Resident education: Striking the right match

By Sally Chapralis

Graduating medical school students face the challenge of finding a rewarding residency.

“Match Day could be considered both the worst and the most exciting day of your life,” says Joshua Snyder, MD, AAOS resident liaison at the Loyola University Medical Center program in Chicago. “It’s a good program that benefits medical students by removing the favoritism factor.”

Match Day, which this year was March 15, is when medical school seniors learn where they will spend their residency years. Conducted by the National Resident Matching Program (NRMP), the Match tries to provide a fair and impartial transition from medical school to residency.

NRMP applies a computer algorithm that aligns applicant preferences with residency program opportunities at U.S. teaching hospitals.

According to NRMP, of the more than 14,200 U.S. medical school seniors who matched to a residency position during this year’s process, 94 percent matched with one of their top three preferences. Between 45 percent and 50 percent of international medical students matched with their top preferences.

“Yes, the Match is extremely competitive, but it does work to the advantage of the applicant,” says Michael F. Schafer, MD, chair of the department of orthopaedic surgery at the Northwestern University Feinberg School of Medicine. “Even medical students who do not find a match can find other opportunities for continuing their training when the results of the match are announced. This can help them stay on track in their educational process.”

Orthopaedic matching

Orthopaedic surgery is one of the more challenging specialties for students to match with their preferred residency program. In its report on the 2005 Match, the NRMP and the Association of American Medical Colleges (AAMC) explains that “U.S. seniors are highly successful in seeking residencies in most specialties. Only for the most highly competitive specialties—plastic surgery, dermatology, radiation oncology and orthopaedic surgery—are success rates below 80 percent.”

In fact, these specialties do not have enough residency positions to accommodate all the medical students who would prefer that specialty. In orthopaedic surgery, for example, there are 1.15 students for every position.

In 2005, the success rate in matching a student’s first choice residency program with a residency program’s first choice student was approximately 80 percent in orthopaedic surgery (for U.S. seniors). Of the 616 residency positions offered in orthopaedic surgery in 2007, 614 were filled, primarily by U.S. seniors (578).

Medical students who are interested in orthopaedic surgery are smart (see graphs). Their median USMLE Step 1 score is 230, third-highest among all specialties (behind plastic surgery and dermatology). Nearly a third (32 percent) are members of the national honor medical society, ΩΩΩ (Alpha Omega Alpha), and nearly two thirds (62 percent) have authored publications. Nine out of 10 have participated in research activities.

They’re also determined. According to the NRMP, applicants are more likely to be successful if they rank several programs in their desired specialty. Orthopaedic surgical students who were successfully matched in 2005 ranked a mean of 10.9 orthopaedic programs.

Unmatched results

Established in 1952, the Match is generally successful in achieving its goals, according to most students and resident programs. But the Match has not been without controversy.

The Match uses a computer algorithm that aligns the preferences of applicants with the preferences of residency programs. In 1997, there were claims that, in a very small percentage of cases, the computer algorithm seemed to favor the residency programs. To resolve the issue,

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encourage participation in the federal health policy arena. The ongoing resident liaison program will be revitalized. Under this initiative, a senior resident in each participating residency program serves as a liaison to the AAOS. The liaison informs fellow residents about AAOS opportunities and activities and has the opportunity to attend special sessions at the Annual Meeting.

Engaging future members and increasing their awareness of and involvement in the AAOS will be a yearly challenge, requiring participation from residency program directors and ongoing effort from the Resident/Fellow Subcommittee, now chaired by Brian J. Hartigan, MD. But such efforts are critical to the future of our profession. The AAOS depends on the active involvement of the fellowship—both today and in the future.

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