

# Characteristics of the Residency Interview Process Preferred by Medical Student Applicants

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This study elucidates the characteristics of the interview day preferred by medical students applying to family practice residencies. Interviews and informal meetings with residents were regarded as being the most helpful, followed by interviews with the director or faculty. Perceptions of other components of the interview day are also described. October was the month most students preferred, and two interviews each lasting 20 to 30 minutes were considered ideal. Group interviews were regarded negatively. The results of this survey are generalizable to other residency programs and could be helpful in planning the interview day.

The interview day is a major component of the process by which medical students apply to residency programs in general and family practice programs in particular. Most programs require a personal interview as part of their selection activities. Students invest substantial amounts of time and money visiting the residencies. The residency programs in turn spend large amounts of faculty and resident time preparing formal presentations in addition to conducting the interviews.

The American Medical Student Association

(AMSA)<sup>1</sup> and the American Academy of Family Physicians (AAFP)<sup>2</sup> have published guides to assist students in applying to residencies, but little has been published on how to assist programs in structuring the interview day in a way that would be most helpful to the medical student applicants. Indeed, no literature could be found that dealt with the student's perspective regarding the interview process.

Residency selection is becoming increasingly competitive, since most reputable programs receive applications from many more qualified applicants than they can accommodate. However, it is also true that even the most highly respected programs are not always successful in matching their most highly ranked applicants. Thus information about those features of the screening and selection process viewed most favorably by applicants should prove useful to residency programs in

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planning their annual recruitment activities.

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## Methods

An anonymous questionnaire was mailed to all the 141 medical students who completed the 1980-81 application and interview process at the University of Washington Family Practice Residency Program based at the University Hospital in Seattle. It was assumed that this same group would have applied to and interviewed at a wide spectrum of programs. This was in fact borne out by the responses.

The questionnaire was mailed out following the data of the National Residency Matching Program (NRMP) match to remove any possibility that individual responses could influence the selection process. A second mailing was sent out three weeks later in an attempt to increase the response rate. The three-page questionnaire included both closed- and open-ended questions and explored the students' overall experience in interviewing at various programs in general, not the University of Washington program in particular. A cover letter invited students to assess those features they found most and least helpful during all their residency selection interviews. It was pointed out that their responses would assist programs in designing interview days which would be more relevant to the needs of future applicants.

To determine whether student preferences were consonant with those of the faculty and the residents in the programs, an abbreviated questionnaire was administered to the faculty and residents involved in the selection committees at eight of the affiliated family practice residencies included in the University of Washington Network. Each of these programs is entirely autonomous and conducts the interview day and selection of residents quite independently. This abbreviated questionnaire included the following topics: the best time for students to interview, the optimum number and length of interviews, and who should conduct the interview.

## Results

Seventy-five of 141 students responded to the questionnaire (the second mailing yielded an additional 10 responses), providing an overall response rate of 60.2 percent. The male-to-female distribution of the respondents was similar to that of the nonrespondent group (68 percent male to 32 percent female).

Sixty-one percent of respondents indicated a preference for a program that was university affiliated and community hospital based, and 29 percent preferred a university-based program. The number of programs an individual student applied to varied from 4 to 22, but the mean and median number of programs was 11.

The majority of students thought the ideal month for interviews was October (52.9 percent). The ideal number of interviews in one day at a given program was two to three (58.8 percent), lasting from 20 to 30 minutes each (73.0 percent). Most students preferred an interview with the director and with a resident. If only one resident was to conduct the interview, 70 percent of students thought it would be most helpful to be interviewed by a second-year resident and 30 percent preferred a third-year resident. The majority of faculty and residents on the selection committees concurred with these preferences.

Forty-five percent of the respondents had experienced at least one interview consisting of a group of applicants with a single interviewer. Eighty-two percent of these students were emphatically opposed to such a format, which they found very uncomfortable and impersonal. Sixty percent of respondents had participated in a personal interview with more than one interviewer. Forty percent of these students felt that this had been a negative experience, which made them feel defensive, on the spot, and overwhelmed. Twenty-four percent were neutral, and 36 percent considered this type of interview to be positive but were somewhat vague in justifying their responses.

Overall, personal interviews with the director, faculty, and residents and the informal meetings with the residents were considered to be very helpful. Additional elements of the program presentation that the students considered to be helpful are also displayed in Table 1.

