

AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

AAIM Guidelines for Interview and Post-Interview Communication for Graduate Medical Education Recruitment



Richard L. Alweis, MD^{a,1}, Christopher M. Williams, MPH^{b,1}, Vera P. Luther, MD^c, Debra L. Simmons, MD^d, Richard Kopelman, MD^e, Steven V. Angus, MD^f, Solomon Liao, MD^g, Sri Nagalla, MD^h, Elaine A. Muchmore, MD^{i,j}

^aAssociate Chief Medical Officer for Medical Education, Rochester Regional Health, Department of Medicine, University of Rochester, NY; ^bEducation and Research Manager, Alliance for Academic Internal Medicine, Alexandria, Va; ^cAssociate Professor, Bowman Gray School of Medicine of Wake Forest University, Winston-Salem, NC; ^dUniversity of Utah, Salt Lake City, UT; ^eVice-Chair for Education and Professor of Medicine, Tufts University School of Medicine, Boston; ^fAssociate Professor of Medicine, University of Connecticut Health, Farmington, Conn; ^gAssociate Professor of Medicine, UC Irvine School of Medicine, Irvine, Calif; ^hAssociate Professor of Medicine, University of Texas Southwestern Medical Center, Dallas; ⁱAssociate Vice Chair for Medicine and Professor, University of California, San Diego; ^jAssociate Chief of Staff for Education, Veterans' Administration, San Diego, Calif.

INTRODUCTION

Inappropriate communication during graduate medical education (GME) recruitment continues to be problematic despite clear prohibitions and severe potential consequences.^{1–6} In addition to laws and institutional policies governing employment practices, standards such as the National Resident Matching Program (NRMP) *Match Participation Agreement for Applicants and Programs* and the *Match Communication Code of Conduct* outline principles that uphold an applicant's right to privacy and non-coercion.^{7–9} However, full adherence to all forms of guidance is not mandatory. Whereas programs found in contractual violation of the Match agreement can be permanently barred from future Match participation, non-adherence to the Code of Conduct or the Association of Program Directors in Internal

Medicine (APDIM) *Statement on Post-Interview Communication and Second Visits (SOPCS)* cannot serve as a basis for sanction because they are voluntary for programs.^{9,10} In such instances, compliance monitoring, data reporting, and position statements have become common methods to influence program practices.

Program inquiries into rank-order lists, locations of other interviews, and geographic preferences are widely reported across specialties despite their violation of the Match agreement.^{1–4} Prompted by similar concerns in internal medicine (IM) during the 2016 fellowship recruitment season, the Alliance for Academic Internal Medicine (AAIM) began conducting a prospective study to assess trends. Results from its 2016 survey, showing that at least 52% of applicants were asked to name other programs to which they had applied, raised the level of concern.⁵ Before and during the 2017 fellowship season, AAIM engaged in efforts to educate members through e-mail campaigns. Yet, survey results of the 2017 fellowship applicant pool generally supported previous study findings.⁶ Although the survey did not assess the impact of the NRMP violation reporting form, introduced in September 2017 with an option for anonymous reporting, data analysis showed few

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Requests for reprints should be addressed to Elaine A. Muchmore, MD, 3350 La Jolla Village Dr, 11-e, San Diego, CA 92161.

E-mail address: emuchmore@ucsd.edu

¹ Co-first author.

meaningful differences between the 2016 and 2017 cohorts in reporting of Match agreement violations.^{5,6} In 2017, 40% respondents indicated feeling pressure to reveal their rank list at least some of the time.⁶ Underreporting because of a fear of retaliation likely explains the discrepancy between specialty findings and NRMP data showing only 2 investigations of program coercion from 2013 to 2017.⁸

Alliance surveys also assessed the frequency of questions about relationship status, family planning, sexual orientation, and religion.^{5,6} Previous GME studies have shown that questions of an intense personal nature are a common feature of interview experiences.^{1–6} In 2016, women were more frequently asked about plans to have children and other programs to which they had applied.⁵ No gender differences appeared based on demographic questions in 2017.⁶ Still, one-half of all respondents were subjected to questions about relationship or marital status and 1 in 5 to questions about family plans.⁶ Qualitative data results included reports from a female applicant who removed her wedding ring to avoid questions about marital status and an international medical graduate who was prompted to engage in discussions about current events in his or her birth country.⁶ The NRMP Code of Conduct strongly discourages such questions, as does AAIM, but enforcement by an outside organization would require extensive investigative authority and resources because of the broad scope of these provisions.⁹

