



# The Urology Match Process and the Limited Value of Post-Interview Communication for Program Directors

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<b>OBJECTIVE</b>	To understand the urology Match process from the perspective of residency program directors, with a particular focus on the role of postinterview communication. Recent surveys of urology applicants revealed that postinterview communication from programs often violates the rules of the American Urological Association Urology Residency Matching Program (the “Match”), and that such communication may influence applicant rank lists.
<b>METHODS</b>	An anonymous, electronic survey seeking information regarding postinterview communication during the Match was sent to all program directors of urology residency programs participating in the 2017 AUA Match cycle.
<b>RESULTS</b>	Of 138 surveys sent, 84 were completed for a 61% response rate. Among respondents, 97.6% percent of programs received postinterview communication from applicants, 76.2% of programs received an informal commitment from an applicant, and 38.3% failed to match an applicant who made an informal commitment. Most program directors (81.7%) responded that promises by applicants did not influence their rank list, and 57.1% state that participating in a second look does not have the potential to influence an applicant’s rank order. Cumulatively, 76.2% of program directors felt that it was appropriate for applicants to cancel an interview if they provided 2 or more weeks’ notice.
<b>CONCLUSION</b>	The current study suggests that urology program directors do not ascribe significant value to continued contact with applicants after the interview, regardless of whether such contact is in the form of postinterview communication or in the form of second-look visits. UROLOGY 128: 23–30, 2019. Published by Elsevier Inc.

In 1952, the National Resident Matching Program (NRMP) created the Main Residency Match to provide an unbiased system for the selection of applicants to graduate medical training programs.<sup>1–3</sup> By enforcing a uniform date for applicants to accept offers, the NRMP sought to reduce the pressure students faced from residency programs who extended offers early in medical school and with short deadlines for accepting or rejecting the offer.<sup>4,5</sup> The American Urological Association (AUA) Urology Residency Matching Program, referred to as the “Match,” is the urology-specific version of the NRMP Main Residency Match.<sup>6</sup> It utilizes the same algorithm employed by the NRMP but is conducted specifically for applicants to accredited U.S. urology training

programs and is overseen by the Society of Academic Urologists.<sup>7</sup>

In 2017, there were 319 urology residency positions in the 130 accredited programs in the United States. The 422 applicants in the urology Match submitted an average of 68 applications and were offered an average of 11 interviews each, with an 82% match rate for applicants from U.S. medical schools.<sup>6</sup>

Although the NRMP publishes a more extensive set of rules and regulations than the AUA, both matching programs are guided by a similar set of principles, particularly with respect to the regulation of interaction between applicants and residency programs.<sup>4,8</sup> Both matching programs ban certain forms of communication based on the timing of the communication, the content of the communication, or both. For example, it is a violation of Match rules for residency programs to request that applicants reveal their rank list, and it is prohibited for programs to partake in any communication following the interview “that is disingenuous for the purpose of influencing applicants’ ranking preferences.”<sup>1,9</sup>

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In spite of these rules, studies across many specialties have established the prevalence of postinterview communication that violates the rules of the match.<sup>1,10-13</sup> Specifically in the field of urology, recent studies have demonstrated that programs frequently ask applicants prohibited questions about their rank lists (eg to reveal where a particular program is ranked) and contact applicants via prohibited means (eg by a phone call).<sup>8,12,14,15</sup> Moreover, studies have found that this rule-breaking behavior may influence applicant rank lists, thereby reducing the impartiality sought by the Match.<sup>14,15</sup>

However, most of the findings regarding residency program behavior during postinterview communication and how it impacts applicant decision-making comes from data supplied by the applicants themselves.<sup>1,11,12,14-17</sup> Relatively few reports have been published that examine the Match process from the standpoint of the residency programs or analyze the behavior of applicants through the lens of program directors.<sup>12,16</sup> The current study seeks to understand the urology Match process and the role of post-interview communication from the perspective of residency program directors, including how such communication influences the rank list of programs. Our hypothesis is that postinterview communication is common between applicants and programs, and that there is a high

degree of variability in how program directors utilize the information they receive from applicants.

## MATERIALS AND METHODS

### Survey Administration

Following IRB approval, an anonymous survey (Fig. 1) was sent electronically (via email, using the Google Forms online software) to all directors of urology residency programs participating in the 2017 AUA match cycle. One week following the administration of the survey, a single reminder email was sent to all who received the initial invitation to take the survey (for a total of 2 emails). From this point, survey remained open for an additional 4 weeks. At the end of this 4-week period, the survey stopped accepting responses and data analysis began. Investigators could not link any single response to its respondent as all survey submissions were anonymous.

