


Advice and perspectives from navigating the couples match in otolaryngology: A qualitative pilot study

Ashley Diaz BS¹ | David Fenton BS¹  | Stephanie Cardenas BS¹ |
Rose Dimitroyannis BA¹ | Armaan Singh BA¹ | Elizabeth A. Blair MD² |
Jeanne M. Farnan MD, MHPE³ | Andrea Shogan MD²

¹Pritzker School of Medicine, University of Chicago, Chicago, Illinois, USA

²Department of Surgery, Section of Otolaryngology, University of Chicago Medicine, Chicago, Illinois, USA

³Department of Medicine, University of Chicago, Chicago, Illinois, USA

Correspondence

Andrea Shogan, Department of Surgery, Section of Otolaryngology, University of Chicago Medicine, 841 S. Maryland Ave. Rm. E103-A Chicago, IL 60637, USA.
Email: ashogan@surgery.bsd.uchicago.edu

Abstract

Introduction: There is a lack of qualitative analysis of the personal experiences within Couples Matching. In this qualitative study, we aim to record personal attitudes, reflections, and advice on experiences with the Couples Match process.

Methods: Our survey, consisting of two open-ended questions regarding the experience of Couples Matching, was distributed from January 2022 to March 2022 via email to 106 otolaryngology program directors across the nation. Survey responses were analyzed iteratively using the constructivist grounded theory to construct themes related to pre-match priorities, match-related stressors, and post-match satisfaction. Themes were developed inductively and refined iteratively as the dataset evolved.

Results: 18 Couples Match residents responded. In response to the first question: “What was the most difficult part of the process for you and/or your partner?”, we identified the following themes: cost and financial burden, increased stress on the relationship, sacrificing top choices, and finalizing the match list. In response to the second question: “Using your experience as a previous applicant, what advice would you give to another couple planning on couples matching?”, we identified four common themes: compromise, advocacy, dynamic conversations, and applying broadly.

Conclusion: We sought to understand the Couples Match process through the perspective of previous applicants. Analyzing the views and attitudes of Couples Match applicants, our study captures the most challenging aspects of the experience and highlights possible areas to improve advising for couples, including important factors to consider when applying, ranking, and interviewing.

KEYWORDS

couples matching, otolaryngology residency match, qualitative, residency application, significant other

Ashley Diaz and David Fenton are the co-first authors

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1 | INTRODUCTION

Since 1984, the National Residency Match Program (NRMP) implemented the Couples Match, providing the opportunity for two individuals to link their rank order lists.¹ By opting into the Couples Match application process, student applications through Electronic Residency Application Service (ERAS) note the applicants' intention to match as a couple in addition to their partner's name and specialty.² The NRMP states that the matching algorithm matches the couple at "the highest pair of program choices where both partners obtain a match."¹ Ultimately, applicants enrolling in the Couples Match process typically have the end goal of matching at the same residency program or residency program geographically close to their partner.^{1,3}

According to the Main Residency Match information (2021), the success rate of the Couples Match was 93.4%, which has been the lowest since 2010.^{1,3} Despite match rates exceeding 90% for the past 30 years, what defines a "successful match" by NRMP has remained unknown. According to the NRMP, geographic proximity between partners is not part of the calculation for a successful Couples Match, as it only considers both partners matching at an institution to be successful, even if they match at programs in different locations.^{1,4} While several editorials have been published about the experiences of couples navigating through this application process,⁵⁻⁷ they ultimately are limited in generalizability due to specific experience based on specialties and personal circumstances. Moreover, research identifying general experiences of partners applying through the Couples Match in competitive specialties remains unstudied.

In this qualitative study, we sought to record applicant reflections on (1) the most difficult part of the application process and (2) the advice of applicants from otolaryngology who participated in the Couples Match program. Identifying these general themes in applicants may provide qualitative perspectives that can guide future applicants applying to residency through this program.

2 | METHODS

This study was exempt by the Institutional Review Board of the University of Chicago, and informed consent was received by all participants.