NRMP and APDIM also provide guidance on post-interview communication. The Code of Conduct states that program directors should neither require post-interview communication nor engage in a misleading manner to influence an applicant's rank-order list.⁹ The APDIM statement, which only applies to residency recruitment, encourages programs to adopt a uniform post-interview communication policy. In addition to all applicants receiving the same information, post-interview communication should be limited to programmatic facts (eg, number of rotations in the intensive care unit).¹⁰ Following release of the APDIM guidelines in June 2014, the number of programs with post-interview communication policies increased; however, rates of applicant contact remained constant.¹¹ The voluntary nature of the policy likely contributed to these results.¹¹

In the 2017 survey, one-half of fellowship applicants did not know program director expectations regarding

post-interview communication.⁶ More than one-third felt that programs encouraged but did not require post-interview communication. Applicants have raised concerns that post-interview communication contravenes the spirit of the Match and stated a preference for prohibiting post-interview communication.^{1,12–16} Even thank-you notes can be a source of confusion as applicants and programs both weigh the consequences of not responding in-kind.^{17,18} Many interview etiquette resources about getting into residency recommend sending thank-you notes, which may favorably affect an applicant's position on the rank list, even if a program indicates they are unnecessary.^{17–22} In addition, second looks are a source of anxiety and costly for applicants.²³ Nearly one-half of applicants in 2 specialties reported feeling obligated to return for second looks.²⁴ The NRMP Code of Conduct forbids programs from requiring second visits and from implying that returnees would gain an advantage in rank position.⁹ The APDIM guidelines

state that programs should indicate in writing that second visits are neither required nor encouraged and instructs faculty to advise that applicants request a second visit only to help inform rank-list preparation.¹⁰

RESIDENCY AND FELLOWSHIP INTERVIEW AND POST-INTERVIEW COMMUNICATION TASK FORCE

In response to challenges in the current environment—the frequency of inappropriate and potentially coercive interview and post-interview communication, survey data, and limitations of the residency post-interview communication policy—AAIM sought to effect change by charging a task force to draft new guidelines and development tools for faculty training. The final task force included a mix of AAIM council and committee members. During deliberations from September 2018 to February 2019, members reviewed the literature on inappropriate communication and discussed the effectiveness of current policies before drafting recommendations.

Several major themes emerged from these discussions. Applicants in IM are not afforded privacy protections and professional experiences during interview activities that they would likely have for a nontraining employment opportunity, even at the same institutions where they interview. Programs neither assume enough responsibility for the conduct of their representatives,

PERSPECTIVES VIEWPOINTS

- Inappropriate communication during graduate medical education (GME) recruitment continues to be problematic despite clear prohibitions and severe potential consequences
- AAIM created a task force to create a *single* set of guidelines for GME recruitment in the internal medicine community.
- The 3 main components consist of a program statement, mandatory annual training, and structured initial communication
- Faculty development is an integral part of the success of this initiative, and tools are provided at im.org

particularly for IM fellowships, nor provide adequate training. The current state is not as a result of a few bad actors—the data suggest as much—but rather to an interview culture that has not kept pace with changing applicant expectations and standards of professionalism. Disingenuous and ambiguous language (eg, “ranked to matched,” “my top program”) on both sides reinforces the extent to which gamesmanship has defined modern GME recruitment. Differences in “All-in” participation and specialty match rates are major contributing factors. Habitual questions about family planning or applicants’ other programs are best addressed through clear policies, consistent education, and institutional enforcement. Programs must also be willing to exclude faculty interviewers who refuse training or flout program policies. IM is a highly diverse specialty, in which inflexible position statements such as “no post-interview communication” will severely hamper successful matching efforts for many programs. Only programs that perceive the opportunity costs of adherence as low are most likely to voluntarily oblige. Inclusive and consensus-driven standards are needed for IM to make meaningful gains in professional conduct.

AAIM GUIDELINES FOR RECRUITMENT-RELATED COMMUNICATION

AAIM has adopted the following guidelines for GME recruitment in IM (Table 1). Although they are voluntary, AAIM expects that its member institutions will make every effort to meet these minimum and reasonable standards. The 3 main components consist of a program statement, mandatory annual training, and structured initial communication. Each program should develop a policy that informs applicants and program representatives of its communication expectations and note adherence with the NRMP Match agreement, the Code of Conduct, and AAIM policies. AAIM encourages statements that address the most salient areas of concern in the clearest terms. For example, “A program representative should never ask applicants to divulge or pressure them into revealing rank order lists, family planning, marital/relationship status, other programs of interest, or geographic area of interest.” Before deciding on whether the program will engage in post-interview communication, consideration should be given to the benefits of uniform communication, applicant perspectives about post-interview communication, and best practices to eliminate coercion and inappropriate program conduct when making an offer outside of the Match. The time frame for applicants to make a final decision and the procedure for offering a position should be carefully evaluated before opting for high-stakes post-interview communication. Program procedures on initiating post-interview communication, responding to applicant-initiated post-interview

