IS SELECTION WORKING? AN EXAMINATION OF THE RELATIONSHIP BETWEEN SELECTION AND OUTCOME IN A FAMILY MEDICINE RESIDENCY PROGRAM.

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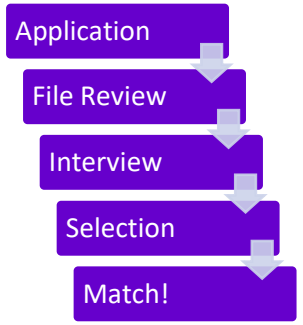
CONTEXT:

- Every year medical students apply to Residency Programs via a selection process; goal is to match "best fit" for all.
- Getting selection right is crucial:
  - Good fit benefits patients, communities and the residents themselves.
  - Poor fit: residents & programs can experience serious negative consequences.
- Nationally: concerns over validity, reliability & risk of bias of FM selection processes + worry that programs are relying on selection approaches that do not meet current best practice standards (1).
- **Our Family Medicine program has made changes to our selection processes in order to better meet best practice standards & improve chances of "best fit".**

CaRMS Selection Process and Changes



File scoring rubric
Increased objectivity, differentiation, and inter-rater reliability

Interview Questions and Format
Increased fairness and transparency

OBJECTIVE:

To evaluate effectiveness of changes by examining the relationship between:

A. Selection elements (CaRMS rank order list, file score, interview score)
B. Resident success or resident difficulty during training.

SELECTION INTO RESIDENCY IS HIGH STAKES AND RESOURCE INTENSE FOR BOTH CANDIDATES AND PROGRAMS

WHAT IS THE RELATIONSHIP BETWEEN SELECTION PROCESSES AND OUTCOMES?

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METHODS:

Study Design: Non-randomized longitudinal secondary data analysis study
Ethics: Pro0112004
Data Source and Participants: Archived files of Canadian Medical Grads selected in CaRMS 1st round (2017-2020)

OUTCOME MEASURES:

Independent variables (Selection elements):

- File review score
- Interview Score
- Rank order list (ROL)

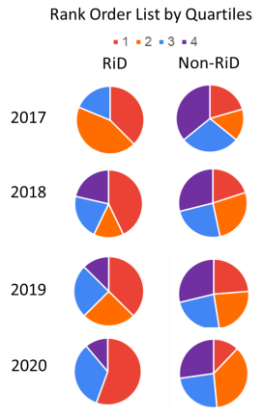
Dependent variables (Resident characteristics):

- **Resident who excelled** (e.g. won an award; scored in the top 10% of the CFPC exam; other criteria as defined by the expert consensus group)
- **Resident who encountered difficulty*** (e.g. remediation; needed extension of training for performance issues; other criteria as defined by the expert consensus group)

**Types of difficulty: Professionalism, Communication/ Interpersonal skills, Knowledge/Clinical Reasoning*

PRELIMINARY RESULTS: (In Progress)

Preliminary findings suggest that there are differences between residents in difficulty (RiD) and all other residents in the proportions of scores in the lower (1 and 2) and higher (3 and 4) quartiles.



CONCLUSION AND NEXT STEPS:

- We will further analyze the data to determine which selection elements, if any, are predictive of success and/or difficulty in residency
- We will utilize the findings of this study to determine if further changes are needed for our selection process.

REFERENCES: 1. Wycliffe-Jones K et. Al Selection for Family Medicine Training in Canada. 2019

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