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Residency Recruitment Roadshow: An Innovative Approach to Regional Recruitment for a Transitional Year Residency Program

Setting and Problem

Residency recruitment is a costly, complex enterprise with the main financial burden borne by residency applicants. Applicants average over a dozen residency interviews and thousands of dollars in interview costs, with most of these direct costs associated with application fees, travel, and lodging expenses. Indirect costs of the interview process include absenteeism from clinical rotations due to travel, which compromises clinical education. While alternatives such as web-based video conference interviews have been trialed, they have not become widely accepted standards in the residency interview process, and additional creative solutions are needed.

For applicants attempting to secure a Transitional Year residency spot, the financial and logistical challenges are compounded by the need to simultaneously interview for advanced residency positions.

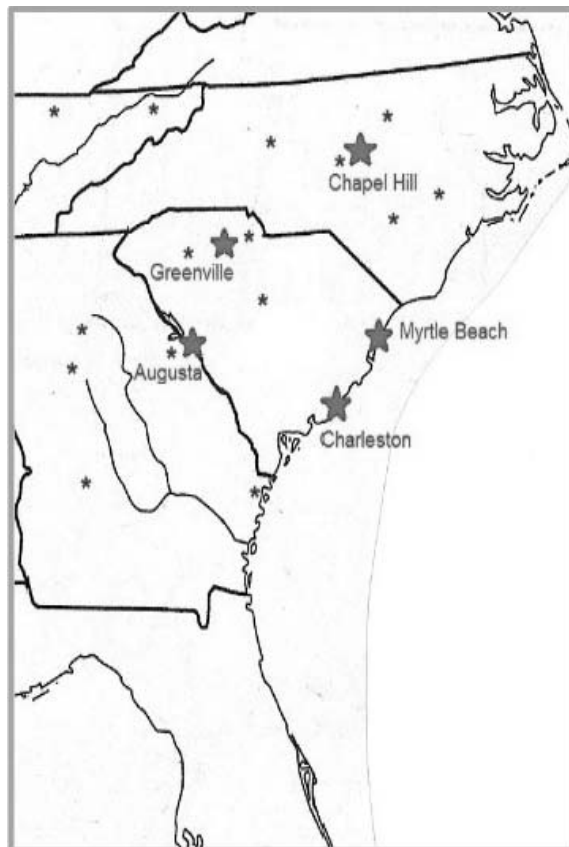


FIGURE
Grand Strand Medical Center and Sites of 2018–2019 Residency Recruitment Roadshow

Note: Regional interview sites are identified by star and name, with asterisks representing locations of medical schools of interviewed applicants.

This problem is particularly challenging for candidates interested in our region, given the paucity of Transitional Year spots. In a 3-state geography (Georgia, North Carolina, and South Carolina), there are 14 medical schools and only 96 Accreditation Council for Graduate Medical Education–accredited Transitional Year residency positions. Our institution, Grand Strand Medical Center, hosts a 12-position Transitional Year residency program, accounting for 13% of the regional and 50% of the statewide spots.

Intervention

We sought to alleviate the cost and travel burden placed on Transitional Year residency applicants in the Southeast by implementing a novel recruitment strategy to fill our residency program positions, which we termed the “Residency Recruitment Roadshow.” We sought to provide applicants with an experience on par with on-campus interviews by drawing on the strengths offered during the in-person interview. We

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incorporated the program director, program coordinator, and residents into each roadshow experience.

We began by using geographic filters to focus on applicants with ties to our 3-state region for the roadshow. After review of application credentials, we selected an average of 90 candidates for interviews. We then identified 4 regional cities that are home to academic medical centers (Augusta, Greenville/Spartanburg, Chapel Hill, and Charleston). Candidates were selected for individual days based on geographic proximity (FIGURE). Recruitment Roadshow days were divided into morning and afternoon sessions to minimize candidate time away from campus. All informational material, including information on current residents, program policies, local attractions, and contact information, were given to candidates in electronic format on a customized USB flash drive.

The program director, program coordinator, and at least one resident representative with prior educational connections to the city-specific academic medical center traveled to each roadshow location. Information sessions and interviews were held at hotels in close proximity to each academic medical center. Two additional on-campus interview days with associated “open houses” at our institution were offered for applicants who were unable to attend the regional interviews, or for those regional participants who wanted to visit our institution in person.

Outcomes to Date

In the 3 years since the Residency Recruitment Roadshow inception, 157 candidates have been interviewed through this program. An additional 94 applicants were scheduled for interviews on open house days at our institution. A total of 210 of 252 candidates (92%) attended medical school in either Georgia, South Carolina, or North Carolina. Nearly 85% of candidates (132 of 157) traveled less than 30 minutes to attend the interview. Feedback from applicants was universally positive regarding this regional interview concept.

We present the Residency Recruitment Roadshow as a potential strategy for other residency programs to emulate for successful regionally targeted, candidate-centered recruitment. Our approach reduces time and financial burdens on applicants while still providing in-person interactions with key program leadership and current residents as they embark on their graduate medical education journey.

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ReadMI: An Innovative App to Support Training in Motivational Interviewing

Setting and Problem

Substance misuse is not consistently addressed within the scope of routine medical practice. More than 90% of primary care physicians fail to diagnose substance misuse when presented with early symptoms of alcohol or drug misuse in an adult patient. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an integrated, evidence-based approach aimed at delivering early intervention in medical settings for drug and alcohol misuse. An integral component of SBIRT is motivational interviewing (MI), a brief, evidence-based, interventional practice that has been demonstrated to be highly effective in triggering change in high-risk lifestyle behaviors. MI is a patient-focused conversation between a practitioner and a patient that reinforces a patient's motivation to make positive changes in any targeted health behavior. Due to ineffective training, MI is underutilized. The MI approach is very difficult to teach to practitioners who are accustomed to taking a directive approach with patients, asking closed-ended questions (which require yes/no answers), and doing most of the talking. To implement MI and SBIRT widely, there is a critical need to improve the MI training process in graduate medical education.

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