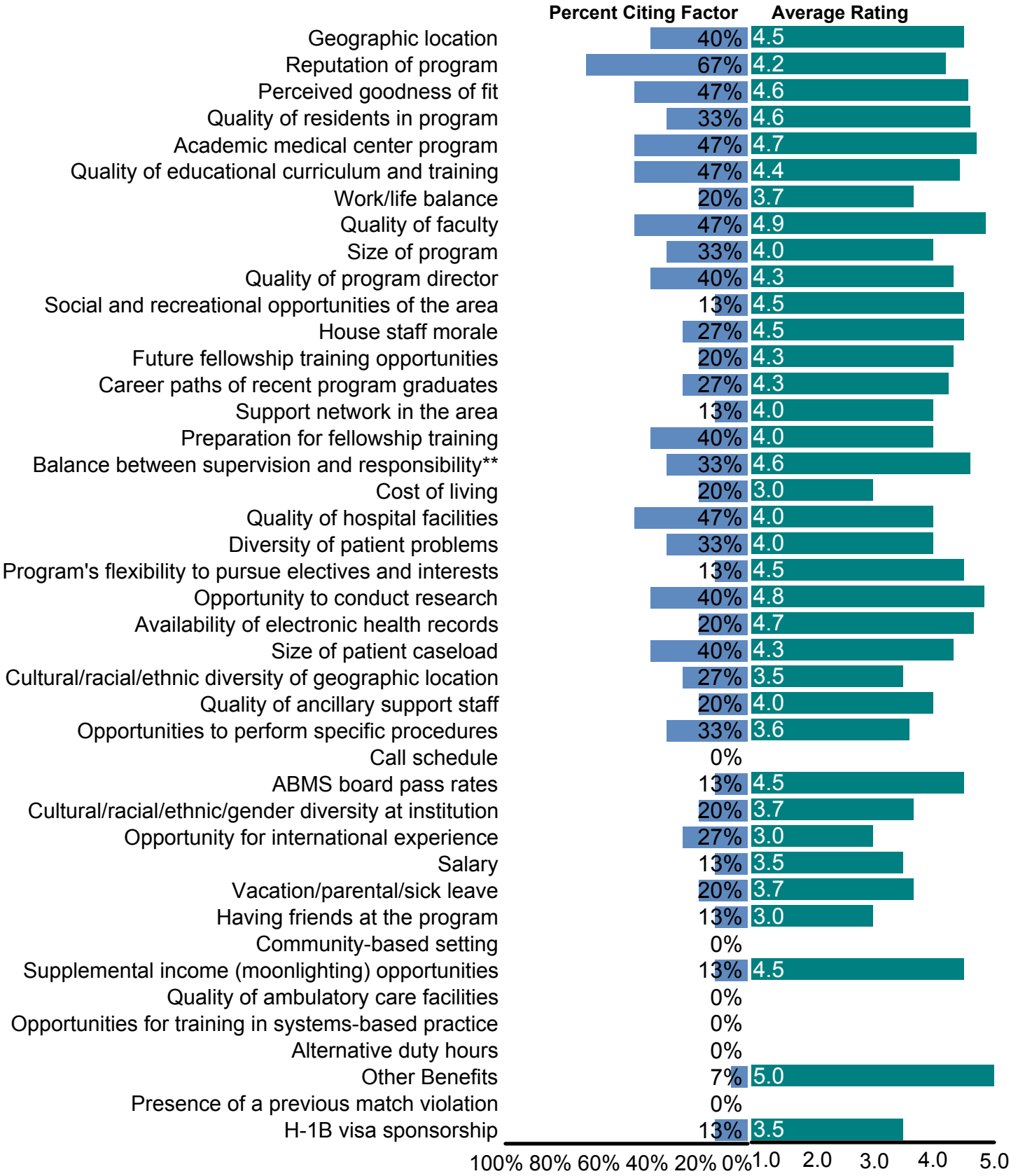
Plastic Surgery (Integrated)
Percent of *U.S. Seniors* Citing Each Factor And Mean Importance Rating* for Each Factor in Selecting Programs for *Application*



Data are presented in 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

Figure PS-1

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

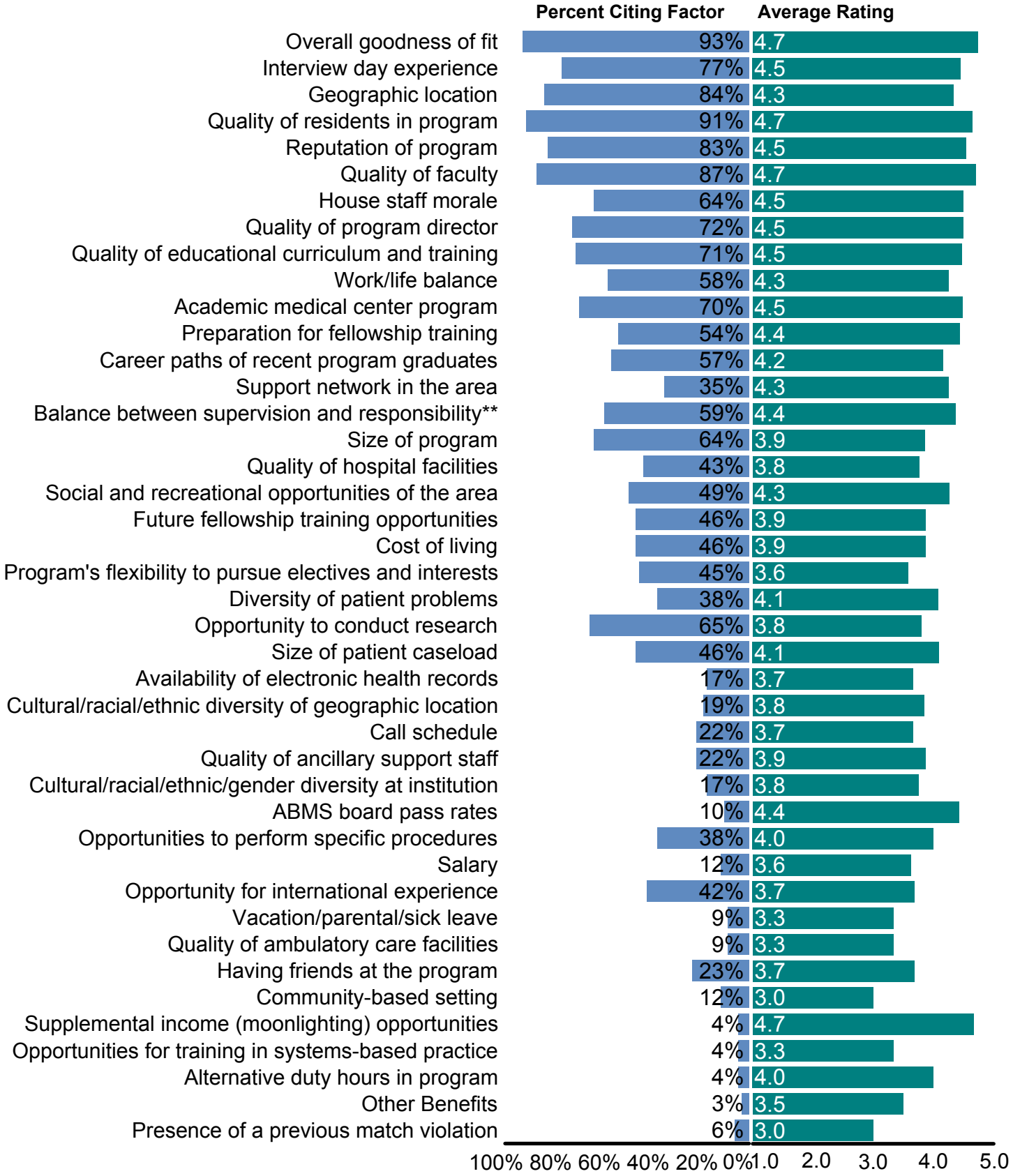


Data are presented in a descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**
*Ratings on a scale from 1 (not important) to 5 (extremely important)
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure PS-2

Plastic Surgery (Integrated)

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



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

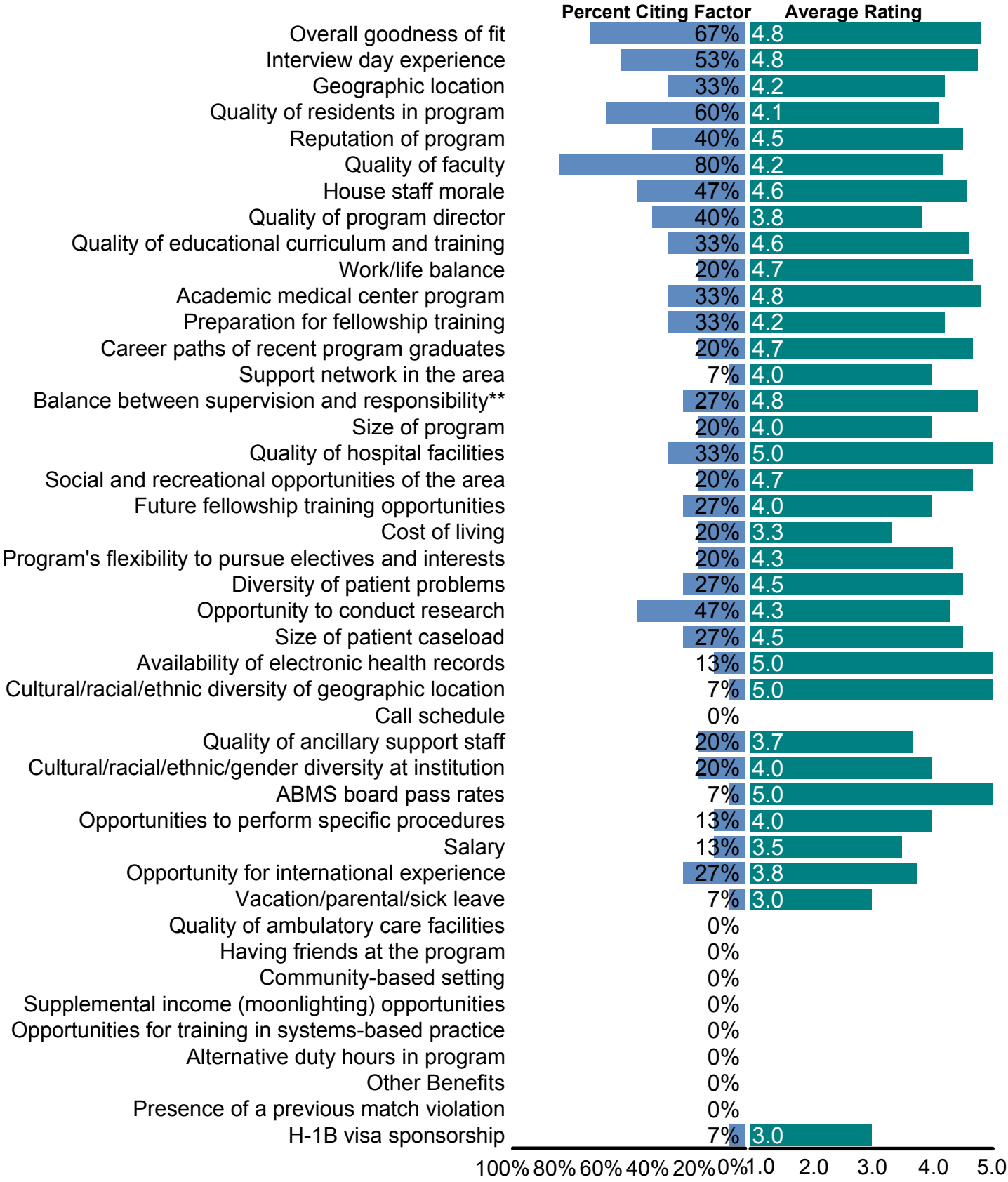
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure PS-2

Plastic Surgery (Integrated)

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



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

Figure PS-3

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

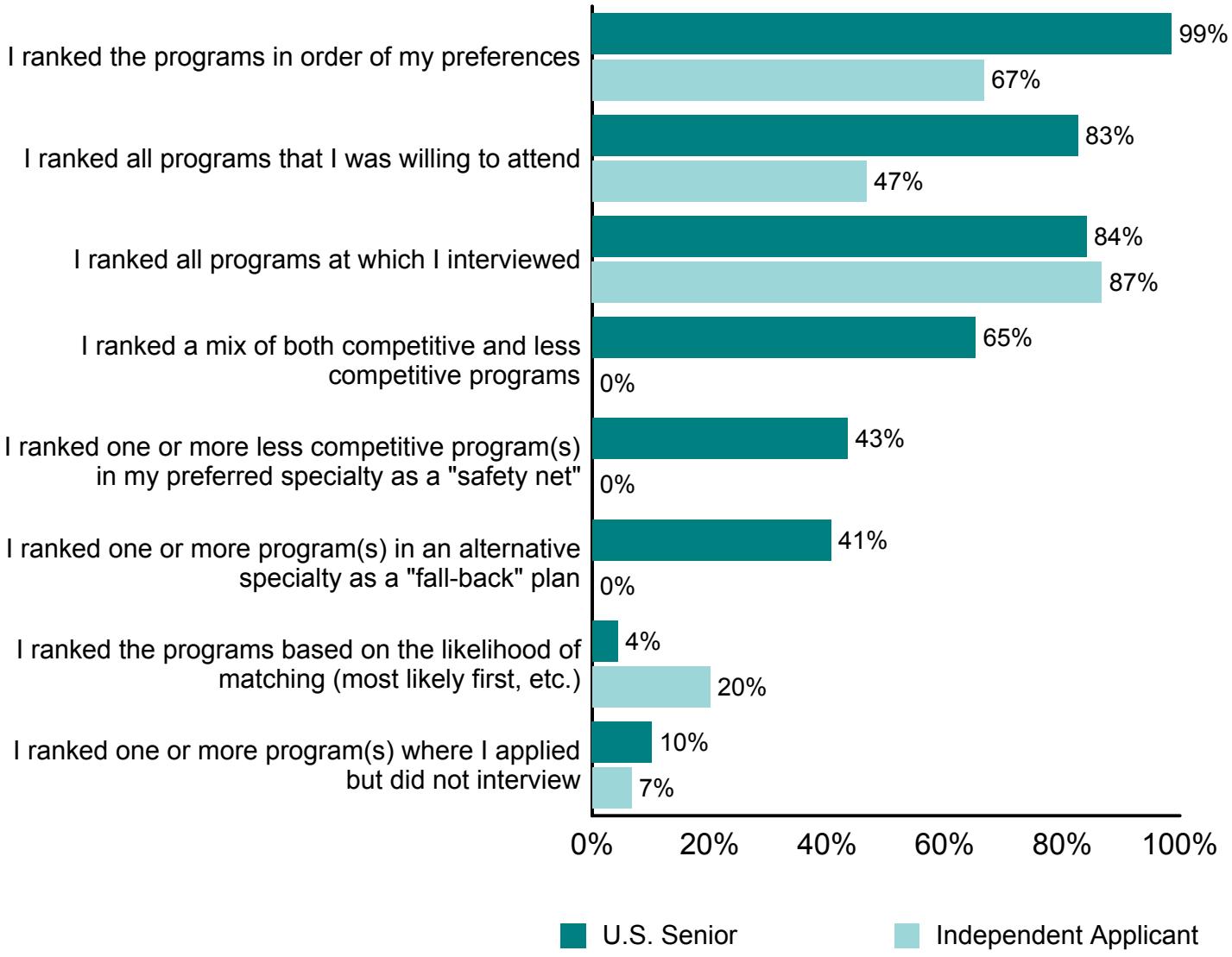
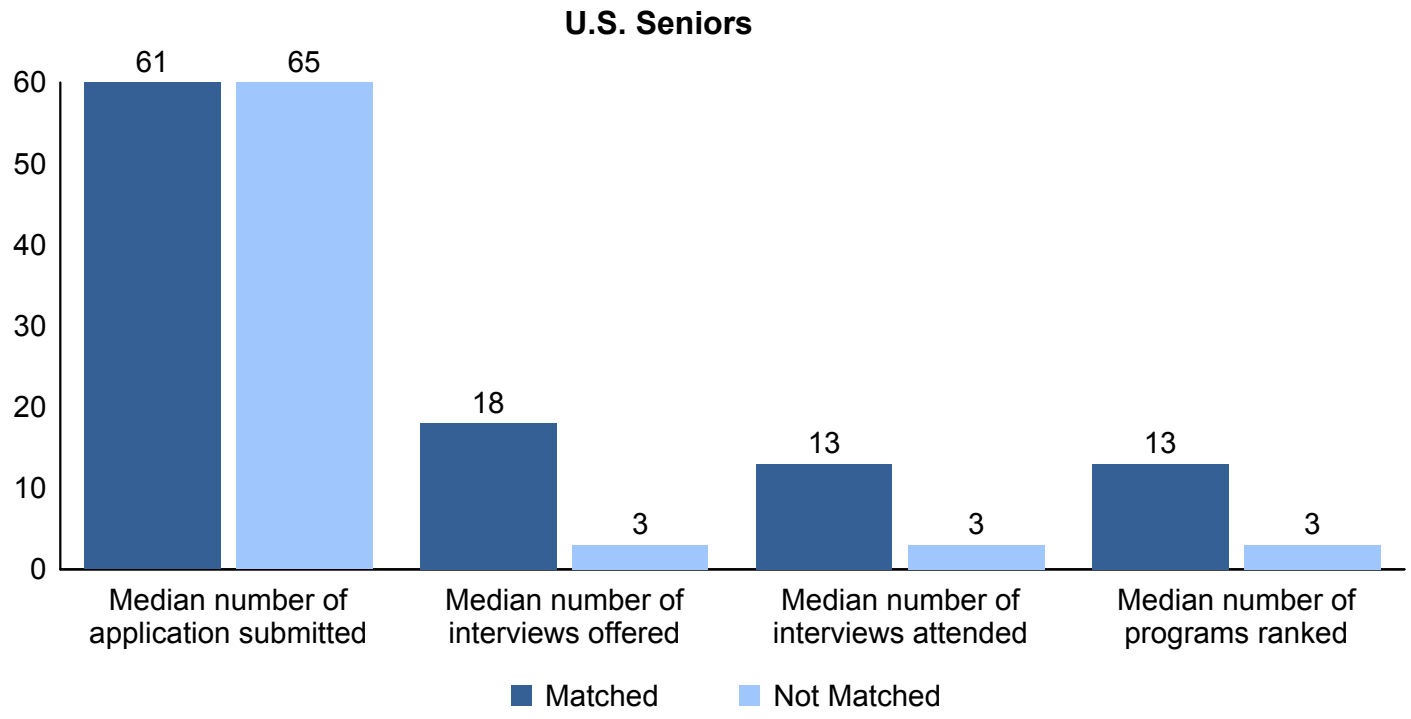
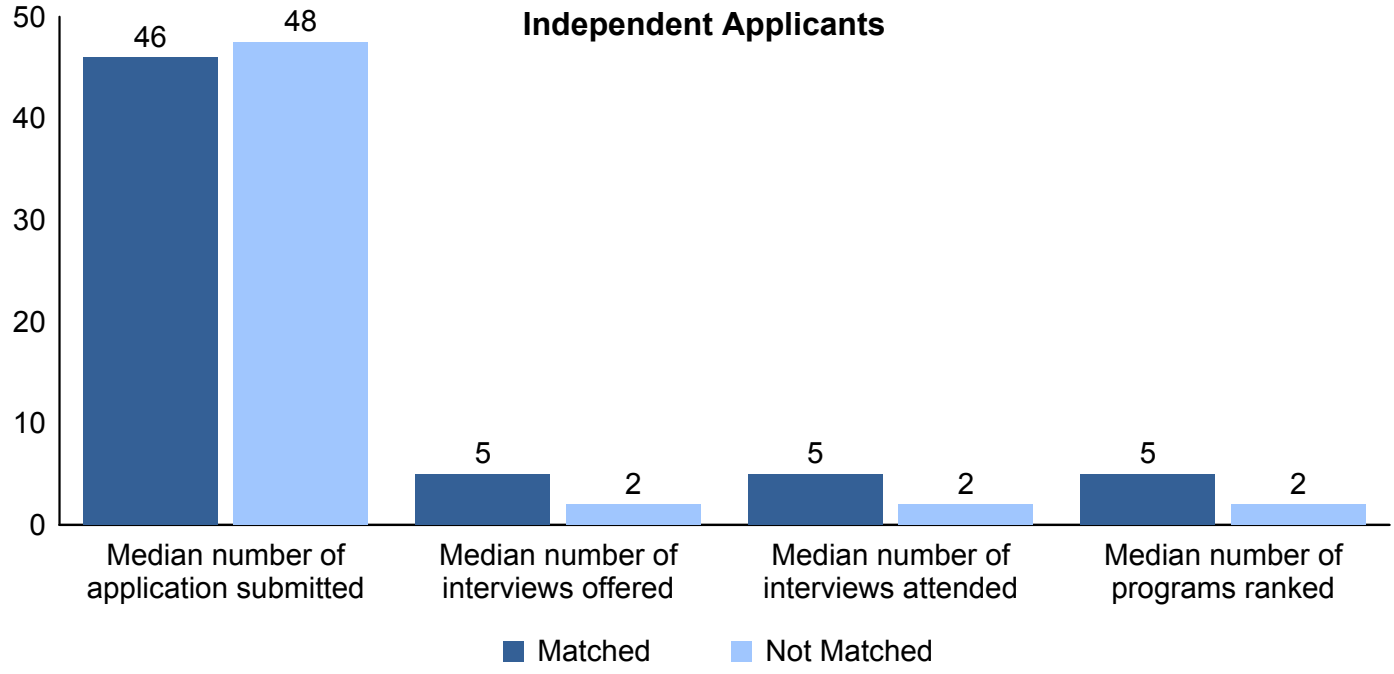


