

## Zooming In versus Flying Out: Virtual Residency Interviews in the Era of COVID-19

**Running Title:** Virtual Residency Interviews

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### 13 **Introduction**

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15 The 2019 coronavirus disease (COVID-19) pandemic has prompted graduate medical education  
16 (GME) programs to revisit the concept of virtual interviews for applicants given uncertainty over  
17 the duration of social distancing measures and travel restrictions. A “virtual interview” refers to  
18 the process of conducting interactions over a video-conferencing platform instead of the  
19 traditional model of traveling to an on-site location with face-to-face interactions.

20

21 The interview for GME training programs has multiple purposes. While the evidence is mixed  
22 regarding its predictive value for training outcomes, the interview interaction is weighted heavily  
23 by program directors in their decisions regarding applicant selection<sup>1,2</sup> The interview is felt to  
24 provide insights into applicants’ interpersonal communication skills and professionalism, which  
25 are otherwise poorly represented in application materials.<sup>3</sup> From the applicants’ and programs’  
26 perspectives, the interviews and surrounding recruitment events provide critical information for  
27 their decisions including highly valued casual interactions.<sup>4,5</sup>

28

29 Given the emphasis placed on the interview and surrounding interactions by the primary  
30 stakeholders of the recruitment process, it is important to understand the strengths and limitations  
31 of any transition to a virtual platform. The current model of in-person interviews already has a  
32 number of challenges beyond the current pandemic, including high costs, as well as significant

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33 time commitments and scheduling limitations.<sup>6-9</sup> In light of recent recommendations by the  
34 Association of American Medical Colleges (AAMC) to transition to virtual interviewing during  
35 the COVID-19 pandemic and potentially beyond, this paper summarizes the existing knowledge  
36 base regarding virtual interviews and proposes potential best practices for programs.<sup>10</sup>

37

### 38 **Current Evidence Around Virtual Interviews**

39

40 There are several published examples of virtual interviews in GME. Applicants to a single  
41 urology program completed a crossover study with both video and in-person interviews. The  
42 authors identified benefits to the video interview in terms of time and cost. Participants overall  
43 reported reduced ability to represent themselves in the virtual interaction; however, they favored  
44 continuing it as an adjunct to in-person interviews.<sup>11</sup>

45

46 A 2014 study of gastroenterology fellowship applicants had four in-person interviews and a  
47 single video interview with a remote faculty member. Eighty-one percent of applicants agreed  
48 their video interview met or exceeded expectations. Twenty-five percent responded that their  
49 video interview was at least equivalent to their in-person interview, and 87% agreed that video  
50 interviews should continue. From these findings, the authors concluded that web-based video  
51 conferencing has the potential to be an effective screening tool or an acceptable alternative to in-  
52 person interviews.<sup>12</sup>

53

54 An observational study at an anesthesiology residency program allowed applicants to complete  
55 either face-to face interviews (75%) or video interviews (25%). The study noted a higher  
56 proportion of non-local applicants in the video pool who were also more likely to complete a  
57 later campus visit. The follow-up survey showed selection of the video format was driven by  
58 geographic and travel concerns, as well as conflicts with interview dates. Only 4.2% of  
59 applicants who selected face-to-face interviews worried that a video interview would negatively  
60 impact their chances of matching. Similar proportions from both groups were in the top-half of  
61 the rank list and in their matched class. Overall, the video participants felt the virtual interview  
62 met or exceeded their expectations.<sup>13</sup>

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64 Virtual interviewing has been more extensively used in business than medicine. These fields may  
65 provide transferrable insights and lessons for conducting residency virtual interviews. Hospitality  
66 managers, favored video interviewing for convenience and cost savings, but found it  
67 disadvantageous due to the lack of in-person contact and potential technological malfunctions.<sup>14</sup>  
68 Another older study, found the number of job offers positively correlated with face-to-face  
69 interviews.<sup>15</sup> However, a recent study of medical school admissions demonstrated equivalent  
70 acceptance rates between the two interviewing methods.<sup>16</sup>

71  
72 The research world also provides insights into differences in interviewer-interviewee dynamics  
73 with the virtual format. Krouwel et al. found similar interview content but longer duration of in-  
74 person interactions. The interviewer also spoke substantially more during in-person interviews.  
75 Overall, they slightly favored in-person interviews for qualitative research studies due to the  
76 increased richness of interview content.<sup>17</sup> Another clinical research study, suggested that  
77 interviewees of younger age and higher-education levels may prefer video interviews.<sup>18</sup>

78  
79 Although distinct from a synchronous virtual interview and no longer utilized within emergency  
80 medicine residency applications, the Standardized Video Interview (SVI) developed by the  
81 AAMC provides valuable processes to inform virtual interviews in GME. The SVI was intended  
82 to provide information about interpersonal communication skills and professionalism to allow  
83 for screening of applicants. Key elements include attention to unconscious bias with the use of  
84 trained raters.<sup>19,20</sup> It was field tested for two-years prior to its cancellation due to lack of  
85 prognostic value.<sup>21</sup> Our intent is not to advocate for the return of the SVI, but rather to  
86 acknowledge insights gained.

87

### 88 **Advantages and Disadvantages of Virtual Interviews**

89

90 Applicants participating in virtual interviews may accrue advantages such as time, finance, and  
91 flexibility; however, disadvantages are also present such as the inability to tour the campus, loss  
92 of meaningful casual interactions, and the introduction of potential biases. The key advantages  
93 and disadvantages of virtual interviews are described in table 1.

