



# Relative Importance of Applicant Characteristics in Ophthalmology Residency Interview Selection: A Survey of Program Directors

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## Abstract

**Introduction** Ophthalmology residency positions remain competitive. A lack of clarity regarding which residency selection criteria are prioritized by program directors can heighten the stress associated with the match process. While surveys of program directors in several other medical specialties have been conducted to identify the most important residency selection criteria, there is limited data on selection criteria used by ophthalmology residency program directors. The purpose of our study was to survey ophthalmology residency program directors to identify the current state of interview selection decisions—the factors currently considered most important in determining whether to extend an interview invitation to residency applicants.

**Methods** We developed and distributed a Web-based questionnaire to all U.S. ophthalmology residency program directors. Questions evaluated program demographics and the relative importance of 23 different selection criteria used by ophthalmology residency program directors when evaluating applicants for residency interviews (Likert scale 1–5, with 1 being “not important” and 5 being “very important”). Program directors were also asked to identify the one factor they felt was most important.

**Results** The overall residency program director response rate was 56.5% (70/124). The selection criteria with the highest average importance scores were core clinical clerkship grades (4.26/5) followed by letters of recommendation (4.06/5), and United States Medical Licensing Examination (USMLE) Step 1 score (4.03/5). The most frequently cited single most important factor for interview selection was core clinical clerkship grades (18/70, 25.7%), with USMLE Step 1 score (9/70, 12.9%) and rotations at the program director’s department (6/70, 8.6%) also commonly reported.

**Conclusion** Our results suggest that core clinical clerkship grades, letters of recommendation, and USMLE Step 1 scores are deemed the most important selection criteria by ophthalmology residency program directors as of a 2021 survey. With changes in clerkship grading for many medical schools and changes in national USMLE Step 1 score reporting, programs will face challenges in evaluating applicants and the relative importance of other selection criteria will likely increase.

## Keywords

- ▶ ophthalmology
- ▶ residency
- ▶ interview
- ▶ program director
- ▶ selection criteria

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Ophthalmology residency positions are highly competitive. In the past decade, the average number of applications submitted per applicant has risen from 52 in 2010 to 80 in 2021.<sup>1</sup> This application process also remains extremely costly to applicants, with the application cycle estimated to cost more than \$6,000 for applicants who successfully match.<sup>2</sup> Information asymmetry about prioritized factors most influential in residency selection may contribute to stress in the application process, particularly for applicants without access to mentors who can advise.

Surveys of program directors from several other medical specialties have been conducted to better elucidate the most important residency selection criteria used by residency programs; however, there remains limited data on selection criteria in ophthalmology residency programs.<sup>3,4</sup> Previous studies in ophthalmology have revealed several factors that have been associated with successfully matching into an ophthalmology residency program, some of which include attending an allopathic rather than osteopathic medical school, achieving a high United States Medical Licensing Examination (USMLE) Step 1 score, and receiving letters of recommendation from experts in the field.<sup>5</sup> However, the relative importance of selection criteria from a variety of categories including academic performance or curriculum vitae [CV], research productivity, letters of recommendation, and personal factors remains unclear. In addition, changes to score reporting for the USMLE Step 1 exam and (for many medical schools) to the clerkship grading system may impact the importance of other selection criteria used to evaluate ophthalmology residency applicants going forward.<sup>6–8</sup> Greater data and transparency on the most important criteria identified by residency program directors for interview selection decisions may be of value to ophthalmology residency applicants in planning and preparing their applications.

The goal of our study is to survey ophthalmology residency program directors to identify the current state of interview selection decisions—the factors currently considered most important in determining whether to extend an interview invitation to residency applicants. Results may be useful to ophthalmology residency applicants, residency programs, and program directors, and provide insight to the factors prioritized for selecting the next generation of ophthalmologists.

