

The Common Fellowship Application and Process: The Pain Perspective

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Association of Pain Program Directors

- Created in 1994
- Annual meeting of program directors and other pain educators during the ASA meeting
- Organized with officers, board and bylaws
- 30 – 35% of program directors attend annual meeting

Association of Pain Program Directors

- Provided feedback and input into the ACCGME curriculum development process
- Initiated a dialogue regarding the application, interview and acceptance process
- Recognized problems in the pain fellowship application and acceptance process.
- Discussed both voluntary interview season and uniform acceptance dates and entering match process

Association of Pain Program

Directors

- President – Raymond R. Gaeta
- President-elect – David M. Sibell
- Secretary/Treasurer – Gary J. Brenner
- Past-President – Marc A. Huntoon
- Board Members
 - Henry R. Kroll
 - David R. Walega
 - Doris K. Cope

Resident Experience Issues

- Resident may not get Pain experience until late in CA-2 year or in some cases as a CA-3
- Resident may enter the fellowship application process late and find that desired programs are already full

Application Process Issues

- 100 Pain Fellowship Programs - all with different applications & requirements
- Some programs accept candidates in the CA-2 year
- Most programs begin acceptances by early CA-3 year, while others wait until late fall
- Some programs run half of their positions 6 months off cycle

Resident Interview/Acceptance Issues

- Many applications for a limited number of slots
- Challenging to get time off for interviews, especially during the summer months with new residents
- May have difficulty getting interviews at desired programs in a limited time window
- Difficult to work with vastly different “calendars” of the various programs
- Some programs offer extremely short windows for applicants to accept offer (e.g. 24 hrs), even if the resident is scheduled for additional interviews and may not have seen other programs

Program Director Issues I

- Get great candidates
- Offer and get acceptance ASAP
- May lose candidates who interview at program that demands an answer within a short time period before they are able to interview at another program
- Resident accepts an early offer and then withdraws their acceptance producing unexpected openings after the strongest candidates have been offered positions

Program Director Issues II

- Changing curriculum – multidisciplinary
- Probable change in duration of training from 12 months to 24 months
- Change to single program per institution that may be anesthesiology, neurology, psychiatry or physical medicine and rehabilitation
- Residents from multiple specialties entering programs

Association of Pain Program Directors

- Proposed a common calendar
 - Identify “interview season”
 - Identify date of first round of offers
 - Require standardized time for decision-making
- Issues with this include
 - No common repository of candidate data
 - No way to know who has accepted a position
 - No way to know what candidates remain in the available pool
 - No way to enforce compliance

Association of Pain Program Directors

- NRMP process was presented and discussed on multiple occasions
- Insufficient interest/willingness on the part of program directors to enter into the process
- Minimum % participation required to enter match program could not be assembled
- No attempt to create a uniform application thus far

ASA 2007 Resident Component Survey

- 86% in favor of a uniform fellowship application process
- 89% in favor of uniform ONLINE application
- 79% willing to use ERAS (application process)
- 84% favored uniform timeline for applications
- 82% in favor of uniform timeline for contract offers
- 68% in favor of using NRMP

ASA 2007 Resident Component Survey

If NRMP was the **ONLY** way to accomplish universal timelines for interview dates and contract offers, would you prefer that, or the current system of rolling admission offers

63% chose NRMP

37% chose rolling admissions

Pain Program Directors

- There has been interest in participating in a match process to improve fairness, but there have also been significant concerns
- There are significant advantages and disadvantages to individual programs and their history
- There is concern regarding the numbers of various specialties that would or could be accepted by an individual program within this system
- There is no active movement towards this within pain medicine at the present although interest still remains at many levels
- There is definite interest in developing the best possible process for trainees and programs