The overwhelming majority of the respondents felt that the personal, formal interview was an essential component of the interview day. The ma-

Table 1. Applicants' Ranking of Helpfulness of Components of Interview Day

Component	Number of Respondents	Very Helpful (%)	Helpful (%)	Not Helpful (%)
Personal interview—Resident	83	76.0	20.5	3.6
Informal meetings—Resident	80	71.3	25.0	3.8
Personal interview—Director	77	58.4	37.7	3.9
Personal interview—Faculty	82	55.4	39.8	3.6
Descriptive handouts	79	34.2	65.8	6.3
Group question-and-answer session	83	28.9	55.4	15.7
Group presentation by faculty or resident	78	26.9	65.4	7.7
Family Medical Center tour	82	26.8	61.0	12.2
Group presentation—Director or associate director	83	24.1	68.7	7.2
Observing residents at work	56	23.2	42.9	33.9
Personal interview—Staff	71	18.3	64.8	16.9
Rounds with faculty or residents	62	17.7	56.5	25.8
Hospital tour	77	15.6	58.4	26.0
Videotape presentation	67	6.0	64.2	29.9

Note: Ranked by percent of respondents ranking component as "very helpful"

majority (79 percent) definitely indicated that their effort to visit the program and be interviewed should be given formal weight in the selection consideration. Assessing resident satisfaction and faculty attitudes and forming personal impressions of the program were factors important to the students, factors they felt would have been impossible to assess through brochures and correspondence alone. Other frequently mentioned factors that influenced their selection of residency programs included location, reputation of the program, morale of residents, quality of teaching and curriculum, friendliness, and responsiveness of residents and staff to the interviewees. These factors are similar to those described by Pharris and Van Cleve.<sup>3</sup>

## Discussion

This survey provides information about student preferences regarding the components of the

interview day, an important part of the selection process in most family practice and other residency programs. Although the study group encompassed students who had applied to a university-based program, 61.2 percent would have preferred to match with a community-hospital-based program that was affiliated with a university department. Only 2.4 percent indicated a preference to match with a non-university-affiliated program. This probably reflects a bias in the sample, since such non-affiliated family practice programs do not exist in the Northwest region, and students interested in such programs may be less likely to visit the University of Washington Family Practice Residency Program.

Students often ask faculty advisors how many programs they should visit. In this study the majority of students (60 percent) visited between 8 and 13 programs. Some visited as few as four, probably limiting themselves to a given geographic region for personal reasons, and one went to as many as 22 programs. The latter is probably an excessive number since the 1981 NRMP results

showed that overall (ie, all residencies), 56 percent of US graduates matched to their first choice of program, 17 percent to their second, and 10 percent to their third.<sup>4</sup> Discipline-specific information was not available, and it is not certain that these same figures would hold for residency programs in a given specialty.

The students in this study regarded the interview as being an important, if not essential, component of the selection process. Some programs have dropped the formal interview as a measure of a candidate's suitability and have used the interview day only to convey information to applicants. Gordon and Lincoln have criticized the interview as being unreliable<sup>5</sup> and advised dropping it as a formal component of the selection process. Other authors have contested their conclusions.<sup>3</sup> The lack of a formal interview was generally considered to be inappropriate by this sample of students. Group interviews were viewed negatively, and interviews with more than one interviewer at the same time received a lukewarm to negative response. This is not surprising, since applicants viewed the one-on-one interaction as being a critical factor in their ability to present themselves favorably to the program. It appears that a structured personal interview would best satisfy the perceived preference of the medical students and probably present the program in the most favorable way.

Of interest is the overwhelming selection of October as the preferred month for program visitation. Many programs conduct their interviews from late August to early December and often allocate interview appointments equally throughout that period. It would appear to be desirable to accommodate more applicants during the preferred months and fewer at the times that are less frequently requested if student needs are to be addressed. Meeting with the residents formally or informally were considered most helpful and probably should be emphasized by programs in structuring the interview day. If only one resident were to conduct the interview, a second- or third-year resident is preferred, in that order, and a first-year resident is clearly less desirable as an interviewer. This is not unexpected, since the interviews are usually conducted shortly after the new first-year residents have started their residency, and they cannot be expected to be familiar with all facets of the intern year and the residency.

This viewpoint was also shared by the faculty and residents who participated in the selection committees in the University of Washington affiliated network.

The students regarded interviews with the director or faculty as the next most helpful features of their visit to the program. The faculty strongly agreed that such interviews were essential to enable them to assess the candidates. The majority of the student and faculty respondents in this study considered two or three interviews, each lasting 20 to 30 minutes, as being "ideal." Experience has shown that this is generally adequate to permit an assessment of the candidate yet not be too time consuming.

Considering the amount of effort expended on applicant and residency program selection, it is important to make the applicant visit a useful experience for both parties concerned. Each program must design an interview day which best meets its own particular needs. Meeting student expectations may not always be possible, nor is it certain that such a goal necessarily correlates with outcome in terms of the final match. It makes sense, however, to pay attention to student expectations in planning the interview day if a program is to present itself in the best possible light and make the most of its chances of matching with the top-ranked candidates.

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