## Methods

The study was approved by the Stanford University School of Medicine Institutional Review Board. An anonymous Web-based questionnaire containing six questions was developed by the study authors to identify factors deemed important by ophthalmology residency program directors when selecting applicants for residency interviews. Questions 1 to 3 were free response questions that inquired about the following program details: (1) the number of residency positions available at each program, (2) the number of applicants each program interviews annually, and (3) the number of applicants each program ranks

annually. Question 4 had six parts (A–F) and asked survey respondents to rank the importance of various selection criteria on a 5-point Likert scale (1 = not important, 2 = slightly important, 3 = moderately important, 4 = important, 5 = very important). Selection criteria were grouped into six categories: academic performance and CV, research/publications, letters of recommendation, personal factors, leadership and community service, and awards/honors. Selection criteria were derived from prior published surveys of both residency and fellowship program directors inquiring about the importance of various selection factors.<sup>3,4,9</sup> Question 5 was a multiple-choice question asking program directors to indicate which category contained the factors deemed most useful when deciding to offer an interview invitation, and question 6 was a multiple-choice question asking program directors to indicate their single most important selection factor used when deciding to offer an interview invitation. The full questionnaire can be found in **Appendix 1**.

We used FREIDA (Fellowship and Residency Electronic Interactive Database) and the Association of University Professors of Ophthalmology (AUPO) Web site to obtain a list of all ophthalmology residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).<sup>10,11</sup> The AUPO contact list as well as residency program Web sites were used to obtain program director contact information. If the program director email was not available on the AUPO contact list or the program Web site, the program coordinator was contacted in an effort to acquire program director contact information. If, after contacting the program coordinator, searching the program director's affiliated departmental Web site, and searching for publications that may contain information about the program director's email address, the program director's email address was still unknown, then the program coordinator contact listed on the FREIDA database was sent the survey with instructions to forward the survey to the residency program director. Overall, program directors for 124 ophthalmology residency programs were individually contacted with a request to complete the study survey. Initial emails were sent on August 18, 2021, and two additional reminder emails were sent to program directors 3 weeks after the initial email and 6 weeks after the initial email, respectively (September 8, 2021 and September 29, 2021).

All statistical analyses were performed using RStudio version 2021.09.0 (RStudio, Boston, MA). Counts and percentages were calculated for questions 1 to 3. For question 4, a weighted score was calculated for each applicant criterion using the following scale: 1 point for a score of “not important,” 2 points for a score of “slightly important,” 3 points for a score of “moderately important,” 4 points for a score of “important,” and 5 points for a score of “very important.” Total scores were summed across all programs for each criterion, in order to identify which were deemed most important by program directors. This scoring system is consistent with previous surveys of residency and fellowship programs examining the importance of various residency

and fellowship selection criteria.<sup>12-15</sup> Counts and percentages were also provided for questions 5 and 6.

## Results

### Residency Program Characteristics and Response Rate

The overall response rate was 56.5% (70/124). Responding program directors took, on average, 6 minutes to complete the questionnaire. Programs who responded to the survey offered a mean of 4.2 residency positions per year, interviewed 47 applicants per year, and ranked 45 applicants per year, on average. However, there was wide variation in class size, number of interviews, and number of ranked applicants per year. A complete summary of program characteristics can be found in ►Table 1.

### Relative Importance of Residency Applicant Interview Selection Criteria

When summing program director scores for each of the 23 selection criteria included in our study, the factor with the highest aggregate score was core clinical clerkship grades (290 points), followed by letters of recommendation (284 points), USMLE Step 1 score (282 points), and written comments about clinical rotation performance (264 points). The selection criteria with the lowest aggregate scores included number of ophthalmology electives (146 points), applicant's

medical school (204 points), performance in preclinical courses (206 points), and familiarity with the applicant's letter writers (208 points). The average and aggregate score for each of the 23 selection criteria included in the study can be observed in ►Table 2.

When asked which category is most useful for interview invitation decisions, the majority of program directors (50/70, 71.4%) selected academic performance/CV. The distribution of categories selected as most useful by program directors can be observed in ►Fig. 1.