### Statistical Analysis

Microsoft Excel, SPSS, and Stata were utilized for all statistical analyses, which consisted of basic descriptive statistics including the reporting of mean and standard deviation (SD) for normally distributed continuous data; median and interquartile range for non-normally distributed (skewed) continuous data (all continuous data found in Table 1); and mean and percent (%) for categorical data (categorical data

1. Approximately how many applicants do you interview each year?
2. How many spots per year are available in your residency program?
3. Did you receive any communication from applicants prior to the Urology match?
4. Approximately how many applicants did you receive post-interview communication from?
5. If you did receive post-interview communication from an applicant, in what form was it? (check as many as apply)
6. Did any post-interview communication ever cause you to change the applicant's rank order from what you had initially planned?
7. Did you announce to applicants that you did not want to be contacted after the interview?
8. Did any applicants request you to reveal where you would be ranking them on your rank list?
9. Did you ever overstate your interest in an applicant either during an interview or through communication after an interview?
10. Did any applicants promise to rank your program very highly or as their top choice?
11. If so, how many applicants promised to rank your program very highly or as their top choice?
12. If an applicant promised to rank your program as their top choice or very highly, how much did this information from applicants influence your rank order decision?
13. Did you fail to match any applicant(s) who you felt made an "informal" commitment to you (e.g. rank you as their top choice)?
14. How many applicants cancelled interviews with short notice before the interview?
15. What do you think is the minimum amount of time that an interviewee should give before cancelling an interview?
16. Do you encourage a second look visit?
17. Does participating in a second look visit potentially influence the applicant's rank order?
18. Which applicants received follow-up communication from you/your program?
19. What was your primary purpose in sending follow-up communication?
20. Did you ever experience anything during the interview or post-interview process that you felt was unprofessional? If so, please describe without listing program identifiers

**Figure 1.** Survey sent to urology program directors.

**Table 1.** Program characteristics

Characteristic	Mean (SD)
Approximately how many applicants do you interview each year?	40.1 (11.1)
How many spots per year are available in your residency program?	2.60 (0.83)
Approximately how many applicants did you receive postinterview communication from?	20 (10-25)*
Approximately what percentage of applicants did you receive postinterview communication from (%)?	49.8 (28.0)
If promised so, how many applicants promised to rank your program very highly or as their top choice?	5 (1-10)*
How many applicants cancelled interviews with short notice before the interview?	4 (3-5)*

SD, Standard deviation.

\* Data reported as median (interquartile range) rather than mean (SD).

found in Table 2). The Shapiro–Wilk test was used to determine normality. Results with  $P < .05$  were considered significant and only 2-tailed  $P$  values were utilized.

## RESULTS

Of 138 surveys sent, 84 were completed for a 61% response rate. On average, each program interviewed 40.1 (SD = 11.1, range 12-75) applicants for a mean of 2.6 (SD = 0.83, range 1-5) residency spots per program. (Table 1)

During the course of the interview, 26.2% of programs explicitly announced to the applicants that they did not want to be contacted after the interview. Despite this, 97.6% of all program directors who responded to this survey report that their residency program received postinterview communication from at least 1 applicant (Table 2), with each program receiving postinterview communication from a median of 20 (interquartile range 10-25) applicants.

Although 76.2% of programs report that at least 1 applicant “promised to rank their program very highly or as their top choice,” 38.3% of programs “failed to match an applicant(s) who you felt made an informal commitment to you (eg rank you as their top choice)?” The majority of program directors (81.7%) responded that “informal commitments (eg rank you as their top choice)” by applicants did not influence the program’s rank order list, and 2.4% report that an applicant requested that the program reveal the applicant’s position on their rank list. (Table 2)

Most programs (73.8%) report that they did not send follow-up communication after an interview, and only 5 programs (6.0%) sent follow-up communication in order to encourage interest in the program. (Table 2) Similarly, 95% of programs directors report that they did not encourage a second look visit, and 57.1% state that participating in a second look does not have the potential to influence an applicant’s rank order. (Table 2)

## DISCUSSION

The current study surveyed program directors of all accredited urology residency training programs that participated in the 2017 AUA Match regarding their experience with postinterview communication. Our analysis suggests that although postinterview communication between applicants and programs is commonplace, it is not highly valued by residency program directors and may increase the propensity for the exchange of misleading communication.

