REFLECTIONS

A Language Problem

Most of the time, I am a program director of an Internal Medicine residency, but for 3 months each year I become a deconstructionist. Deconstructionism is an analytical method that contends that there is little meaning to be found in the actual text. In essence, meaning is revealed in what has been left out of the text or ignored or silenced by it. The text I am referring to is the ERAS application (the electronic resident application system).

Although many believe that the deconstructionist movement began as a rebellion against traditional literary criticism, I believe that its origins began with program directors and their attempts to find meaning in Dean's letters, Chairman's letters, and letters of recommendation. We long ago realized that there was no "meaning"—despite claims of the hegemonic discourse of academic analysis—in these texts. Unfortunately, we are faced each year with the necessity of reviewing these correspondences in search of some small kernel of meaning, hoping that we can find even a sentence that means something, anything.

Perhaps this exploration of literary theory may seem a digression, but I have not lost sight of my stated goal: to inform you how one evaluates an application. For example, let us examine the word "average" and illustrate how the word is used in letters of recommendation. According to the dictionary, average means of moderately good quality but less than excellent: acceptable, adequate, all right, common, decent, fair, fairish, goodish, moderate, passable, respectable, satisfactory, sufficient, tolerable.

Surprisingly, I have never seen the word average used to characterize a U.S. medical student. I understand that you, our medical students, are intelligent and hardworking, but if one uses as the denominator all medical students, there must be some that are average, that is, of acceptable, fairly good quality, but less than excellent. There must be a normal distribution of capabilities even within this rarified group. There are average sanitation men and firemen just as there are average physicists, rocket scientists and, in fact, presidents of the United States. There must be average medical students.

Using the technology employed in discourse analysis, I have been able to determine when and how a word is used in a text. This year, I searched for the word *average* in the 2,400 applications I received. There were only 2 occurrences. The first was found in a personal statement in which the applicant had visited sub-Saharan Africa on a medical mission and commented on the *average* rainfall in the area. The second was in a letter of recommendation which related Ted William's batting *average* to a student's performance on the medicine rotation.

Good is another word that is almost nonexistent in the lexicon of medical student evaluations. The word "good" means well above average, indicative of future success or full of promise, auspicious. My computer search did find the word good used several times, as a noun ("This medical student is superb; he is the complete package and has all the goods"), and as an adjective ("good-looking," "good-natured," "Good Samaritan," and finally "good-for-nothing"). But medical students were never simply good medical students. According to my findings, all medical students were better than average or good.

On the other hand, consider the words "outstanding" and "awesome." Outstanding means superior to others of its kind. Therefore, not every medical student can be outstanding. And yet outstanding was found 24,000 times in the 2,400 applications. The word "awesome" has also become an increasingly popular medical student descriptor as faculty who are baby boomers are assuming roles of significant responsibility. Awesome is a word of the 60s and 70s used in slang to connote something exceptional ("Jimi Hendrix's guitar playing was awesome"). In the 21st century, medical students can be awesome. I do not think I have ever met an awesome student, but 800 of my colleagues around the country have and they informed me of their findings in their letters.

Selecting the best medical students is analogous to selecting the largest pitted olives in a grocery store. The process begins quite simply. The first I evaluate are easy to eliminate. They are SMALL. The next are also easy to dismiss, MEDIUM. Then I confront LARGE and I am feeling pretty good about fulfilling my goal until I run into EXTRA LARGE. I recognize that extra large is bigger than large and here I still have a sense that I am heading in the right direction. But now I face JUMBO and based on my understanding of the language of eggs, I am pretty sure that jumbo is bigger than extra large, but now it gets tricky because I find another can which contains COLOSSAL size olives. Is jumbo smaller than colossal? And to further confuse the subject I see GARGANTUAN olives. At this point, I begin to believe that it may be easier to select students than olives.

If text has no meaning and the subtexts are mutually exclusive, how does a program director decide how to rank students? My approach is quantitative and does not rely solely on interpreting language.

I take the last 4 digits of the applicant's social security number and divide it by the date the application was received, multiply that quotient by the last 2 digits of the year of birth, subtract 1,000 for each occurrence of the word *excellent* in the application and 2,000 for the word *solid*. Excellent is a consistently negative descriptor and a solid medical student is one who has been asked to repeat a year of medical school. The higher the score on this tabulation, the higher is the rank. For those that have the same score, I toss a coin to determine who is ranked higher.

Using this methodology, I have chosen individuals who have gone on to become department chairpersons and even deans. It takes a lot less time to rank students when I don't have to read their applications.

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