When asked to identify the single most important criterion for interview selection, the most frequent answer provided by program directors was core clinical clerkship grades (18/70, 25.7%). The distribution of the most important selection criteria provided by program directors can be observed in ►Fig. 2. Several program directors (12/70, 17.1%) selected "other" for this question and answered the question with a free-text response. Free-text responses included: "evidence of significant contribution in some endeavor and caring attitude towards others (kindness)"; "we do a holistic review"; "supplemental statement"; "no single factor...It is a combination of things"; "...we like our applicants to come and spend time with us...I want to get to know an applicant - I could care less about board scores, letter of recommendation, class rank." The word "holistic" was referenced in 4 of 12 responses and two responses indicated that no single factor was the most important.

Anticipating upcoming changes to USMLE Step 1 exam score reporting (from numerical scores to pass/fail), program directors who identified "USMLE Step 1 score" as the single most important selection criterion were queried for their most important selection criterion after Step 1 scores are reported pass/fail beginning January 2022. Among these program directors, the majority (67%, 6/9) indicated that the USMLE Step 2 Clinical Knowledge (CK) score would become their most important selection criteria. Two program directors indicated that letters of recommendation will become their most important selection criteria and one program director indicated that publications in ophthalmology will become their most important selection criteria.

## Discussion

The ophthalmology residency match remains extremely competitive, and the number of applications submitted per applicant has nearly doubled over the past decade.<sup>1</sup> In this study, we surveyed ophthalmology residency program directors in order to determine which factors are most important in deciding which applicants to offer an interview invitation. Our results indicate core clinical clerkship grades, letters of recommendation, and USMLE Step 1 scores as the top aggregate selection criteria deemed important by ophthalmology residency program directors (as of 2021). Core clinical clerkship grades were the most commonly identified single most important factor, followed by USMLE Step 1 score and rotations at the program director's department. Overall, program directors indicated that selection criteria within the academic performance/CV category were more important

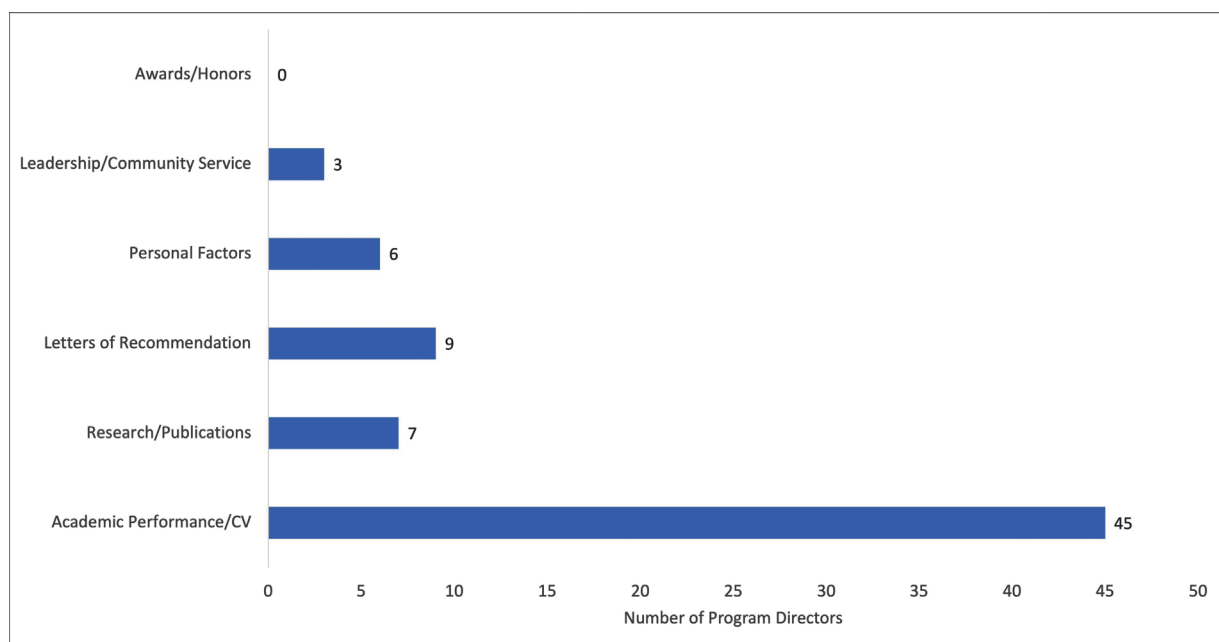
**Table 1** Responses to questions 1 to 3

