



Introduction:

Chronic pain medicine fellowships are one-year, multidisciplinary postgraduate training programs focused on the diagnosis and management of chronic pain. In 2021, there are 111 Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship programs with 349 positions.<sup>1</sup> Pain medicine is among the top 20 most competitive subspecialty fellowships with greater than 96% of positions filled for the past five years based on National Residency Matching Program (NRMP) data.<sup>2-4</sup> This study seeks to elucidate factors involved in applicant interview selection and ranking, and correlate these factors with fellowship match statistics to provide a guide to future applicants in chronic pain medicine.

Materials & Methods:

A succinct anonymous electronic survey study was developed with collaboration from all authors and stored on REDCap secure software. IRB approval from The University of Kansas Medical Center (KUMC) was obtained for this study. Questions assessed three main areas (medical training, academics, leadership/research) rated on a scale of importance or preference when evaluating applicants. Scores of 1-3 (out of 10) were considered lowest importance, 4-6 medium importance, 7-9 high importance, and 10 extreme importance. The survey was distributed electronically to Program Directors (PD) of every ACGME accredited chronic pain fellowship program.

Results:

Data were collected from 8/1/21 - 8/24/21. Fifty-seven programs completed the survey (51.3% of fellowships).

|  |  |   |  |   |   |  |
|--|--|---|--|---|---|--|
| Which of the following do you accept in your program?  | US MD  | US DO   | IMGs   | n/a   | n/a   | n/a  |
|  | 100%   | 93%   | 71.9%  |   |   |  |
| Does your program screen applicants based on USMLE scores?   | No   | Yes, but there is no cutoff                                   | Score >200   | Score >210  | Score >220  | Score >240   |
|  | 15.7%  | 59.6%   | 3.5%   | 7%  | 12.3%   | 1.8%   |
| Please rate on a 0 to 5 scale (0= will not consider, 1=lower, 5=higher) your preferred primary specialty when considering applicants to your fellowship: | Anesthesiology   | Emergency Medicine  | Family Medicine  | Neurology   | PM&R  | Psychiatry   |
|  | 0= 0%<br>1= 1.8%<br>2= 1.8%<br>3= 8.8%<br>4= 21.1%<br>5= 66.7% | 0=14%<br>1= 26.3%<br>2= 26.3%<br>3= 29.8%<br>4= 3.5%<br>5= 0% | 0= 29.8%<br>1= 26.3%<br>2=24.6%<br>3=14%<br>4= 5.3%<br>5= 0% | 0=5.3%<br>1= 3.5%<br>2=24.6%<br>3= 43.9%<br>4= 19.3%<br>5= 3.5% | 0=0%<br>1= 0%<br>2=3.5%<br>3= 19.3%<br>4= 45.6%<br>5= 31.6% | 0=10.5%<br>1= 24.6%<br>2=28.1%<br>3= 28.1%<br>4= 8.8%<br>5= 0% |



Factors Involved In Applicant Interview Selection And Ranking For Chronic Pain Medicine Fellowship.

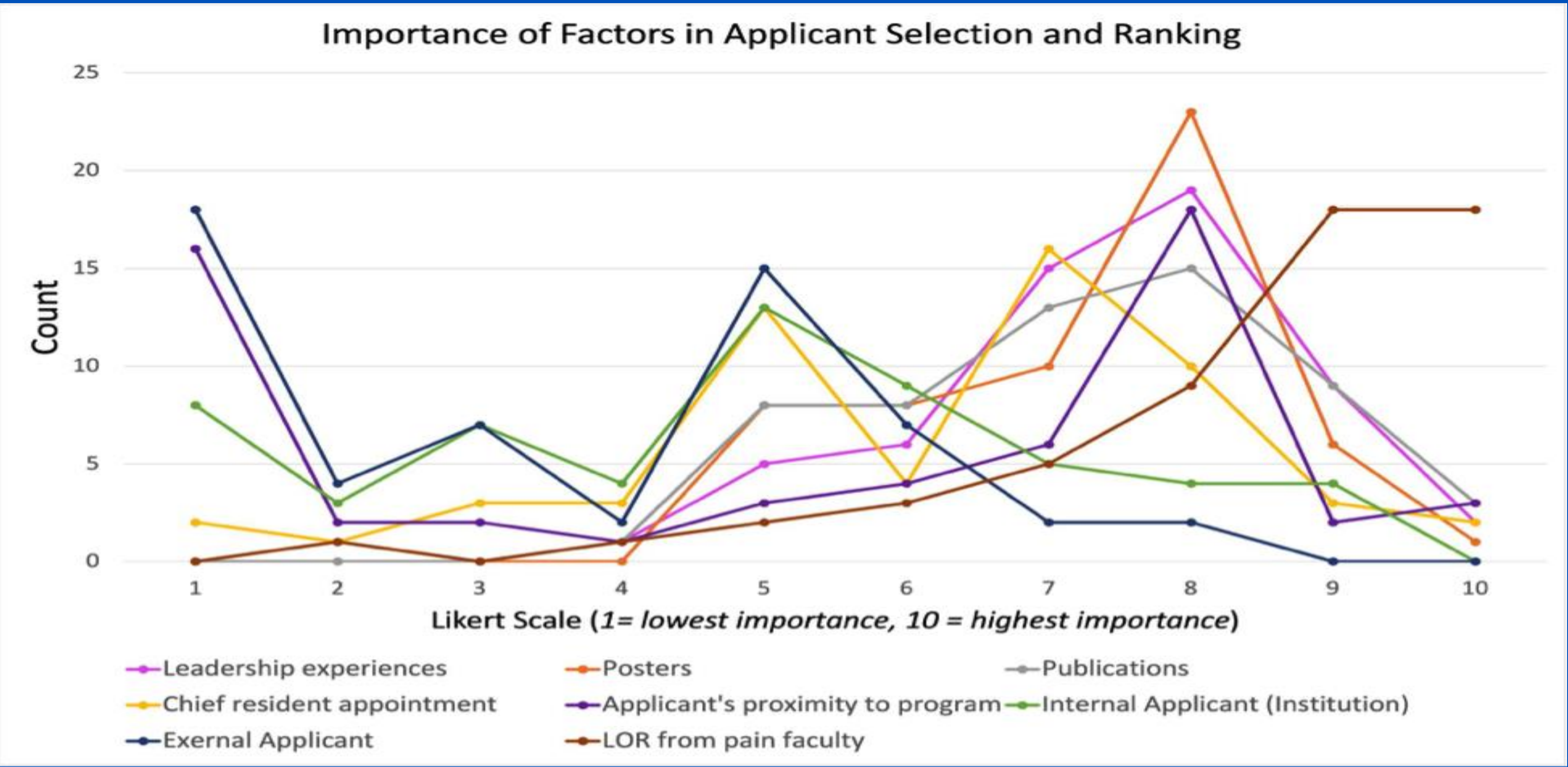
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KEY FINDINGS:

