Trends in Post-Interview Communication Practices

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Objectives/Hypothesis: Postinterview communication between residency programs and applicants is common during the US residency match process. To date, current communication practices between otolaryngology residency programs and applicants have not been studied. The objectives of this study were to characterize the frequency and type of postinterview communication and perceptions of how this communication influences ranking behavior of match participants.

Study Design: Survey.

Methods: A national survey of Accreditation Council for Graduate Medical Education–accredited otolaryngology programs was distributed via the Otolaryngology Program Directors Organization.

Results: Program directors were surveyed regarding methods and content of postinterview communication, perceived impact that communication has on final rank lists, and current interpretations of the National Resident Matching Program (NRMP) Code of Conduct. Thirty-three of 106 program directors (31.1%) responded. Thirty-eight percent of programs that responded initiate at least some form of postinterview communication. The program director most commonly initiated communication, typically in the form of an email. A minority of respondents (12.1%) indicated that specific information is revealed regarding rank status. Thirty-two percent of respondents indicated that communication initiated by applicants may influence final rank list. Twenty percent of respondents interpret the current NRMP Code of Conduct as allowing programs to reveal rank positions to applicants, and 63.6% of respondents as allowing applicants to reveal intended rank positions.

Conclusions: The results of this study demonstrate that postinterview communication practices within otolaryngology vary widely. Program directors perceive that postinterview contact between applicants and programs has limited impact on ranking behavior. NRMP rules for postinterview communication between programs and candidates are interpreted variably by program directors.

Key Words: Accreditation Council for Graduate Medical Education, National Resident Matching Program, residency match, otolaryngology.

Level of Evidence: NA

INTRODUCTION

The National Resident Matching Program (NRMP), also called The Match, was created in 1952 to help pair medical school students with residency programs. This began in response to dissatisfaction with the overall process and subsequent results of matching applicants into residency programs via a decentralized and competitive market. Although the NRMP Match has provided an organized framework to the process, many medical students still face a great deal of uncertainty and anxiety leading up to Match Day.1 This is particularly true in competitive specialties such as otolaryngology, where there have often been more applicants than there are residency spots available, although this trend may be changing.2 Communication between residency programs and applicants in other specialties has been studied with variability in frequency and impact on final rank lists.3,4

The NRMP has guidelines in place regarding the types of postinterview communications that are appropriate to prevent applicants from feeling undue coercion. The NRMP policy states that “both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment.”5 It is a breach of the applicable Match Participation Agreement (MPA) for either party to suggest or inform the other that placement on a rank order list is contingent upon submission of a verbal or written statement indicating ranking intentions. In addition, it is a breach of the applicable MPA for a program and applicant in the Matching Program to make any verbal or written contract for appointment to a concurrent year residency prior to the Matching Program.5 Table I

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All of the authors have made substantial contributions to this project including contributions to conception and design, or acquisition of data, or analysis and interpretation of data. All authors were involved in drafting the manuscript or revising it critically for important intellectual content. All authors have given final approval of the manuscript as submitted for publication and take responsibility for content. The authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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provides a summary of the NRMP Match Communication Code of Conduct for Program Directors.

Although these violations of match protocol are clear, studies in multiple specialties have reported that both applicants and programs engage in ambiguous and potentially misleading communication, perhaps to gain an advantage in the match process.\(^5\) To date, these types of communication have not been investigated within the otolaryngology match process. The primary purpose of this study was to characterize the frequency and type of postinterview communication between otolaryngology match participants and whether this communication impacts ranking behavior of match participants. The secondary purpose was to evaluate how the code of conduct laid out by the NRMP regarding postinterview communication is interpreted by program directors.