communication, and offering a position outside of the Match (if applicable) should be clearly stated. Applicants are often encouraged to send thank-you cards or e-mails following an interview.^{19–22} Whether programs find this useful (eg, immediately discarded, influences rank position) would be appropriate to place in the program statement. As previously discussed, informing an applicant of a favorable rank position creates confusion. The policy serves as an opportunity for programs to reflect on and consider procedures that engender transparency and uniform interpretability. Though discouraged, highly interpretable and potentially misleading phrases such as “ranked to match” and “highly ranked” should be clearly defined. Programs that engage in post-interview communication may wish to consider the benefits of reserving these expressions for final rank positions that are within the total number of open positions and codify this approach. The policy should include links to additional resources: NRMP Code of Conduct, Match agreement, AAIM policy, and NRMP Violation Report Form for Applicants. Programs may choose to provide a mechanism by which applicants can report concerns anonymously, either separate from or in conjunction with current evaluations. If implemented, applicants should be made aware that any feedback is independent of rank decisions. As set forth by the NRMP, second visits should not be required or implied as beneficial for final rank-list positions. If programs make second visits available for applicants wishing more program information to help with their rank-order list, the program should ensure that its representatives follow the same communication standards, including mandatory training, as established for on-site interview activities.

Programs should conduct annual training for all faculty, trainees, and staff who participate in interview-related activities. AAIM does not endorse a specific format (eg, in-person, paper- or electronic-based), but directs that the content cover pertinent internal and external policies/guidelines (eg, Match agreement, Code of Conduct, human resources [HR] policies, AAIM position, the program statement), appropriate questions, consequences for non-adherence (eg, permanent ban from the Match, program reputational damage, applicant stress, civil action), and related survey findings. Integrating perspectives from students, residents and human resources is encouraged. Role-playing or scenario-based training could help faculty with rephrasing problematic questions. Rather than “What is your preferred geographic area?” instructors or peers can ask guiding questions such as, “What attributes do you look for the most in programs?” or “Are there any questions or concerns about our program that I can address?”

AAIM advises training on responding to applicant inquiries as well. Just as programs seek to gain an upper hand by asking about rank-order lists (in violation of Match agreement), applicants likewise inquire

Table 1 AAIM Guidelines for Interview and Post-Interview Communication for Graduate Medical Education Recruitment

Components	Suggested content
Program statement	<ul style="list-style-type: none"> • Confirm adherence to NRMP Match agreement, Code of Conduct, and AAIM policies • State expectations of on-site communication from program representations <ul style="list-style-type: none"> ◦ Describe in the clearest terms the most problematic areas of concern ◦ Describe the range of benefits and penalties of individual compliance • State that all program representatives involved in interview-related activities must participate in annual training and complete an attestation form • State whether the program will engage in post-interview communication <ul style="list-style-type: none"> ◦ Consider the benefits of uniform communication ◦ Consider applicant perspectives about post-interview communication and related stress ◦ Review best practices to eliminate coercion and inappropriate program conduct, including the time frame given to applicants to make a final decision and the manner in which offer is made. ◦ Consider impact of applicants' time away from training program and logistical burden related to second looks, which the Code of Conduct states should not be required or be implied that participation will impact rank placement. <p><i>If yes, (indent the following bullets more)</i></p> <ul style="list-style-type: none"> ◦ Describe procedures for program-initiated post-interview communication ◦ Describe program expectations for responding to applicant-initiated post-interview communication <ul style="list-style-type: none"> ■ Define whether post-interview thank-you notes will be used for ranking decisions ◦ Define procedures for informing top applicants <ul style="list-style-type: none"> ■ Define all terms that are open to interpretation ■ Avoid phrases such as “ranked to match” and “highly ranked” ◦ Describe procedures for offering a position outside of the Match (if applicable) <p><i>If second looks are available, (indent the below bullet more so it is clearly associated with italicized point)</i></p> <ul style="list-style-type: none"> ◦ State that second looks are not required or imply second visits are used in determining applicant placement on a rank-order list. <ul style="list-style-type: none"> • Provide links to additional resources <ul style="list-style-type: none"> ◦ Consider benefits of anonymous reporting to program
Mandatory annual training	<ul style="list-style-type: none"> • Use unambiguous language in policy • Download and customize AAIM training templates • Require annual training of all program representatives—faculty, staff, learners—who will participate in recruitment-related activities • Review NRMP Match agreement, Code of conduct, AAIM policies, and program policies on appropriate program conduct • Describe range of benefits of adherence for the program and individuals • Describe range of negative consequence of non-adherence for programs and individuals <ul style="list-style-type: none"> ◦ Provide data on occurrence and examples of inappropriate communication • Provide appropriate questions <ul style="list-style-type: none"> ◦ Consider role-playing or scenario-based instruction • Review practices to mitigate differences in communication based on explicit and implicit biases • Posting training materials for future reference <ul style="list-style-type: none"> ◦ Consider providing reminder on interview day • Require completion of annual attestation <ul style="list-style-type: none"> ◦ Record as activity for faculty or professional development

