OPDO PANEL
WHERE HAVE ALL THE MED STUDENTS GONE

Barry M Schaitkin
University of Pittsburgh
PROBLEM SOLVED
DISCLOSURES

• University of Pittsburgh did not fill its residency slots last year

• I am still receiving counseling for this
PANELISTS

Jenny Chen, MD  PGY 3 ENT Resident MEEI
Miriam O’Leary, MD  Assistant Professor, Tufts Med Center
  Residency Program Director
Mark Marzouk, MD, Assistant Professor, SUNY Upstate
  Division Chief, Head and Neck Oncology
  Associate Program Director
Ted Meyer, MD, PhD, Associate Professor, MUSC
  Otolaryngology Residency& Neurotology Fellowship PD
Stephen Ray Mitchell, MD,MBA,MACP, Professor of Medicine and Pediatrics
  Joseph Buteñas Professor and Dean for Medical Education
  Georgetown University
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OVERVIEW

• Scope of the problem
• Interacting with students
• Departmental activities when and how to include medical students
• Research for students best ways to include them
• The application process
  • Barriers real and imagined
• New ideas
Leaders suggested changes including:

- Mentors should encourage fewer applications per student
- Require a program specific paragraph
- ERAS should limit number of applications per student?

BTW this year:

- Average apps per applicant is 65.5. This has broken our record in 2015 of 64.5.
HOW DID WE GET TO THE 2015 PAPER?

• Too many applicants

• Very hard to have good students go unmatched
FAST FORWARD 2018 TOO FEW APPLICANTS

Cultivating and Recruiting Future Otolaryngology Residents: Shaping the Tributary Otolaryngology–Head and Neck Surgery (2018) OTO-HNS

- C.W. David Chang, MD, Stacey T. Gray, MD, Sonya Malekzadeh, MD, Eric J. Dobratz, MD, Barry M. Schaitkin, MD, Marita S. Teng, MD, Marc C. Thorne, MD, MPH, and Mona M. Abaza, MD, MS
CULTIVATING AND RECRUITING FUTURE OTOLARYNGOLOGY RESIDENTS: SHAPING THE TRIBUTARY

• Overreliance on grades, USMLE, AOA excludes qualified candidates

• Programs should continue to widen their welcome with holistic review of applicants, recognizing value of diversity/inclusion

• Medical schools and counselors should be cautioned not to dissuade candidates from applying to otolaryngology based on historical data

• Medical schools/ENT departments should strive to provide students early exposure to otolaryngology in the curriculum.
US AND CANADA APPLICANTS AS OF OCTOBER 15TH EACH YEAR (DAVID CHANG)

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STARTING AT BEGINNING OF PIPELINE

• Are there common themes behind “popular” medical career choices (ortho, neurosurgery, PRS, derm)? Are we getting noticed early?

• Are there uniform attempts at the medical school level to assess student aptitude for different career paths?
• When do Students Self-Identify as interested in ENT?

• What can departments do to make it easier for students to sample ENT when they are still shopping around
MEDICAL SCHOOL EDUCATION?

• Are your faculty involved in medical student basic science curriculum and is it important?

• Is there a mandatory ENT elective during the clinical years?

• Interest in generating a new Online Curriculum
RESEARCH IN OTOLARYNGOLOGY

• How important is it to get involved in projects
  • To generate interest in applying
  • To be successful in matching

• What about research that is not ENT and then they change their mind

• Should certain applicants do a year of research
DOES YOUR SCHOOL HAVE AN INTEREST GROUP

• Who runs it

• Has it impacted number of applicants

• Do residents interact with the interest group

• What is the best thing that the interest group has done
How do you grow interest?

- What Online ENT education do you offer for students?
- Are your students involved in Simulation in the department?
- Invite students to participate in departmental events.
  - How
  - Which are most fruitful
DO MEDICAL STUDENTS WHO ARE INTERESTED IN ENT RECEIVE MENTORSHIP

• Assigned?

• Any guidelines given to Mentors?

• Should certain faculty be student mentors, #rockstars
THE APPLICATION

- Letters of Recommendation
- Program Specific Paragraph
- ORTA
- Website information
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SYRACUSE SURVEY DATA

- Work/life balance of a...
- Lack of exposure to ...
- Perceived competitiveness...
- Length of training (5...)
- Program-specific supplement...
TUFTS PROGRAM
2017 RANK LIST

• 37 interviewees ranked for 2 spots
  • 11 of these had completed a one-month subinternship in our department
  • Several applicants were couples matching
    • We traditionally viewed this as favorable because of the multiple academic medical centers in/around Boston
After the interview, my impression of the program was:
POST-MATCH ANONYMOUS SURVEY OF OUR CURRENT RESIDENTS

What do you view as the strengths of our subinternship for 4th year medical students (what do we do well)?