Of the 84 program directors that responded to our survey, 26.2% reported that they already attempt to preclude

postinterview communication by announcing to applicants that their program does not want to be contacted at all after the interview. Despite this, 97.6% of all programs that responded to this survey received some form of post-interview communication from applicants.

Although only a small fraction of postinterview communication initiated by applicants contained content considered unprofessional (eg 2.4% of applicants asked programs to reveal the applicant’s position on their rank list), the majority of programs (76.2%) report that an applicant promised to rank their program “very highly or as their top choice.” For most program directors (81.7%) this information did not influence the program’s rank list, however 38.3% of program directors failed to match an applicant who made the promise (“fail to match” is a phrase that has been previously published in the Match literature to imply that a commitment has been broken [ie it is understood to mean that the applicant broke their commitment to the program]).

That an applicant’s promise to rank a program “very highly or as their top choice” is often ignored by program directors suggests either that programs are skeptical of the applicant’s promise or that such a promise—even if believed by the program to be true—is not relevant to the program’s decision-making process. In the former scenario, the implication is that programs are receiving, or believe they are receiving, empty promises from applicants, which is problematic insofar as it reflects an impaired state of communication between programs and applicants during the Match. The latter scenario, on the other hand, implies that programs form their rank lists based on a process in which an applicant’s stated interest does not factor heavily into the equation, which may not be concerning per se, but does suggest that expressions of interest (especially ones that do not explicitly state that the applicant will rank the program first) are of little utility to program directors. One finding that does raise concern, however, is that 38% of program directors failed to match an applicant that they felt made an informal commitment to them. On the whole, these findings suggest that urology program directors do not believe the communication coming from applicants can always be reliably acted upon, and that when they do act on such information, program directors may be adversely affected. Furthermore, the findings suggest that program directors may sometimes simply not be interested in promises from

**Table 2.** Survey responses

Question	n (%)
<i>Did your program receive postinterview communication from at least 1 applicant?</i>	
No	2 (2.4)
Yes	82 (97.6)
Total	84 (100)
<i>Postinterview communication via phone:</i>	
No	74 (88.1)
Yes	10 (11.9)
Total	84 (100)
<i>Postinterview communication via mail (letter):</i>	
No	21 (25)
Yes	63 (75)
Total	84 (100)
<i>Postinterview communication via email:</i>	
No	4 (4.8)
Yes	80 (95.2)
Total	84 (100)
<i>Did you announce to applicants that you did not want be contacted after the interview?</i>	
No	62 (73.8)
Yes	22 (26.2)
Total	84 (100)
<i>Did any applicants request you to reveal where you would be ranking them on your list?</i>	
No	82 (97.6)
Yes	2 (2.4)
Total	84 (100)
<i>Did you ever overstate your interest in an applicant either during an interview or through communication after an interview?</i>	
No	81 (96.4)
Yes	3 (3.6)
Total	84 (100)
<i>Did any applicants promise to rank your program very highly or as their top choice?</i>	
No	20 (23.8)
Yes	64 (76.2)
Total	84 (100)
<i>If an applicant promised to rank your program as their top choice or very highly, how much did this information from applicants influence your rank order decision?</i>	
Did not influence order decision	58 (81.7)
Somewhat	12 (16.9)
Significantly	1 (1.4)
Total	71 (100)
<i>Did you fail to match any applicant(s) who you felt made an informal commitment to you (eg rank you as their top choice)?</i>	
No	37 (61.7)
Yes	23 (38.3)
Total	60 (100)
<i>What do you think is the minimum amount of time that an interviewee should give before cancelling an interview (wks)?</i>	
1	21 (25)
2	43 (51.2)
3	9 (10.7)
≥4	9 (10.7)
Canceling an interview is never appropriate	2 (2.4)
Total	84 (100)
<i>Do you encourage a second look visit?</i>	
No	79 (94)
Yes	5 (6)
Total	84 (100)
<i>Does participating in a second look visit potentially influence the applicant's rank order?</i>	
No	36 (57.1)
Maybe. Depends on applicant's performance during the second look	22 (34.9)
Yes	5 (8.0)
Total	63 (100)

Continued

**Table 2.** Continued

Question	n (%)
<i>Which applicants received follow-up communication from you/your program?</i>	
No applicants	63 (75)
Select applicants	12 (14.3)
All applicants	9 (10.7)
Total	84 (100)
<i>What was your primary purpose in sending follow-up communication?</i>	
We do not send follow-up communication	62 (73.8)
As a courtesy	17 (20.2)
To encourage interest in our program	5 (6)
Total	84 (100)

applicants, regardless of whether they think the applicants will follow through on the promise.

