

Recommendations on 2021-22 Residency Season Interviewing for Medical Education Institutions Considering Applicants from LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical Schools

Submitted by

The Coalition for Physician Accountability's Work Group on Medical Students in the Class of 2022
Moving Across Institutions for Interviews for Postgraduate Training

This guidance document was created in response to ongoing concerns about continuing risk associated with travel for residency interviews arising from the coronavirus delta variant and its spread across the United States. Eight major national medical education organizations support an extension of the 2020-21 recommendation on interviews, and representatives from those organizations worked together to balance the complex needs of the medical education community. The recommendations outlined below reflect our collective sense of how to proceed, and we urge each medical school, sponsoring institution, specialty society, and residency program to carefully consider them and commit to working together to create an equitable, transparent, and successful residency selection cycle that prioritizes the safety of all.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners. Medical school deans have the authority and responsibility to make decisions regarding their medical students; and designated institutional officials and program directors have the authority to make decisions regarding residents in their sponsoring institutions and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will reduce unnecessary confusion, stress, and inequity among students while promoting a more successful residency selection process for all.

Introduction

The Coalition for Physician Accountability (Coalition), a cross-organizational group composed of the American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, American Board of Medical Specialties, Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, American Medical Association, American Osteopathic Association, Council of Medical Specialty Societies/Organization of Program Director Associations, Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, Liaison Committee on Medical Education, National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, and National Resident Matching Program, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. The Coalition has created several work groups to rapidly develop a shared approach to urgent COVID-19-related education and training issues affecting learners and training programs.

The Coalition established the Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Postgraduate Training (WG) to consider and make recommendations about three major issues facing applicants and training programs as they prepared for the 2020-21 residency application cycle: (1) away rotations, (2) in-person interviews for residency, and (3) the ERAS® timeline. While there

were other important issues to be addressed, the WG was careful to restrict our deliberations to our original charge. For the 2021-22 cycle, the WG will consider and make recommendations about interviewing while the spread of the coronavirus delta variant is increasing and unpredictable.

Strengths of the WG include our diversity of thought and representation from the full spectrum of stakeholders across medical education and the public. The WG established guiding principles as a framework for considering the important issues under our charge. The following principles remain applicable to the renewed recommendations for virtual interviews for the 2021-22 application cycle:

- Patient care and the safety of the community, patients, and learners are most important.
- The residency selection process should be as equitable as possible for applicants, recognizing the diversity of learners and educational programs and the differing missions and priorities of schools, training programs, and institutions.
- A concerted effort to reduce anxiety and promote well-being of students, program staff, and institutions (home and host) in an already stressed system is critical.
- We anticipated stakeholders will commit to policies that prioritize these guiding principles yet recognize the necessity for innovation and flexibility in the ongoing COVID-19 environment.
- Recommendations at the national level are intended to facilitate transparency, promote fairness across the country, and reinforce our commitment to an equitable process for all.

The WG considered current data and forecasts and infectious disease expertise in our deliberations about the continued spread of the coronavirus delta variant. Despite widespread availability of vaccines that are highly effective against the virus, the current spread of the delta variant is rapid. Although vaccinated individuals are less likely to suffer severe symptoms if they contract the delta variant, there is evidence that vaccinated individuals can become ill and can transmit the virus. Thus, travelers, even if relatively well protected personally, may create risk for others they encounter. Some locales have begun restricting travel from hot spot regions, which could adversely affect travel to programs across the country.

It is difficult to predict the potential degree of disruption in the upcoming residency recruitment cycle due to the delta variant or future variants of interest or concern; however, there is clearly risk of significant variability in impact among the candidates for residency based on geographic factors and individual risk profiles due to personal chronic conditions and family and caregiving concerns.

The WG recommendations were influenced by concerns that initiating an in-person interview process only to have it discontinued due to a resurgence of coronavirus would create potential inequities among applicants and increase disruption and anxiety for both applicants and programs. Moreover, the WG believed that limiting uncertainty for applicants and programs would decrease unnecessary stress.

Recommendation 1: Conduct Virtual Interviews for the 2021-22 Recruitment Cycle

Interest exists to extend a consistent approach to in-person interviews for the 2021-22 residency cycle; however, recognizing the current state of the COVID-19 pandemic and the near certainty, given insufficient national vaccination rates, that the pandemic will continue into the winter, albeit in unpredictable ways, the WG offers the following recommendation that we hope will minimize public health risks, mitigate inequity stemming from geographic variations in pandemic impact, and provide applicants, their advisors, and programs with guidance to promote consistency and decrease anxiety.

