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RESIDENCY PROGRAM INTERVIEWS: CANDIDATES' PERCEPTIONS  
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Simmons<sup>1</sup> identified factors important to students in selecting a residency program, and Vaughn<sup>2</sup> determined attributes valued by faculty v. residents in anesthesia resident candidates. But little if any information exists on candidates' perceptions of residency interviews. We sought this information in hopes of improving the interview process at our institution.

METHODS

Prior to scheduled interviews, candidates received by mail an application form, program brochure, a recent faculty publications list, copies of 1990 ASA abstracts published by faculty, and information on salary and benefits. Sixty-two candidates each participated in one of 4 weekend group interviews. Sessions were conducted on a Saturday or Sunday between November, 1990 and January, 1991. At each group session, the Chairman and Residency Program Director greeted candidates. An 11-minute video followed. Then each candidate completed three 20-minute interviews, each with a single faculty member. Candidates met one another, residents, and faculty during coffee break, lunch, and a tour of the facilities.

Candidates evaluated the interview process via a confidential questionnaire consisting of 8 items rated on a 4 point scale (excellent, good, fair, and poor) and 6 free-form questions. One question evaluated each component part of the interview process. Four questions dealt with the value of material sent in the mail v. the interview process in informing candidates. Free-form questions sought qualitative responses on aspects of the interview process and the residency program. Kendall's correlation coefficient permitted ranking of the interview component parts by candidates' responses. Likelihood ratio  $\chi^2$  statistics compared response frequencies for other questions, with  $P < 0.05$  considered significant.

RESULTS

Seventy-one percent (N=44) of the interviewed candidates returned evaluations. Candidates responded favorably most often to the Chairman's greeting, followed in order by lunch, interviews, Program Director's greeting, tour, and then video with coffee break rated least important (Kendall's  $\tau = -0.134$ ;  $P = .048$ ; see table). Informative value of mailed material rated no different from the interview process' ability to increase familiarity with faculty, facilities or the residency program ( $P = .06$ ), although mailed material received fewer "excellent" scores (21% compared to 40% for interview components;  $P = .05$ ). Candidates' free form responses indicated a desire to see O.R. activity and to meet more residents.

Table. Responses regarding value of interview components

Component †	Excellent	Good	Fair	Poor
Chairman's greeting	19 (44%)	22	2	0
Lunch	15 (36%)	25	2	0
Interviews	17 (40%)	23	2	1
Director's greeting	14 (37%)	19	5	0
Tour	12 (29%)	29	2	0
Video	14 (32%)	25	5	0
Coffee Break	7 (18%)	27	4	1

Entries are number of candidates responding or (PERCENT).

DISCUSSION

Candidates appreciate detailed information in the mail as well as an opportunity to visit the program. Successful interviews will include a greeting by the Chairman and lunch. These data suggest that "high tech" maneuvers such as a video impress candidates little and do not replace a Chairman's personal greeting. If possible, departments should consider having the Chairman interview all candidates. Lunch provides nourishment after several stressful hours and a social opportunity for informal interaction of candidates with faculty and residents. Weekend interviews limit opportunities to view O.R. activity and meet with many residents.

REFERENCES

1. Simmons et al: J Acad Med 65:640, 1990.
2. Vaughn et al: Anesthesiology 59:A461, 1983.

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Title: DOES CONFERENCE ATTENDANCE BY RESIDENTS AFFECT THEIR TEST SCORES?

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**Introduction and Methods:** In order to determine if conference attendance contributed to knowledge acquisition in our 15 anesthesia residents who began July 1, 1990, we prospectively collected data on Anesthesia Knowledge Test scores at the beginning and end of the first month (AKT 1 Pretest and Post-test) and at the end of 6 months of training (AKT 6), and recorded attendance at all didactic conferences for the 6-month period. We used analysis of variance to determine which variable correlated highest with the AKT 6 score.

**Results:** Table 1 presents the raw data for each resident, listed in order of their AKT 6 score. AKT exam scores are reported as percentiles. Analysis of variance indicated that the strongest single predictor of the AKT 6 score was the score on the AKT 1 Post-test ( $R^2 = .765$ ), and conference attendance ( $R^2 = .419$ ) was the second strongest predictor.

**Discussion:** The strongest predictor for any test score is usually previous test scores, and we have found that to be the case in this population. Our data indicate that there is also some correlation between conference attendance and performance on the examination after 6 months of training. There is scant information about the way anesthesia residents learn best, and information on medical students is equivocal. Most studies acknowledge that there are students who do not need to attend lectures in order to perform well on examinations, but that the majority of students benefit from attending class. In this limited population we have shown that conference attendance, per se, is not the strongest contributor to performance on the six-month examination. Thus, we will continue our policy of not enforcing conference attendance, but of suggesting that it is an efficient way of channeling individual study.

Table Conferences Attended and Test Scores for 15 First-Year Residents

AKT 6	AKT 1 Pretest	AKT 1 Post-test	Conferences Attended
99	98	98	57
97	84	87	81
84	11	67	68
83	84	93	56
75	29	24	70
66	47	51	52
64	55	35	38
55	29	67	68
43	*	13	48
40	84	38	44
40	32	67	43
31	22	10	67
31	17	32	44
13	17	11	59
*	03	09	24