Introduction

Each year the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) Section for Residents and Fellows (SRF) conducts a survey sent to all resident members of the academy. A broad range of questions including demographics, questions about current residency program and questions about future plans are asked. Residents are often interested in how their own experience and future plans compare to other residents across the country. Similarly, residency and fellowship program leadership may wonder how their program compares to others in the country.

We have chosen to investigate our data regarding otolaryngology subspecialty fellowship pursuit, questioning both changes over time as well as factors that influence fellowship decisions.

Materials and Methods

The survey is conducted annually using an online, electronic resource (surveymonkey.com). The survey is emailed to all resident members of AAO-HNS. Results are anonymous. Each resident can complete the survey once per year. The number of questions varies each year. The survey has been conducted annually, but individual responses were only available since 2008. Survey data used included responses from 2008 to 2014. In some instances, survey questions were not asked all of these years; this is noted for these results. All possible responses are shown in the figures depicting results from a survey question. Statistical analysis was performed where noted using Chi-squared analysis. A p value <0.05 denotes statistical significance.

Results


A major finding in this study is a decrease in fellowship interest throughout residency. 80% of interns plan to pursue a fellowship, 73% of PGY-2&3 residents, and 64% of PGY-4&5 residents. The reason for this decrease was not able to be determined from the current data. Univariate statistical analysis found that residents with <$100,000 in educational debt were more likely to be interested in pursuing fellowship than those with $100,001 - $200,000 debt. ($OR 3.2, CI 2.7-3.7 v OR 2.2, CI 1.9-2.5). There was no significant difference with regard to gender or residency program location and interest in fellowship.

Limited data was available regarding fellowship positions and match statistics over time. The four subspecialties participating in the San Francisco match had data available from the San Francisco match website. These results are shown in Figures 11 and 12.

Discussion and Conclusions

The results of this analysis are useful for both residents and program leadership in evaluating patterns in resident demographics and resident plans. Unfortunately, not every resident responds to the survey; however, with an open invitation for all residents to participate and a high response rate, we feel this data represents an unbiased sample.

The interest in fellowship training has increased between 2008 and 2014, particularly over the past 4 years. While educational debt was shown to have a possible influence on interest in fellowship, no other factors from the available survey data were significant.

Many questions remain unanswered and lend themselves to further research. What has caused the increase interest in fellowship training since 2008? What leads to decreased interest in fellowship during the course of residency? The SRF will continue to collect survey data to attempt to answer these questions.

References