Figure PS-4

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

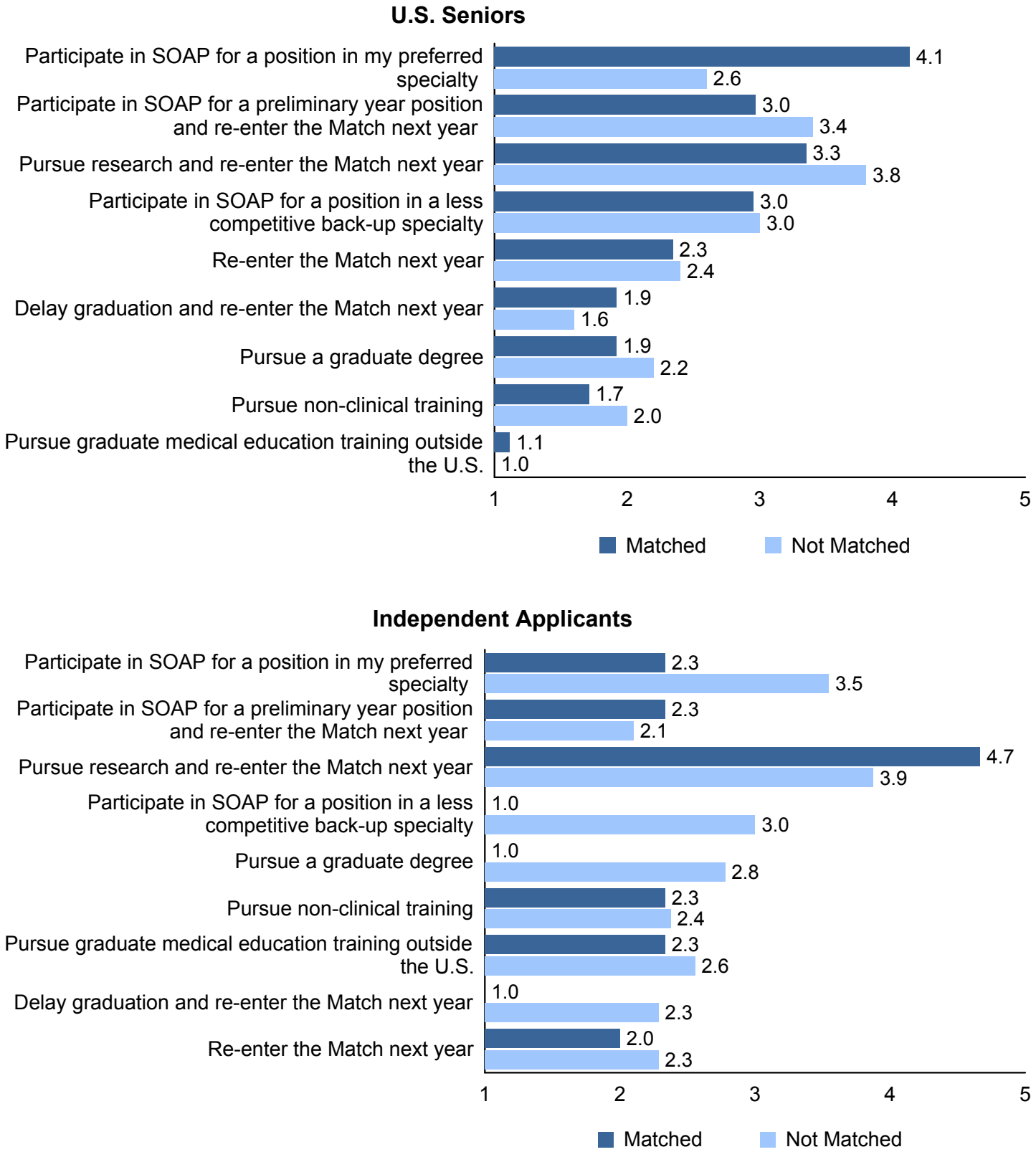




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure PS-5

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



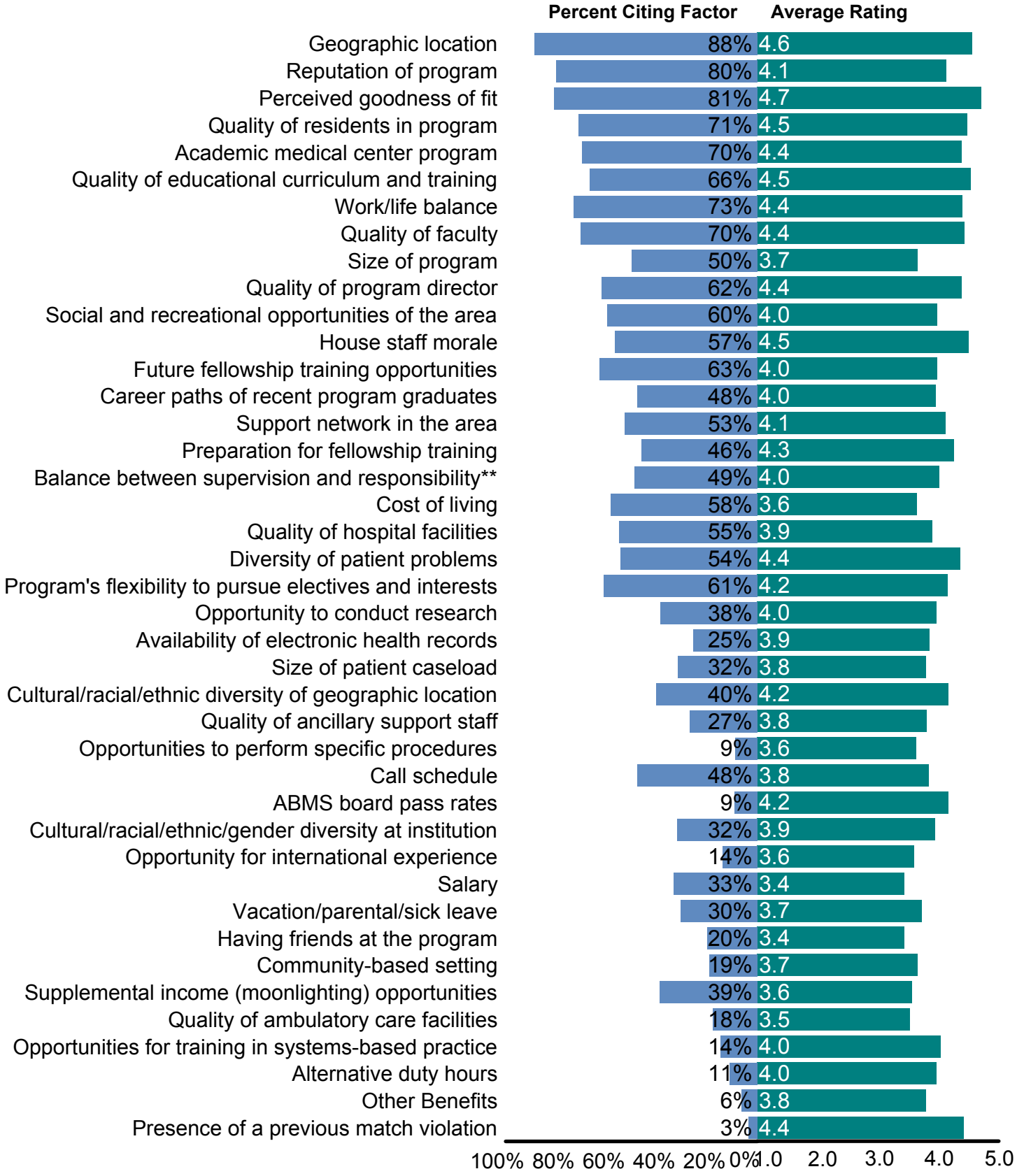
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Psychiatry

Figure PY-1

Psychiatry

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



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

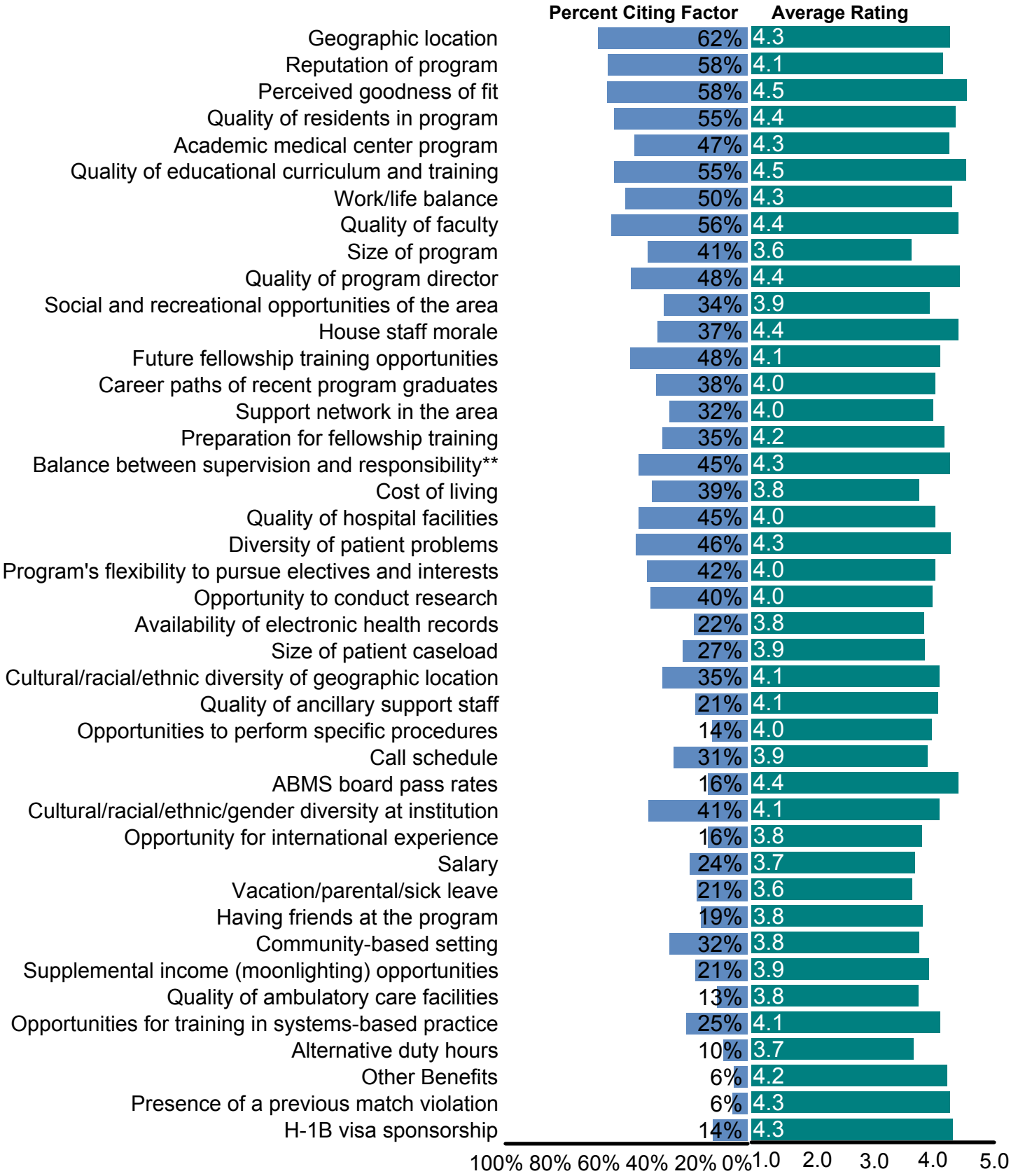
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure PY-1

