

## Encouragement and Uncertainty: On the Interview Trail '16

"That's great, but help me understand how any of this is relevant to an intern at the bedside." This was not the reply I was hoping for after explaining my passionate interest in patient safety and population health during a recent Internal Medicine residency interview. Fortunately, this awkward reception proved to be an outlier. As a 'non-traditional' medical student with past work experience in health policy and an expressed interest in population health, I found my resume received a broadly positive reception on the interview trail. Indeed, during my dozen interviews, I found program directors boasting about quality improvement and patient safety nearly as often as fellowship matches and new hospital towers.

Medical students are increasingly aware that the practice of medicine is changing; future doctors will be more accountable for the cost and quality of care delivered. In light of this ongoing disruption to the industry we will soon be joining, students are looking for residency programs that will equip us with the skills and experience to effectively function in an 'Accountable Care' future. Although enthusiasm for training in population health management, quality improvement, and patient safety will certainly vary by individual, most applicants expect to gain a basic level of competency in these areas from prospective residencies. For example, opinions were unanimous among the applicants I spoke with on the interview trail that fully functional EMRs that allow residents to track and analyze data on their own performance is a must. For emerging physicians, completing residency without gaining facility with an EMR would be tantamount to entering independent practice without knowing how to manage hypertension.

Interview days provide applicants with a unique opportunity to evaluate programs. I found that speaking with current residents often yielded more actionable information than hours of online research. This in-person evaluation is especially important given the dearth of objective data applicants have to compare programs. American Association of Medical Colleges (AAMC) [FREIDA Online](#)<sup>®</sup> database, American Board of Internal Medicine (ABIM) board pass rates, and fellowship match lists were pretty much all the comparable data I could find on programs. Unfortunately, FREIDA data is spotty and self-reported by programs. Fellowship matches are obviously of limited use to applicants not interested in specializing, and ABIM board pass rates are limited to three-year rolling averages that are suspiciously updated each year just after the Match. The American College of Graduate Medical Education (ACGME) collects a large amount of data on residency programs, but this information is generally confidential and not released to the public.

In an effort to gain more data about the programs I will be entrusting my professional life to, I searched performance data from the [Leapfrog Group](#) and [Medicare's Hospital Compare](#). My thinking was that a hospital that is dangerous for patients or has significantly poorer outcomes than its peers is probably not somewhere I want to train. I found data on readmissions, hospital-acquired infections as well as overall safety ratings. The results were interesting and sometimes deviated sharply from my subjective impression of programs. Nevertheless, these data are hospital-specific and insufficiently granular to judge individual residency programs. So, like most applicants, I assembled my Match list based mostly on my 'gut' feeling about programs.



*Roderick Thompson*

As a soon-to-be physician who is optimistic about a safer, more accountable healthcare future, it was encouraging to see residency programs give quality improvement, patient safety and evidence-based medicine top billing on interview days. However, at a time when evidence and transparency in medicine are ascendant, it seems incongruous that applicants to medical residencies must make such an important decision with so little hard data. If residency programs want to prove they can adequately prepare emerging physicians for an 'Accountable Care' future, a great place to start would be improving transparency and data availability for applicants.

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