# General Surgery Applicant Survey - Post Match

Please complete the survey below.

Thank you for your time and participation!

| Question                                                                 | Response |
|--------------------------------------------------------------------------|----------|
| 1) Enter Participant linking variable. Your unique linking variable is   |          |
|   the first letter of your first name and the last four digits of your   |          |
|   phone number. For example: K1950                                        |          |
| * must provide value                                                      |          |
| 2) Did you visit or know well the city of your matched residency program?|          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 3) Did you reach out with additional questions to administrators,        |          |
|   residents, or faculty at your matched residency program?               |          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 4) Do you feel you had sufficient exposure to your matched program       |          |
|   through the virtual interview process?                                 |          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 5) Would you have matched differently if interviews had been in-person   |          |
|   rather than virtual?                                                    |          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 6) How helpful are your matched residency program's website and online   |          |
|   resources to you?                                                      |          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 7) Are you happy with the results of the Match?                          |          |
| * must provide value                                                      | Yes      |
|                                                                         | No       |
| 8) How many months of in-person rotations did you complete this past     |          |
|   academic year?                                                          |          |
| * must provide value                                                      |          |
| 9) How many months of general surgery or surgical subspecialty           |          |
|   rotations did you complete this past academic year?                    |          |
| * must provide value                                                      |          |
|   | Question                                                                 | Answer Options |
|---|-------------------------------------------------------------------------|----------------|
| 10 | Do you feel prepared for residency?                                      | Yes, No        |
| 11 | What would make you feel more prepared for residency?                   |                |
| 12 | Did these surveys impact your ranking of MUSC?                          | Yes, No        |
| 13 | Did other residency programs send you surveys?                          | Yes, No        |

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