Psychiatry

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



Data are presented in 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

Figure PY-2

Psychiatry

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

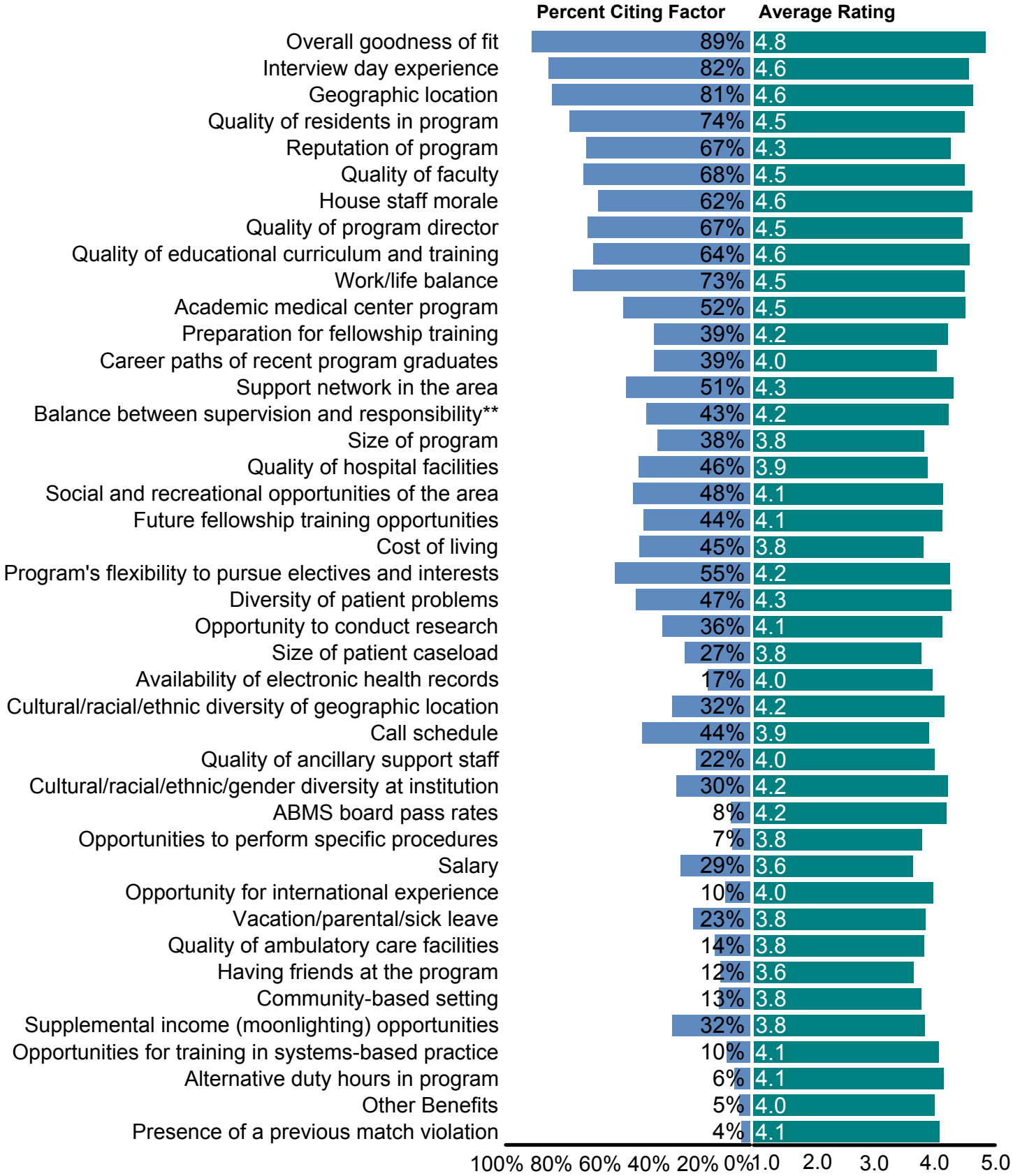


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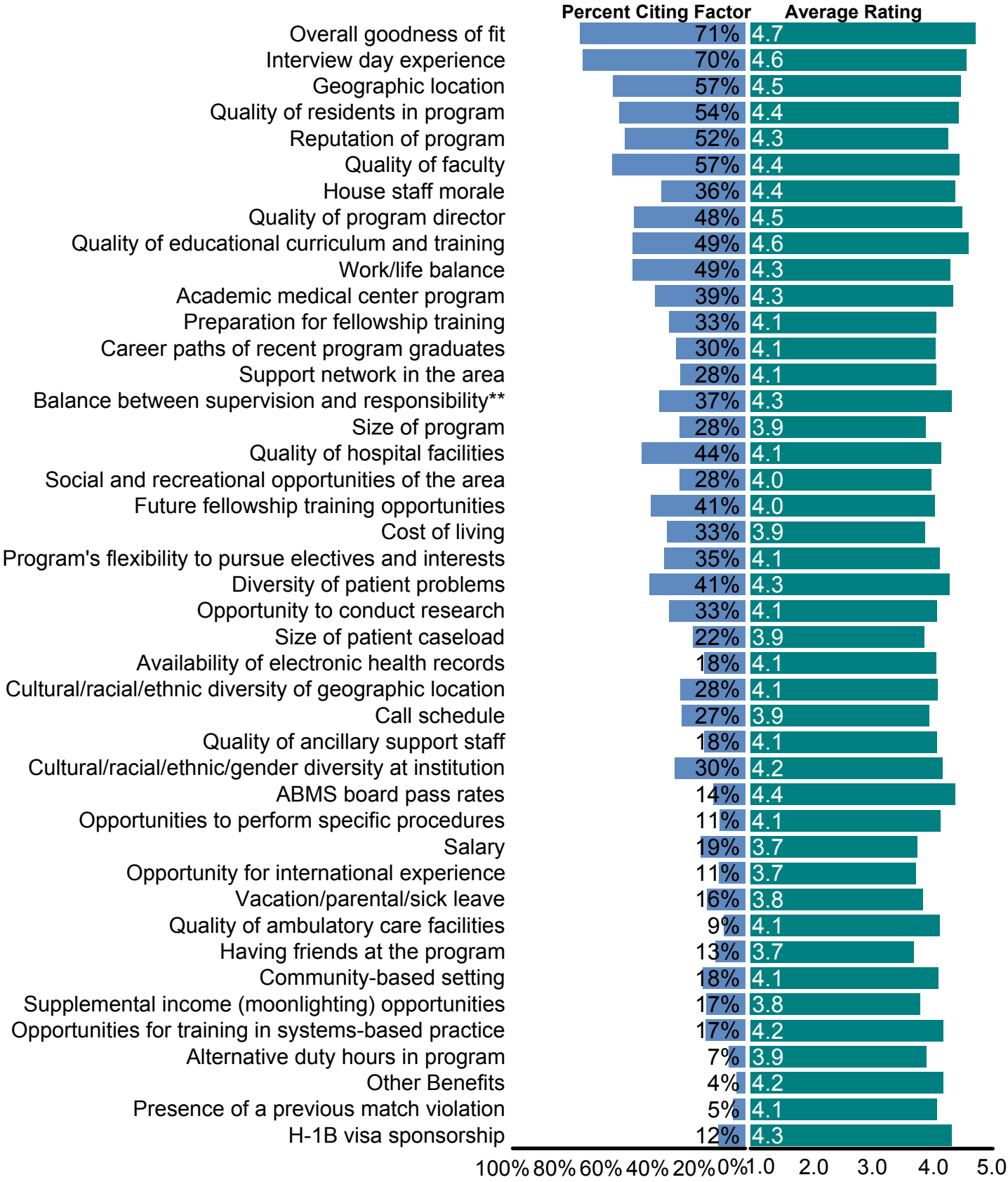
Figure PY-2

Psychiatry

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



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

Figure PY-3

Psychiatry
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type

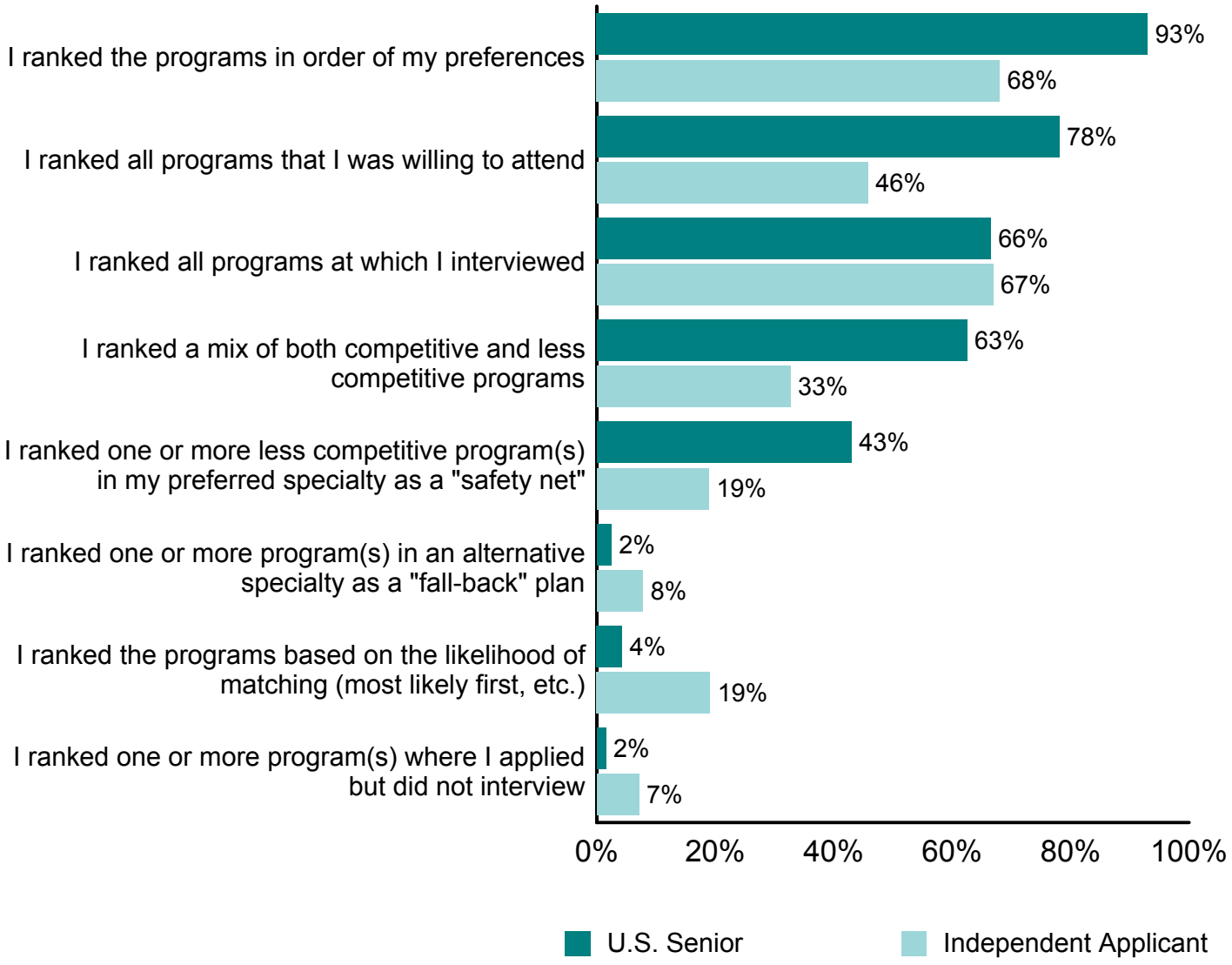
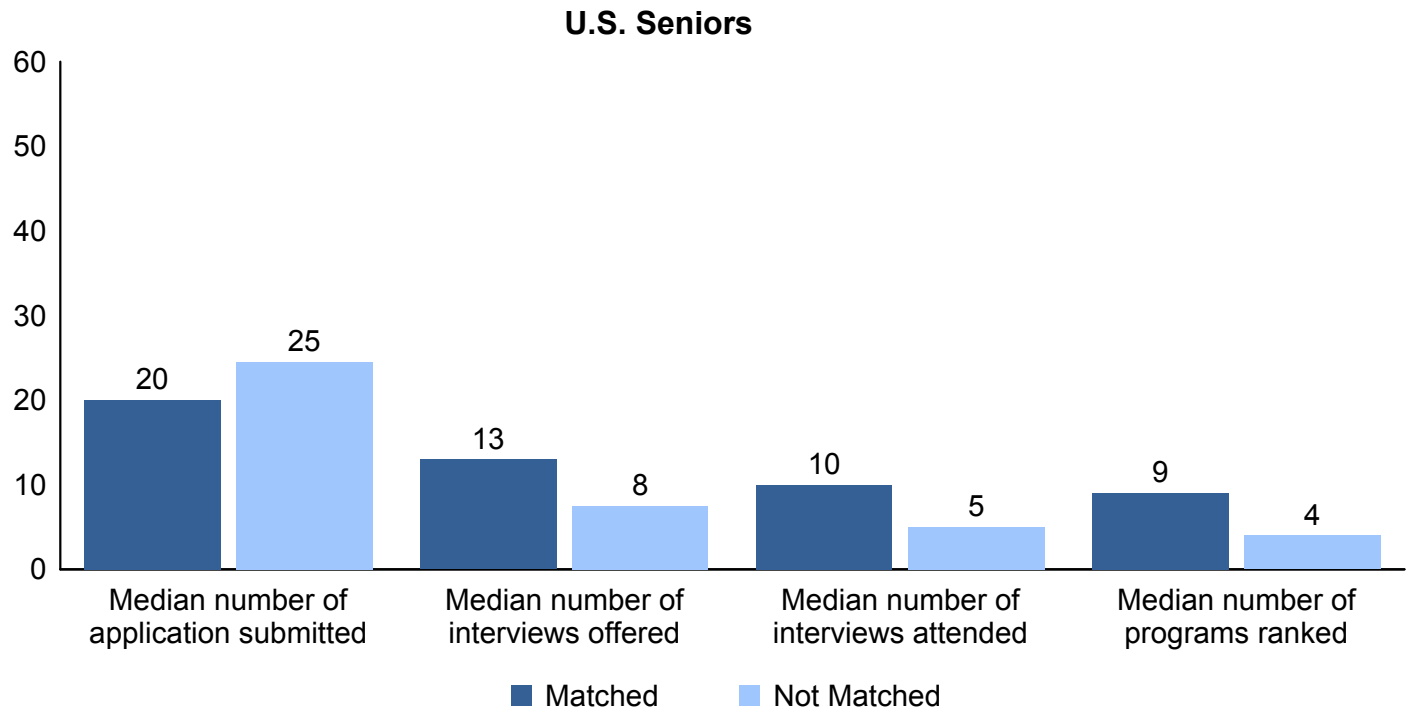
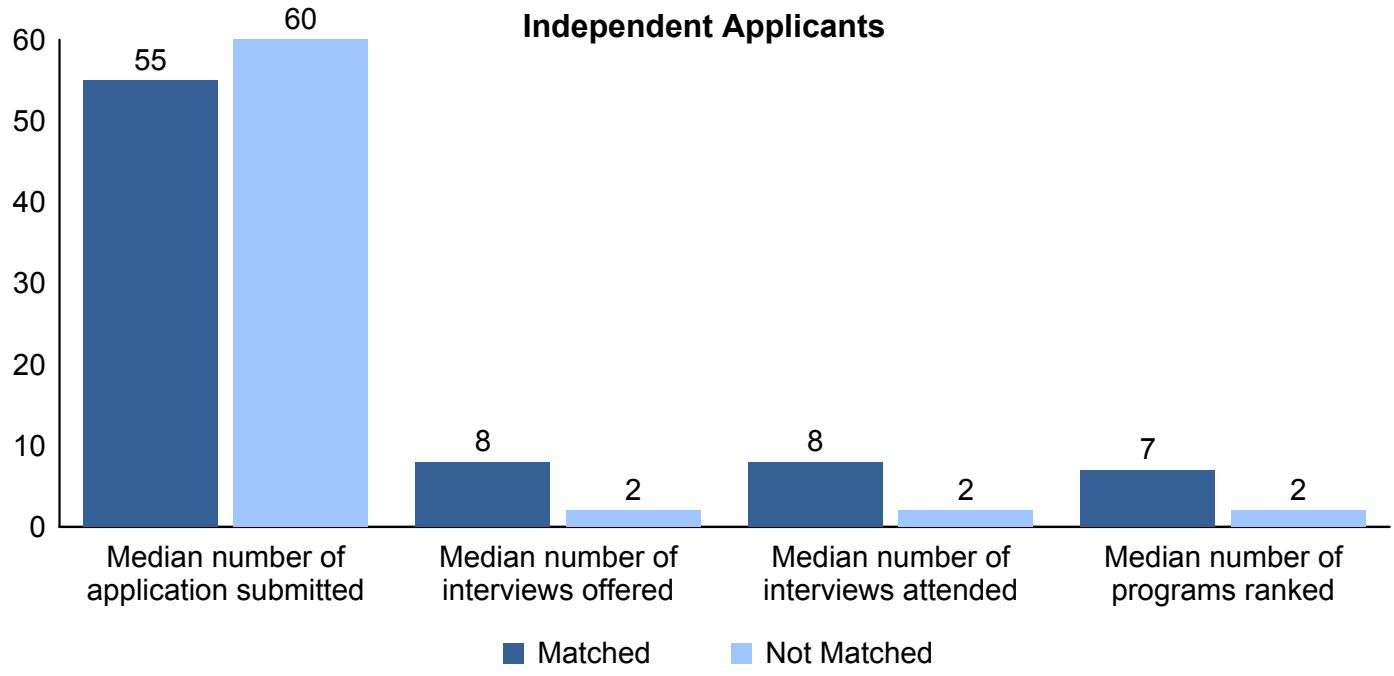