Post-graduate chronic pain education continues to evolve. Based on the past five years of data, there is a stable trend with positions filled, an increase in the number of ACGME-accredited programs with the percentage of matched applicants changed from 77.1 to 85.3%.<sup>2-4</sup> This study shows that commitment to the specialty of chronic pain is the most important factor in applicant selection. Assessing an applicant's commitment to the specialty of chronic pain is challenging; most responders rely on the applicant's scholarly activity, participation in pain-related conferences, and LOR from pain faculty.

Completing a chronic pain rotation was regarded as high importance but surprisingly, experience with procedures were of low to medium importance. Variability was also noted when considering applicants internal to the department or the applicant’s geographic location compared to the program, with a small favorability towards internal applicants. There is a preference for anesthesiology applicants at 66.7%, followed by PM&R applicants at 31.6%, this is probably attributed to the fact that most pain programs continue to be affiliated with anesthesiology departments.

In conclusion, applicants should prioritize participation in pain societies and committees, peer-reviewed research, and leadership opportunities. Applicants should rotate in chronic pain and seek LOR from pain faculty. Early commitment to the specialty with networking and mentorship may help establish a cumulative history of genuine interest and involvement within the specialty.



Results:

|  | Lowest importance (1-3/10) | Medium importance (4-6/10) | Highest Importance (7-9/10) | Extreme importance (10/10) |
|--|----------------------------|----------------------------|-----------------------------|----------------------------|
| Prior exposure to US-guided procedures                               | 50.9%                      | 29.8%                      | 19.3%                       | 0%                         |
| Prior exposure to fluoroscopy-guided procedures                      | 40.4%                      | 38.6%                      | 19.4%                       | 1.8%                       |
| Applicant has done a chronic pain rotation anywhere                  | 14.1%                      | 17.6%                      | 49.2%                       | 19.3%                      |
| Applicant has done a chronic pain rotation in my department/division | 38.7%                      | 21.1%                      | 28%                         | 12.3%                      |
| Applicant is internal to the institution                             | 31.6%                      | 45.6%                      | 22.8%                       | 0%                         |
| Applicant is from outside institution                                | 50.9%                      | 42.1%                      | 7%                          | 0%                         |
| Personal Statement   | 8.8%                       | 24.6%                      | 52.7%                       | 14%                        |
| Perceived interest in academic medicine                              | 14.1%                      | 28.1%                      | 56.2%                       | 1.8%                       |
| Perceived interest in community medicine                             | 24.6%                      | 49.1%                      | 26.3%                       | 0%                         |
| Interview impression   | 0%                         | 1.8%                       | 63.1%                       | 35.1%                      |
| Applicant's fit within the institution                               | 1.8%                       | 7.1%                       | 43.9%                       | 47.4%                      |

Most programs are open to applicants from various training backgrounds. A small number of programs have specific board score cutoffs but most were using scores in the selection process. Most participants reported that chief resident appointment was of high to medium importance. Perceived commitment to the sub-specialty of chronic pain was of high importance to 43.9% of PD participants and of extreme importance to 47.4% of participants. Letters of recommendation (LOR) from pain faculty was reported as extremely important by 31.6% of programs, and of high importance by 56.2% of programs. In contrast, LOR from non-pain faculty was perceived as less impactful. Leadership experiences such as mentoring students and participating in committees are of high importance, while poster presentations at scientific meetings were of medium to high importance. Peer-reviewed publications on the other hand were considered of high importance by 64.9% of participants. Perceived interest in academic medicine was reported of medium to high importance, with most participants favoring higher importance, while perceived interest in community medicine was ranked of medium importance by most programs.

Interpersonal skills, professionalism and overall interview impression ranked extremely important for 56.1% of participants and 42.1% ranked as high importance. When ranking an applicant, 35.1% of programs considered interview performance/impression of extreme importance and 54.1% of high importance. The applicant's fit within the institution was reported as extremely important by 47.4% of programs. Follow-up thank you notes were considered of lowest importance. Summary of selected data are reported on Table 1 and Figure 1.