Table 1 (Continued)

Components	Suggested content
Structured initial communication with applicants	<ul style="list-style-type: none"> • Develop succinct statement about program expectations around communication with applicants <ul style="list-style-type: none"> ◦ Note adherence with NRMP and AAIM policies ◦ State that annual training takes place ◦ State where applicants can find program policy ◦ Provide a program resource(s) for applicants to discuss concerns • Provide paragraph to applicants before the start of on-site recruitment activities

AAIM = Alliance for Academic Internal Medicine; NRMP = National Resident Matching Program.

about their position on program's rank-order list (not in violation of the Match agreement). It is in the program's best interest to provide language to all interviewers on responding to common applicant inquiries. All training materials should be made available for future reference. Written or verbal reminders each interview day can reinforce training. Qualification to participate in interview-related activities each year should be contingent upon having taken part in training and signed an attestation form to abide by expectations. The Alliance has developed training templates that are available on its website at www.im.org/interview. This resource can be customized to individual programs and qualify as an activity for faculty development.

Before interview-related events, programs should provide a succinct statement to applicants about their expectations for appropriate communication and include a link to or hard copy of the program policy. An example follows:

"We strive to adhere to the highest professional standards as encouraged by the National Resident Matching Program and the Alliance for Academic Internal Medicine concerning communication with our applicants during and following your visit with us. All program representatives—faculty, staff, and trainees—who take part in recruitment are trained to know which questions are appropriate to minimize undue stress and coercion on applicants. We believe that every applicant is entitled to a professional, courteous experience. A copy of our program statement is available on our website. Applicants are highly encouraged to approach or email any member of the leadership team with questions or concerns. We look forward to showing you all the benefits of training here."

DISCUSSION

The AAIM guidelines represent reasonable and achievable standards that can avoid undue applicant stress while retaining program flexibility, where needed. It encourages a formal, structured approach to applicant engagement that upholds an applicant's right to privacy

and a professional experience. Although most inappropriate communication is inadvertent and without malice, it adds significant and unnecessary stress to applicants during a difficult transition period. Few faculty or staff have received formal training on interview or post-interview communication etiquette. These guidelines may, therefore, have the added benefit of clarifying responsibilities and reducing faculty anxiety associated with interviewing. Most interviewers want to do what is appropriate and will change conduct accordingly; however, the program must provide the necessary incentives and penalties for this change to occur. Established guidelines and annual training assist both novice and seasoned interviewers in understanding the types of questions they can ask. We expect that programs will widely adopt these 3 recommendations within 2 years and that reports of inappropriate communication will decline significantly.

Several limitations may attenuate the effectiveness of these guidelines. Programs that have adopted the APDIM guidelines may perceive these new guidelines as regressive because the older guidelines took a stronger stance on post-interview communication. A program's shift from uniform communication to allowing individual post-interview communication may increase opportunities in which inappropriate communication can occur. Programs retain the ability to set stricter standards than the guidelines. The voluntary nature of the AAIM guidelines is a limitation that will influence its adoption. Increased resource utilization, particularly during the initial implementation phase, is expected. Although AAIM has developed training materials to reduce this burden, some programs have insufficient resources to lead local training and enforcement. Further study will be required to assess acceptability and adoption patterns across widely disparate programs.

CONCLUSION

Appropriate communication with applicants requires education and training for those involved with IM residency and fellowship recruitment. Studies show

frequent inappropriate communication, which leads to undue stress and confusion for applicants. The AAIM guidelines set forth reasonable and achievable expectations for program training and conduct. AAIM expects significant decline of inappropriate communication because of wide adherence to its guidelines.

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