Response	# Programs	Percent programs
Q1: How many residency positions are available at your program per year?		
2	6	8.6
3	13	18.6
4	30	42.9
5	11	15.7
6	7	10.0
7	2	2.9
8	1	1.4
Q2: Approximately how many applicants do you interview each year?		
< or = 25	7	10.0
26-50	29	41.4
51-75	21	30.0
76+	13	18.6
Q3: Approximately how many applicants do you rank each year?		
< or = 25	7	10.0
26-50	35	50.0
51-75	23	32.9
76+	5	7.1

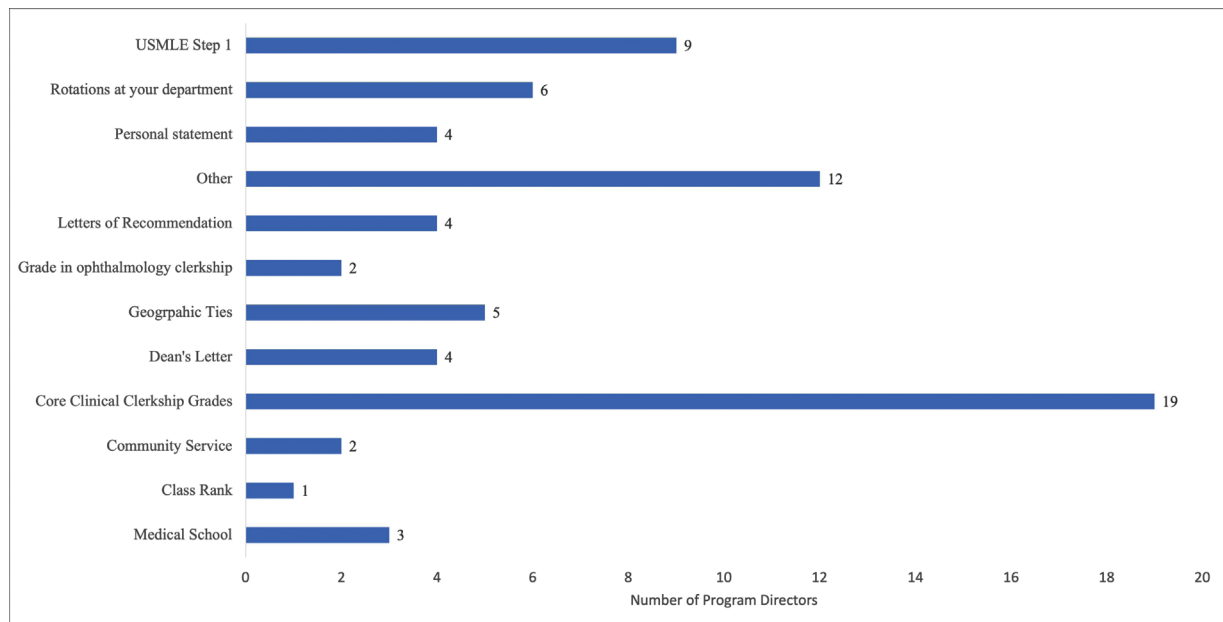
**Table 2** Average score, aggregate score, and rank of 23 residency selection criteria

