

Reddit, Discord, and the Spreadsheet: Misinformation About Residency Programs and How to Combat It

Ryan J. Keneally¹, MD

Luis Lemos Lopes, MD

During the 2023-2024 Match cycle, the authors noted a gap between the information available about residency programs and the information applicants desired. To fill this gap, some individuals use unofficial online platforms, such as Reddit, which discuss training programs with questionable veracity. From viewing the available data, 2 questions emerge: What questions remain unanswered by official resources? And how can programs close the gap between available and desired information?

Residency program webpages and the Fellowship and Residency Electronic Interactive Database (FREIDA) are limited, curated, and frequently missing information. For example, anesthesiology program webpages display a mixed pattern of social media use with possible underusage for disseminating information.¹ A review of radiology fellowship webpages revealed a deficit of coverage of areas of interest for applicants.² A review of psychiatry residency webpages found variations in content presented and also reported deficits in information available. A review of orthopedic residency information available in FREIDA described a more than 50% rate of incomplete voluntary reporting of data.³ The Association of American Medical Colleges' (AAMC) Residency Explorer expanded on the self-reported information from FREIDA by adding in matched applicant demographic data and a comparison to national trends.⁴ The current level of information officially available has led applicants to look to unofficial sources such as social media or other online platforms.⁵

Reddit, Discord, and online spreadsheets have become methods for unofficially distributing information about residency programs, which can be problematic. Applicants who successfully match appear to reliably share their quantifiable metrics.⁶ Other information presented may be subjective, biased, or potentially intentionally inaccurate. For example, an online poster declared the authors' residency program was "done sending out interview invitations" when it was not,

leading to potentially decreased interest from applicants who had not received an invitation yet. A look at the specific questions applicants asked online can shed further light on the potential for the spread of inaccurate information and demonstrate the information gap to fill.

Online posters commonly discussed application strategy, including how many to send, where to send them, and how to distribute signals. They described ways to "game" the process to obtain more interviews. For example, anonymous posters to the "Anesthesiology Spreadsheet 2023-24" listed programs that supposedly offered applicants interviews without having sent a signal under the "Advice for 2025" tab. Were they discouraging applicants from signaling in accordance with their preferences to maximize interviews? Signals are strongly associated with obtaining an interview.⁷ Advising applicants in this way can be detrimental and undermine signaling.

A second category of discussion was related to chances of obtaining an interview or matching. While there may be veracity in reports of quantifiable metrics of those who were offered an interview or matched, these self-reports may fail to capture the nuances each program might use to select applicants for interviews or to rank order them. Different programs make decisions using different criteria. Some may be looking for leadership, diversity, propensity for scholarship, or a noteworthy background such as having been a college athlete, or overcoming hardships that can't be quantified. Online platforms may inaccurately advise applicants about criteria residencies use.

There was also frequent chatter on the online platforms about which programs had available interview spots remaining. Chat members falsely spread word the authors' program had filled all of their interview spots. This may have discouraged applicants from showing interest because they concluded the program had extended all interview invitations. Some applicants may not yet have been identified and invited for an interview at that point in the process due to their level of signal or simply the alphabetical order of their name. They may have been falsely

DOI: <http://dx.doi.org/10.4300/JGME-D-24-00187.1>

discouraged and not expressed their interest to a program, to the detriment of all.

The emotional tone seemed to reach a crescendo in discussions on social media of post-interview communication (PIC) between programs and applicants. PIC can be a source of great stress among applicants.⁸ Previous reports have focused on the possible coercion inherent in PIC, with recipients feeling pressured to reveal their preference of residency programs,^{9,10} but have not considered the impact of rumors of PIC on applicants who do not receive it. A number of individuals proclaimed they were told that they were “ranked to match” (RTM) in PIC from a specific program. This proclamation, regardless of truthfulness, could have had a substantial impact on how other applicants perceived that program. Some applicants may have felt dismayed because they did not receive RTM PIC. Hearing of RTM PIC may have also caused applicants who did not receive it to rank that program lower because they believed its spots were filled. This may have potentially driven applicants to start a strategic misinformation campaign in an attempt to ward away competition. In addition to potential misinformation, online platforms also seemed to express substantial negativity about programs. Negative testimonials from “current residents” in a program about culture or stories of how “another resident at my program” was mistreated abound. Applicants may have also posted false or exaggerated statements in the hope of causing other applicants to rank these programs lower on their lists.

There is clearly a gap between the information available through official sources and the information sought by applicants. Unfortunately, no Dean’s office can really speak to what all specialties and individual residencies look for since it is a diverse answer. A key person in the age of virtual interviews and online platforms may be the residency program director (PD). They could be the best way to bridge the information gap, but PDs at programs affiliated with medical schools may be conflicted. Is their job solely to recruit and administer their own program? Or can they also serve as a resource to applicants to other programs in their specialty? In the era of virtual interviews, PDs should serve in both ways. A well-informed PD can be the most knowledgeable advisor on what programs in their specialty look for and can speak to their nature. In order to help PDs become more effective advisors, specialty-specific educational societies should organize surveys to discover the relative value programs place on specific components of an application, such as scholarship record, compared to a compelling personal statement.¹¹ Deans’ offices should also ensure funding for PDs’ time and efforts in advising their students to

ensure PDs are vested in aiding applicants, even if it doesn’t remove the PD’s potential conflict of interest in the matter.

