

Cite as: Lee JY. How do residency programs differentiate applicants?
Can Urol Assoc J 2026;20(2):30. <http://dx.doi.org/10.5489/cuaj.9612>

See related article on page 23

How do residency programs differentiate applicants?

In professional sports, drafting the right — or wrong — players can indelibly shape the future of a franchise. General managers rely on scouting reports, countless hours of footage, and rigorous physical combines to help differentiate “the best from the rest.” Program directors (PDs) face a similar responsibility on CaRMS “draft day.” Matching the right — or wrong — candidates can significantly influence a program’s culture, cohesion, and long-term success.

Unlike the multibillion-dollar sports industry, however, selection committees are asked to evaluate and rank applicants based on a relative dearth of information. This challenge has only been magnified in recent years, with the implementation of the AFMC student elective diversification policy. Programs may not even have the opportunity to meet some applicants before making decisions about whom to interview. Yet the stakes remain high: residents are not short-term assets, but colleagues-in-training with whom programs will work closely for five formative years.

Fortunately for the field of urology, most applicants in Canada are highly intelligent, with CVs that seem to get more impressive with each passing year. Most will go on to become very competent urologists. As a result, however, the applicant pool can seem like an impressive but homogenous cohort. This raises an important question: when nearly everyone is “excellent on paper,” how do programs meaningfully differentiate among applicants?

Previous studies have shown that performance during a clinical rotation is among the most influential factors in applicant ranking.¹ Yet this simply reframes the question: what, exactly, are programs looking for during these rotations? The study by Niakani et al in this month’s *CUAJ* offers valuable insight into this issue.²

Using the CanMEDS framework, the authors evaluated 21 traits and asked PDs and selection committee members to rank their importance. Professionalism, initiative, and reliability emerged as the highest-ranked attributes, while research engagement and health advocacy scored lowest. Notably, traits associated with the Medical Expert role clustered near the middle.

At first glance, these findings may invite misinterpretation. Are programs truly prioritizing applicants with

excellent professionalism and communication skills but subpar knowledge or technical ability over those with exceptional surgical aptitude and intellect? I sure hope not. Medical expertise remains central to the CanMEDS framework and to residency training.

What I think this study highlights is not a devaluation of intelligence or technical skill but that these traits won’t be prioritized at the expense of the more intrinsic traits of being a good physician. Knowledge gaps and technical deficiencies are teachable over time. In contrast, concerns about professionalism, integrity, or reliability are far more difficult to correct and carry outsized consequences for patient safety, team function, and program culture. Any observed or perceived red flags in these domains are therefore weighed heavily in the selection process.

Programs are not only trying to identify star candidates; they are also trying to avoid the “bad apple,” whose behavior can strain faculty and disrupt teams. Selection, in this sense, is as much about risk mitigation as it is about talent acquisition.

The implications of this study are clear for applicants. Continue to study diligently and practice your suturing and knot-tying — these skills still matter. But recognize that how you conduct yourself may matter even more. Demonstrate that you are reliable, hardworking, respectful, and invested in the team. Show initiative without entitlement, competence grounded in humility. Programs are looking not just for excellent trainees, but for colleagues they can trust and depend on. We are looking for good urologists, but above all, we are looking for good people.

COMPETING INTERESTS: The author does not report any competing personal or financial interests related to this work.

REFERENCES

1. Nguyen D-D, Lee JY, Domes T, et al. Survey of Canadian urology programs: Which aspects of the Canadian Residency Matching Service (CaRMS) application are the most important? *Can Urol Assoc J* 2020;14:169-73. <https://doi.org/10.5489/cuaj.6191>
2. Niakani S, Nguyen D-D, Aubé-Peterkin M. What traits do urology programs value in elective students? A survey of Canadian selection committee members. *Can Urol Assoc J* 2026;20:23-9. <http://dx.doi.org/10.5489/cuaj.9303>

CORRESPONDENCE: Dr. Jason Y. Lee, Division of Urology, Department of Surgery, University Health Network, University of Toronto, Toronto, ON, Canada; jasonleeuoft@gmail.com