Category	Criteria	Mean importance score (1–5)	Aggregate score	Rank
Academic performance and Curriculum Vitae (CV)	Applicant’s medical school	2.91	204	22
	USMLE Step 2 CK score	3.11	218	18
	Class rank	3.63	254	7
	Written comments about clinical rotation performance	3.77	264	4
	Core clinical clerkship grades	4.26	298	1
	USMLE Step 1 score	4.03	282	3
	Number of ophthalmology electives	2.09	146	23
	Grade in ophthalmology clerkship	3.46	242	10
	Performance in preclinical courses	2.94	206	21
	Research/Publications	Research experience in ophthalmology	3.31	232
Research experience (not specific to ophthalmology)		3.14	220	17
Publications in ophthalmology		3.20	224	15
Publications (not specific to ophthalmology)		3.23	226	14
Letters of recommendation	Letters of recommendation	4.06	284	2
	Dean’s letter (MSPE)	3.63	254	7
	Familiarity with applicant’s letter writers	2.97	208	20
Personal factors	Rotations at your department	3.06	214	19
	Personal statement	3.31	232	12
	Geographic ties to residency program	3.14	220	17
Leadership/Community service	Leadership roles	3.65	256	5
	Community service	3.53	247	9
Awards/Honors	Alpha Omega Alpha Honor Society	3.56	249	8
	Gold Humanism Honor Society	3.26	228	13

Abbreviations: CK, Clinical Knowledge; MSPE, Medical Student Performance Evaluation; USMLE, United States Medical Licensing Examination.



**Fig. 1** Category with the most important residency selection criteria according to residency program directors.



**Fig. 2** Single most important selection criteria according to residency program directors.

than selection criteria based on research/publications, letters of recommendation, personal factors, leadership and community service, and/or awards/honors categories. With a competitive residency match process, there is strong interest among applicants to understand the application process, the number of positions available, and the selection criteria deemed important by residency program directors. The results of our study are informative for program directors and residency applicants.

Interestingly, only 3 of the 23 residency selection criteria evaluated by residency program directors averaged a score greater (better) than 4, indicating a rating of between “important” and “very important” on the Likert scale: core clinical clerkship grades, letters of recommendation, and USMLE Step 1 score. These results largely align with a recent survey of more than 1,200 program directors from non-ophthalmology residency programs, where USMLE Step 1 score (cited by 90% of program directors), letters of recommendation (84%), and grades in required clerkships (69%) were three of the top seven factors for interview selection decisions.<sup>16</sup> However, despite their importance to programs' selection decisions, both USMLE scores and grades in required clerkships are undergoing substantial changes.

Medical student clerkship grades are evolving at many medical schools throughout the country, with renewed attention on bias in grades and impact on students' mental health, among other factors.<sup>7,17–19</sup> Several medical schools have altered their evaluation criteria from a tiered system (such as “honors/pass/fail”) to a binary pass/fail system. Previous studies indicate that changing to a pass/fail grading system has many benefits, including improving student perceptions of clerkship grading and enhancing students' engagement in learning, intrinsic motivation, and well-being.<sup>7,8</sup> However, faculty concerns about larger system consequences involving the residency match as a result of the change to purely pass/fail

clerkships have also been noted.<sup>18</sup> It is important for medical school applicants interested in ophthalmology to recognize the importance of core clinical clerkships grades, and if medical schools continue to transition to pass/fail grading of clerkships, the importance of other residency selection criteria will likely increase still further, due to the inherently competitive nature of residency selection.

It was announced in February 2020 that USMLE Step 1 would transition from a numerical score to binary pass/fail reporting beginning in January 2022.<sup>20</sup> A recent survey assessing ophthalmology residency program directors' perspective regarding the impact of pass/fail USMLE Step 1 scoring on the residency application process revealed that only 10% of program directors felt that the change would be beneficial, with approximately 93% indicating that the change would make it more difficult to objectively compare applicants.<sup>6</sup> In that survey, program directors also anticipated increased emphasis on Step 2 CK scores for applicant selection. Our study results align with this. Among the 12.9% of program directors in our study (9/70) who selected USMLE Step 1 score as the single most important selection criteria, 66.7% (6/9) indicated that USMLE Step 2 scores will be their new most important selection criteria, since these will remain a numerical score rather than pass/fail for now.