Figure PY-4

Psychiatry
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



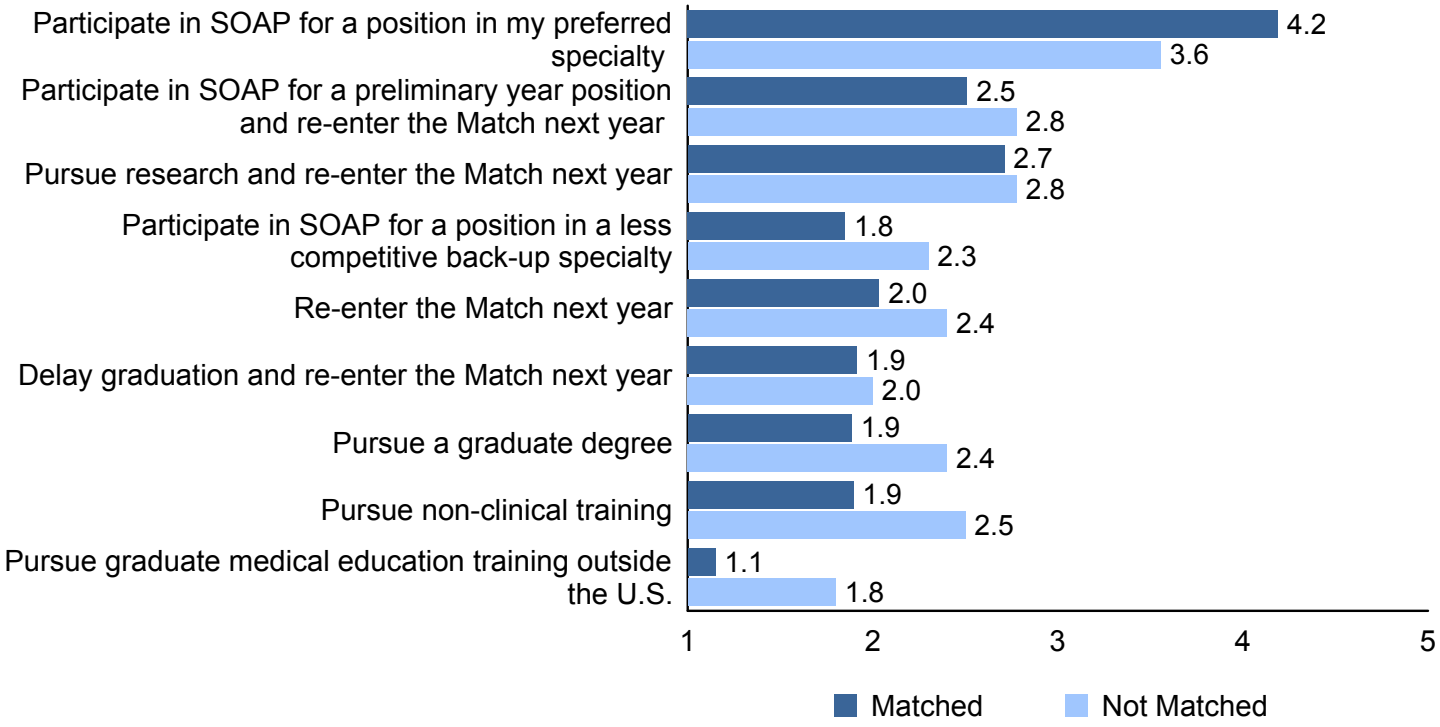


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

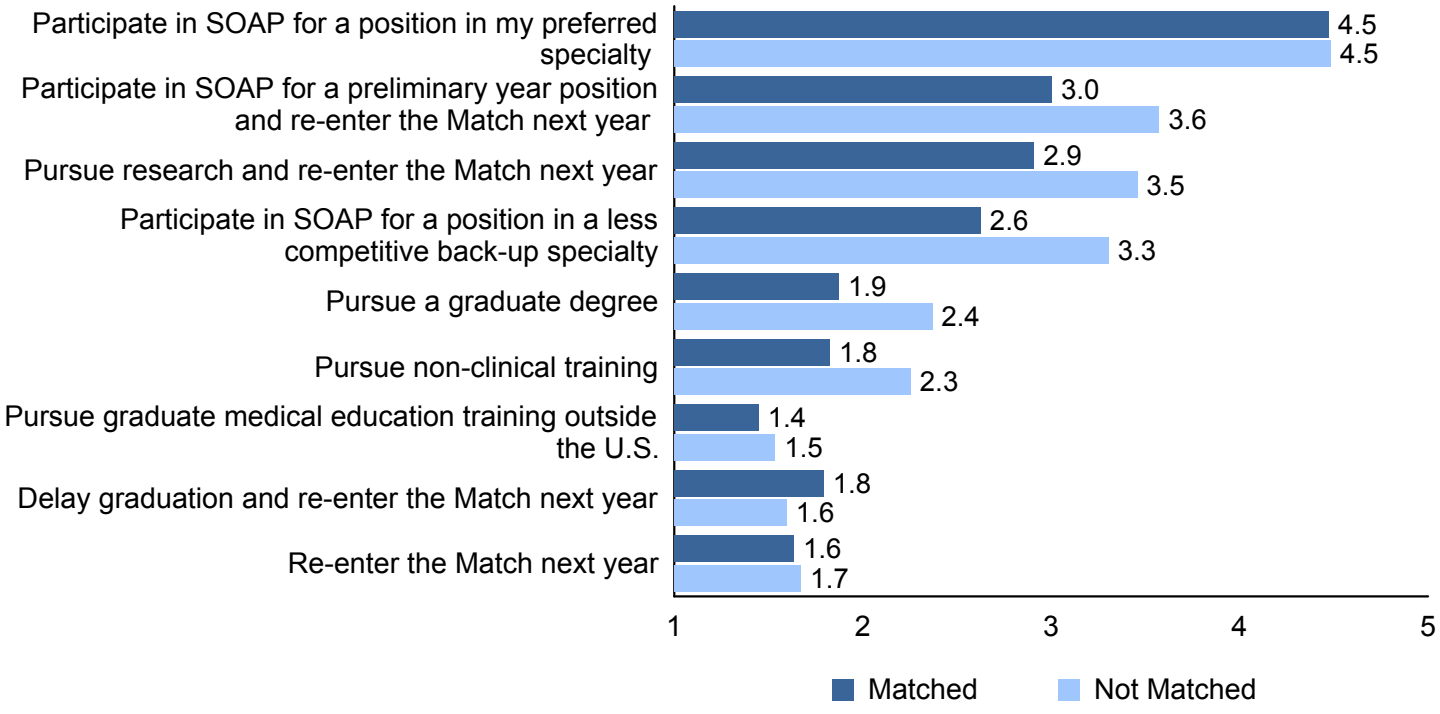
Figure PY-5

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

U.S. Seniors



Independent Applicants



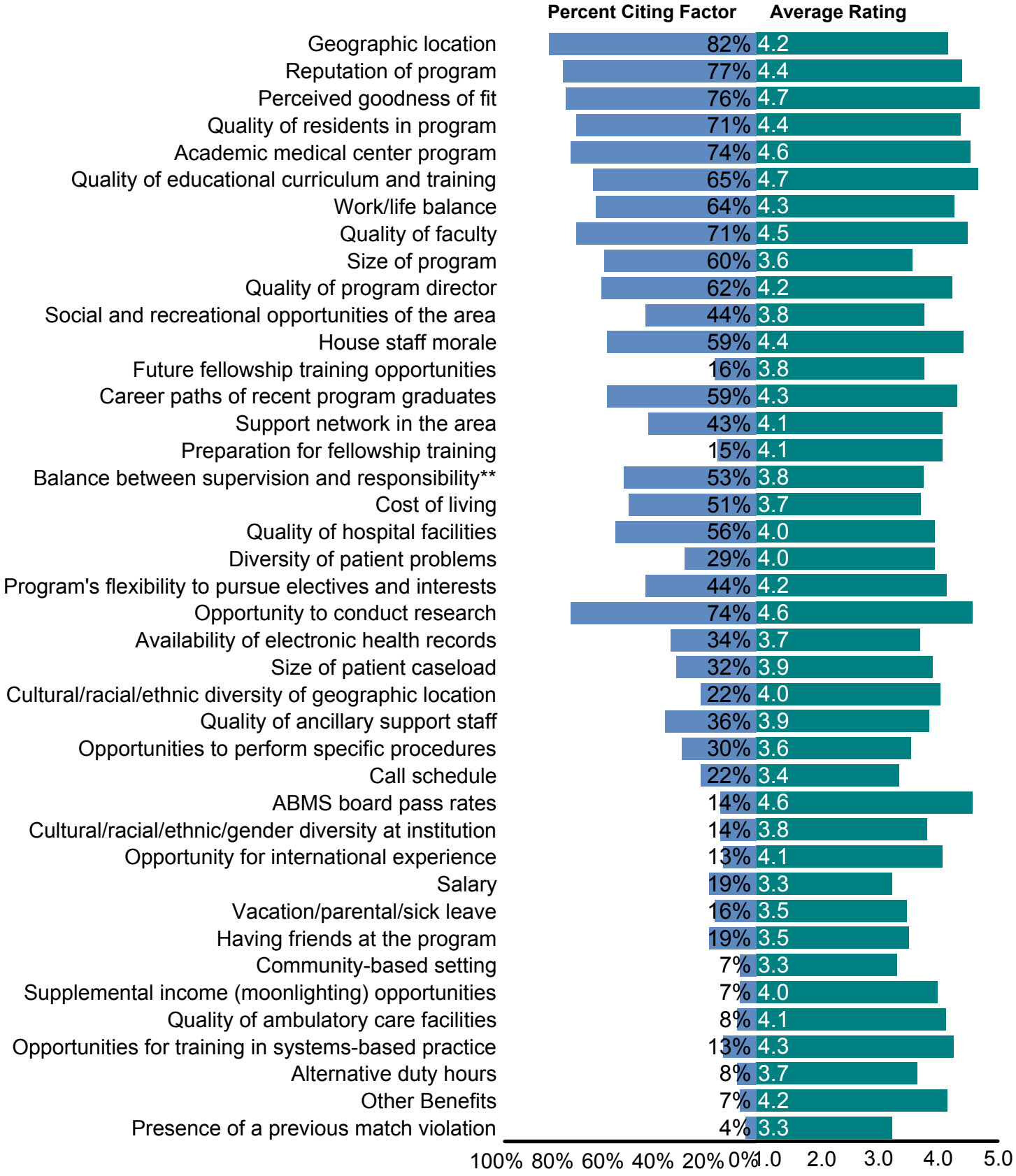
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Radiation Oncology

Figure RD-1

Radiation Oncology

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



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

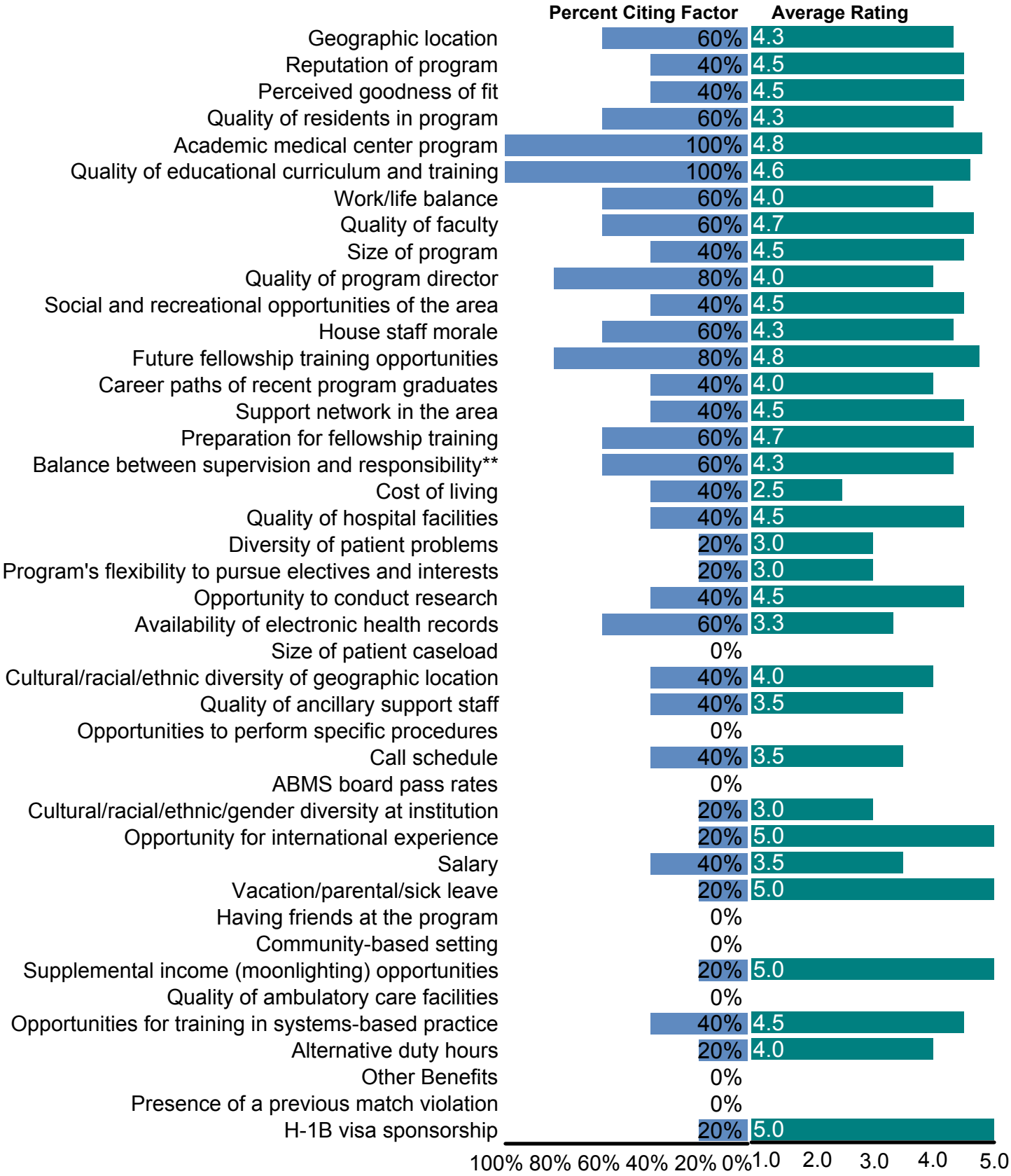
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure RD-1

Radiation Oncology

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



Data are presented in 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

Figure RD-2

Radiation Oncology

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

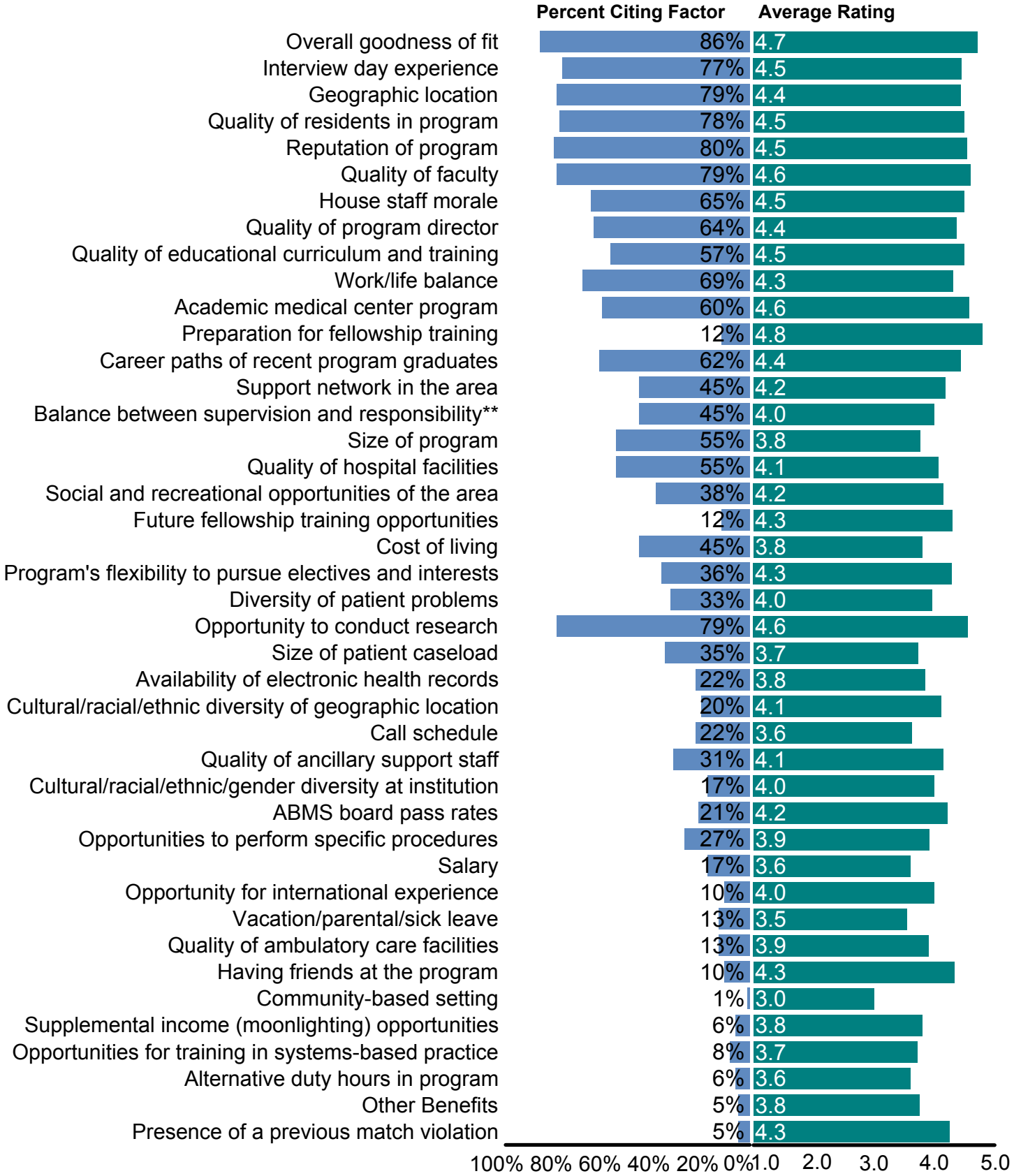


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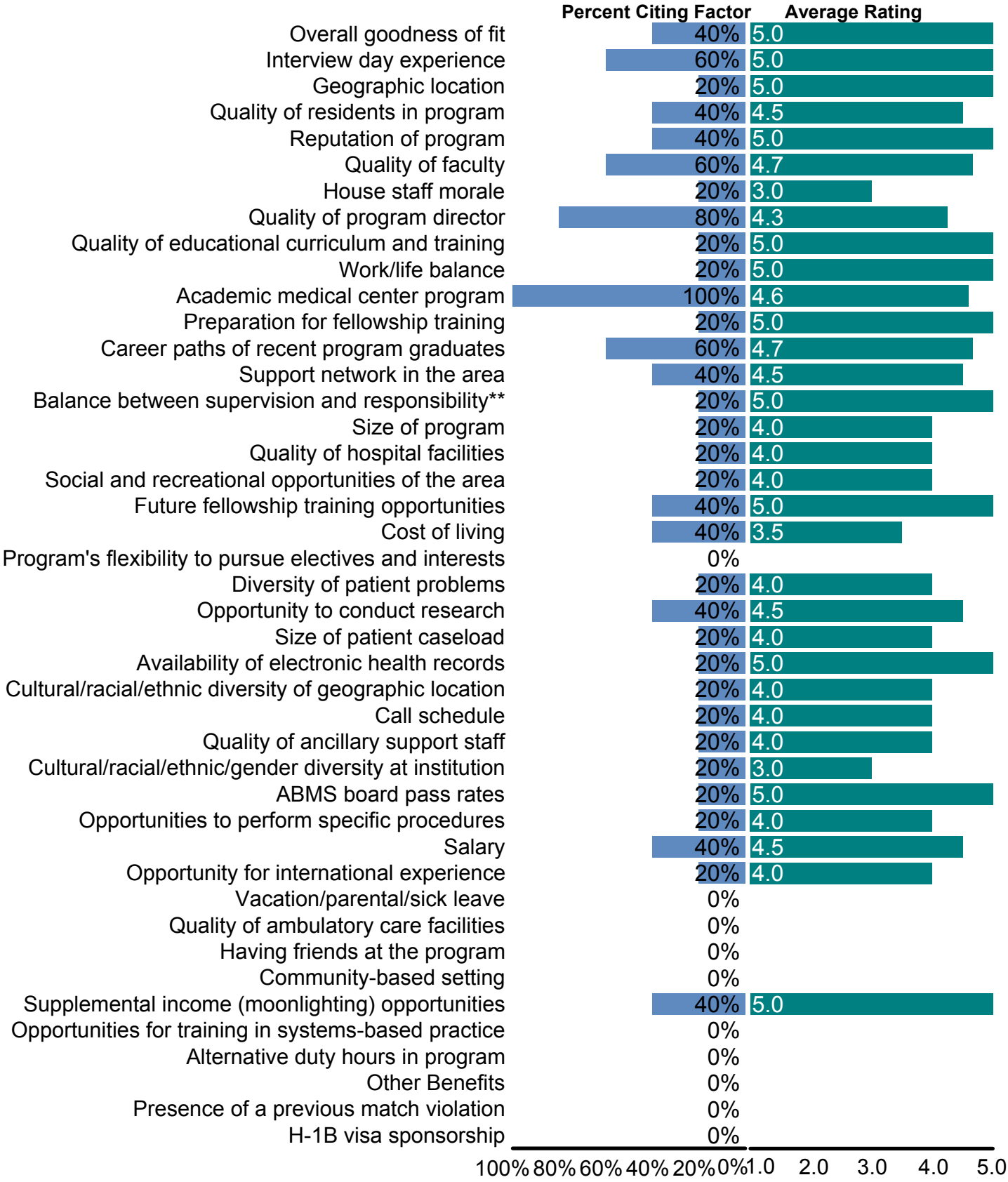
Figure RD-2