2.1 | Survey characteristics

The research team conducted a review of the literature and determined a gap in knowledge of the experiences of couples applying to the Couples Match. A preliminary list of questions was developed following the scope of this study. These questions were revised, abridged, and approved for distribution by experts in the field of otolaryngology and medical education (EAB, AS, and JMF). The survey recorded participant demographics and asked the following two open-field questions:

1. What was the most difficult part of the process for you and/or your partner?
2. Using your experience as a previous applicant, what advice would you give to another couple planning on Couples Matching?

2.2 | Survey distribution strategy

Three emails were sent from January 2022 to March 2022 to 106 otolaryngology program directors across the United States. The national sample of otolaryngology residencies was chosen to highlight regional trends, which may occur throughout the country for otolaryngology applicants.

2.3 | Data analysis

Using the constructivist grounded theory, survey responses were analyzed to develop themes related to the open-field answers.⁸ Responses were independently reviewed by five authors (Rose Dimitroyannis, Stephanie Cardenas, David Fenton, Ashley Diaz, and Armaan Singh), none of whom had participated in the Match or Couples Match and had no prior relationship with survey respondents. Authors individually coded phrases and clauses with identifiers, discussed their independent codes and later developed consensus codebooks. Discrepancies were resolved through deliberation with experts in otolaryngology and medical education (Andrea Shogan and Jeanne M. Farnan). Themes, which consist of multiple codes, were developed inductively and refined iteratively as the dataset evolved. Thematic saturation was approximated when sufficient quality and quantity of themes were reached and further analysis would not contribute new themes.⁹ Standards for Reporting Qualitative Research guidelines were followed throughout the analysis.¹⁰

3 | RESULTS

3.1 | Study participants

Of the 18 respondents, 10 (55.5%) were female and 14 (78%) identified as White. The most common training year was PGY-5 with 6 participants (33.3%). Eight participants (44.4%) had matched with a relationship status of engaged. Additional demographic information for the participating residents can be found in Table 1.

3.2 | The most difficult parts of the application process

Four themes were identified in response to the question: "What was the most difficult part of the process for you and/or your partner?" (Table 2).

TABLE 1 Demographics of surveyed couples match participants.

	Survey participants N = 18 (%)
Gender (Female)	10 (55.6%)
Race/Ethnicity	
White or Caucasian	14 (77.8%)
Asian or South Asian	3 (16.7%)
Black/African-American	1 (5.6%)
Year in residency training	
PGY1	4 (22.2%)
PGY2	2 (11.1%)
PGY3	3 (16.7%)
PGY4	2 (11.1%)
PGY5	6 (33.3%)
Research year	1 (5.6%)
Region of residency	
Midwest	3 (16.7%)
Mid Atlantic	1 (5.6%)
Northeast	2 (11.1%)
Southeast	5 (27.8%)
Southwest	4 (22.2%)
South Central	3 (16.7%)
Relationship status during the application process	
Significant other	7 (38.9%)
Engaged	8 (44.4%)
Married	3 (16.7%)
Partner specialty	
Anesthesiology	3 (16.7%)
Dermatology	1 (5.6%)
Family medicine	1 (5.6%)
Internal medicine	3 (16.7%)
Obstetrics/Gynecology	1 (5.6%)
Orthopedic surgery	3 (16.7%)
Pediatrics	3 (16.7%)
Plastic surgery	1 (5.6%)
Radiation oncology	1 (5.6%)
General surgery	1 (5.6%)

3.2.1 | Theme 1: Cost and financial burden

Facing greater than average amounts of interviews

When asked to reflect on the most difficult part of the Couples Matching process, participants mentioned the issue of cost and financial burden. Specifically, how this tied to accepting more interviews to accommodate a Couples Match. One participant stated:

TABLE 2 Most difficult part of the application process outlined themes.