**MATERIALS AND METHODS**

After obtaining institutional review board approval, a national survey of 106 Accreditation Council for Graduate Medical Education (ACGME)-accredited otolaryngology-head and neck surgery programs was distributed to program directors via the Otolaryngology Program Directors Organization using Qualtrics survey software.\(^7\) Topics addressed in the survey included current practices regarding postinterview communication initiated by residency programs, an examination of the current understanding by program directors of NRMP guidelines regarding postinterview communication, and beliefs regarding the impact that such communication has on final rank lists. The survey was developed based on surveys distributed by other groups who have studied postinterview communication practices in other specialties.\(^3\)-\(^5\) The survey was reviewed for content and clarity by each author. The study and survey were submitted for review by the University of Michigan Institutional Review Board (IRB) and deemed exempt.

Participants were emailed an anonymous link to the survey, and responses were kept strictly anonymous and were completely deidentified. The purpose of the study was outlined in the introductory email and first section of the survey. Consent was determined by voluntary anonymous participation in this IRB-exempt study.

Data were collected at a time point 2 months following Match Day 2017, and analysis was performed using a report of anonymous responses. Data reports were generated separately for questions regarding program demographics, current understanding of NRMP postinterview communication guidelines, current postinterview communication practices, and current beliefs on the impact of communication on final rank lists. Responses were considered complete if all questions in each block were completed. The study authors performed qualitative analysis of the data mentioned by performing a content analysis of free response questions. Common themes were identified by three authors independently.

**RESULTS**

**Demographics**

Thirty-three program directors (31%) responded to the survey. All program sizes including one to five residents per year were represented, with the majority of responding programs having three or more residents per year (67.6%). Responding program faculty sizes varied, with 10 to 20 clinical faculty members most prevalent (56.8%). A majority of responding programs (80%) did not offer a separate T32 research position.

**Postinterview Communication Practices**

The first section of the survey gathered information about methods and content of postinterview communication with applicants, as initiated by program directors. Thirty-eight percent of respondents reported that their programs initiated some form of communication with residency candidates after interviewing them and prior to submission of rank lists. The vast majority of these communications (91.7%) were reported to be in the form of e-mails sent by the program director expressing thanks to the applicant for interviewing. Letter communication (8.3%) was also used, whereas telephone and in-person contact was not reported.
Four responding programs reported providing information to “highly ranked” (cited as the upper 1/3) applicants regarding their rank status or favorable impression following interviews. The program director (62.5%) was the most commonly noted individual to initiate communication, followed by other faculty (18.8%) and the chairperson (6.25%). Sixty-two percent of responding programs indicated that no form of postinterview communication was initiated. The most common rationale provided for not initiating communication with applicants following interviews included perception of violation risk. Table II summarizes common themes extracted from free response comments regarding the perceived value of postinterview communication with applicants. Finally, 53.8% of respondents indicated that an applicant’s expression of intended rank position could potentially impact their final rank status. When asked to elaborate, three respondents indicated that an applicant who is highly liked may be ranked higher if they express significant interest or intention to rank the program highly, particularly when compared to a similar applicant who has not initiated contact or expressed significant interest.

Nearly all programs indicated that they coach faculty regarding appropriate and inappropriate communication with applicants during and after the interview process, with 67.9% of programs consistently providing coaching regarding acceptable practices during the interview day and 53.6% of programs always providing coaching about acceptable postinterview communication practices (Fig. 1).

**Perceptions of Communication Impact**

The second section of the study explored perceptions of the impact that communication between applicants and programs had on final rank lists. The majority of respondents (57.1%) indicated that postinterview contact from programs to applicants had no impact on an applicant’s rank list (i.e., how the applicant ranks a program). However, 32.1% of responding program directors indicated a perception that such contact had a positive impact on an applicants’ ranking of a particular program, whereas 10.7% felt that postinterview contact had a negative impact on an applicants’ ranking of a particular program.