94

95

96 All interviewers, regardless of mode of interaction, require training in unconscious bias. This  
97 may have particular importance with virtual interviews as the video format may introduce novel  
98 information about the applicant from glimpses of their environment including religious symbols,  
99 evidence of family structure, or the physical state of their environment, which may reflect  
100 socioeconomic status. In addition, novel biases may occur such as bias against the applicants  
101 who appear to struggle with technology or prefer one format over the other.

102

### 103 **Best Practices for Implementing Virtual Interviews**

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105 Virtual interviewing offers substantial advantages for both applicants and programs in the current  
106 environment. We propose the following best practices for GME programs planning to implement  
107 virtual interviews. These recommendations fall within broad categories including use of  
108 technology, interview format, and social interactions, which are listed in table 2.

109

### 110 **Conclusions**

111

112 Although virtual interviews may not completely replace in-person interactions for GME  
113 interviews, they may offer distinct advantages including lower cost, reduced travel, and  
114 scheduling flexibility. The existing literature demonstrates that even prior to the COVID-19  
115 pandemic, virtual interview strategies have shown promise. However, virtual interviews are not  
116 without potential pitfalls. Additional research needs to rigorously assess the impact of virtual  
117 interviews on all stakeholders and the GME selection process. We proposed some initial best  
118 practices for programs as they seek to trial this approach. However, truly effective and fair  
119 incorporation of virtual interviewing will require the NRMP to explicitly provide guidelines and  
120 adapt its existing regulations around “second looks” and post-interview communication.<sup>22</sup> The  
121 uncertain future of social distancing restrictions and financial consequences of the pandemic will  
122 force training programs to adapt in the short-term. Even when society returns to “normal,” there  
123 will still be a role for virtual interview strategies. Virtual interviews can offer a number of  
124 advantages to residency programs and applicants, either in isolation or as part of a hybrid model.

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**Table 1. Advantages and Disadvantages of Virtual Interviews to Applicants and Programs**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>● Allows GME* interview process to continue during times of social disruption.</li> <li>● Decreased cost for applicants and programs due to absence of travel and hosting expenses.</li> <li>● Applicants may be able to attend more interviews due to decreased cost.</li> <li>● Less potential for disruption of interview days due to travel problems.</li> <li>● Potentially minimizes time away from medical student rotations.</li> <li>● Increased flexibility for interview times and dates.</li> <li>● May benefit applicants on the wait lists due to ease of scheduling.</li> <li>● Programs may be able to use virtual interviews as a screening tool.</li> <li>● Allows alumni of the program practicing in a different geographic location to interview applicants.</li> <li>● Virtual interviews could be augmented with an in-person second look.</li> </ul>	<ul style="list-style-type: none"> <li>● Loss of interactions which may provide insight about interpersonal skills and professionalism.</li> <li>● Loss of opportunity to directly observe program culture, form relationships, and visit location.</li> <li>● Technical difficulties can impact the interview interaction and influence impressions.</li> <li>● Computer literacy with platforms can vary. Also, residency programs may utilize different platforms.</li> <li>● Computer proficiency with platforms can vary.</li> <li>● Scheduling challenges may occur with different time zones.</li> <li>● Applicants may still feel obligated for an on-site visit.</li> <li>● Virtual strategies could amplify disparities amongst programs.</li> <li>● Potential for misrepresentation and misunderstanding of the training environment.</li> <li>● Introduction of unanticipated sources of bias, which may amplify disparities.</li> </ul>

\*GME, graduate medical education

**Table 2: Best Practices for Implementing Virtual Interviews**

<p>Use of Technology</p> <ul style="list-style-type: none"><li>● Interviewers should be trained in advance with the platform and troubleshooting issues that may arise.</li><li>● Both interviewers and applicants should have access to reference materials for operating the software.</li><li>● Virtual interviews should be designed to maximize interviewee and interviewer confidentiality. This should include disabling of recording functions; providing individualized, non-shareable links; using passwords or a virtual waiting room that requires approval by the interviewer to join the meeting.</li><li>● Programs should prepare back-up plans in the event of technology failure, such as a telephone call.</li><li>● Programs utilizing virtual interviews should perform ongoing quality improvement and adjustments to the process through real-time feedback from all participants including interviewers, applicants, and administrative personnel.</li><li>● Consider use of neutral backgrounds including professional virtual backgrounds.</li></ul>
<p>Interview Format and Schedule</p> <ul style="list-style-type: none"><li>● Programs should provide interviewers and interviewees with a specific itinerary for the interaction including time zones, password-protected links, and a contact person who is facile with troubleshooting.</li><li>● If a choice of in-person or virtual interview is allowed, programs should implement practices to decrease resultant biases.</li><li>● Programs should communicate clearly with applicants regarding expectations for scheduling and an explicit delineation of required and optional activities.</li><li>● While the environment of the interview has changed, legal and regulatory considerations remain in place. Remain mindful of “illegal” questions and National Resident Matching Program (NRMP) regulations.<sup>22</sup></li><li>● Programs may want to consider hybrid models of virtual interviews and in-person interactions. If these models are used, applicants should be clearly informed of plans and expectations.</li></ul>
<p>Social Interactions</p>

- Interviewers should be trained in facilitating video interviewing and the ways that it may differ from in-person interviews. This may include attention to body language on a virtual interface, awareness of vocal tone over electronic media, and appropriate pacing of the interview and questions.
- Interviewers should also be trained in recognizing personal biases including those which may be introduced with video observations.
- Programs should provide honest resources for applicants which attempt to replicate critical features of the in-person interview day. These may include a program overview, facilities tour, or less structured interactions with trainees or other members of the program. Programs may consider archiving these resources to allow applicants a virtual “second look” at a later date.