

Education

Little Did We Know What We Are Preparing for: Virtual Interviews Before COVID-19

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Abstract

Description

Current circumstances related to the COVID-19 pandemic require residency programs to conduct virtual interviews. We draw upon our experience with virtual interviews from fall 2019, prior to COVID-19, and propose a potential implementation process for virtual interviewing strategies. We also describe potential pitfalls and strategies to mitigate them.

Keywords

COVID-19; coronavirus infections; SARS-CoV-2; pandemics; interviews as topic; internship and residency; personnel selection; virtual reality

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Introduction

The COVID-19 pandemic has significantly impacted medical education around the globe, and, this fall, it will also change the upcoming residency recruitment process. The in-person interview has been a critical piece of the residency selection process, and it helped both programs and candidates decide if they were a good fit for one another.

To minimize the risk for both programs and applicants, on March 19, 2020, the Association of American Medical Colleges (AAMC) encouraged “medical schools and teaching hospital faculty to conduct all interviews with potential students, residents and faculty in a virtual setting either by phone or through video conferencing.”¹ The recommendation of the Coalition for Physician Accountability, including LCME, AAMC, ACGME and ECFMG published May 11, 2020, was even stronger.² They recommended all programs commit to online interviews and virtual visits for all applicants for the 2020–2021 residency application cycle.³ To accomplish this task, the medical education community needs to commit to creating a robust digital environment, and it is imperative that program directors develop innovative strategies to optimize virtual interviewing.⁴

There are some challenges associated with implementing virtual interviewing, both for programs and applicants. Applicants have been discouraged this year by AAMC to stop regular rotations. They also had less time on clinical rotations due to the pandemic. Therefore, there are fewer opportunities for medical students to impress different programs and get letters of recommendation. They also have a limited ability to build rapport with program faculty and residents.

Program directors are concerned that with virtual interviews they will not be able to directly showcase the program culture and the resident-faculty interactions. The process that residency program applicants are going through is complex and expensive. Candidates might fly from coast to coast, and the travel costs can add up to a substantial amount. Similarly, residency programs have significant costs related to the recruitment process.⁵ Therefore, it makes logical sense that virtual interviews would present a cost saving opportunity for both residency programs and candidates.

From program directors’ perspectives, however, we have heard a lot of concern about the ability to make an accurate judgment about

the candidates through a virtual platform.⁶ We want to share our lessons learned from using virtual interviewing strategies in recruiting preliminary residents for our Internal Medicine Program from fall 2019, prior to the COVID-19 pandemic.

Although video conference interviewing has been used by other programs such as the University of Arizona, John Hopkins and the Mayo Clinic, our program has not had experience with this technique yet.⁷ We chose to interview candidates for our 10 medicine preliminary positions via virtual interviews in fall/winter 2019, with an optional in-person hospital tour. This setup allowed us to maximize our resources for our 15 internal medicine categorical positions and to optimize scheduling flexibility for both applicants and faculty.

We selected 132 medicine preliminary applicants for the video interviews, with 107 candidates accepting the invitation. We interviewed approximately 40 more candidates versus the previous year for the same number of positions.

Scheduling Interviews

Interviewees were scheduled directly through the 3rdFriday scheduling program (Dualiti Interactive, Rochester, NY). The first 2 emails were generated by 3rdFriday, with the first email providing details on being selected for the virtual interview, an overview of the residency program, a list of available virtual interview dates and times and instructions on how to register and use 3rdFriday to self-schedule and reschedule interviews. Once the candidate selected a virtual interview date and time, a second 3rdFriday email went out to the candidate confirming those details.

Pre-Interview Survey and Communication

The program coordinator (PC) sent an email directly to each candidate a week prior to their scheduled date. The email provided specific information about their upcoming interview, such as the type of video conferencing application used during the interview, with basic instructions, a link to a help page of the video conferencing application⁸ and a detailed schedule noting the importance of punctuality,

interviewers names and titles, videoconference meeting links, virtual interview beginning and ending times and the option of arranging for a practice videoconference.