NRMP guidelines state that both applicants and programs may express their interest in each other; however, they shall not solicit verbal or written statements that imply a commitment. Based on their understanding of NRMP rules, 63.3% of responding programs interpreted that applicants are allowed to disclose the position that they intend to rank a program prior to rank submission day (Table III). These disclosures were reported to have limited impact on the applicant’s rank position, cited as “sometimes” (46.2%), “rarely” (7.7%), and “never” (46.2%) by respondents. Just 20.0% percent of respondents reported that, based on their understanding of NRMP Guidelines, programs are allowed to disclose their intended ranking positions to applicants prior to rank submission day, whereas the remaining 80% interpret this guideline to mean that programs are not allowed to disclose applicant rank status (Table III).

**Impact of Extramural Social Event**

The final section of the survey explored the impact of pre- and postinterview social events. All responding programs indicated that they host a social event with applicants before or after the interview. These events usually take the form of a hosted dinner, which includes residents and faculty; however, 10 programs (29.4%) reported resident-only events. Programs reported that these events have a variable degree of impact on ranking of applicants, with nearly all responding programs indicating that these events can potentially impact ranking “sometimes” (85.7%) or “most of the time” (10.7%) (Fig. 1).

**DISCUSSION**

The NRMP and the Council of Medical Specialty Societies Organization of Program Director Associations have
partnered to create a Match Communication Code of Conduct, which serves as a guide for all residency program staff involved in the interviewing and matching processes. This code appeals to the following tenets: “respecting an applicant’s right to privacy and confidentiality, accepting responsibility for the actions of recruitment team members, refraining from asking illegal or coercive questions, declining to require second visits or visiting rotations, and discouraging unnecessary postinterview communication” (Fig. 1). Our survey primarily focused on current postinterview communication practices and interpretation of the NRMP Code of Conduct. Interestingly, the majority of respondents believe that NRMP rules do not allow programs or applicants to reveal rank positions, when in fact such behavior is admissible. Whether or not such behavior aligns with the tenets outlined in the NRMP Code of Conduct is open to interpretation. Our results show that only 38.7% of programs report initiating any type of contact between interview day and rank submission day, with the majority of those (66.7%) specifically clarifying this as an expression of gratitude or professional courtesy only. Only a minority of programs reported initiating contact with applicants, many believing it may be a match violation. We summarized free-response comments into four themes (Table II): 26.7% of respondents believed any meaningful contact is a match violation proper and/or violates the intent of the stated rule, 26.7% believe there is nothing to be gained from contact, 33.3% believe contact is valuable to show appreciation and professionalism only, and 33.3% believe contact is valuable to express interest in selected applicants as a strategic measure.

Interestingly, no program reported providing specific rank position to applicants, but some respondents did provide positive feedback to applicants ranked highly. This is a departure from data in other specialties such as orthopedics, radiology, and family medicine, where specific rank information is reported to be revealed with

![Post-Interview Communication Practices](image1)

**Fig. 1.** Postinterview communication practices: frequency of practices reported.

<table>
<thead>
<tr>
<th>Post Interview Communication</th>
<th>No. of Respondents</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your program initiate contact with applicants between interview day and rank submission?</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>24</td>
</tr>
<tr>
<td>Contacting applicants following the interview leads to applicants ranking programs more favorably.</td>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>2</td>
</tr>
<tr>
<td>Applicants are allowed to disclose the position they intend to rank a program to programs to which they are applying?</td>
<td>Perceived true</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Perceived false</td>
<td>11</td>
</tr>
<tr>
<td>Programs are allowed to disclose the position they intend to rank an applicant to their applicants?</td>
<td>Perceived true</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Perceived false</td>
<td>24</td>
</tr>
</tbody>
</table>
higher frequency.\textsuperscript{3,4,6,8} This may reflect variability in interpretation of match rules, with 80\% of programs indicating that they felt it was not permissible for programs to disclose intended rank position. NRMP rules remain somewhat open to interpretation as written, which is corroborated by our survey findings.