This suggests that the change to pass/fail USMLE Step 1 scoring will not reduce the demand for and interest in standardized, objective assessment tools for residency applicant assessment. Rather, the pressure for applicants may simply shift from the USMLE Step 1 exam to the USMLE Step 2 exam in the short term, which has not traditionally been taken by applicants until later in their medical school careers after some clinical clerkships have been completed (and in some cases deferred until after the residency match). In addition, the Step 2 exam is subject to many of the same bias and disadvantaging factors as the USMLE Step 1 exam.<sup>6,21–24</sup>

A potential shift in standardized test performance emphasis from USMLE Step 1 to USMLE Step 2 thus may have important implications for the medical school curriculum. Some programs may require USMLE Step 2 exam scores be submitted with residency applications going forward, which may lead students to seek adjustment to clerkship schedules and possible restructuring of the clinical curriculum. Medical schools that adapt their curriculum to allow for enhanced dedicated study for the USMLE Step 2 exam may achieve higher Step 2 scores among their students, and potentially better match outcomes (e.g., more students in their top-choice programs)—desired by medical schools as objective “success” metrics.

Letters of recommendation also received one of the highest aggregate importance scores out of the 23 selection criteria evaluated in our study. It may be beneficial for medical students interested in ophthalmology to identify experienced faculty mentors as early as possible during their medical school training, not only for targeted advice and guidance, but also from a practical standpoint to provide students with ample opportunity to interact with faculty mentors and ideally earn a strong letter of recommendation. Previous research indicates that letters of support for residency applicants are often drafted with information that requires “decoding” by the reader of the letter.<sup>25–27</sup> For example, a recent survey of anesthesiology residency program directors revealed that the majority of program directors look for specific keywords in letters of recommendation such as “top X% of students.”<sup>27</sup> Furthermore, letters of recommendation are subject to bias, and differences in letters of recommendation when comparing letter writers’ academic rank (such as associate professors, full professors, and Chairs) have been observed.<sup>28</sup> Medical students interested in ophthalmology may benefit from ensuring that their letter writers are aware of best practices and tacit expectations for letter writing, which could influence candidate’s chances of being considered for an interview, and letter writers may benefit from training to mitigate implicit bias, for example.

The results of our survey also provide insight about the effects of visiting or away rotations on receiving an interview invitation. Interestingly, the aggregate score of “rotations at your department” was relatively low in our survey (average 3.06, total score 214 points), making this selection criteria the 19th most important of the 23 criteria evaluated in our study. However, when program directors were asked their single most important selection criteria, “rotations in your department” was the 3rd most commonly cited selection criteria, ranked as the top criterion by 8.6% of program directors, eclipsed only by “core clinical clerkship grades” and “USMLE Step 1 score.” A recent survey of ophthalmology residency program directors revealed that most program directors recommend fourth-year medical students complete away rotations at other institutions, especially those for which they are strongly interested.<sup>29</sup> The survey also revealed that more than 80% of program directors indicated a visiting student is more likely to be offered an interview compared with another equally qualified applicant. However, far fewer program directors (only 35%) were

more likely to rank an interviewee higher on their rank list if he or she had completed an away rotation at their institution.<sup>29</sup> These findings, in conjunction with the mixed evidence regarding the importance of away rotations revealed in our study, indicate that for some program directors, away rotations may serve an extremely important role in the residency selection process; however, for others, away rotations appear far less important. Given that completing away rotations is expensive for medical students, costing an average of \$1,000 to \$2,000 per away rotation, decision-making for whether to do away rotations and specific program selection may be considered on an individual basis.<sup>29</sup>