• Getting sub-I's involved, making them feel useful as members of the medical team
• They have the opportunity to show off their strengths and enthusiasm by seeing consults, helping with floor work
• Ample opportunity to participate in OR cases
• The rotation is flexible and is dependent on how actively involved the student is. The student can be extremely independent and work along side residents at the level of an intern if he/she desires
• We have them take call, but we only call them in for good learning experiences
• We have them visit our other rotation sites
• Teaching is typically well run by the residents
  • All subinterns gave feedback that resident teaching was outstanding
• Exposure to attendings both in the OR and in the clinic
POST-MATCH ANONYMOUS SURVEY OF OUR CURRENT RESIDENTS

What would you change about our subinternship for 4th year medical students?

• Making them more hands-on in surgery and procedures
• More structure to their expected role. Some students do not do well with the independence given for the rotation
• Attendings I feel do not overall pay much attention to the students
• Clinic was more of a shadowing experience given time constraints on attendings
• I think we judge them pretty harshly. Everyone has a different complaint about them, but they’re only medical students who are still learning and probably don’t have much ENT experience
• Just in general we should be nicer to them
POST-MATCH ANONYMOUS SURVEY OF OUR FACULTY

What do you view as the strengths of our subinternship for 4th year medical students (what do we do well)?

• Variety within our department; Opportunity to work with all of the Tufts faculty in both the clinic and OR
• Opportunity exists for those willing to look for it
• They are integrated into the team and taken under the wing of the chief resident and senior residents. They do a good job of determining their strengths and weaknesses; Residents do a great job teaching and mentoring the subinterns
• Spending a day each at both of our other rotations
POST-MATCH ANONYMOUS SURVEY OF OUR FACULTY

What would you change about our subinternship for 4th year medical students?

• I think many of us are burned out with the sheer number of people that flow through our offices when we are trying to see patients. I would probably consider restricting some of the volume of learners (nursing, 1st & 2nd yr students, PA/NP, dental students) and work harder to impress the 4th years

• We do not have a curriculum (set number of days in each subspecialty)

• More opportunities for subinterns to do independent work -- evaluate non-emergent consults and then present to the resident and then the attending. Evaluate clinic patients with a resident and then present to the attending (with the resident's guidance)
University of Pittsburgh Applicant Survey

• Friday, September 28, 2018
Impact on Your Decision to Apply to ENT Residency

- **PSP**: Major influence (+), slight influence (-), no influence, major positive (+), slight positive (pos)
- **ORTA**: Similar pattern as PSP
- **PD**: Major positive influence (+), slight positive (pos), major negative (-), slight negative (-), no influence
- **COMP**: Major positive influence (+), slight positive (pos), major negative (-), slight negative (-), no influence
Your Opinion About the Influence of These Items on Classmates Who Chose NOT to go Into ENT
The year I participated in the Otolaryngology match was the first year (I believe) that used/required the 90 minute telephone survey and the specialized individual paragraph for each program. I found each of these requirements to be extremely frustrating, time-consuming, and difficult to complete in a genuine manner.

Based off my experience and talking with other medical students at that time, I can say with a high degree of confidence that one of the main reasons that programs are receiving less applications is due to the individualized program paragraph requirement.

As far as the telephone survey goes, I understand that this was created with the goal to start collecting data to eventually determine applicant characteristics that predict successful residents in the future. The survey only took 90 minutes which is negligible in comparison to the amount of time I spent on my unique paragraphs. I found that many of the questions on the phone interview were odd though. It was somewhat awkward to answer questions by talking into a telephone with nobody on the other end for 1.5hrs. In addition, there were at least a dozen questions that were not clear and ambiguous in terms of the specifics.

Both of these new requirements, specifically the unique paragraphs though, became just another set of obstacles to get in to an already extremely competitive specialty.
• Do you have someone in the department troll this site?
• Do you think it discourages applicants?
• Would you be interesting in an OPDO alternative?
JOIN US FOR THE 2018
SUO | AADO | OPDO
COMBINED MEETING
NOVEMBER 9-10, 2018 • THE RITZ-CARLTON, WASHINGTON DC
ORTA

April-May 2016 Pilot Interviews 150 residents at 40 programs to define the 4 grouping and 16 attributes in them. Created a phone response system that took 45-60 minutes to complete for the applicant and tied back to those programs “best” residents attributes.

2016 ORTA: Just prior to the 2016 application cycle initial ORTA was strongly recommended to all applicants to Otolaryngology via ERAS application (as well as the paragraph).

Completed by 99% of applicants. Data was released to programs after the completion of a one hour training by those allowed to view it. Initial use or non-use of this information by programs in the ranking process varied widely by program.

2017 ORTA cycle: It was determined that as a pilot, it would be best to not share data with programs during the interview season as not fully validated yet. Once again strongly worded board recommendation was placed on ERAS. Lower completion rate this time. 2018 ORTA cycle: Will only be completed by matched applicants in the specialty. Continued “evaluation” of residents planned with additional revision of the instrument and “report-out” process.