Our data suggest that applicant expression of intended rank position for a program has little impact on a program's ranking of an applicant, with program directors reporting positive impact “sometimes” (46.2\%), “rarely” (7.7\%), and “never” (46.2\%). Those changes that were reported were minor, and only conferred advantage relative to similarly scored applicants. Previous studies of postinterview communication in other specialties have found that program directors may be skeptical regarding the motives and sincerity of applicant contact and intentions.\textsuperscript{9}

It is advisable to discuss the NRMP Code of Conduct with faculty and residents prior to interviews. By default, the onus falls to program directors to ensure that match violations resulting from inappropriate contact with applicants does not occur due to faculty unfamiliarity with match rules. Our data suggest that this type of coaching is widely practiced within otolaryngology departments, though with more efforts directed toward what constitutes violations during the actual interview day when applicants are present. A small but measureable proportion (7.1\%) of responding otolaryngology program directors report no faculty coaching about postinterview communication, whereas fully 100\% of responders report at least some degree of coaching regarding prohibited practices during the interview itself. The NRMP specifically cites “asking an applicant to reveal names, specialties, geographic location, or other identifying information about programs to which the applicant has or may apply” as a very common policy breach during interviews.\textsuperscript{10} No verifiable match violations were reported in this study. Routine discussion of the NRMP Code of Conduct with faculty, residents, and applicants, including instructions to report violations, as a measure to avoid violating the code out of ignorance has been previously recommended.\textsuperscript{4}

In the 2017 NRMP Applicant Survey, US seniors who preferred otolaryngology programs rated “presence of a previous match violation” of moderate importance 3.6/5.0 (scale from 1 = not important to 5 = extremely important) as a factor in ranking programs. The overall applicant pool for all specialties likewise ranked this same factor as 3.9/5.\textsuperscript{11} Since 2007, only two match violations were confirmed within the field of otolaryngology, including one instance where a program asked an applicant about ranking preferences, and another where a program offered a position to an applicant who had a concurrent year commitment to another program. In response to these violations, both otolaryngology programs were identified in the NRMP’s Registration, Ranking, and Results system as violators for 1 year. In addition, the ACGME and the respective program directors’ associated were notified. Despite this low frequency, it is likely that more commonly, interactions occur that fall into a “gray area” that do not meet the criteria of violation by definition. Previous studies of applicant experience suggest a higher rate of potential and explicit violations, whether or not these are reported.\textsuperscript{4,12}

We found that social events either before or after the interview day were a routine part of the interviewing experience, with all programs noting at least some potential for this interaction to influence ranking. Interestingly, many programs reported having events that exclude faculty members (residents and applicants only), which may represent efforts to further reduce stress on applicants. It would be useful for a future study to explore the influence and impact that such events have on applicants and their rank lists.

This study has limitations common to survey-based investigations, including response rate and response bias. Furthermore, anonymous collection of survey responses limits ability to verify accuracy of result and assess potential response bias. The response rate for this study was 31.1\%. A higher response rate may have captured a more complete dataset; however, this response rate is still within established normative data that estimate an acceptable survey response rate between 30\% and 40\%.\textsuperscript{13} We are unable to assess potential response bias, as the survey data were collected anonymously. We have no a priori reason to suspect that program directors are not providing misleading representations of their practices and perceptions, particularly as responses are submitted anonymously. Despite these limitations, we believe that these data can provide valuable insight into current post-interview communication practices, which may ultimately help to improve the integrity of the match for otolaryngology applicants.

Moving forward, a logical next step includes querying postinterview communication practices and perceptions from the applicant perspective. Exploring applicants’ experiences with the interview process and postinterview communication will provide valuable insight into how to improve the match experience for all involved parties.

CONCLUSION

The results of this study demonstrate that postinterview communication practices within otolaryngology vary widely. Programs and candidates each make use of interviews to determine how to rank one another; however, NRMP rules for postinterview communication between programs and candidates are interpreted variably by program directors. Understanding the delicate relationship that exists between programs and their applicants will help to improve the interview and rank list process, and limit any unintentional coercion or influence this process may hold.

BIBLIOGRAPHY

1. Roth AE. The origins, history, and design of the resident match. JAMA 2003;289:909–912.