This email also provided a link to our program's website and recruitment video, showcasing resident stories. Both the website and video needed to be reviewed prior to the actual interview. Candidates were encouraged to complete an optional short online survey before the interview day, but it did not influence the overall chance for recruitment. The survey asked candidates to share what they were looking for in a residency program, their future career plans and their ties to our area.

Interview Day

We blocked 1 afternoon per week for the virtual interviews and interviewed 10 candidates per afternoon. Each candidate had a 10-minute interview with the program director (PD) and 2, 20-minute interviews with faculty. Each applicant had an individual Webex conference room assigned to them that the faculty interviewers would consecutively join. The PD stayed in a single Webex room, which was joined by successive applicants based on a pre-defined schedule.

All interviewers conducted their interviews from offices located in the same building and hall, as we have traditionally done for in-person interviews. Both candidates and interviewers were provided a detailed interview schedule to make note of the start and end times. The PC kept the interviewers on time by knocking on their office door or sending a text message. There were, however, drawbacks to virtual interviewing. All candidates and interviewers had to have access to a computer with webcam capabilities and adequate internet speed. When connectivity problems occurred, we encouraged both the candidate and interviewer to stay online, and the interviewer called the candidate via telephone to continue with the interview while the PC worked through the issue.

Each faculty member was assigned to describe a certain part of the program prior to interviewing the candidate. For example, the PD

talked about the mission, vision, and clinical enterprise. The associate program director (APD) shared information about research and scholarly activity. Faculty members discussed quality improvement projects.

Interviewers did not have explicit knowledge of the applicant's test scores or medical school. Interviewers were encouraged to focus on evaluating applicants' personalities and other traits without being biased by test scores, type of medical degree, etc. Each interviewer filled out a pre-printed, 1-page evaluation form that included the applicant's name, photograph, interviewer name and date of the interview. Suggested interview questions, including behavioral questions, were included on the form. Interviewers graded each candidate as superior, above average, acceptable, or serious concern on several skills and traits thought to be important to success in the residency program. Interviewers also assessed each interviewee on a 5-point global scale.

After completion of the interview, the program leadership team met and scored the candidates on the same day. A face sheet that summarized various details, such as USMLE or COM-LEX scores, quality of letters of recommendation, etc., aided in this process.

Optional Walk-Through Visit

The candidates were given 3 optional post-interview visits at the hospital. These visits provided an opportunity to meet program leadership and residents in-person and tour the facilities. A total of 52 candidates of 107 came for a walk-through visit.

Match Results

For our 10 medicine preliminary positions in the 2020 match, the mean USMLE Step 1 score (M=238.1, SD=4.9) was not significantly different from the previous year (M=239.1, SD=11.2), $p=0.904$. Similarly, the mean USMLE Step 2 score for the 2020 match (M=248.1, SD=5.5) was not significantly different from the previous year (M=244.4, SD=15.5), $p=0.504$.

In the 2020 match, 8 of our preliminary medicine interns came from United States allopathic medical schools and 2 from osteopathic schools. These proportions are the same as the

2019 match. Of the 10 applicants who matched with us, 6 had attended the optional walk-through visit.

Conclusion

Current circumstances related to the pandemic require residency programs to conduct virtual interviews. For our 2020 medicine preliminary match, we were able to utilize virtual interviews without significant impact to our match compared to the previous year. To troubleshoot connectivity problems, we recommend holding a mock interview session and having a cell phone available to overcome any connection problems during the video interview. Although these were virtual interviews, having faculty members interview in the same geographical area helped with troubleshooting technical difficulties quickly. To help applicants learn about the program culture, consider updating the program website and connecting applicants and residents in a safe virtual space.

We believe that our virtual interviewing strategies could be applied to other Internal Medicine programs, as well as specialty programs across the country, not just during the pandemic but for the foreseeable future. Many of the changes to the interview process imposed by the COVID-19 pandemic will be here to stay. Embracing innovative use of technology in this process will be essential for success.

Conflicts of Interest

The authors declare they have no conflicts of interest.

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