Radiation Oncology

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



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

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

Figure RD-3

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

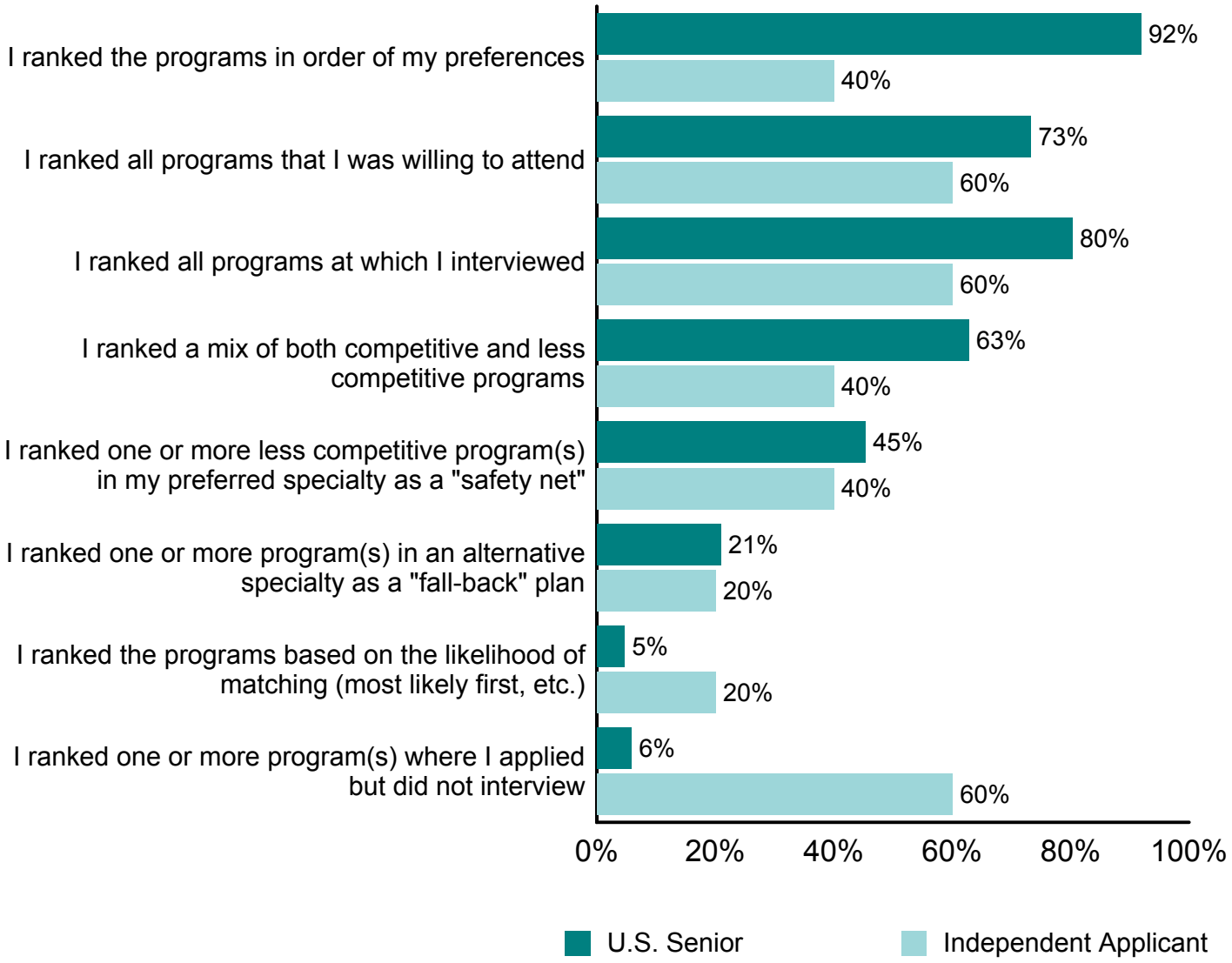
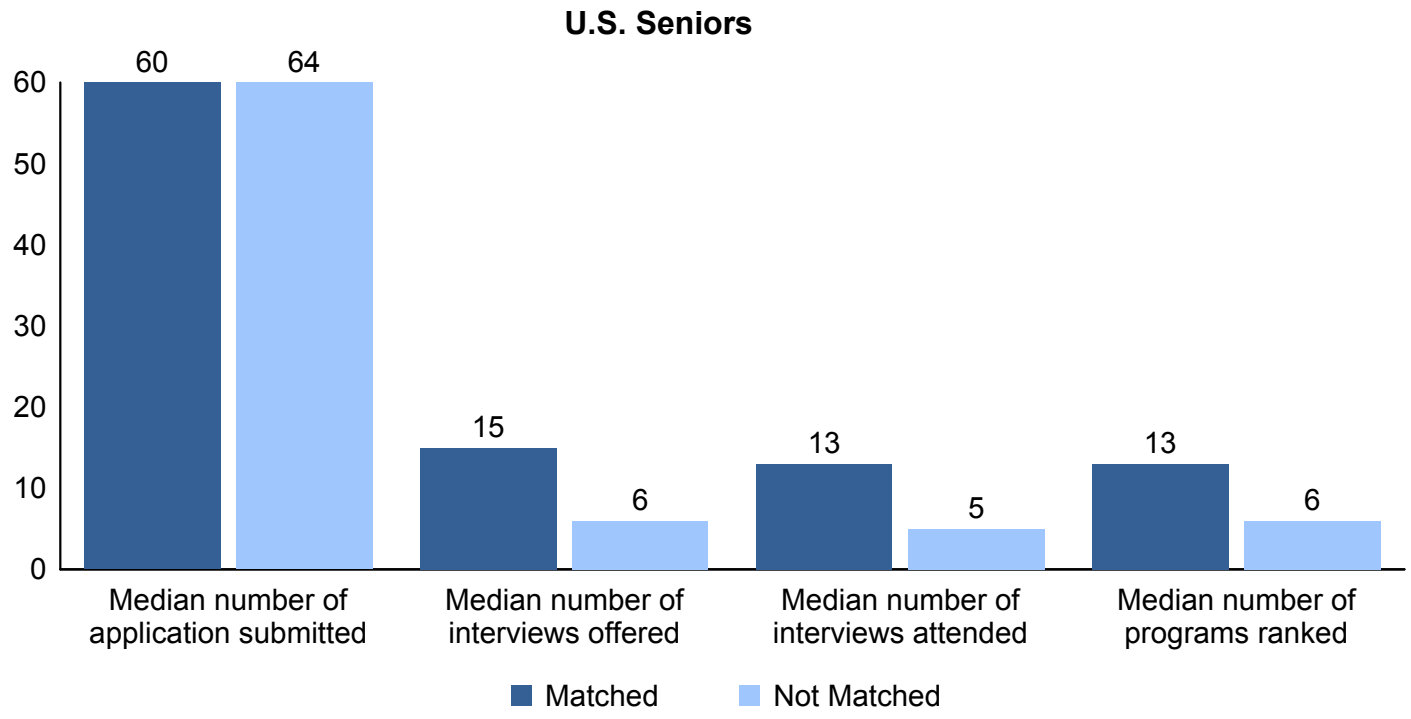
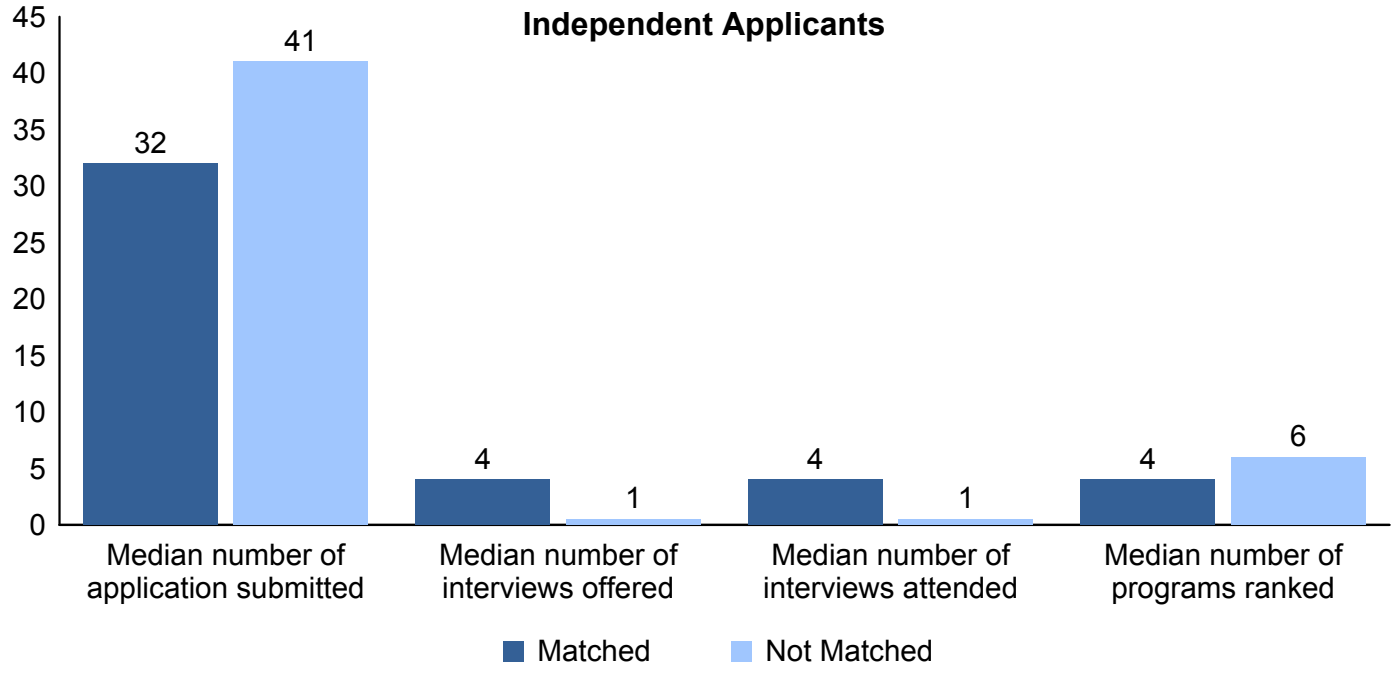


Figure RD-4

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

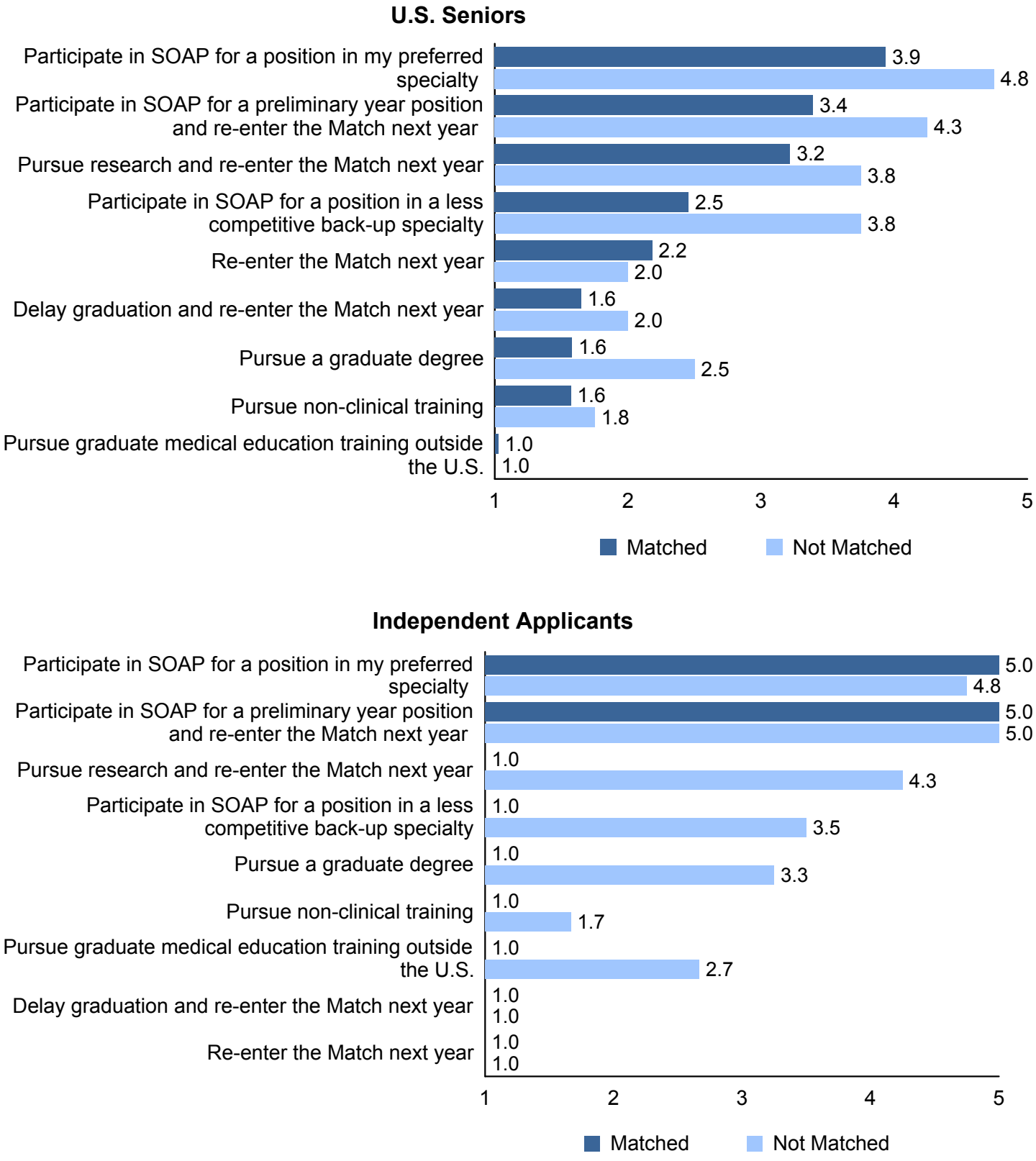




*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

Figure RD-5

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



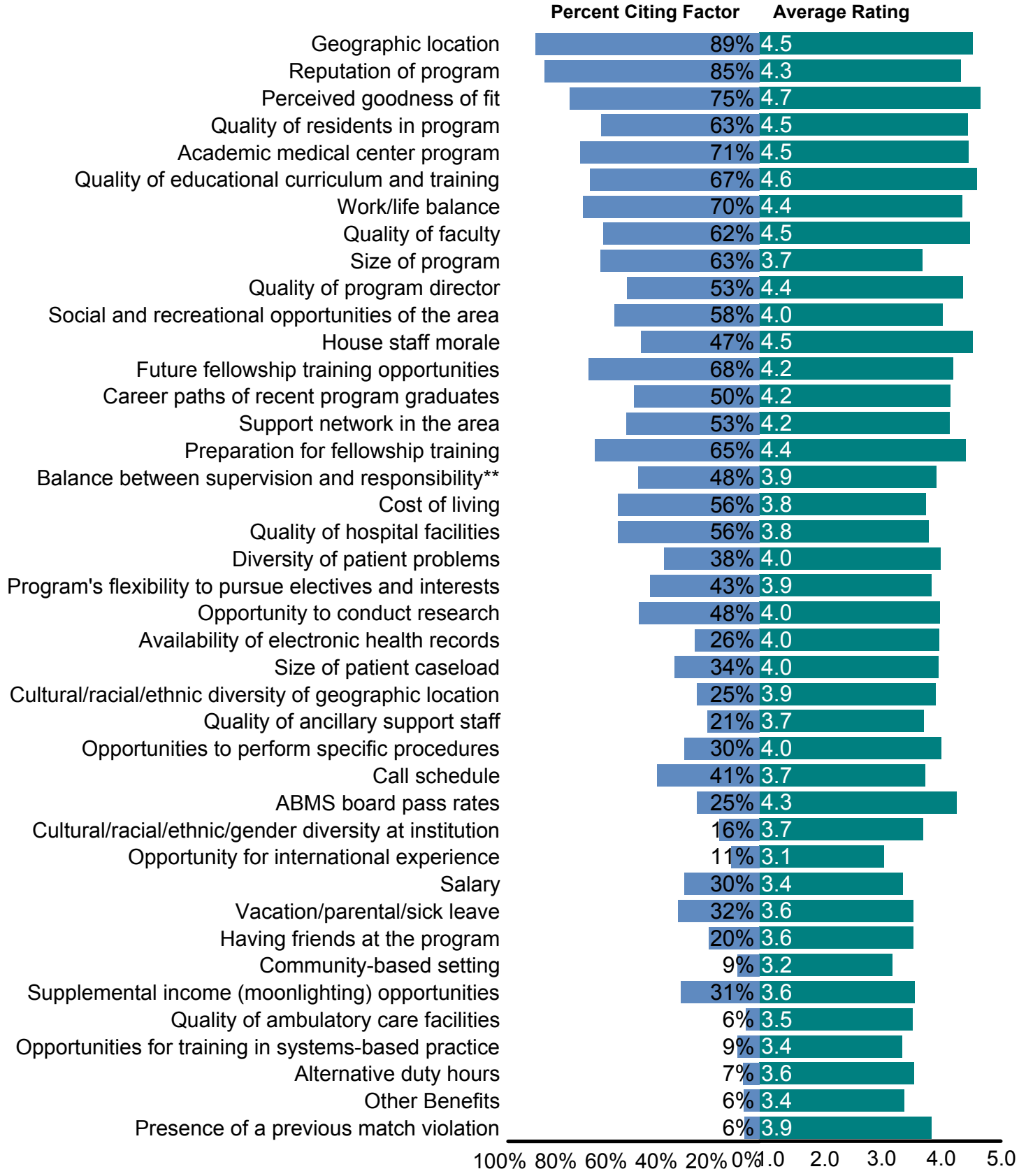
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Radiology-Diagnostic