Recommendation: All interviews should be conducted virtually for the 2021-22 recruitment cycle due to growing concerns about the delta variant and potential risks and disruptions from potential future variants.

- Programs should work to create a continuous, evidenced-based, standardized process to prioritize safety of applicants and others involved in the recruitment process; mitigate bias wherever it exists; and establish a consistent, fair, and equitable approach to reviewing and interviewing all applicants.
- Programs should communicate their plans to medical schools and applicants as soon as possible.
- Programs should extend effort to address the concerns about transparency raised during the 2020-21 cycle with a plan to disclose information about culture; community, patient population, physician, and other health care provider diversity; and concerns regarding variations in training and educational models.
- Medical schools should provide guidance and advice about best practices for virtual interviewing and, if available, offer technical support and space for students who need to complete virtual interviews on campus.

Recommendation 2: Increase Our Understanding of Virtual Interviewing

Recommendation: The medical education community should assess the value of virtual interviews and the concerns associated with them that were evident during the 2020-21 interview cycle.

A research agenda supporting discovery and mitigation of biases introduced by virtual interviewing should begin this year.

- A rigorous research agenda will require well-defined metrics and available mechanisms to collect and share data; therefore, specialties, institutions, and programs are encouraged to collaborate to support improvements in the interviewing process and share findings with the community.
- Organizations should collect and share data on actual placement impacts during the 2021-22 interview cycle and changes from previous cycles.
- The WG encourages research questions that cover a range of topics that examine the impact of in-person and virtual interviews on recruitment and selection, identify inequities, and share best practices. Some examples may include:
 - Studying the conditions in the virtual interview environment that affect selection bias by both programs and applicants.
 - Describing applicant characteristics that are subject to bias during virtual interviews and in ranking behavior. Identify best practices for mitigating these biases. Compare and contrast how these same applicant characteristics, biases, and mitigation strategies correlate with in-person interviews.
 - Outlining best practices for identifying and mitigating biases during virtual interviewing for applicants and programs.
 - Determining the impact of time and cost savings on the number of virtual interviews candidates completed. What is the impact on match rates?
 - Exploring alignment of applicant and program values before and after virtual interviewing.

- Exploring the impact of cognitive load on interviewers' scores that result from completing more interviews and establishing best practices for mitigation.
- Standardizing the residency interview day using best practices for the virtual medium.
- Studying the impact of virtual interviewing on training sites that are historically difficult to fill (e.g., rural, newly accredited, federally qualified health center).
- Identifying characteristics (i.e., small vs. large specialty, rural vs. urban) of programs conducting virtual interviews that received more applicants than expected. Similarly, identify characteristics of programs that received fewer applicants than expected.
- Determining whether virtual (compared to in-person) interviews affect match rates.
- Exploring whether applicant training/career choice and satisfaction have changed since the introduction of virtual interviews.
 - Have applicants selected geographic sites they may not have pre-pandemic?
 - Have applicants changed or broadened their specialty options?
 - What was the impact of that change on satisfaction?

Conclusion

Since the arrival of COVID-19, the medical education community has experienced many challenges and has shown great courage, resilience, flexibility, and creativity in facing those challenges. As we pass through this current phase, the response can be no less. Both applicants and residency programs have been thrust into an environment not of their choosing. There is continued anxiety about the upcoming residency selection process and the effect that changes resulting from COVID-19 will have on the class of 2022. In developing the recommendations provided herein, the WG considered the current environment, future forecasts, and the perspectives of those closest to the issues the WG sought to address.

Acknowledging that these recommendations cannot address every eventuality, they are offered to provide the best path forward to promote consistency and fairness across the country and to reinforce our commitment to an equitable process for all.

Respectfully submitted,

Accreditation Council for Graduate Medical Education
 American Association of Colleges of Osteopathic Medicine
 American Medical Association
 Assembly of Osteopathic Graduate Medical Educators
 Association of American Medical Colleges
 Council of Medical Specialty Societies/Organization of Program Director Associations
 Educational Commission for Foreign Medical Graduates
 National Resident Matching Program