Themes	Subthemes	Number of mentions
1. Cost and financial burden	a. Facing greater than average amounts of interviews	3
	b. Need for accommodating extra travel	2
2. Increase stress on relationships	N/A	3
3. Sacrificing top choices	N/A	3
4. Finalizing the match list	N/A	4
Length of responses – Median (Range)		
Words	15 (66)	
Characters (without spaces)	77 (309)	
Characters (with spaces)	91 (375)	

So we wasted a lot of money because my partner had to go to a lot of interviews that we didn't know if I was invited to yet.

Need for accommodating extra travel

Another aspect of accepting more than the average number of interviews is the travel associated with attending these interviews. One participant describes:

Going to interviews back to back and living out of a carry-on suitcase for a month. We had to sleep in/change in airports, book red-eye flights, and bounce from coast-to-coast to make our interviews work!

3.2.2 | Theme 2: Increased stress and strain on relationship with partner

Undesired matching

Although some of the participants were able to match through the Couples Match, some participants had undesirable matching results. Most of these results matched the couples at different, geographically disparate programs leading to a new stress of being apart:

After matching at different programs, the personal challenge of continuing to grow in your relationship from afar begins.

The bottom of our [rank] list included my partner matching and me not matching.

3.2.3 | Theme 3: Sacrificing top choices

One consideration is balancing rank lists while accommodating two residency positions. Many applicants found themselves having to sacrifice their top choice programs in order to accommodate the ranking list to stay with their partner:

The hardest part for both of us was sacrificing programs we loved because the other didn't have a nearby interview, or deciding to rank programs we didn't love high on our list because we both had interviews at the same institution. Ultimately, we decided we would be happier together at a less desirable program, rather than in different states at programs we each fell in love with.

3.2.4 | Theme 4: Finalizing the match list

One of the most difficult parts focused on finalizing the Match list with their partner. During this process, participants and their partners had to have ongoing, honest conversations about their priorities and compromises they were willing to make:

Completing the rank list together and talking through difficult situations (what if one of us gets our top choice, and the other doesn't), how much we were willing to compromise to have us both be moderately happy (rather than one of us being perfectly happy, and the other being not at all happy).

Participants also reflected on how emotionally taxing the process of finalizing the match list with their partner was. Once participant stated:

Deciding where to draw the line on our rank lists of places where we would be together then places where we would be apart was excruciating. Additionally, since we did not end up at our top programs there was incredible guilt on each of our behalf as to being the reason we slipped to a less desired program. We are still processing that guilt and will be for a long time.

3.3 | Advice for future couples match applicants

We identified four common themes in response to the question: "Using your experience as a previous applicant, what advice would you give to another couple planning on couples matching?" (Table 3).

TABLE 3 Advice for future couples match applicants outlined themes.

Themes	Subthemes	Number of mentions
1. Compromise	N/A	3
2. Advocacy	N/A	7
3. Dynamic conversations throughout the application process	N/A	4
4. Applying broadly	N/A	4
Length of responses – Median (Range)		
Words	24 (66)	
Characters (without spaces)	115 (411)	
Characters (with spaces)	138 (499)	

3.3.1 | Theme 1: Compromise

Compromises are essential to the process

When asked to give advice to future students applying through Couples Match, many participants spoke about compromise. One participant noted:

My partner and I chose to compromise on programs in order to be together, and we feel good about that decision because we really thought and talked it through.

While this balance can seem difficult, one participant outlined a method to ensure that compromise only happens when necessary. This approach could help remove some emotional strife from the list-making process for applicants:

Make a list of the characteristics that you guys want or don't want, separated into negotiables and non-negotiables, and compare your lists. Only apply to programs that fit both of your non-negotiable criteria. Then make your ranks lists separately and compare lists. Move programs up and down based on your negotiable criteria.

Another participant discussed the importance of weighing possible final options, revealing that some Couples Match applicants may prefer to re-apply than compromise and be apart from their partner:

Do not rank any combination you would rather not match than obtain (i.e. acceptability of long distance for 3-7 years vs. stress of reapplying).