Figure RO-1

Radiology-Diagnostic

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



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

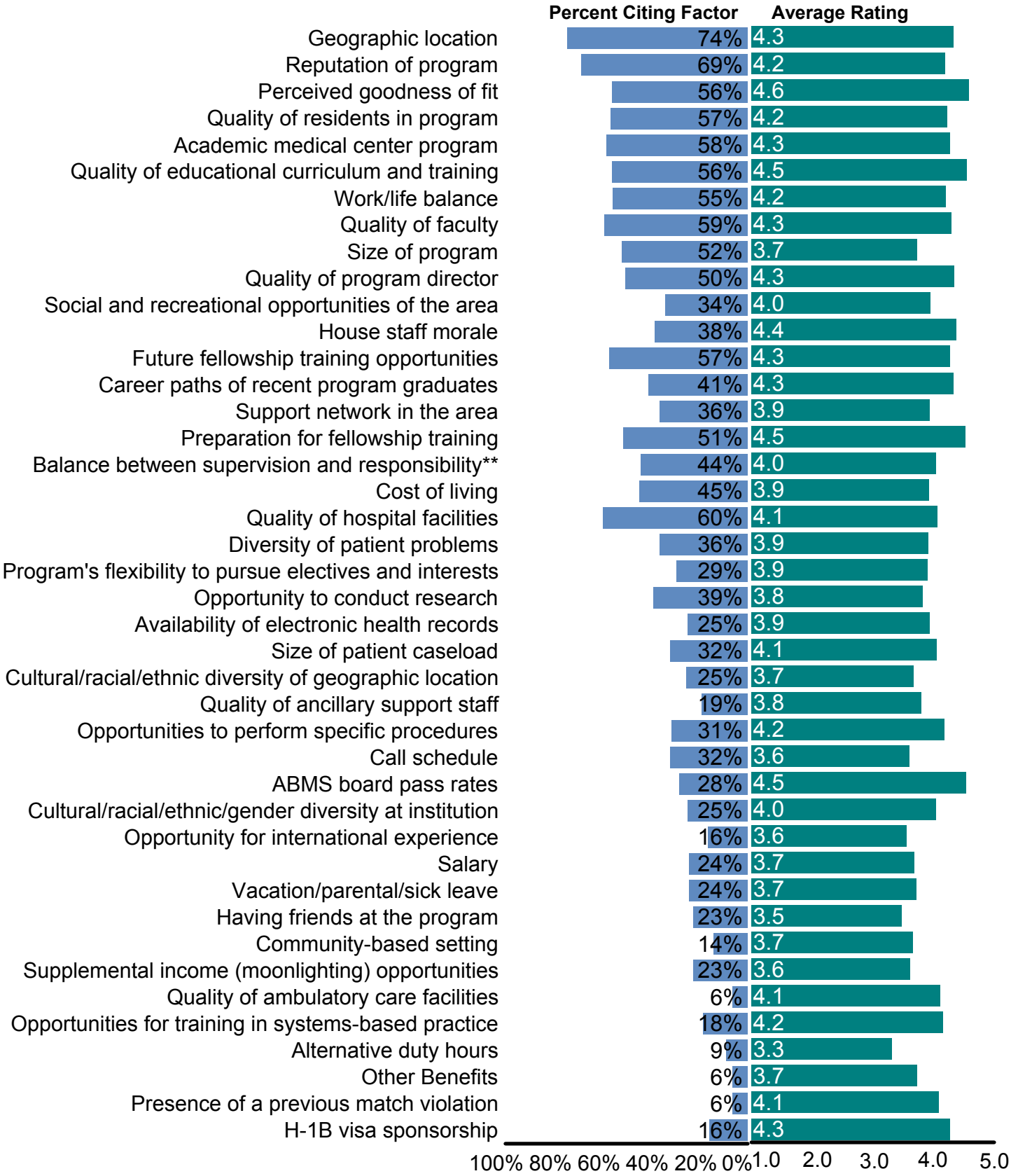
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure RO-1

Radiology-Diagnostic

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



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

Figure RO-2

Radiology-Diagnostic

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

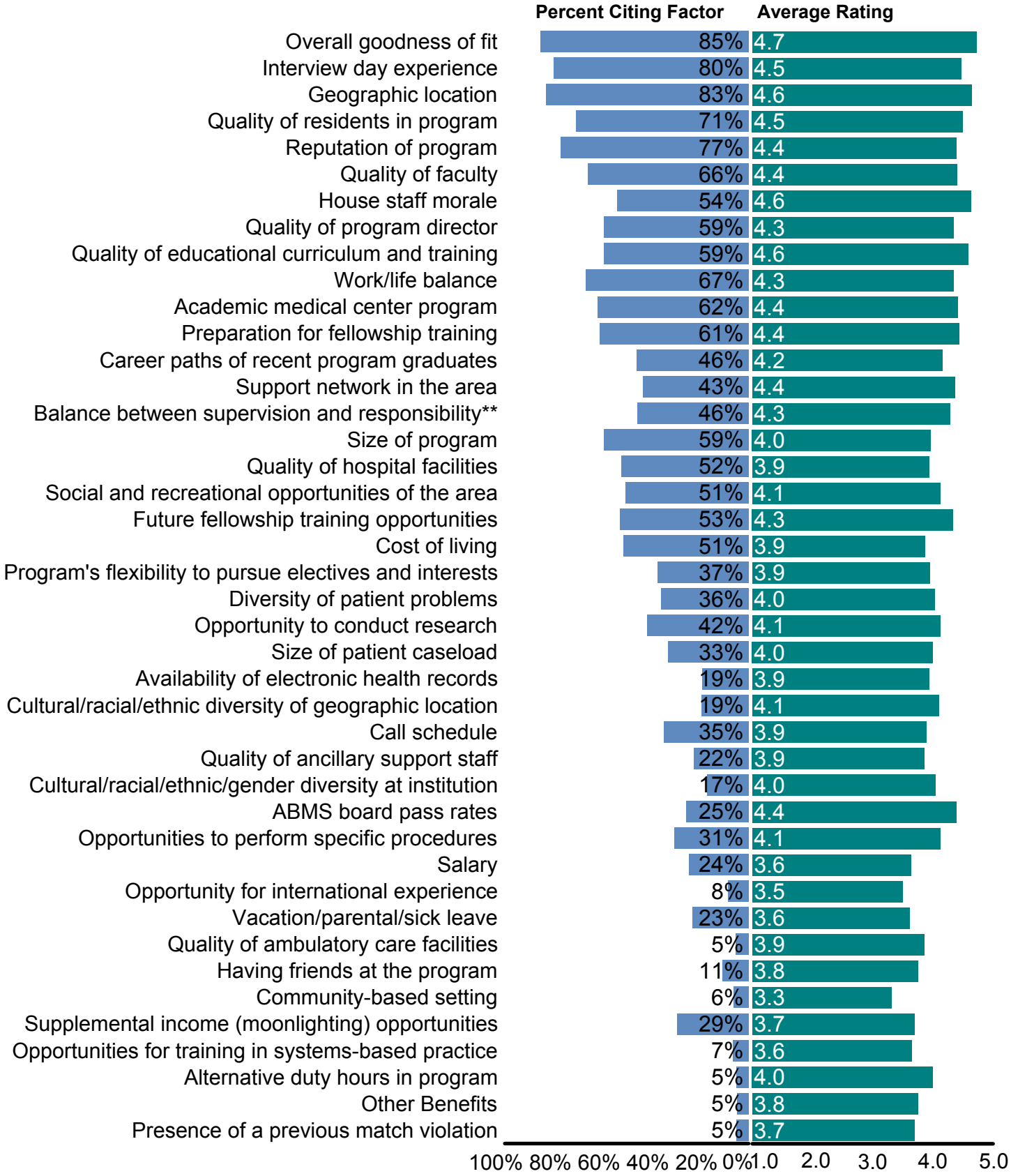

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Figure RO-2

Radiology-Diagnostic

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

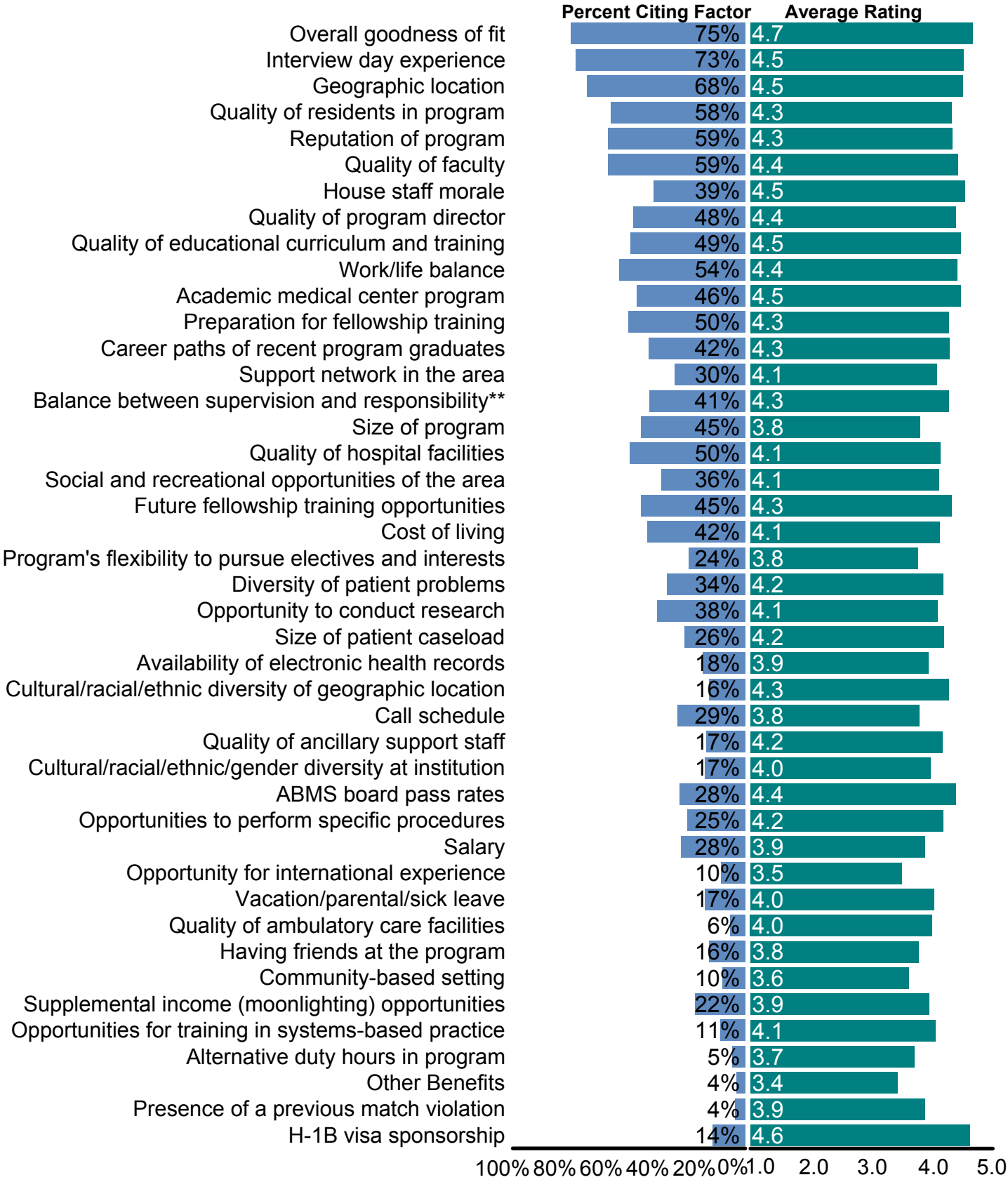

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Figure RO-3

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

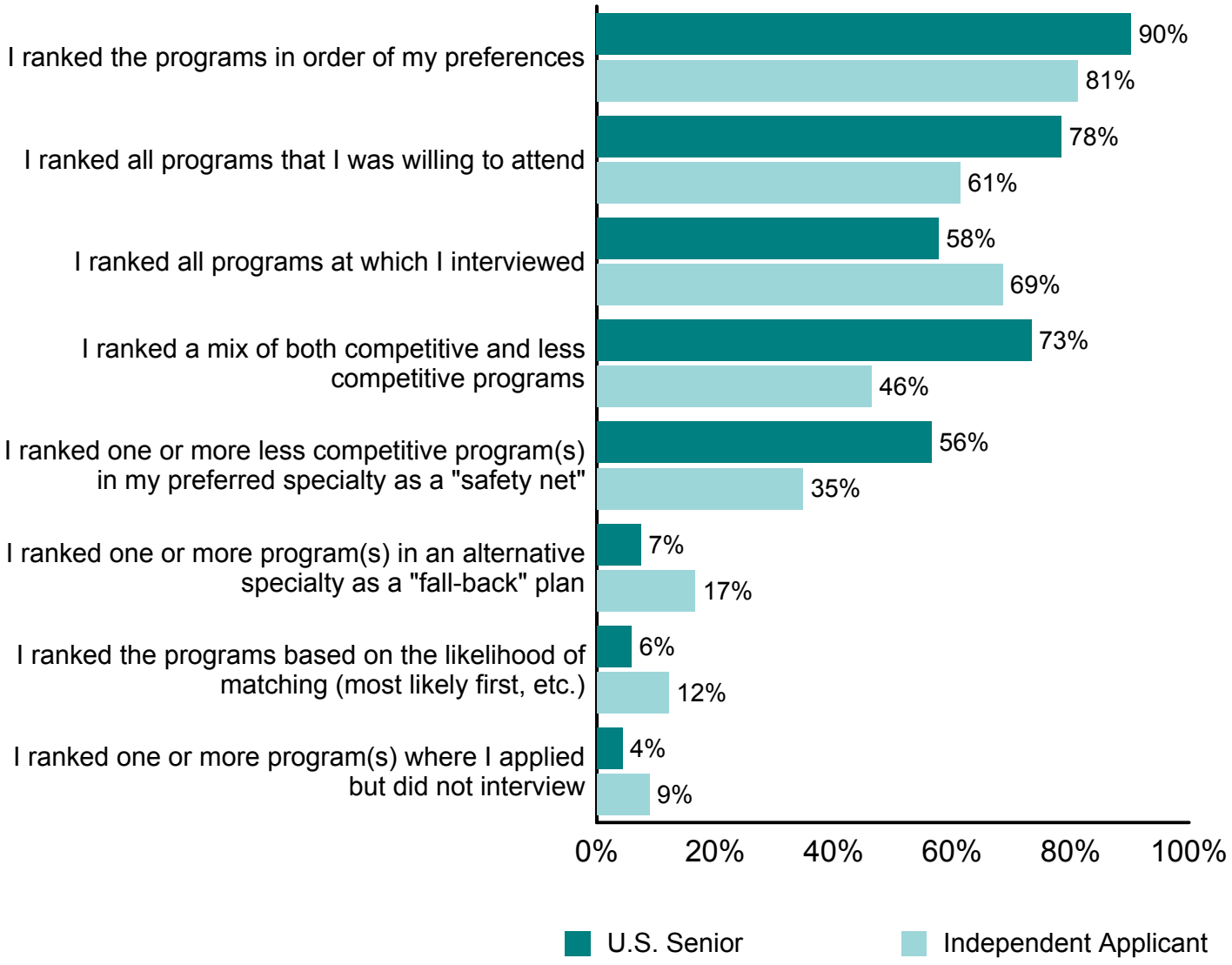
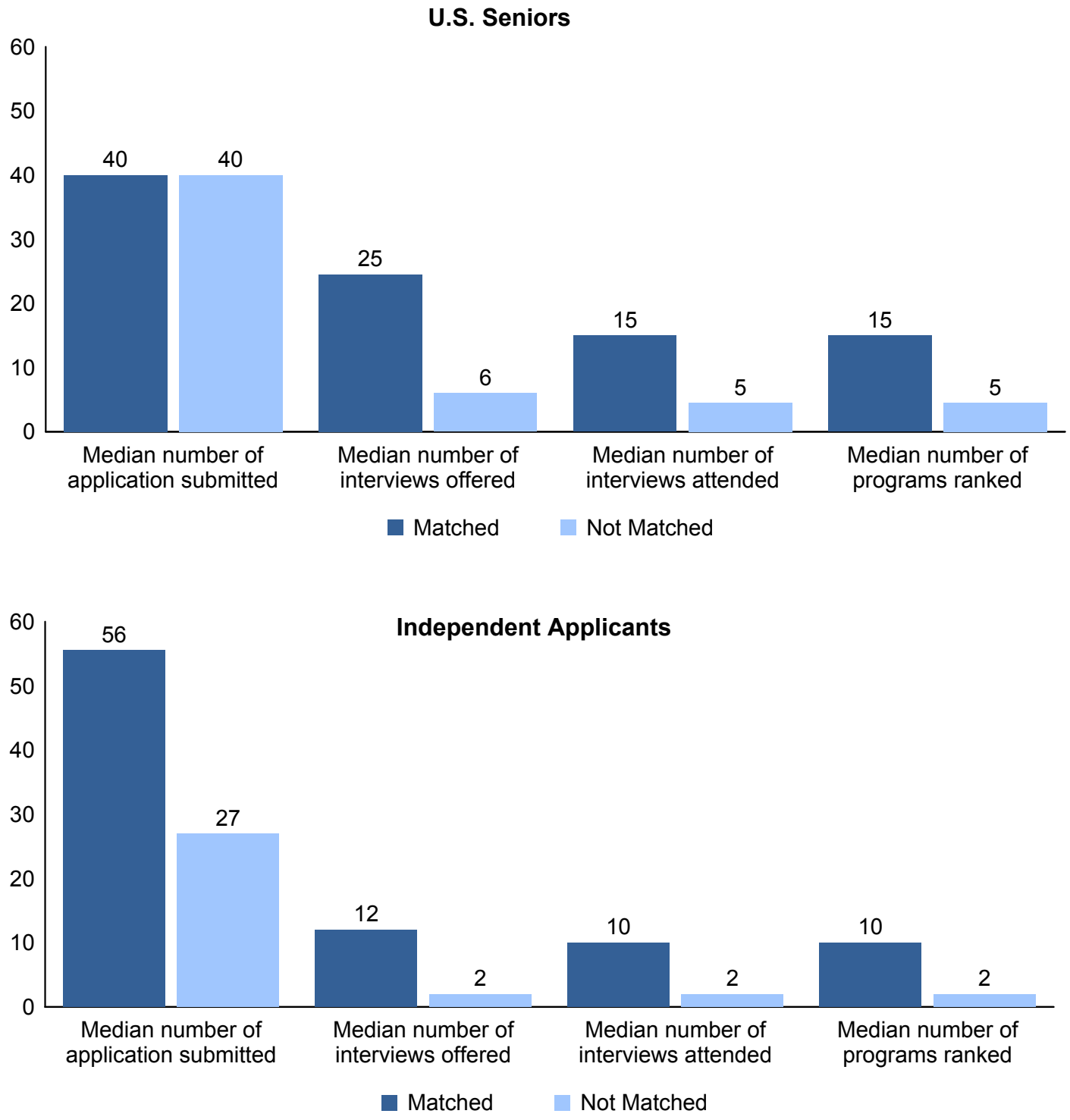