In light of this information, it may be wise to caution applicants against routinely notifying programs of their preferences. Even if applicants are sincere in their expression of interest, the possibility that such expression will fall on deaf ears is distinct. Moreover, it is likely that the routine expression of interest in programs by applicants has contributed to a culture in which program directors put little stock in applicant preferences, and thus both parties (applicants and programs) would be better served if applicants were more judicious in expressing interest.

These findings are echoed in 2 papers from nearly 20 years ago that surveyed general surgery and urology program directors, respectively. Merely 8.7% of general surgery program directors believed applicant's stated interests, and 76.6% of program directors did not allow applicants' informal commitments to influence their rank lists.<sup>16</sup> In a nearly identical finding to the current study, 81% of urology program directors surveyed following the 1999 urology Match said they "did not believe" when they were informed that their program would be ranked highly or as number one, and 52% of program directors failed to match applicants who made informal commitments to them.<sup>12</sup> In conjunction with the findings of the current study, this data spanning nearly 20 years suggests a serious breakdown of the communication process between applicants and programs in the urology Match.

Over the last several years, a number of studies have been published suggesting that applicants are subject to numerous violations of the match Code of Conduct during postinterview communication and that postinterview communication places undue pressure on applicants.<sup>1,14,15</sup> In this context, the present finding that program directors often fail to match applicants who have made a promise to them helps to paint the picture of that postinterview communication in its current practice is harmful to both parties that engage in it.

Moreover, the present study adds to the previous literature by finding that for the majority of program directors (57%), second look visits do not have the potential to change where the program ranks an applicant, regardless of the applicant's performance on the visit. Previous studies show that approximately 20% of applicants complain

of feeling pressured to conduct a second look,<sup>1,14</sup> and up to 79% of applicants feel encouraged in some way to do so.<sup>17</sup> In addition to requiring a large commitment of time, second look visits pose a significant financial burden to applicants, costing an average of more than \$250 per visit.<sup>1,14,17</sup> Although the majority of these visits do not impact the program directors' rank lists, one must consider the possibility that applicants benefit from second-look visits when they feel, after interview day, that they need more information about a program. Care must therefore be taken to ensure that programs do not pressure applicants into conducting second look visits, but it may be unwise to ban second look visits outright and deprive applicants of a potentially rich source of information.

In trying to understand the urology Match process from the perspective of program directors, it is also valuable to consider program directors' views on the common practice of interview cancellation. It is not rare for applicants to cancel previously scheduled interviews in order to attend more recently offered ones, possibly owing to the costly and time-consuming nature of the urology Match and the accordant desire by applicants to judiciously allocate their finite resources.<sup>17</sup> However, opinions differ as to how much notice is appropriate for an interview cancellation and few published studies that focus on the residency interview process look at cancellation practices, leaving applicants to wonder if cancelling a particular interview is unprofessional.<sup>17,18</sup> The current study adds concrete data to this discussion, finding that 76.2% of program directors felt that it was appropriate for applicants to cancel an interview if they provided 2 or more weeks' notice. (Table 2)

Over the past 20 years, studies both within the field of urology and in other specialties have found that gamesmanship features prominently in communications between applicants and programs, and many have called for a reduction or abolishment of postinterview communication.<sup>12,16</sup> Recent studies in urology and beyond have corroborated the idea that postinterview communication may be harming more than helping applicants, which partially accounts for the field of plastic surgery deciding to ban all postinterview communication from 2012 onward.<sup>1,14,15,19</sup> The current study contributes the finding that the urology program directors ascribe little value to

the postinterview communication that they receive from applicants, and that when they do act on the information they receive, it is not uncommon for them to fail to match applicants who promised to rank them highly or as their top choice. In light of this information, it may be time to consider the possibility that as it currently stands, the harms of postinterview communication outweigh its benefits and that serious steps must be taken to improve the postinterview communication process if its practice is to continue to be justified.