3.3.2 | Theme 2: Advocacy

Advocate for your partner or have your partner advocate for you

Many residents explained that advocating for each other is a necessity in the Couples Match process. For many, calling, emailing, or mentioning their partner during an interview resulted in additional interviews:

Advocate via for one another via email on interviews. I know my significant other got a few extra interviews that way.

3.3.3 | Theme 3: Dynamic conversations throughout the application process

Define priorities

Many respondents explained that explicitly stating priorities with their partner helped to foster better communication during the process:

Take time to determine what aspects of your life are most important to you now and in the future (loaded statement, but give it an honest effort).

If you are a priority in each other's life, make it a priority to be together in the same town. Residency is hard enough as it is, even if someone has to do a prelim year, it's worth it to be together.

3.3.4 | Theme 4: Applying broadly

While prioritizing emotional well-being was discussed in this question, applying broadly recognizes the strategic thinking required when it comes to the mathematics of Couples Matching. Many applicants agreed on the efficacy of this tactic, while also noting this led to strain later on in the process due to managing more interviews than average:

Apply broadly and focus on cities with multiple programs.

4 | DISCUSSION

We sought to understand the Couples Match process through the perspective of previous applicants in otolaryngology. Using our survey, we captured participant perspectives on the most difficult aspects of the interview process and highlighted advice to other couples planning on participating in the Couples Match in this competitive specialty.

Respondents provided differing opinions on compromising throughout the application, interviewing, and ranking process. While many agreed that compromising for their relationship was unavoidable, there was increased sentiment in outlining non-negotiable criteria and balancing them with their partner. Residents also discussed defining priorities to engage in shared decision making and maintain harmony with each other. This process matched similar literature that described the process for two physicians applying to Physical Medicine & Rehabilitation.⁵ Ranking combinations, explicitly stating priorities, and determining the maximum “feasible” distance away from each other were some of the conversations that Couples Match applicants faced in our study and other “personal account” pieces in the

literature.⁵⁻⁷ However, during the application process, these stressors became complicated with emotions surrounding the fear of not matching altogether or matching at undesirable institutions. Applicants may sacrifice their top desired choices to accommodate their partner and their relationship.

While these unique difficulties may not be avoidable, they may be alleviated by self-reflecting in advance and beginning these conversations earlier. Wakim et al. discussed the importance of self-reflection for both partners,⁵ which may start before the application cycle through participation in extracurricular activities, selection of away rotations, and other collaborative opportunities in research or volunteering. This discussion parallels some of the advice given by participants of this survey.

During the application process, many participants noted that advocacy was a key component in their success. By reaching out to residency and program directors beforehand about couples' status or discussing their partner during their interview, residency programs could understand applicants' backgrounds better and make accommodations by providing an additional interview slot. In addition to this, having an applicant's medical school advocate on their behalf may contribute to improved outcomes.

Lastly, couples advised applying broadly to ensure greater combinations for ranking and better outcomes. From 2007 to 2019, the mean applications submitted per US medical graduate increased from 30 to approximately 70.^{11,12} As the residency application process becomes more competitive, applicants may face greater fatigue from interviewing and increased financial burdens. As discussed by respondents, disproportionately increasing total applications and applying broader than standard applicants helped to increase the odds of a successful match. However, the effect of this strategy resulted in additional stressors such as greater financial burden from interviews and, consequently, partners having to accommodate for extra travel circumstances.

Several limitations may have affected themes and final conclusions. Our qualitative study was limited by merely two open-field questions. Nonetheless, this is one of the only studies that qualitatively summarize residents' attitudes, perspectives, and advice from several institutions. While we did not reach saturation in some topics, we hope to further evaluate these themes in the future. As we expand this study to a more representative group of applicants, we plan to pivot the survey to an interview format to allow for follow-up questions and clarifications as opposed to an open-ended text field. The stress and expectations of individuals applying to otolaryngology may not be representative of the whole of applicants' couples matching since it is a very competitive field.^{13,14}

4.1 | Future directions

While several couples involved in this survey likely interviewed virtually (nine respondents applied in 2020–2021 cycle year), the prevalence of virtual interviewing for residency programs may continue in the future. Virtual interviews may profoundly impact how couples

navigate, altering application trends, reducing overall costs, and allowing for increased interviews.¹⁵ Investigation into how virtual interviewing may have affected couples applications may be an additional area of interest.

