

# Are red flags incompatible with a successful match? Advising marked students in the era of application inflation

Gary L. Beck Dallaghan, Ph.D.<sup>1</sup>, Robert Drucker, M.D.<sup>2</sup>, Brenda J.B. Roman, M.D.<sup>3</sup>

<sup>1</sup>University of North Carolina Chapel Hill School of Medicine, Chapel Hill, NC; <sup>2</sup>Duke University School of Medicine, Durham, NC;

<sup>3</sup>Wright State University Boonshoft School of Medicine, Dayton, OH

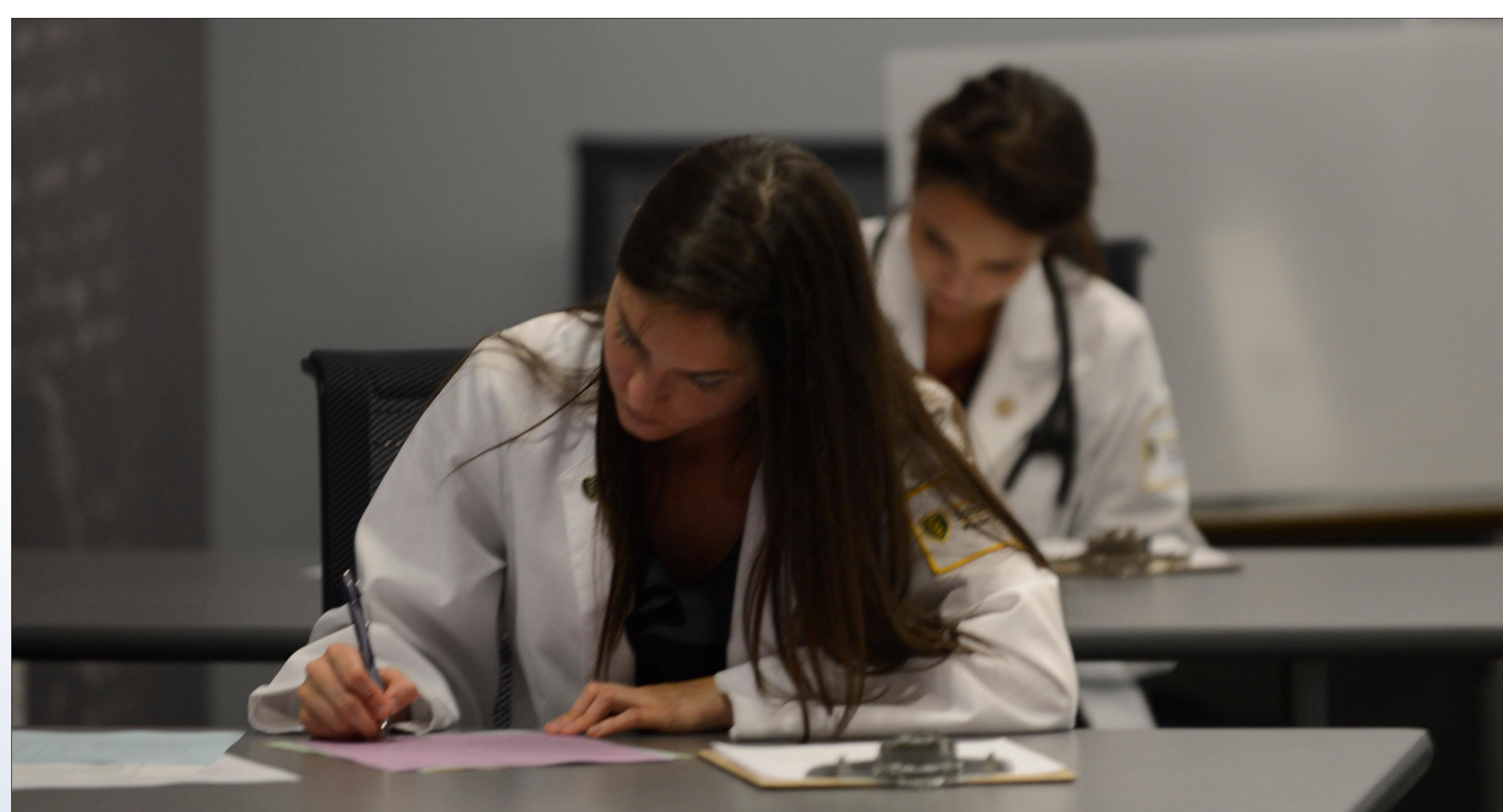


## << BACKGROUND

- Graduating medical students are submitting an ever increasing number of residency applications each year
- Residency programs are receiving more applications than they can possibly review holistically (Pereira 2016)
- Over reliance on USMLE Step scores to filter students is the norm — even though these examinations were not designed for that purpose (Prober 2016)

## << CONCERNING ISSUE

Students with red flags on residency applications deserve pragmatic advice on obtaining residency positions. “Red Flags” such as course failures, failing or lower step scores, extensions for academic reasons, and even those with incidents reflecting a lapse in professionalism, require good, sound advice. What can educators do to guide these untraditional applicants?



This project is sponsored by the Alliance for Clinical Education. ACE & the authors wish to acknowledge Nancy Harker, B.S., for her assistance in the design of the poster.

## << COMMONLY CITED “RED FLAGS” ON RESIDENCY APPLICATIONS

- Documented professionalism violation that would be considered significant
- Failed initial attempt for Step 1, Step 2 CK, or Step 2 CS. Any combination of more than one failure is even more challenging
- Leave of absence for non-academic reason
- NBME subject exam failure in a clerkship, with a passing grade afterward
- Professionalism concerns from one clerkship
- Remediation or retake of a pre-clinical course
- Repeat of a clerkship for academic or professionalism reasons
- Repeat of a year for academic reasons
- Repeated poor communication skills, documented in a Doctoring/Clinical Medicine Course or OSCE failure(s)
- Student holds a “barely passing” score on Step 1 or Step 2 CK

## << RESOURCES COMMONLY USED FOR ADVISING

### Standard Advising – Based on the specific concerns:

- Take USMLE Step 2 CK early to overcome a low Step 1 score
- Additional clinical rotations
- Go to multiple “audition” rotations at other institutions
- Participate in research in the chosen field(s)
- Discuss alternate options, including non-clinical careers
- Seek out regional and national leadership opportunities

### Advising Resources:

- *Careers in Medicine*: Identify possible alternate career paths; Lists of residency programs
- Electronic Residency Application Service (ERAS)
- National Resident Matching Program (NRMP)  
Charts outcomes in the Match, Results and data
- Program Director Survey
- Characteristics of matched seniors

## << FUTURE DIRECTIONS

- Understanding the desires of program directors can help with advising students who have a “red flag,” and who may not get through the initial screening methods to obtain interviews. (Chretien 2015, Green 2009).

### *Should ACE work with ACGME to survey program directors?*

- Developing legitimate parallel application plans, performing audition rotations, completing research or case reports in a specialty of interest and/or obtaining a high USMLE Step 2 CK score early in the application process, may help students with red flags.

### *Should ACE begin a dialog with ERAS and NRMP about these issues?*

- Providing resources for advisors, including documents from the NRMP website like “Charting Outcomes in the Match” and the “Program Director’s Survey,” coupled with locally developed data on student competitiveness, could be useful.

### *Should ACE develop academic coaching materials for clinical medical student education advisors?*

## << GIVE US YOUR OPINION!

- Scan this code or use the link to complete a 2-minute survey using the link or QSR code!

<https://bit.ly/2Aj1wGV>

