

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6605

### **Title**

*Differences between Residents by How They Matched into Family Medicine: Does SOAP make a difference?*

### **Priority 1 (Research Category)**

Education and training

### **Presenters**

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### **Abstract**

Context: In the US, medical students enter residency through The Match. Those who don't initially match in the "Main Match" can still match via the Supplemental Offer and Acceptance Program (SOAP) or can sign directly with residencies after the Match is completed. For many who didn't initially match, family medicine (FM) may not have been their first choice. It is unclear what differences exist by how residents enter residency. Objective: Compare the demographics and early residency outcomes of residents by pathway into residency. Study Design and Analysis: Survey of US PGY1 FM residents. Bivariate and logistic regression. Setting or Dataset: 2023 American Board of Family Medicine (ABFM) National Resident Survey (NRS) administered in October 2023 at the end of the ABFM In-Training Exam (ITE) merged with ABFM administrative data. Population Studied: PGY1 US FM residents. Intervention/Instrument: The NRS surveyed all FM residents who completed the ITE. PGY1 residents were asked about their pathway into residency along with other measures of satisfaction. Outcome Measures: ITE score, self-reported satisfaction with professions of medicine, specialty of FM, residency training, and 2 item burnout screening measure. Results: 2852 PGY1 residents who completed the NRS (response rate: 55.5%). Overall, 10.4% reported matching to their program after the "Main Match." Those in this group were more likely to be older (55.4% vs. 38.2%  $\geq 30$  years), male (55.6% vs. 44.4%), have an MD degree (76.0% vs. 64.2%), and be an international medical graduate (40.9% vs. 31.2%). Residents who matched after the "Main Match" reported lower satisfaction with the profession of medicine (73.1% vs. 80.8%), and FM as a specialty (74.5% vs. 89.8%), and lower ITE scores (329 vs. 353). There were no differences in percent who self-identify as Underrepresented in Medicine, training satisfaction, or burnout by residency pathway. In regression analyses controlling for demographics, entering residency after the "Main Match" remained associated with decreased satisfaction with FM as a specialty and lower ITE scores. Conclusions: There are differences in resident professional satisfaction

and medical knowledge between residents who enter FM residency through SOAP or after the Match compared to those that enter through the Main Match. Whether these residents will acculturate to family medicine is unknown.

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