Our survey results also reveal that leadership and community service play an important role in the residency selection process. The selection criteria “Leadership roles” earned an aggregate score of 256 points, ranking as the 5th most important selection criteria, while “Community service” earned an aggregate score of 247 points, ranking as the 9th most important selection criteria. Increased emphasis on leadership and community service by residency program directors aligns with the ACGME guidelines emphasizing that “residency programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.”<sup>30</sup> Applicants who have demonstrated leadership and a commitment to community service during medical school are likely better equipped to address health disparities of the local community at the residency level and beyond. In recent years, many medical educators have called for a more holistic review of residency applicants, and emphasizing leadership and community service rather than simply using academic performance metrics such as the USMLE Step 1 exam would align with these goals.<sup>31–33</sup> When program directors were asked about their most important residency selection criteria, the written responses for the program directors who checked the “Other” box also reflect a more holistic review of residency applicants. For example, one program director stated that they looked for “evidence of significant contribution in some endeavor and caring attitude towards others (kindness)” while another said that “we engage in a holistic review...there is not one specific factor” and yet another stated that “I want to get to know an applicant... I could care less about board scores...” One-third of write-in responses specifically mentioned the word “holistic.”

Our survey results also provide insight into the importance of geographic location in the ophthalmology residency match. Geographic analyses of match outcomes in many specialties, including ophthalmology, suggest that geographic location may play an important role in determining match outcomes, with the plastic surgery match, orthopaedic surgery match, and otolaryngology match all revealing regional trends in match outcomes, for example.<sup>34–37</sup> Program directors who responded to our survey ranked “Geographic ties to the residency program” as the 16th most important selection criteria out of 23, with an average score of 3.14 on the 5-point Likert scale, suggesting that program directors believe

geographic location is not as important to residency selection as other criteria examined in this study.

There are several limitations to our study. First, not all program director email addresses were identified, resulting in study authors contacting program coordinators rather than program directors for many programs included in the study, which could have contributed to the 56.5% (70/124) response rate observed. The results of our study only reflect the 70 program directors who responded to the survey, which constitute just over half of all ophthalmology residency programs in the United States, and it is possible that there may be systematic differences between this group and nonresponder programs. Study results may have differed with a greater response rate. However, our response rate of 56.5% compares favorably with those of other program director surveys in the literature related to the topic of residency/fellowship selection criteria, which range from 46 to 58%.<sup>3,4,9</sup> Next, although we identified 23 selection criteria for program directors to evaluate, there could be other criteria used by program directors in determining whether or not to extend and interview invitation to an applicant that were not captured or nuance that is incompletely captured by our study. However, we did enable write-in responses to learn other important factors and considerations not specifically queried. Furthermore, while program directors were surveyed in this study, decisions regarding residency applicants are often made by a committee comprised of more than just the program director. Our findings demonstrate the views of program directors but may not necessarily reflect the views of other members of committees that are tasked with ranking applicants. Additionally, program director responses may have been affected by prevailing views. For example, recognizing that it has become unfashionable to use USMLE Step 1 and other traditional metrics in selection, actual weight assigned to these metrics in decision-making may be greater than reported. Finally, while our conclusions regarding residency selection criteria provide insight on what program directors collectively value, it should be noted that each program and individual program director may have different priorities among the selection criteria examined in this study. Different programs may emphasize selection criteria that are anticipated to best align with their program's vision and goals.

In conclusion, our study provides insights on the importance of several residency selection criteria used by ophthalmology residency programs for residency applicant interview selection decisions. Our results indicate that core clinical clerkship grades, letters of recommendation, and USMLE Step 1 scores are the three most important selection criteria according to more than half of all ophthalmology residency program directors as of 2021. With impending scoring changes for the USMLE Step 1 exam and evolving medical school curriculums and clerkship grading systems, the relative importance of other residency selection criteria examined in this study will likely increase. This is an area warranting future study.

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#### Conflict of Interest

None declared.

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## Ophthalmology Residency Program Director Survey

Start of Block: Default Question Block

Q1 How many residency positions are available at your program per year?

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Q2 Approximately how many applicants do you interview each year?

