

10. Anderson KD, Jacobs DM, Blue AV. Is match ethics an oxymoron? *Am J Surg.* 1999;177:237–239.
11. Carek PJ, Anderson KD, Blue AV, Mavis BE. Recruitment behavior and program directors: how ethical are their perspectives about the match process? *Family Med.* 2000;32:258–260.
12. Teichman JM, Anderson KD, Dorrough MM, Stein CR, Optenberg SA, Thompson IM. The urology residency matching program in practice. *J Urol.* 2000;163:1878–1887.
13. Jena AB, Arora VM, Hauer KE, et al. The prevalence and nature of postinterview communications between residency programs and applicants during the match. *Academic Med: J Assoc Am Med Colleges.* 2012;87:1434–1442.
14. Farber NJ, Neylan CJ, Kaplan A, Singer EA, Elsamra SE. The urology match and post-interview communication. *Urology.* 2018;122:44–51.
15. Sebesta EM, Lipsky MJ, Nunez M, Cooper KL, Badalato GM. The National Resident Matching Program Code of Conduct: what is the perceived degree of compliance during the urology match process? *Urology.* 2018.
16. Anderson KD, Jacobs DM. General surgery program directors' perceptions of the match. *Curr Surg.* 2000;57:460–465.
17. Nikonow TN, Lyon TD, Jackman SV, Averch TD. Survey of applicant experience and cost in the urology match: opportunities for reform. *J Urol.* 2015;194:1063–1067.
18. Fogel HA, Liskutin TE, Wu K, Nystrom L, Martin B, Schiff A. The economic burden of residency interviews on applicants. *Iowa Orthop J.* 2018;38:9–15.
19. Surgeons ACoAP. ACAPS uniform policy and guidelines for post interview communication 2012 [Available at: <http://acaplasticsurgeons.org/multimedia/files/Post-Interview-Communication-Policy.ppt>].
20. Parker DC, Kocher N, Mydlo JH, Simhan J. Trends in Urology Residents' exposure to operative urotrauma: a survey of residency program directors. *Urology.* 2016;87:18–24.
21. Sarkissian H, Hardy S, Plante M, Mingin G. Pediatric resident exposure to urology: identifying a need. *J Urol.* 2013;190(4 Suppl):1618–1621.
22. Surgeons ACoAP. Uniform policy and guidelines for post interview communication 2012 [Available at: <http://acaplasticsurgeons.org/multimedia/files/Post-Interview-Communication-Policy.ppt>].

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.^{1–5} Just this past year *Urology* has published at least 2 articles looking at the Match from the perspective of the candidates.^{1,2} 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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References

1. Farber NJ, Neylan CJ, Kaplan A, et al. The urology match and postinterview communication. *Urology.* 2018;122:44–51.
2. Sebesta EM, Lipsky MJ, Nunez M, et al. The national resident matching program code of conduct: what is the perceived degree of compliance during the urology match process? *Urology.* 2018;122:37–43.
3. Grimm LJ, Avery CS, Maxfield CM. Residency postinterview communications: more harm than good? *J Grad Med Educ.* 2016;8:7–9.
4. Brooks JHT, 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:e84.
5. Berriochoa C, Ward MC, Weller MA, et al. Applicant interview experiences and postinterview communication of the 2016 radiation oncology match cycle. *Int J Radiat Oncol Biol Phys.* 2016;96:514–520.

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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.^{1,2} 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.^{1,2} 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).³

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 2019.³

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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References

1. Farber NJ, Neylan CJ, Kaplan A, Singer EA, Elsamra SE. The urology match and post-interview communication. *Urology*. 2018;122:44–51.
2. Sebesta EM, Lipsky MJ, Nunez M, Cooper KL, Badalato GM. The national resident matching program code of conduct: what is the

perceived degree of compliance during the urology match process? *Urology*. 2018;122:37–43.

3. Association AU. *Urology residency match statistics*. 2019. Available at: <https://www.auanet.org/education/auauniversity/for-residents/urology-and-specialty-matches/urology-match-results>. Accessed 4 February 2019.

<https://doi.org/10.1016/j.urology.2019.01.044>

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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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