5 | CONCLUSION

Using a regional and national survey, we found the most difficult parts of the Couples Match were the financial burden, the strain on relationships, sacrificing top choice programs, and finalizing the Match list. Respondents provided advice to future applicants surrounding compromise, advocacy, dynamic conversations, and broad application strategies. As the first qualitative study analyzing the perspectives of Couples Match applicants, we highlight unique stressors applicants may face applying to otolaryngology through the Couples Match.

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CONFLICT OF INTEREST STATEMENT

The authors have no disclosures to make.

DATA AVAILABILITY STATEMENT

Data collected for this study contain sensitive information and may be made available by the corresponding author.

ORCID

David Fenton  <https://orcid.org/0000-0003-3656-357X>

REFERENCES

1. NRMP. MRM-Results_and-Data_2021.pdf. Accessed December 22, 2022. https://www.nrmp.org/wp-content/uploads/2021/08/MRM-Results_and-Data_2021.pdf
2. NRMP. Couples in the Match. Accessed December 22, 2022. <https://www.nrmp.org/residency-applicants/get-ready-for-the-match/couples-in-the-match/>
3. NRMP. MM_Results_and-Data_2020-1.pdf. Accessed December 22, 2022. https://www.nrmp.org/wp-content/uploads/2021/12/MM_Results_and-Data_2020-1.pdf
4. NRMP. 2022-Match-by-the-Numbers-FINAL.pdf. Accessed December 22, 2022. <https://www.nrmp.org/wp-content/uploads/2022/03/2022-Match-by-the-Numbers-FINAL.pdf>
5. Wakim A, Nikolis L. Insight into a successful couples match in physical medicine and rehabilitation. *Am J Phys Med Rehabil*. 2021;100(9):e137-e138. doi:10.1097/PHM.0000000000001767
6. Kindermann D, Coates WC, Deiorio N, et al. Couples match in emergency medicine. *J Emerg Med*. 2019;58(1):30649-30643. doi:10.1016/j.jemermed.2019.07.020
7. Alvin MD, Alvin ML. The couples match: navigating the trail together. *Acad Med*. 2018;93(5):677. doi:10.1097/ACM.0000000000002151
8. Charmaz K. *Constructing grounded theory*. Sage Publications; 2006.
9. Fusch P, Ness L. Are we there yet? Data saturation in qualitative research. *Qual Rep*. 2015;20(9):1408-1416. doi:10.46743/2160-3715/2015.2281
10. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*. 2014;89(9):1245-1251. doi:10.1097/ACM.0000000000000388
11. Carmody JB, Rosman IS, Carlson JC. Application fever: reviewing the causes, costs, and cures for residency application inflation. *Cureus*. 2021;13(3):e13804. doi:10.7759/cureus.13804
12. American Medical Association. 2021 Match hits record highs despite pandemic's disruptions. Accessed December 22, 2022. <https://www.ama-assn.org/medical-students/preparing-residency/2021-match-hits-record-highs-despite-pandemic-s-disruptions>
13. Salehi PP, Heiser A, Salehi P, et al. Otolaryngology applicant characteristics and trends: comparing OTO-HNS with peer specialties. *Ann Otol Rhinol Laryngol*. 2021;130(8):929-940. doi:10.1177/0003489420987408
14. Hauser LJ, Gebhard GM, Blumhagen R, Carlson NE, Cabrera-Muffly C. Applicant characteristics associated with successful matching into otolaryngology. *Laryngoscope*. 2017;127(5):1052-1057. doi:10.1002/lary.26236
15. Gallo K, Becker R, Borin J, Loeb S, Patel S. Virtual residency interviews reduce cost and carbon emissions. *J Urol*. 2021;206(6):1353-1355. doi:10.1097/JU.0000000000002197

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