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Q3 Approximately how many applicants do you rank each year?

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Q4A Rate the importance of the following **academic performance and CV** factors when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Applicant's medical school	o	o	o	o	o
USMLE Step 2 CK Score	o	o	o	o	o
Class rank	o	o	o	o	o
Written comments about clinical rotation performance	o	o	o	o	o
Core clinical clerkship grades	o	o	o	o	o
USMLE Step 1 Score	o	o	o	o	o
Number of ophthalmology electives	o	o	o	o	o
Grade in ophthalmology clerkship	o	o	o	o	o
Performance in preclinical courses	o	o	o	o	o



Q4B Rate the importance of the following **research/publications** factors when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Research experience in ophthalmology	o	o	o	o	o
Research experience (not specific to ophthalmology)	o	o	o	o	o
Publications in ophthalmology	o	o	o	o	o
Publications (not specific to ophthalmology)	o	o	o	o	o



Q4C Rate the importance of the following **letters of recommendation** factors when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Letters of recommendation	o	o	o	o	o
Dean's Letter (MSPE)	o	o	o	o	o
Familiarity with applicant's letter writers	o	o	o	o	o



Q4D Rate the importance of the following **personal factors** when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Rotations at your department	o	o	o	o	o
Personal statement	o	o	o	o	o
Geographic ties to residency program (personal ties or medical school in similar geographic area)	o	o	o	o	o



Q4E Rate the importance of the following **leadership and community service** factors when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Leadership roles	o	o	o	o	o
Community service	o	o	o	o	o



Q4F Rate the importance of the following **awards/honors** factors when selecting an applicant for an interview:

	Not Important	Slightly Important	Moderately Important	Important	Very Important
Alpha Omega Alpha Honor Society	o	o	o	o	o
Gold Humanism Honor Society	o	o	o	o	o



Q5 Of the categories listed below, which category contains the factors that are most useful when deciding to offer an interview invitation?

- Academic Performance and CV
- Research/Publications
- Letters of Recommendation
- Personal Factors
- Leadership and Community Service
- Awards/Honors



Q6 Of the factors listed below (or a write-in of your choice), what is the single most important factor used when deciding to offer an interview invitation?

- Applicant's medical school
- USMLE Step 2 CK Score
- Class rank
- Written comments about clinical rotation performance
- Core clinical clerkship grades
- USMLE Step 1 Score
- Number of ophthalmology electives
- Grade in ophthalmology clerkship
- Performance in preclinical courses
- Research experience in ophthalmology
- Research experience (not specific to ophthalmology)

- Publications in ophthalmology
- Publications (not specific to ophthalmology)
- Letters of recommendation
- Dean's Letter (MSPE)
- Familiarity with applicant's letter writers
- Rotations at your department
- Personal statement
- Geographic ties to residency program (personal ties or medical school in similar geographic area)
- Leadership roles
- Community service
- Alpha Omega Alpha honor society
- Gold Humanism Honor Society
- Other \_\_\_\_\_



Q7 In the absence of a numerical USMLE Step 1 score (transition to Pass/Fail scoring), what would be the single most important factor used when deciding to offer an interview invitation?

- Applicant's medical school
- USMLE Step 2 CK Score
- Class rank
- Written comments about clinical rotation performance
- Core clinical clerkship grades
- Number of ophthalmology electives
- Grade in ophthalmology clerkship
- Performance in preclinical courses
- Research experience in ophthalmology
- Research experience (not specific to ophthalmology)
- Publications in ophthalmology
- Publications (not specific to ophthalmology)
- Letters of recommendation
- Dean's Letter (MSPE)
- Familiarity with applicant's letter writers
- Rotations at your department
- Personal statement
- Geographic ties to residency program (personal ties or medical school in similar geographic area)
- Leadership roles
- Community service
- Alpha Omega Alpha honor society
- Gold Humanism Honor Society
- Other \_\_\_\_\_

End of Block: Default Question Block