Colorectal Residency Application Review Survey

Information Sheet (attached)

[Attachment: "Information Sheet.pdf"]

I reviewed the information sheet and I agree to participate in this survey
- ◯ No
- ◯ Yes

In which region of the country is your program?
- ◯ New England (ME, VT, NH, CT, RI)
- ◯ Mid-Atlantic (NY, NJ, PA)
- ◯ South-Atlantic (MD, DE, DC, VA, WV, NC, SC, GA, FL)
- ◯ East-South-Central (KY, TN, MS, AL, MS)
- ◯ West-South-Central (TX, OK, AR, LA)
- ◯ East-North-Central (WI, OH, IN, IL, MI)
- ◯ West-North-Central (ND, SD, NE, KS, MN, IA, MO)
- ◯ West (MT, WY, ID)
- ◯ Mountain (UT, CO, AZ, NM, NV)
- ◯ Pacific (WA, OR, CA, AL, HI)

Which of the following best describes the setting where your colorectal resident spends most of their time?
- ◯ Academic Hospital
- ◯ Community Hospital
- ◯ Private Practice/Hospital
- ◯ Other: _____

Please provide the approximate number of:

Applications you review annually _____
Applicants you interview annually _____
Applicants you rank annually _____
Colorectal residents you train per year _____

How many individuals review each application?

_____

What are the role(s) of the individual(s) that review each application? (check all applicable options)
- ☐ Program Director
- ☐ Colorectal Surgery Faculty (other than PD)
- ☐ Other Surgical Faculty
- ☐ Colorectal resident(s)
- ☐ Program Coordinator/Administrator
- ☐ Other (please specify): _____

Which of the following screening parameters do you use in ERAS?
- ☐ I do not use screening parameters in ERAS
- ☐ Standardized test score
- ☐ U.S. Medical Graduate versus Foreign Medical Graduate
- ☐ M.D. versus D.O.
- ☐ Other (please specify): _____

Do you consider the evaluation process of your program to be holistic?
- ◯ No
- ◯ Yes

What criteria matter the most to you when reading applications for colorectal residency? Please list up to three.

_____
_____
_____

Which of the following criteria do you use when evaluating written applicants?

- ☐ Medical school reputation
- ☐ Medical school affiliation (ex. academic, community)
- ☐ Residency reputation
- ☐ Residency type (ex. academic, community)
- ☐ VISA Status
- ☐ ABSITE Score
- ☐ Dedicated time off (ex. for research, professional development)
- ☐ Research Productivity
- ☐ Advanced Degree
- ☐ Residency Activities
- ☐ Non-residency Activities
- ☐ Organizational Memberships
- ☐ Experience in Colorectal Surgery
- ☐ Personal Statement
- ☐ Letter of Recommendation - Content of Letter
- ☐ Letter of Recommendation - Identity of Writer
- ☐ Personal Contact from General Surgery Program
- ☐ Ability to Overcome Obstacles
- ☐ Hardiness / Resilience / Grit
- ☐ Other: _____

How helpful has the Colon and Rectal Surgery Resident Assessment Application (formerly the Standard Letter of Recommendation) been for your evaluation of candidates?

Not at all Helpful | Moderately Helpful | Extremely Helpful

(Place a mark on the scale above)

Do you have a standardized score sheet for your interview day?

- ◯ No
- ◯ Yes

Do you use standardized questions (semi-structured interviews) during your interview day?

- ◯ No
- ◯ Yes

How many interviews does each applicant have on your interview day?

_____

What are the role(s) of the individual(s) that interview the applicants?

- ☐ Program Director
- ☐ Colorectal Surgery Faculty (other than PD)
- ☐ Other Surgical Faculty
- ☐ Current colorectal resident(s)
- ☐ Other (please specify): _____

If you are able to, please upload a blank copy of the evaluation template used by your department to evaluate applicants here. Otherwise, the template may be emailed to Sharon Stein at sharon.stein@uhhospitals.org.

Even if you choose not to do this, we appreciate you completing this survey.

Please provide any additional comments/thoughts you have regarding your selection of colorectal residents.

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