

Resident Selection Guideline – Dalhousie University

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1. Introduction

In reference to the Future of Medical Education in Canada (FMEC) Postgraduate Project recommendation to “Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs” and the article “Identifying and Promoting Best Practices in Residency Application and Selection in a Complex Academic Health Network” by G. Bandiera et. al.,¹ the PGME Office recommends that all resident training programs (“Program”) adopt best practices in resident application and selection. This document begins by describing the principles that should guide the resident application and selection process generally. Thereafter, it sets out best practices for each step of the resident application and selection process.

2. Guiding Principles

Below are the guiding principles that Programs should apply in regards to resident application and selection, as recommended by Bandiera et. al.¹

- 2.1. Selection criteria and processes should reflect the residency program's clearly articulated goals.
- 2.2. Selection criteria and processes should reflect a balance of emphasis on all CanMEDS or CanMEDS-FM competencies.
- 2.3. Selection criteria used for initial filtering, file review, interviews, and ranking should be as objective as possible.
- 2.4. Selection criteria and processes should be fair and transparent for all applicant streams.
- 2.5. Selection criteria and processes should promote diversity of the resident body (e.g. race, gender, sexual orientation, religion, family status), be free of inappropriate bias, and respect the obligation to provide for reasonable accommodation needs where appropriate.
- 2.6. Programs should choose candidates who best meet the above criteria and are likely to be most able to complete the specific residency curriculum and enter independent practice.
- 2.7. Multiple independent objective assessments, when used, result in the most reliable and consistent applicant rankings.
- 2.8. Undergraduate and postgraduate leaders and communities must engage in collaborative planning and innovation to optimize the transition between undergraduate and postgraduate as well as between specialty and subspecialty postgraduate programs for all learners.
- 2.9. Postgraduate programs must be well informed of the educational needs of individual candidates to allow effective and efficient educational programming.
- 2.10. Recognizing that past behavior and achievements are the best predictors of future performance, efforts should be made to include all relevant information (full disclosure) about applicant's' past performance in application files.
- 2.11. Applicants should be well informed about specialties of interest to them, including health human resources considerations.
- 2.12. Programs must consider and value applicants with broad clinical experiences and not expect or over-emphasize numerous electives in one discipline or at a local site.
- 2.13. Diversity of residents across postgraduate medical education programs must be pursued and measured.

3. Best Practices Throughout the Resident Application and Selection Process

A. Program Goals

- Annually and well in advance of the CaRMS or other application posting, the Program Director and the Resident Program Committee should review the goals for the residency program. In doing so, factors considered should include (but not be limited to):
 - Mission and vision of the division/department
 - Local resource constraints
 - Local and national needs

- Local and national human resource trends
- Local and national diversity in your specialty
- Specialty-specific changes in practice

B. Selection Criteria and Process

- The Program Director and Resident Program Committee (or delegated committee) should determine resident selection criteria and the process to be followed when reviewing applications.
- The criteria should be objective and reflect the goals of the program.
- The criteria should take into account all CanMEDS or CanMEDS-FM competencies relevant (preferably validated) to predict success in the discipline.
- There should be defined criteria for all applicant streams (if applicable).
- Key criteria for initial filtering, file review, interviews and ranking should be transparent and known to applicants, usually via program description posting (e.g. CARMS and/or program website).
- The criteria (including criterion definition and weighting) and the process for applying them should be communicated to those involved in the selection process.
- Use of information (what and how) other than that contained in the application files should be defined ahead of applicant discussion and ranking

C. Initial Filtering

- Initial filtering can be carried out by an individual (usually the Program Director) or a small working group.
- Initial filtering should be based only on predetermined criteria for application evaluation.

D. File Review

- The criteria and process for file review should be clearly communicated to the reviewers.
- Individual file review should be performed by more than one reviewer
- A record of the file review results should be kept until the completion of the match at which point it should be destroyed.

E. Interview

- The criteria, including definition and weighting, should be communicated to interviewers prior to the interview.
- Design and conduct of the interview should serve to further inform the selection committee regarding the applicant's CanMEDS competencies, and suitability for the program and discipline.
- Individual applicants should be interviewed by more than one individual.

- The timing of the interview should take into account CaRMS timelines and interview timings across the country.

F. Applicant Reception

- A program may choose to organize a social event or reception for all applicants invited for an interview.
- In the organization and conduct of this reception, the following best principles should be followed:
 - Timing of the event should allow equal access and adequate notification for all candidates and should not disadvantage applicants with travel plans for interviews at other centers or applicants holding any particular religious or cultural beliefs.
 - If attendance or behavior at the reception is part of the ranking criteria for the program, this needs to be explicitly communicated to all applicants and all members involved in the resident selection process.

G. Ranking

- Information to be used to rank applicants should include information derived from multiple objective, independent assessments. Furthermore, applicant ranking should only be based on information and sources of information applicants have been explicitly told will be considered.
- The ranking committee should be part of, or a sub-committee of the Resident Program Committee.
- The selection criteria (including item weighting) and process of rank determination should be communicated to the ranking committee members prior to the ranking discussion.
- There should be a record of the ranking decision, which should be destroyed following completion of the match.

H. Conflict of Interest

- Any individual with an assessment role in the resident selection process needs to declare any potential conflict of interest to the Program Director before participating in any part of the selection process.
- If needed, the PGME Associate Dean can be consulted regarding adjudication and handling of any conflict of interest.

I. Confidentiality

- Any individual with an assessment role in the resident selection process needs to respect and maintain confidentiality of applicant identity, file contents, discussion, and decisions related to the entire resident selection process.

J. Involvement of Residents and Fellows

- A program can choose to include residents and fellows in any part of the resident selection process.
- Residents and fellows need to abide by rules governing conflict of interest and confidentiality as outlined above.

K. Maintenance of Records

- Written records of major decisions (e.g. ranking summary list) should be destroyed promptly following the release of the match results as per CaRMS policy.
- Any other written or electronic records created during the candidate selection process should be treated as Transitory Notes², and be destroyed in a secure and confidential manner immediately after they have served their purpose.

4. References and Explanatory Notes

¹ Bandiera G, Abrahams C, Mariela Ruetalo M, Hanson MD, Nickell L, Spadafora S, MD. Identifying and Promoting Best Practices in Residency Application and Selection in a Complex Academic Health Network. Academic Medicine 2015; 90:1594-1601.

² Transitory Notes are records of a routine nature having short-term or limited value. They are (1) not an integral part of the University's administrative or operational records files, (2) not required to sustain university policy or administrative or operational functions, (3) not filed under a University records classification system, and (4) recorded only for the time required for completion of actions or ongoing records associated with them. They are subject to legislative and legal proceedings, including the FOIP Act.