

A Survey of Factors Important in the Rhinology Match



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Introduction

Rhinology is a subspecialty of otolaryngology that focuses on patients with inflammatory disorders and tumors of the skull base, nose and paranasal sinuses. The American Rhinologic Society (ARS) established the fellowship match in 2006. Today, there are 33 programs listed on the ARS website.

To our knowledge, the factors important in rhinology fellow and fellowship selection have not been investigated. Prior studies have investigated this for several other otolaryngic subspecialties. Thus, anonymous online surveys were sent to rhinology fellowship directors listed with the ARS who were also asked to forward a fellow survey to their current fellows and past graduates. Program directors were asked to rate the importance of certain qualities of an applicant, and applicants were queried for the importance of various factors in choosing a fellowship.

How important are the following when considering fellowship?

| | |
|--|------|
| Operative volume | 4.56 |
| Faculty reputation | 4.38 |
| Job candidacy after fellowship | 4.13 |
| Personal rapport with fellowship mentor | 4.03 |
| Research interests of faculty | 3.53 |
| Quality and amount of research by the program mentors | 3.38 |
| Number of faculty | 3.13 |
| Exposure to resident teaching | 2.94 |
| Protected academic time | 2.91 |
| Diversity of faculty | 2.88 |
| Location | 2.78 |
| Dedicated fellow clinic | 2.72 |
| Being the only rhinology fellow at your program | 2.72 |
| Fellowship existing longer than 5 years | 2.59 |
| Work/life balance | 2.44 |
| Call schedule | 2.34 |
| Having a faculty appointment (instructor level or higher) during your fellowship | 2.13 |
| Basic science research opportunity | 1.97 |
| Salary | 1.59 |
| Gender-specific mentorship | 1.38 |

Table 1. Fellows' perceived opinions of rhinology programs

Rank the following in order of importance

| Rank the following in order of importance | Mean |
|--|------|
| Nasal framework surgery (separate from septal/turbinate surgery; e.g. rhinoplasty) | 3.59 |
| Exposure to orbital/ophthalmic surgery | 3.19 |
| Allergy training | 2.97 |
| Complex skull base surgery | 2.69 |
| Revision endoscopic sinus surgery | 2.56 |

Table 2. Fellows' interest in subspecialties of rhinology

Methods and Materials

Institutional review board approval was obtained from our institution under protocol #29845. Survey drafts for rhinology fellows and program directors were created through Qualtrics (Provo, Utah & Seattle, Washington, USA). Recruitment emails were sent to the American Rhinologic Society fellowship directors and co-directors asking them to complete a short, anonymized electronic survey and to forward a separate one to their current and past fellows. Three mailings were sent with separate links provided for the fellows and program directors.

The directors' survey was divided into 3 separate sections and queried program characteristics, characteristics of applicants, and quality of applicants research. The fellows' survey was structured in a similar manner: demographics, program exposure to rhinologic subspecialties, and characteristics of the program. A 5-point Likert scale used to assess factors of importance. Fellows were asked to rank the importance of exposure to certain subdisciplines within rhinology. Results and diagrams were obtained and collated through the Qualtrics website.

How important are the following when considering an applicant?

| | |
|--|------|
| Strength of letters of recommendation | 4.11 |
| Personal knowledge of letter writers | 4.08 |
| Applicant interview performance | 3.76 |
| Current fellow's opinion of the applicant | 3.61 |
| Applicant's perceived interest in your type of practice (academic vs. private vs. mixed) | 3.53 |
| Perceived commitment to academic medicine | 3.42 |
| Personal knowledge of the applicant | 3.13 |
| Reputation of applicant's residency program | 3.05 |
| Participation in professional societies and/or leadership roles | 2.95 |
| Rhinology and skull base presence at applicant's residency program | 2.82 |
| Number of rhinologic procedures performed | 2.58 |
| Applicant's pending employment post-fellowship | 2.58 |
| Quality of applicant's personal statement | 2.47 |
| Post-interview communication | 2.37 |
| Likelihood of applicant ranking program highly | 2.29 |
| In-service examination scores (if available) | 1.82 |
| Age of the applicant | 1.32 |
| Sex of the applicant | 1.13 |

Table 3. Program directors' perceived opinions of applicant characteristics

Applicant Research Characteristics

| | |
|---------------------------------------|------|
| Quality of applicant's prior research | 3.19 |
| Rhinology specific research | 3 |
| Clinical science research experience | 2.97 |
| Basic science research experience | 2.24 |

Table 4. Program directors perceived opinions of applicants' research experience

Results

Forty-one of 73 (56%) fellowship directors/co-directors and 32 fellows/past fellows responded to the survey.

Fellows

The average age of fellows that responded was 36.6+/-4.5 years. Seven females and 24 males responded. One respondent preferred not to identify their gender. Respondents were primarily white (58%) followed by Asian (31%). Most respondents (56%) completed their fellowship in the south or in 2019. Seventeen (17%) matched at their top 3 program.

Among fellows, operative volume, faculty reputation, and job candidacy after fellowship were considered most important while basic science research opportunities, salary, and gender-specific mentorship were considered least important (Table 1). Regarding rhinologic subspecialty training, respondents were most interested in programs offering exposure to nasal framework surgery (Table 2).

Directors

Thirty-four directors were from tertiary care institutions. Average age of programs was 10.8+/-6.2 years. Most respondents were from programs in the south. Revision (61%) and skull base surgery (30%) were the most common cases performed at programs. Fourteen directors responded that their program exposed their fellow to performing allergy testing and 10 offered nasal framework surgery (i.e. rhinoplasty).

Strength of letters of recommendation, personal knowledge of letter writers, and applicant interview performance were considered the most important factors while in-service examination scores, age, and sex of the application were least important (Table 3). Research was considered moderately important (Table 4).

Conclusions

Based on the results of this survey, it appears that program directors heavily weigh the professional relationships developed by prospective fellows; fellows seek programs with a robust operative experience and one that will place them in the best position for a job post-fellowship. Fellows are also interested in nasal framework surgery. Fellowship applicants are encouraged to develop strong relationships with their rhinology mentors while in residency.

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