Examing Integrity in the Match Process

To the Editor: We read with great interest Chimienti and colleagues’ Invited Commentary1 on the current violation of National Residency Match Program (NRMP) rules and ethical norms by students, faculty members, and program directors (PDs) and the resulting negative effect on the NRMP ranking process. This problem has been documented previously by Santen and colleagues2 and others. We applaud the authors for providing their thoughts and support their proposal to eliminate any postresidency interview correspondence, including thank you letters. We also agree with the authors that applicants might not feel comfortable sharing their personal information with the interviewers and could tend to be dishonest, fearing that this information might affect their ranking. Substantial discussion among PDs is needed to develop approaches to address this problem.

We should include informal activities, such as the preinterview day dinners hosted for the applicants. Residency programs consider this interaction with senior or chief residents as “social hours” or “informal dinner” and encourage attendance. Candidates are more likely to share personal information during these events. As informal and friendly gatherings, the information candidates reveal there does not necessary violate the NRMP rules, but is frequently shared with program administrators. When programs use this information in ranking candidates, this clearly violates NRMP rules. Moreover, some of this information could be very personal, such as an applicant’s age, marital status, country of origin, and spousal occupation, which, if used, is considered a workplace discrimination under The U.S. Equal Employment Opportunity Commission.3

Although many residents and faculty are not fully aware of acceptable versus unacceptable questions, some interviewers likely ask these questions despite awareness.4 PDs need to develop postinterview/match anonymous activities or surveys to find if any of the interviewers are involved in such practices. Programs directors should be aware that such information should not be used for candidate selection, which can be difficult, especially in smaller programs. Residency programs and medical societies should develop educational activities to educate both the interviewers and candidates regarding these inappropriate practices in the residency recruiting process.

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References
3 Singla U, Goyal H, Devereaux R, Parish DC. Are you married? The prevalence of potentially inappropriate and illegal questions during residency interviews. Paper presented at: The Annual Meeting of the American College of Physicians Georgia Chapter; October 22, 2016; Braselton, GA.

To the Editor: Chimienti and colleagues’ Invited Commentary1 raises important points about the application, interview, and matching processes through which medical students obtain positions in U.S. graduate medical education programs. However, some of the authors’ information is either incomplete or outdated.

The authors rightly note the power imbalance between applicants and residency program staff. It is unfortunate that some programs take advantage of that imbalance by asking inappropriate questions. As the authors note, the National Resident Matching Program (NRMP) Match Participation Agreement2 historically has prohibited questions about applicants’ rank order lists. Today, the agreement bars programs from requiring applicants to reveal the names or identities of programs where they apply and from requesting specialty, geographic location, or other identifying information about applicants’ choices.3 Although comprehensive, the agreement addresses only the policies governing the NRMP and not questions that may be illegal under federal or state laws.

In 2012, the NRMP created the nonbinding Match Communication Code of Conduct4 jointly with the Organization of Program Director Associations. The code supplements the Match Participation Agreement by discouraging program directors (PDs) from asking illegal or coercive questions, soliciting or requiring postinterview communication, or requiring second visits, all of which are issues identified by the authors. Neither the agreement nor the code prohibits either party from volunteering ranking information, nor do they bar postinterview communication, as the authors suggest. To do so would be unrealistic. What if applicants have questions about the program or program staff have questions about applicants’ qualifications?

The NRMP is keenly aware of challenges associated with the resident recruitment process and is committed to ensuring integrity in all phases of the Match. Recognizing that applicants may fear repercussions, the NRMP created an online form in 2017 that allows applicants to anonymously report alleged program violations, a fact not mentioned by the authors. The NRMP vigorously enforces its policies, but breaches can only be investigated if they are reported. Moreover, the NRMP cannot by itself ensure that applicants and programs conduct their affairs in an ethical and professionally responsible manner. PDs must educate all faculty and staff who interview applicants about Match policies, and applicants have a responsibility to report questionable program behavior.

Disclosures: None reported.

Mona M. Signer, MPH
President and chief executive officer, National Resident Matching Program, Washington, DC.
In Reply to Signer and Curtin and to Goyal et al: We thank Signer and Curtin as well as Goyal and colleagues for their engagement on the National Residency Match Program’s (NRMP’s) rules and ethical norms. The excellent points raised by Signer and Curtin indicate a need for clarification on several issues discussed in our original Invited Commentary.

First, our call for a ban on postinterview communication was not intended to preclude a student’s simple factual questions about a program. Questions of fact directed to program staff could be allowed while prohibiting other communications, which work against a student’s right to rank his or her preferences free of manipulation. Second, Signer and Curtin claim that “the NRMP created an online form . . . that allows applicants to anonymously report alleged program violations.” The NRMP reporting form must be emailed by the student to the NRMP. Although the form allows the option of confidentiality, this process is not anonymous since the sender’s email address is visible to the recipient. Third, the authors correctly point out that NRMP’s rules and ethical norms. The excellent points raised by Signer and Curtin indicate a need for clarification on several issues discussed in our original Invited Commentary.

The letter by Goyal and colleagues raises another excellent point about the common practice of preinterview day dinners. Although we do not advocate for banning such dinners, we suggest that all program staff involved receive training to avoid inappropriate questioning of candidates.

Since publishing our Invited Commentary, additional progress has been made to assure integrity in residency interviews. In the field of obstetrics and gynecology (OB/GYN), the Council on Resident Education in Obstetrics and Gynecology and the Association of Professors of Gynecology and Obstetrics have recommended adding more structure to the process. They proposed limiting the number of interview invitations to available slots to avoid time-pressed decisions by students, standardizing the window of time to respond to an interview offer, and setting a uniform deadline to inform applicants of whether they are to be interviewed. This is a clear indication that OB/GYN residency PDs recognize that there are problems with the current interview process. We encourage further discussion about reforms of the Match, both within specialties and at the national level.

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Reference

Acknowledging a Holistic Framework for Learner Wellness: The Human Capabilities Approach

To the Editor: We commend Gengoux and Roberts’ recent Invited Commentary1 for raising important issues about student mental health and wellness. Wellness programs clearly need to be evidence-based and tailored to meet individual learner needs and circumstances. They also need to be respectful of issues arising from intersections of—among other facets of identity—race, culture, socioeconomic status, and gender in the context of medical education training.

We also agree that this is not just a matter of respecting identities and legitimate differences in the human condition, it is about actively challenging social stigma and the tendency to reduce others to a single negatively framed characteristic that condemns them to a socially excluded and pilloried class.

In response to the “epidemic of burnout”2 in medicine, wellness initiatives at our institution, the Cumming School of Medicine, are increasingly focusing on early prevention and intervention through engagement, advocacy, and scholarship. Wellness depends, we believe, on a core principle of embracing individual differences and vulnerability. If we recognize that everyone has abilities and disabilities, everyone is unique, there is no superordinate class or characteristic, and anyone can struggle with issues arising from their circumstances, then we can begin to address wellness at a more fundamental systems level.

To that end, we draw on Nussbaum’s human capabilities approach,3 which is based on the principle that

the freedom to achieve well-being is of primary moral importance, and . . . that freedom to achieve well-being is to be understood in terms of people’s capabilities, that is, their real opportunities to do and be what they have reason to value.3

By attending to opportunity as well as competence, we aim to orient and integrate wellness initiatives and programing and the scholarship we build around them.

This approach is central to the Wellness Innovation Scholarship for Health Professions Education and Health