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I'm not sure if you folks are news hounds, but 2020 was really one for the dang books! Line-by-line accounting of the sorrows is a bit of a dispiriting (and to some, traumatic) pile-on, but there are lessons in empathy for us in the circumstances of others. I'll shine light here on the wild ride of the very next group of future urologists, our colleagues to come — graduating medical students. The concerns elaborated by Mann and Nayak in these pages have come to pass, and this cohort of students is like no other.¹

Most of us still remember the stakes of our clerkship electives, trying week after week to impress ourselves upon unfamiliar groups of residents and faculty in unfamiliar hospitals in unfamiliar cities, reading into each interaction as though our prospects hinged on it. Every flubbed answer, every yawn, every pulled suture emblematic of unreliability or incompetence. Holy crap, was it really that bad? It was not. Electives, for many, were the initiation rite in which we first met lifelong friends, learned the unique urological personalities of various regions, where our great specialty impressed *itself* upon us.

The data are clear on the importance of electives to matching decisions in urology. Over the past three years, 89 Canadian grads have matched to our English-language programs through the Canadian Residency Matching Service (CaRMS). Of those, 79 undertook ≥ 3 urology electives, and 85 (that's 96%) matched to a school at which they had done an elective.² Most years, every spot goes to a student who visited. This year, there was much consternation about a Canada-wide shift to an eight-weeks-max elective rule. We fretted and Webexed about it (before it was cool [Ed: it was never cool]), wondering how to assess candidates with so little exposure. A recent survey of program directors revealed that "performance during rotation at the respondent's school," "quality of reference letters from urologists," and "doing a rotation at the respondent's school" were all in the top four qualities most essential to a candidate's application.³

On March 13, I received the first of a flurry of emails from students about cancelled electives after less than a week (check your own email archive from that week; it's a wild ride). They would never be rescheduled, and now these and all candidates face a match in which they have not been able to vet programs and showcase their talents, nor have the programs come to know them. The questions arising from this situation are too numerous for right now, but the implications are obvious in the context of our elective dependence. How will we retool our selection process? How will we win over students with the intimacy/breadth/legends/robots of our programs? How will less broadly known cities reveal their charms?

To be fair though, this is a seller's market, so the bulk of empathy is best reserved for the students. How are they learning urology? How can they showcase themselves beyond their own schools? Whither the excellent candidates from Calgary, Memorial, Saskatchewan, and Northern Ontario? I've done lots of thinking about this as a program director, and here's what I've come up with: I don't know. Specifically, Homer Simpson crisply saying, "I don't know" to the clerk at the Springfield post office.

The answer thus far has been Zoom open houses, under relatively strict guidance from CaRMS to not conduct para-interview data-gathering (even reference letters are explicitly optional). These have been gamely promoted and attended but are surely a dusty surrogate for the relationship-building, local walkabouts, and skills exhibition of a real elective. The other is the dribble of word-of-mouth reputational nuggets from colleagues and friends at other centers, importantly including the broader CUA membership often meeting local candidates at universities' distributed sites.

At the time of this editorial's publication, the Zoom breakouts will have largely run their course and application packages will be in institutional hands, so the picture may be clearer, or perhaps the lack of deep insight will feel even more stark. The creativity

of the young applicant class will likely have shown itself in a number of ways, and we should embrace these as honest efforts in extraordinary times. Perhaps social media, often disguised or decommissioned during CaRMS season, will be curated as a window into the lives of our new colleagues. Perhaps personal websites or inventive riffs on the CV will become the norm. We will find out and should seek the opportunity to learn as we go.

So what advice can I stretch to give? For urologists, academic and at large: these are our future colleagues. Empathize when you meet them, learn about them, and pump their tires to friends if you see fit. Thank you to those who are seeing students that rarely get the chance; your role in this year's match is key and your teaching and modelling are essential. Let's all be kind to the introverts for whom social media and Zoom pageantry are particularly unpleasant. For the students, your future colleagues are rooting for you. Your application package will take on new importance, so pay attention to its content and navigability. Make it easy to get to know you how you wish to be known. Ask for a letter or a good word from those you are able to work with and meet as broad a variety of urologists as you can.

I take solace and am edified in that I consider urology a "discovered" specialty; very few enter medical school with a sense, and even less a compass toward the discipline. This means that some self-selection for the less tangible but essential qualities of urologists has already happened when students' "find" urology. Applicants have done some of the leg work for programs simply through their affinity for it. Urology will be fine; the programs will be fine. The students need our good vibes and due diligence. We look forward to meeting you.

References

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