

Radiation Oncology Residency Applicant Perspectives and Resultant Behaviors Following Resident-Led Multi-Society Webinar Providing Guidance On Program and Geographical Signaling in the Current Application Cycle

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Abstract

Purpose: Program and geographical signals utilized by residency applicants across specialties impact applicant interview offers and matching outcomes. In Radiation Oncology (RO), these signaling mechanics are new offerings. The limited number of program signals and intersection with geographical signals have complicated the RO program and applicants' approach to the Match. As such, we examined the need for better information and communication regarding signaling best practices.

Methodology: A one-hour, live webinar was conducted two weeks before applications were available for review by residency programs. This was a collaboration between the resident-led leadership teams of the American Radium Society (ARS), the American College of Radiation Oncology (ACRO), and the Association of Residents in Radiation Oncology (ARRO). The webinar panel consisted of two RO faculty members, residents from each society, and a current RO applicant. The discussion included the impact of geographic and program signals in other specialties followed by a presentation of the guidelines created by ARRO and Association of Directors in Radiation Oncology Programs (ADROP) executive teams. Anonymous pre- and post-webinar surveys, hosted on Google Forms, were distributed to participants. Branching logic revealed questions to self-identified current applicants regarding their perspectives and behaviors on the program and geographical signals using a Likert Scale (1 = strongly disagree, 5 = strongly agree). Descriptive statistics are reported. Cohorts were analyzed with Chi-square and Mann-Whitney U Test using SPSS 29.0 (IBM) with a p-value < 0.05 set for statistical significance.

Results: We collected 26 and 14 eligible responses to the pre- and post-surveys, respectively. Before the webinar, some applicants reported a deficiency of guidance and confidence in using their program (66%, 54%) and geographical (39%, 42%) signals. A significant increase was detected in applicants' perceived guidance regarding both the program (86%, p< 0.001) and geographical signals (79%, p=0.001) between the pre- and post-surveys. Likewise, a significant increase in the applicant's confidence in using the program (79%, p=0.002) and geographical signals (71%, p =0.005) was found in the post-survey. No significant change in the applicant's signaling intentions was detected.

Conclusions: Our webinar appears to have recognized and addressed a critical, unmet need in the current RO residency recruitment cycle regarding applicants' perspectives of unclear guidance and lack of confidence regarding program and geographical signals. We believe our multi-society collaborative nature and the inclusion of multiple relevant constituencies was instrumental in the success. Other specialties perceiving challenges in communicating signaling guidelines to applicants may adopt our novel model. Further investigations on the RO applicant signaling behavior and the impact of such signals on interview yield and matching outcomes are indicated.