Figure RO-4

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

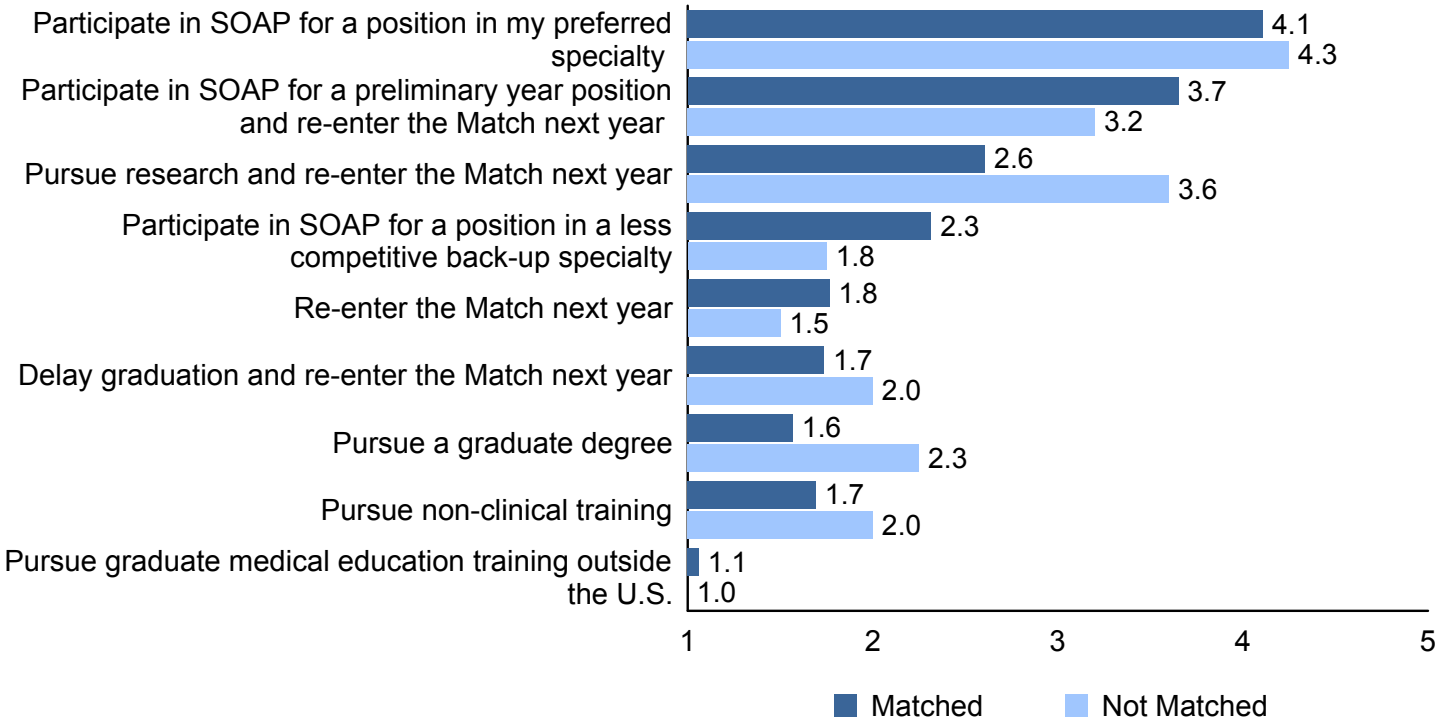


*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).

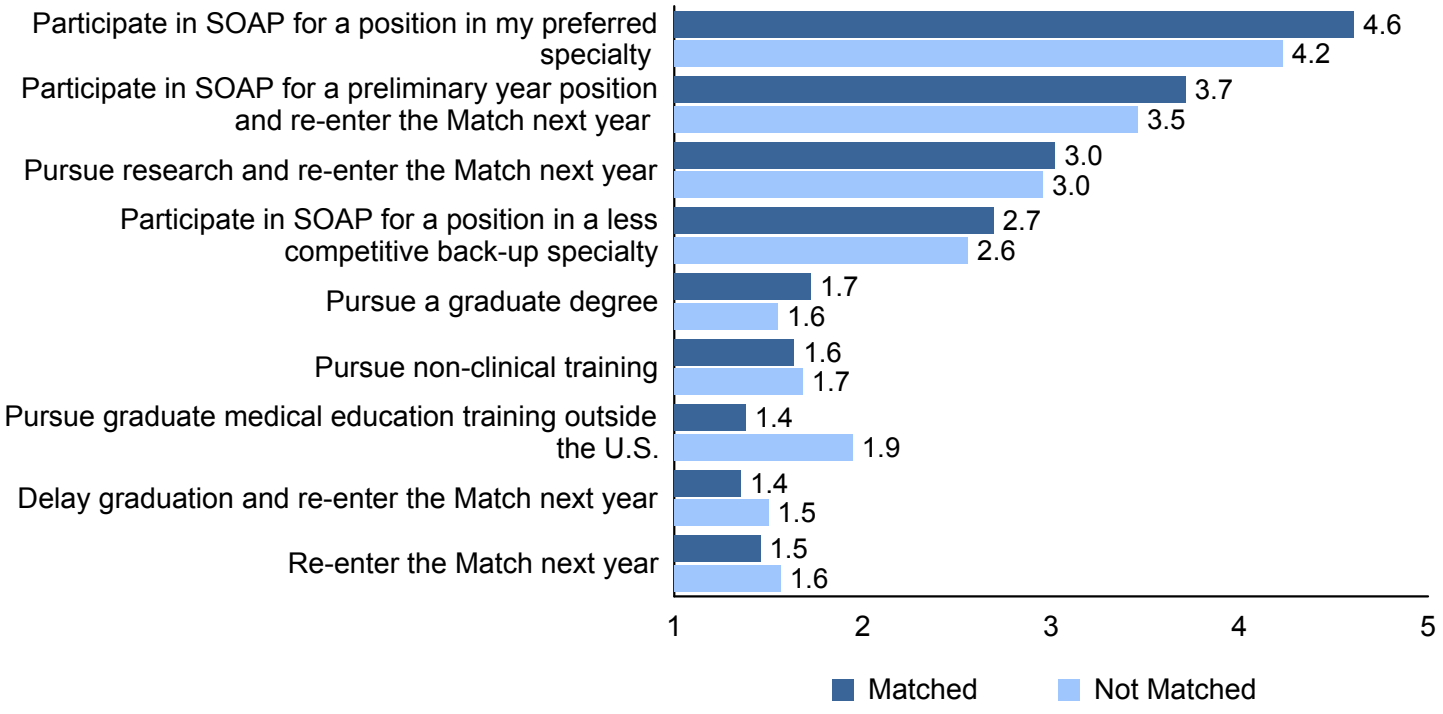
Figure RO-5

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

U.S. Seniors



Independent Applicants



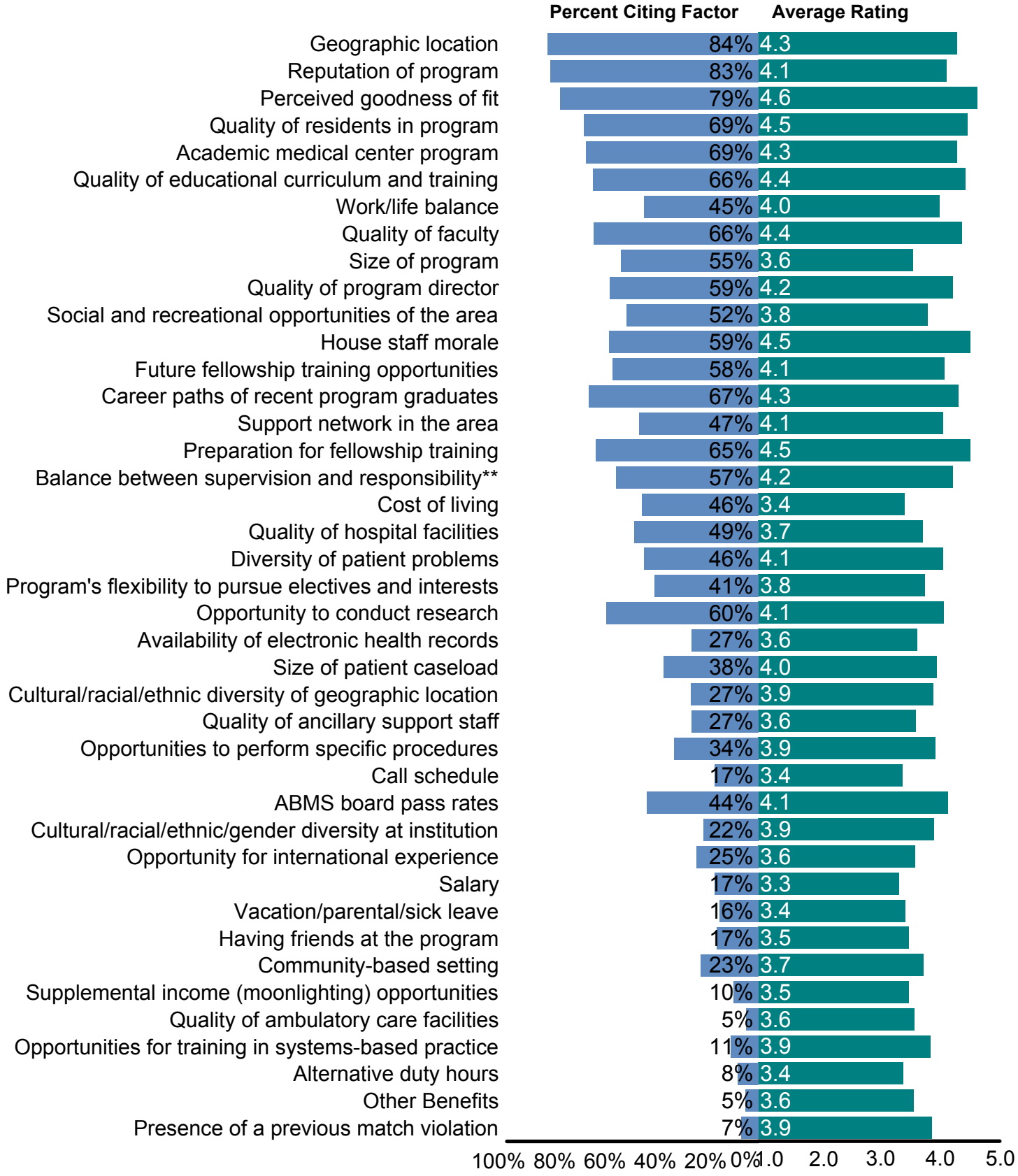
*Match outcome is based on preferred specialty (i.e., specialty listed first on rank order list of programs, excluding preliminary programs).
Likelihood is measured on a scale of 5 where 5="extremely likely" and 1="not at all likely"

Surgery-General

Figure SG-1

Surgery-General

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



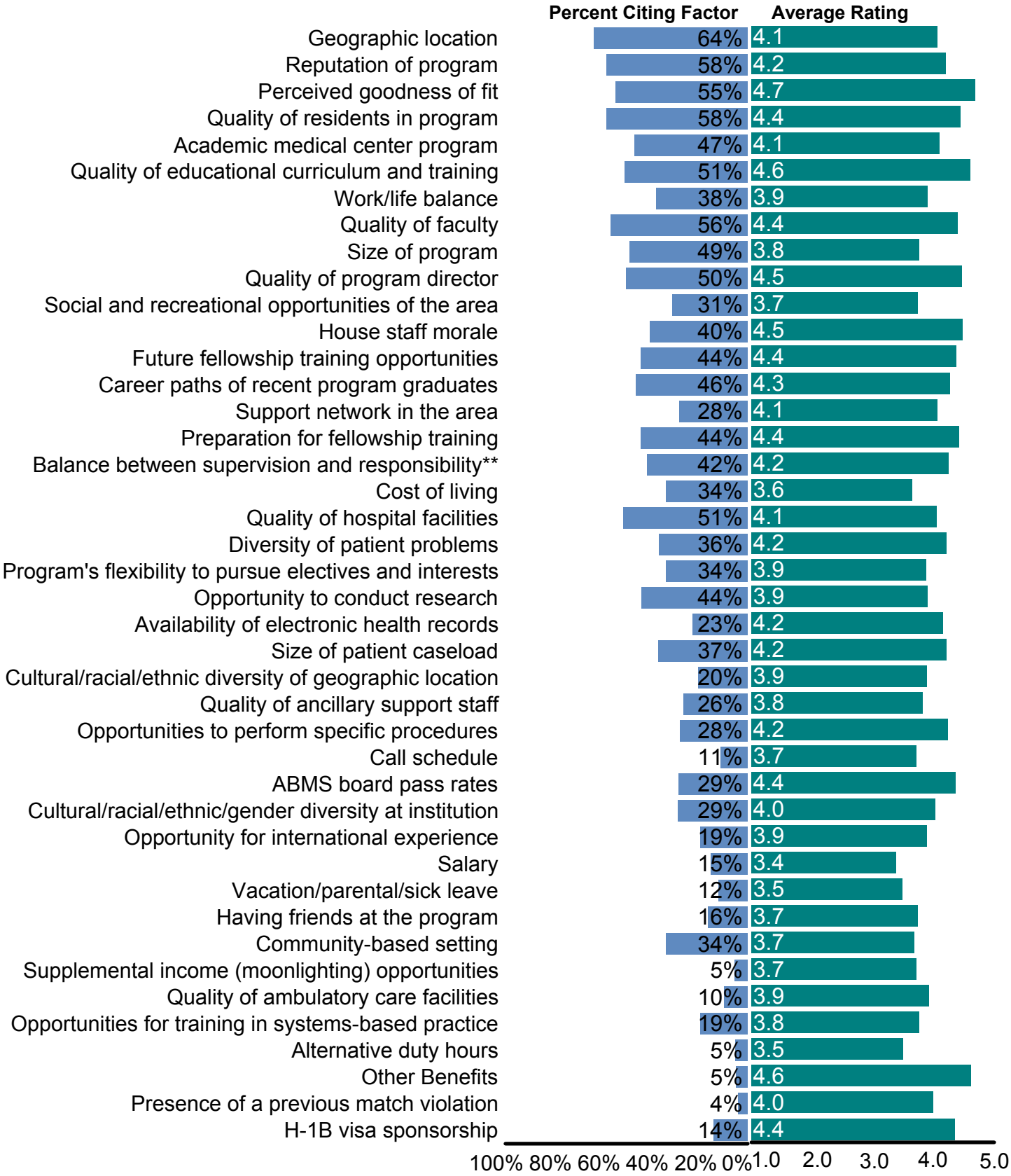
Data are presented in a descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**

