**Reviewer's report**

**Title:** Predicting Residents' Performance: A Prospective Study

**Authors:**

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**Reviewer:** Dr Stephen Borowitz

**Level of interest:** A paper whose findings are important to those with closely related research interests

**Advice on publication:** Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

In their introduction, the authors comment that large amounts of time and energy are committed to the intern ranking/selection process and yet there is little evidence that such ranking correlates with clinical performance during residency. They conducted a prospective study of 277 intern applicants who matched to their pediatric training program over a five year period, correlating a "global assessment" of intern applicants performed by the intern selection committee with a similar "global assessment" at the conclusion of 1st, 2nd and 3rd years of residency performed by four chief residents. They found fairly strong correlations between the intern selection committee assessment and the assessments of the chief residents at the end of the 2nd and 3rd year of residency. They also found statistically significant correlations between the intern selection committee assessment and scores on the ABP inservice examinations during all three levels of training.

**Specific Comments:**

1. In their introduction, the authors state "Intern selection committees exist to select the best medical students from the universe of students willing to enter that training program". "Best" is a somewhat loaded term . . . in many cases, the committee strives to select those candidates it believes will fit best with residents and faculty in the program. Perhaps more importantly, many selection committees spend much of their energy trying to identify those candidates that will not succeed in the program.

2. In their methods section, the authors state "The ISC was composed of a twenty-member panel with an average of 10 years experience in intern selection". What was the range? Were the same twenty people on the selection committee throughout the five year study period?

3. Also in the methods section, the authors state that four chief residents rated the clinical performance of all the residents. They state the chief residents were blinded to the ISC scores and to residents's scores on in-service training examinations. Were the four chief residents blinded to each others "global assessments"?

4. The results section needs to be expanded significantly. The data are presented in two simple tables with associated correlation coefficients. What was the distribution of ISC scores among the 277 intern applicants who matched? Similarly, what was the distribution of the "global assessment" scores
performed by the four chief residents? Did the distribution of "global assessment" scores by both the ISC and the chief residents vary significantly each year? Given the tendency for grade inflation, it wouldn't be at all surprising if there is a large skew of both sets of scores at the higher end which would make the significance of the correlations far less meaningful.

5. I believe it would be extremely useful to present these data graphically, perhaps as scattergrams with associated regression lines (i.e. ISC score on the y axis and chief resident score on the x-axis).

6. The authors make no comment about those residents who did poorly. Were any of the residents in the program asked to leave during the five year study period. Similarly, did any residents drop out of the program during the five year study period? If so, was the ISC score predictive in any way? Similarly, was the ISC score at all predictive of those residents who performed poorly during residency?

**Competing interests:**

None declared.