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Development of a Holistic Review Process of Applications for Internal Medicine Residency Program to Maximize Mission Aligned Recruitment

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Development of a holistic review process of applications for Internal Medicine residency program to maximize mission aligned recruitment

Suman Pal, MBBS; Sara Combs., MD; Mary Lacy MD

Stepwise approach

Define and examine program mission

In our examination of this statement, we identified three key themes, namely “exceptional residents”, “to serve”, and “needs of New Mexico”.

Identify values that would align with program mission

We next identified key values that may signal mission congruence in prospective applicants.

When possible, introduce automation, e.g. create ERAS filters

Due to volume of applications, a manual review would not be feasible. We automated part of the review by creating ERAS filters to search for the defined values.

We were conscious to use a process of *selecting in* for values rather than filtering out for a lack thereof to invite applicants with a diverse skill set.

Mitigate bias

Despite use of standardized questions, scoring by interviewers may still introduce bias in the assessment. To minimize this, we added descriptive anchors to the interview scoring rubric.

A pilot run of the rubric was conducted to check the ease of utilization and change in scatter of ratings of provided responses with the use of the descriptive anchors was observed.

“The mission of the UNM Internal Medicine Residency Program is to train exceptional internal medicine residents to serve the urban, rural, primary care and subspecialty healthcare needs of New Mexico”

Theme	Values	ERAS Filter
Exceptional residents	Medical knowledge	-
	Scholarly work	-
To serve	Commitment to service of diverse population	YES
	Commitment to health equity	-
Needs of New Mexico	Commitment to New Mexico	YES
	Language skills with high need in New Mexico	YES

Sample Descriptive rubric

What have you observed to be the most effective strategy to improve patient adherence to management plans?

Answer demonstrates lack of understanding of social determinants of health (Blaming the patient for non-adherence)	Identifies anecdotes of patient non-adherence but cannot suggest mitigation	Identifies anecdotes of patient non-adherence and mitigation but does not relate it to social determinants of health or structural factors	Mentions unique patient factors (social determinants) and how they contribute to non-adherence and suggestions solutions at individual level	Identifies both patient factors (social determinants) and structural factors (eg. Structural racism) and how they contribute to non-adherence and suggestions solutions at individual level and institutional level
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