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

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

Figure SG-1

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

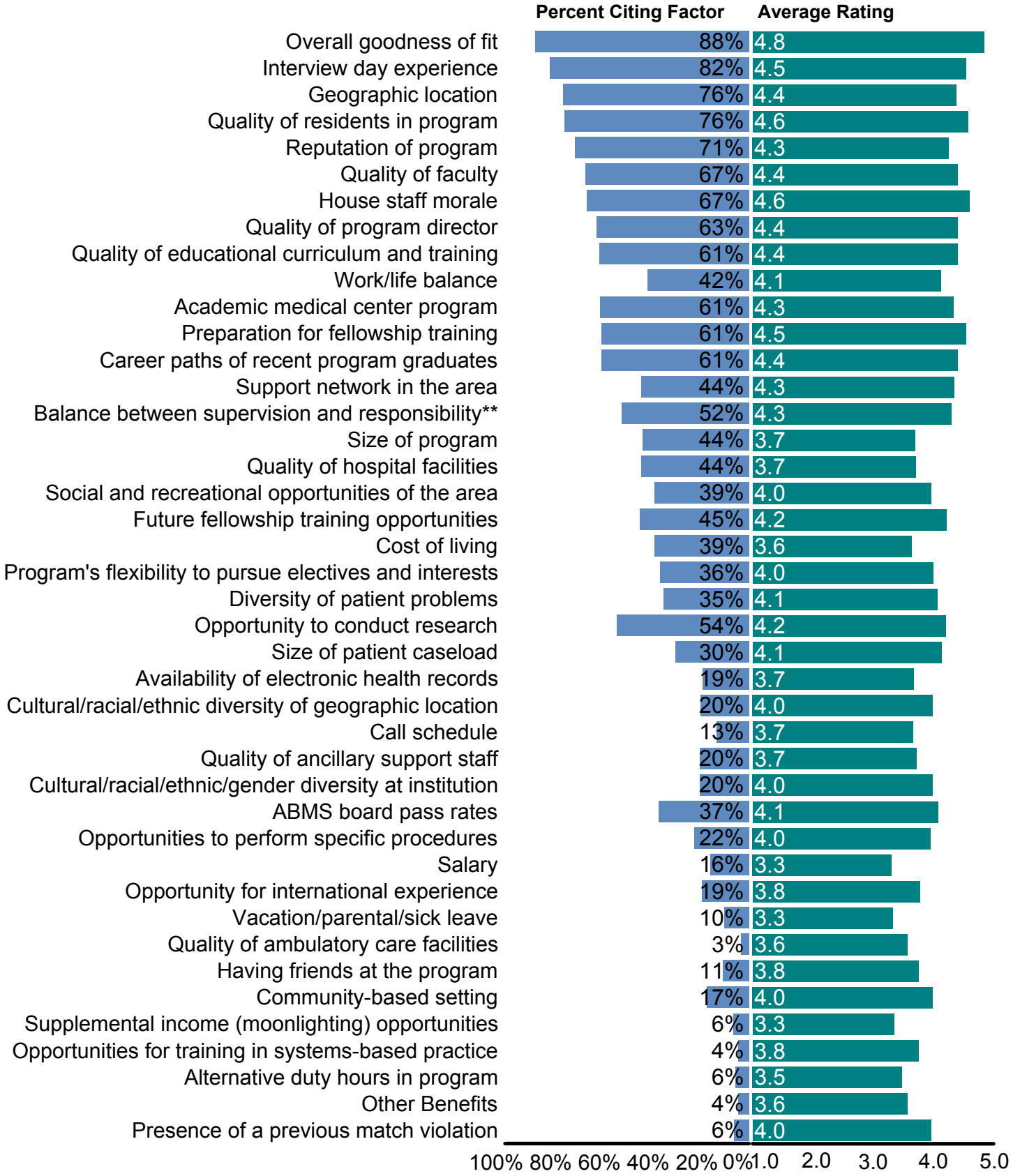


Data are presented in a descending order of percentage of applicants citing each factor for **U.S. seniors in all specialties**
*Ratings on a scale from 1 (not important) to 5 (extremely important)
** Appropriate balance between faculty supervision and resident responsibility for patient care

Figure SG-2

Surgery-General

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



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

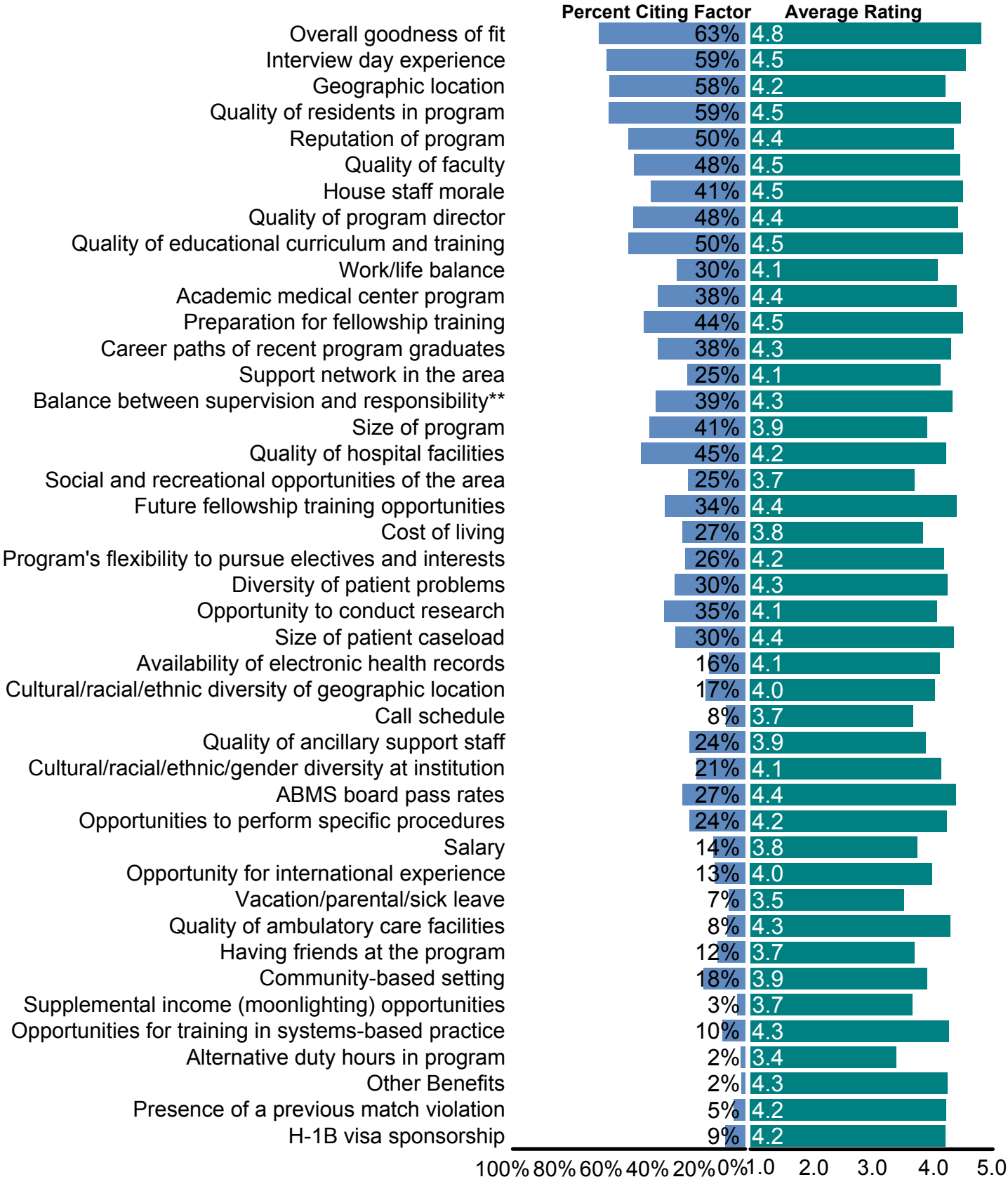
*Ratings on a scale from 1 (not important) to 5 (extremely important)

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

Figure SG-2

Surgery-General

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



Data are presented in 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

Figure SG-3

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

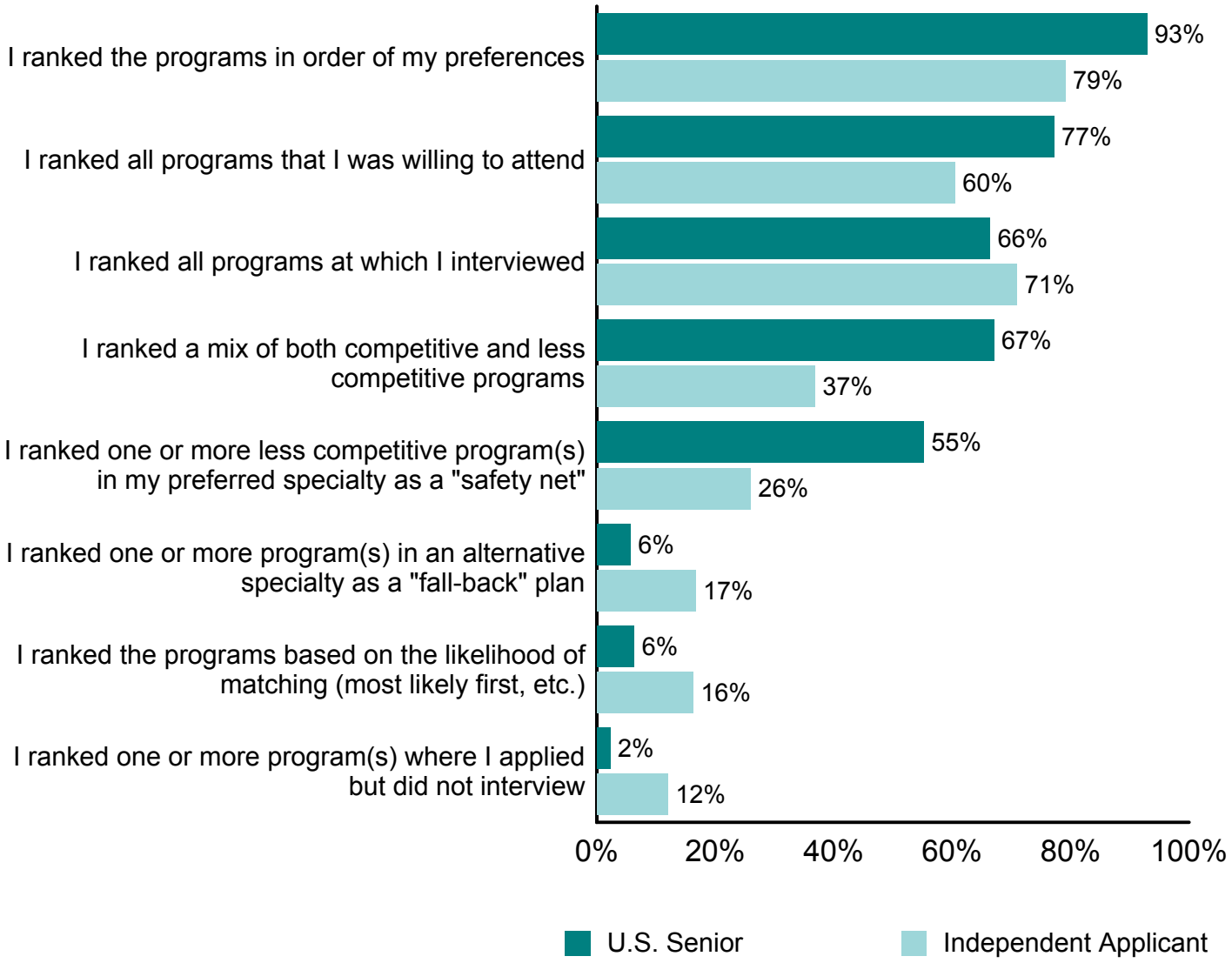
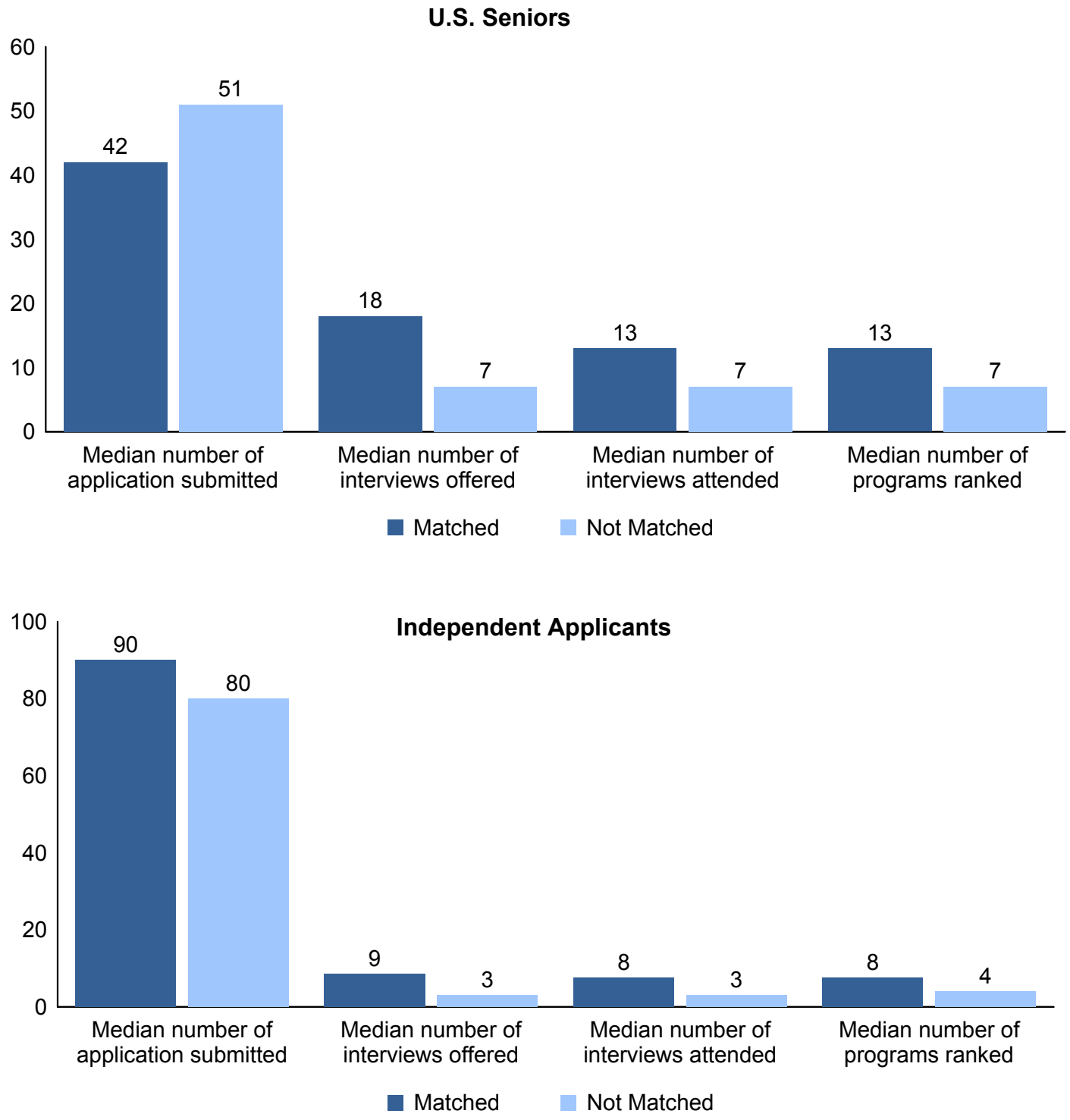


Figure SG-4

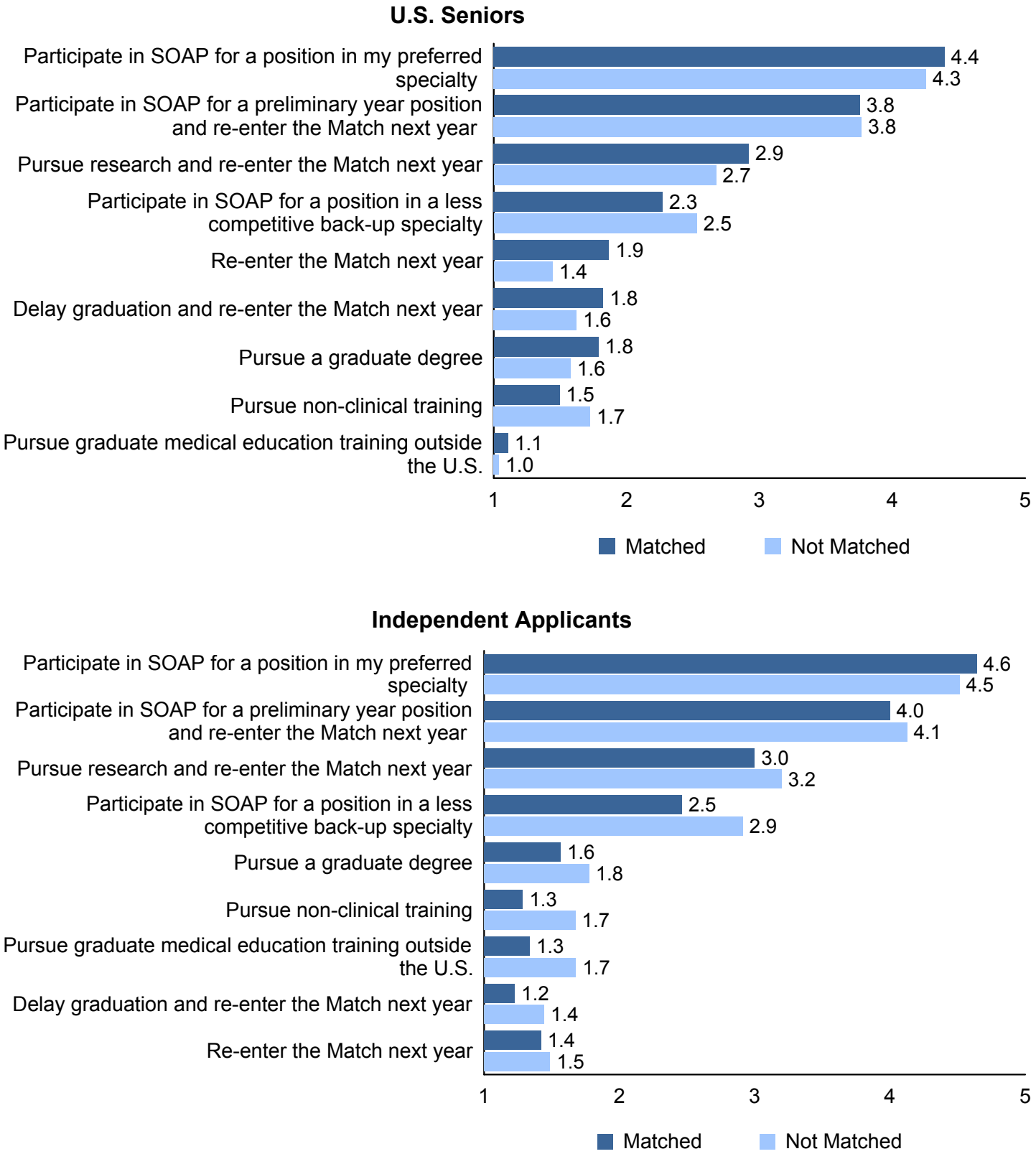
Surgery-General
Percentage of Applicants Citing Different Ranking Strategies
by Applicant Type



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

Figure SG-5

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



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