The second way to bridge the gap is through more concerted efforts by programs to disseminate information to applicants. Residencies can offer more virtual open houses. The majority of surgery applicants surveyed reported an open house increased their desire to apply to and improved their perception of a program.¹² Expanding content on program webpages may be even more effective and appreciated.¹³ Programs should consider providing updates on interview spots available, the system they use to evaluate candidates (including consideration of signals), minimum standards, a time frame for sending out interview invitations, and clarity about plans for PIC.

Information about residencies is being spread unofficially on social media platforms to fill in the gap between available and desired information. Some of it may be incorrect, and some may be misinformation. Programs need to close this gap for their benefit as well as the benefit of applicants.

References

1. Mazzeffi M, Strickland L, Coffman Z, et al. Cross sectional study of Twitter (X) use among academic anesthesiology departments in the United States. *PLoS One*. 2024;19(2):e0298741. doi:10.1371/journal.pone.0298741
2. Singh SP, Ramprasad A, Qureshi FM, Baig FA, Qureshi F. A cross-sectional study of graduate medical education in radiological fellowships using accessible content. *Curr Probl Diagn Radiol*. 2023;52(6):528-533. doi:10.1067/j.cpradiol.2023.05.001
3. Bernstein SL, Wei C, Gu A, Fufa D, Levine WN. Evaluating databases with orthopaedic surgery residency program information. *J Am Acad Orthop Surg*. 2022;30(24):1177-1183. doi:10.5435/JAAOS-D-22-00164
4. Residency Explorer Tool. Accessed May 13, 2024. <https://www.residencyexplorer.org/Account/Login?ReturnUrl=%2FHome%2FDashboard>
5. Heard JR, Wyant WA, Loeb S, Marcovich R, Dubin JM. Perspectives of residency applicants and program directors on the role of social media in the 2021 urology residency match. *Urology*. 2022;164:68-73. doi:10.1016/j.urology.2021.08.041
6. Hu S, Laughter MR, Dellavalle RP. Reliability of self-reported data on social media versus National Residency Match Program charting outcomes for dermatology applicants. *J Am Acad Dermatol*. 2020;83(6):1842-1844. doi:10.1016/j.jaad.2020.04.052
7. Cai F, Southworth E, Santiago S, et al. The golden tickets: impact of preference signaling on obstetrics and gynecology residency applicants. *Am J Obstet Gynecol*.

- 2024;230(2):262.e1-262.e9. doi:10.1016/j.ajog.2023.10.014
8. Berriochoa C, Reddy CA, Dorsey S, et al. The residency Match: interview experiences, postinterview communication, and associated distress. *J Grad Med Educ.* 2018;10(4):403-408. doi:10.4300/JGME-D-17-01020.1
 9. Fereydooni A, Ramirez JL, Morrow KL, et al. Interview experience, post-interview communication, and gender-based differences in the integrated vascular surgery residency match. *J Vasc Surg.* 2022;75(1):316-322.e2. doi:10.1016/j.jvs.2021.05.060
 10. Brooks JT, Reidler JS, Jain A, LaPorte DM, Sterling RS. Post-interview communication during application to orthopaedic surgery residency programs. *J Bone Joint Surg Am.* 2016;98(19):e84. doi:10.2106/JBJS.15.01364
 11. Benzon HA, De Oliveira GS Jr, Jagannathan N, Suresh S. Selection of subspecialty fellows in anesthesia for pediatric anesthesia: a national survey of program directors in the United States. *Paediatr Anaesth.* 2015;25(5):487-491. doi:10.1111/pan.12608
 12. Ho JW, Joung RH, Krueger M, et al. Understanding general surgery applicant expectations and perceptions in the virtual interview process. *J Surg Educ.* 2022;79(6):e61-e68. doi:10.1016/j.jsurg.2022.07.024
 13. Bernstein SA, Hodgins GE, Abu-Hamad S, Gih DE, Gold JA. Understanding the use of program resources during virtual recruitment by psychiatry residency applicants. *Acad Psychiatry.* 2023;47(4):380-384. doi:10.1007/s40596-023-01804-7



Ryan J. Keneally, MD, is Anesthesiology Residency Program Director and Vice Chair for Education, The George Washington University, Washington, DC, USA; and **Luis Lemos Lopes, MD**, is an Anesthesiology Resident, The George Washington University, Washington, DC, USA.

Corresponding author: Ryan J. Keneally, MD, The George Washington University, Washington, DC, USA, rkeneally@mfa.gwu.edu, X @ryanjkeneally