The authors of this study believe that postinterview communication still has the potential to bolster the Match process if it is used for genuine, honest exchange. Likewise, we feel that second-look visits can serve applicants as a potentially rich source of information about programs. If steps could be taken to reduce the harms associated with postinterview communication, such as those conversations that mislead program directors about applicant intentions or make applicants feel pressured into conducting second-look visits, the Match process would be better served by the inclusion of postinterview communication, including thank-you notes/emails and second-look visits, than by an outright ban. We therefore suggest that the Society of Academic Urologists consider implementing stricter regulation of postinterview communication by requiring that all postinterview communication (including thank-you notes) take place via the Electronic Residency Application Service online system, where it would be documented and reviewed by the Society when necessary. Additionally, all communication could be stored for a period of 5-10 years, which would allow the Residency Review Committee to routinely examine communication during the reaccreditation process. These changes, and the intention behind them, would need to be clearly communicated to applicants so that they are aware of the protections in place. We hope that this step would promote a more honest postinterview communication period.

The findings of this study must be interpreted in light of some important limitations. First, this study reports a response rate of 61% and is susceptible to response bias. It is probable that program directors who break the Match rules are less likely to respond to this survey, thus our study may underestimate the true prevalence and motivations of program directors who initiate postinterview communication with applicants. Additionally, program directors who had negative experiences with postinterview communication may have been more likely to respond to this survey than program directors who were content with their match experience. However, we hope that our relatively high response rate (compared to other surveys related to the urology Match) may mitigate the potential for response bias.<sup>20,21</sup> Another limitation that must be considered is that the subjective nature of postinterview communication allows for discrepancies between the meaning assigned to an applicant's statement by program directors and by applicants. For example, we calculated the percent of programs that received an informal

commitment from an applicant based on the program directors' declaration that an applicant made such a commitment; that same figure might be lower if it were calculated based on the applicant's determination of whether or not they made a commitment. Finally, as with all surveys, there are certain questions that were necessarily excluded. In particular, while this survey gathers data on how program directors act (or don't act) on the communication they receive from applicants, it does not address the question of how might a program director interpret the lack of contact from an applicant after an interview.

## CONCLUSION

The urology Match was initially implemented to create an impartial system that allowed graduating medical students to reasonably consider offers, without undue pressure, from the residency programs for which they were objectively best suited. By creating opportunities for applicants and programs to express genuine, mutual interest, postinterview communication may theoretically enhance the Match process. However, reports suggest that in practice postinterview communication reintroduces some of the bias and pressure the Match was designed to exclude.<sup>14,15,22</sup> The current study suggests that urology program directors do not often ascribe significant value to the information received from applicants during postinterview communication, and that when they do, they are sometimes misled by the information they receive. Formal monitoring by the AUA of all postinterview communication, or an outright prohibition of postinterview communication, may help to restore equity to the urology Match.

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## EDITORIAL COMMENT



This is an important and thoughtful article that evaluates the Urology Match and specifically postinterview communications and their potential impact on Program Directors. The authors surveyed all Program Directors in the 2017 Match cycle and 61% responded. Almost all programs (98%) received postinterview communications from applicants, and 76% received an informal commitment from an applicant, which was often misleading. Most program directors felt that promises by applicants did not influence their rank list, and 57% responded that second look visits also did not influence the applicant's rank order. The authors conclude that most Urology Program Directors do not find significant value in continued contact with applicants after the interview, and they suggest that such communications should remain limited, perhaps restricted to the Electronic Residency Application Service system so that they can be readily monitored to ensure that there is no “gaming” of the Match.

This represents yet another in a series of articles that have raised concern about various aspects of the Match Process in Urology and other competitive fields of medicine.<sup>1–5</sup> Just this past year *Urology* has published at least 2 articles looking at the Match from the perspective of the candidates.<sup>1,2</sup> The main

findings were that the majority of candidates reported receiving postinterview communications from at least 1 program, many of which were verbal, which is prohibited, and in some cases these communications were misleading to the candidate. Many candidates were asked to reveal where they would be ranking a program, and inappropriate queries regarding marital status or plans for having children were also reported, which could negatively impact female candidates. Second look visits were also “strongly encouraged” by some programs, which is particularly burdensome and likely has unfair socioeconomic implications. The authors proposed that we should consider banning all forms of postinterview communication, which some other disciplines have already done.

We hope that these articles will stimulate further discussion as the American Urological Association and the Society of Academic Urologist work to ensure the fairest and most equitable practices regarding the Urology Match process. Given the vagaries of human nature and the insecurity that is often engendered by such a competitive process, perhaps it is time to consider more strict policies regarding appropriate conduct during the Match process, particularly regarding issues related to postinterview communications and second-look visits. Such policies may need to be reviewed in an even more robust manner at the start of each interview season, and increased awareness about the mechanisms in place for anonymous reporting of potential violations may also be helpful. The recent literature about this topic strongly suggests that there is much room for improvement, which may have great impact on the future of our field.

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## AUTHOR REPLY



We thank the commenters for their interest in this paper. Although recent reports, including the current article, have highlighted the pitfalls of postinterview communication, we still believe in the potential of postinterview communication to enhance the Match.<sup>1,2</sup> We join with the commenters in calling for solutions to realize this potential.

One possible solution, as outlined in the above manuscript, is to require that all postinterview communication be conducted

through the Electronic Residency Application Service portal and monitored by the Society of Academic Urologists. This may deter parties on both sides from engaging in gamesmanship and promote more straightforward communication.

Another possible solution is to address upstream factors that fuel the desire for applicants and programs to engage in gamesmanship in the first place. The commenters suggest that the insecurity fostered by a process as competitive as the Urology Match contributes to the concerning behavior documented during the match process.<sup>1,2</sup> The results of 2019 Urology Match are compatible with this observation. It is striking that for the 389 rank lists submitted, applicants applied on average to more than 50% of the available programs (applicants applied to an average of 71 programs, with 135 residencies participating in the 2019 match).<sup>3</sup>

These numbers are reflective of a process in which applicants feel uncertain about the outcomes of their applications, in part due to the sheer volume of applicants vying for a small number of spots. This pressures each applicant to submit an ever-greater number of applications, causing their fellow applicants to do the same, thus creating a vicious cycle. Since 2013, the average number of applications submitted in the Urology Match has risen steadily each year, from 53 in 2013 to 71 in 2019.<sup>3</sup>

We suggest studying the possibility that conducting the Urology Match concurrently with the National Residency Matching Program Main Residency Match, rather than as an early match, might help to break this cycle. It may do so in 2 ways. First, it could increase self-selection by eliminating the pool of applicants who apply into urology with the intention of entering the National Residency Matching Program match if not successful in urology. Fewer applicants overall would decrease the perceived need to “play the numbers game.” Second, it would give applicants additional time to engage in urology-specific research and to schedule away rotations, allowing them greater familiarity with programs and making them more secure in their applications. Together, these changes may usher in a culture in which students take a more targeted approach to applying in the Urology match, and in which programs and applicants alike are less concerned with engaging in postinterview communication with a vast number of potential matches as a matter of necessity, and more focused on utilizing postinterview communication as a tool to engage with parties in whom they are genuinely interested.

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## EDITORIAL COMMENT



The match process for candidates and programs was created more than 50 years ago in an attempt to level the playing field for applicants and programs, and to foster selection decisions without coercion or undue pressure. Both the National Resident Matching Program and the AUA Urology Matching Program prohibit or discourage postinterview communication that is disingenuous for the purpose of influencing applicants' ranking preferences. The National Resident Matching Program code of conduct does not allow programs to require a second visit, while the current AUA Match Guidelines make no comment about second looks. Interestingly, there are no restrictions on applicants in their attempts to influence a program's ranking preferences. The current survey of urology residency program directors provides insight into the perspective of some of this contact, typically initiated by applicants. While 76% of programs reported receiving a promise to match from an applicant, 38% reported a failure to match an applicant, despite their informal commitment. It appears most Program Directors have rightfully remained skeptical, as 80% report that these informal promises do not influence their rank list process.

Applicants should stop promising.

Personally, while some argue for the benefits to the applicant of second looks, they should be banned entirely. They are costly, unfair, discriminate against applicants of lower socioeconomic status and certainly risks violating the integrity of the match to avoid coercion and undue pressure, even if the intent is genuine.

As I vividly remember being burned in the past, University of Washington is not influenced by these promises. We also tell all of our medical students that they are not required to tell a program that they are their first choice, but if they do, they must hold to this commitment, and they must not tell this to more than 1 program. Urology is a small world.

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