AAIM Recommendations for the 2022-2023 Internal Medicine Residency Interview Season

The Alliance for Academic Internal Medicine (AAIM) is a national organization representing educators and administrators from all specialties of internal medicine in both undergraduate medical education (UME) and graduate medical education (GME). AAIM empowers academic internal medicine professionals through professional development and enhances health care through research and collaborative efforts with stakeholders on key issues impacting internal medicine academia and its communities.

The Alliance created a task force in November 2021 to develop inclusive and equitable interview standards across internal medicine GME programs in response to recommendations from the Coalition for Physician Accountability (CoPA). This task force developed recommendations to guide the internal medicine education community—specifically residency applicants, faculty advisors, medical schools, and residency programs—during the upcoming residency interview season.

The process for interviewing residency applicants changed dramatically during the 2020-2021 and 2021-2022 recruitment seasons in response to the COVID-19 pandemic, with applicants and programs developing new approaches for the application and recruitment process and conducting interviews almost exclusively via a virtual/online format. New recommendations are necessary to incorporate successful elements of these recent virtual seasons into future interview cycles. These new processes must also uphold the core tenets of diversity, equity, and inclusion.

These recommendations were developed under the assumption that there are no COVID-19 pandemic-related restrictions required from a public health and safety standpoint. The safety of applicants and program interview participants as well as that of the communities in which applicants and program participants dwell are paramount. Health and safety considerations, if present, should supersede the guidance offered by these recommendations.

The Alliance acknowledges that there are no perfect solutions, and no process will address all stakeholder preferences. As such, AAIM developed these consensus recommendations to best represent the professional values of the internal medicine community. This document provides guidance based on currently available information as of June 2022.

Recommendations

- AAIM recommends residency programs conduct virtual interviews for all applicants, including learners at their own institution and applicants visiting the institution through away experiences.
Without further evaluation of safeguards to maintain equity for applicants, AAIM recommends against in-person visits as part of the interview process, including in-person interviews, open houses, or program-sponsored second looks.

AAIM recommends residency programs adopt common interview standards that include clear communication on their website, social media, and other relevant platforms regarding the date and time that they will release the first wave of interview offers.

AAIM recommends that residency programs adopt clear standards for communicating interview status (invitation, waitlist, or rejection) with applicants and describe their communication process on their program’s website.

A future AAIM task force should be created to evaluate additional interview standards including applicant interview caps and a uniform interview offer day to issue the initial wave of interview invitations.

AAIM recommends medical schools and institutions provide resources to help medical students prepare for residency interviews.

AAIM recommends residency programs provide training for faculty on strategies to mitigate implicit bias in interviews and on appropriate interview and post-interview communication.

Principles

AAIM recognizes the need to provide guidance for the upcoming residency interview cycle in response to recommendations from CoPA as well as changes in recruitment processes that have taken place over the past two years. These recommendations consider the complex and evolving nature of this current landscape while incorporating key principles of our mission as medical educators in internal medicine.2-3 The AAIM Interview Standards Task Force developed a set of principles to guide the development of recommendations. The Alliance shares the same goals as the overall medical education community:4 standardizing the interviewing process to reduce unwarranted confusion, stress, and inequity; and safeguarding the health of our applicants, educators, and staff while assuring a productive internal medicine residency match.

AAIM is committed to the following principles underlying the development of interview standards:

- Equitable process for individual applicants: Fairness, equity, and consistency are fundamental in the interview process for applicants who have diverse experiences, backgrounds, and resources. The risk of inequity exists with hybrid interviewing (virtual and in-person interviews occurring in the same year or same program)1.

- Equitable process for training programs: Training programs are diverse with different locations, types, sizes, needs, and resources. Institutions should have the opportunity to showcase their programs adequately.

- Personal health and safety, including mental health and well-being of applicants, especially during the pandemic: All stakeholders should acknowledge the inherent stress of the interview process, including financial costs5, in conjunction with daily challenges and stressors that applicants must navigate as part of their training.

- Public health and safety: The importance of the well-being and health of all persons involved in the interview process, including administrative staff and the community, is critical.

- Preservation of educational and clinical mission: It is important to minimize disruptions to applicant and faculty/resident physician primary commitment to clinical, educational, and academic responsibilities, without overextending them with interview activities.
• Acknowledgement of organizational changes: Organizations underwent significant change during the pandemic, with more faculty and staff working effectively in a remote setting. Technological advances and processes were implemented during the pandemic, leading to widespread adoption of videoconferencing.
• Transparency: Clear communication among all stakeholders, including but not limited to applicants, faculty, and administrators, is highly desirable.
• Environmental health: Carbon dioxide (CO2) emissions associated with interview travel exceeded the annual maximum CO2 emissions per capita necessary to limit global warming.6-9

Virtual Interviews

Recommendation: **AAIM recommends residency programs conduct virtual interviews for all applicants, including learners at their own institution and applicants visiting the institution through away experiences.**

Based on considerations of equity, financial considerations, and environmental impact, all residency interviews should be conducted in a virtual format. A dramatic change in interviewing has taken place over the past two years in response to the COVID-19 pandemic wherein internal medicine residency interviews have been conducted almost exclusively via virtual/online format. Advances in videoconferencing technology and widespread familiarity with these platforms have facilitated the use of virtual interviewing.

Virtual interviewing offers an efficient format for both applicants and programs. The efficiency offered by virtual interviews results in time savings for applicants, minimizing time away from their clinical education as well as greater flexibility in interview scheduling. Further, all-virtual interviews reduce financial costs associated with the interview process for both applicants and programs.10 Early data from all-virtual UME-GME interview experiences suggest that virtual interviews are widely acceptable to applicants as well as to program directors and allow both groups to adequately learn about each other.10-15 Several studies have reported the significant environmental impact associated with CO2 emissions during the traditional medical interview process, and specifically report that CO2 emissions associated with interview travel exceeded the annual maximum CO2 emissions per capita necessary to limit global warming.6-9

Residency applicants have variable financial resources and ability to take time off medical school rotations for interviews. All-virtual interviews serve to decrease inequity in these areas by offering a cost-effective and time-saving approach to interviews. Additional research is needed to specifically study the impact of all-virtual interviews on recruitment of applicants from underrepresented groups, although, one study that sought to evaluate gaps in equity of virtual interviews by gender, underrepresented in medicine (UIM) status, race or rural/urban/suburban location found no significant differences.10

Other implications of all-virtual interviews warrant further evaluation as well. The number of applications per candidate has increased over the past two years16 and the ease of all-virtual interviewing may have contributed to this “application inflation.” In theory, programs may be able to increase their geographical reach by interviewing applicants who previously would not have had the time or financial means to travel greater distances. However, the ease of virtual interviews may make it
difficult for programs to gauge the genuine interest of a candidate in a given program. Further, virtual interviews have the potential to place some applicants at a disadvantage given that a subset of applicants may receive a larger proportion of interviews and be able to do more interviews, which could lead to applicants holding onto more interviews than they need to successfully match. Similarly, there is the potential for inequity between training programs, as some programs may feel they are not able to adequately showcase their unique program attributes and experiences through an all-virtual format. These challenges as well as potential solutions should be formally evaluated.

Other reported challenges encountered with virtual interviewing include time zone differences, access to an appropriate interview setting, and reliable internet access, issues that exacerbate inequity between applicants. Residency programs should consider offering scheduling activities to accommodate applicants in different time zones.

In-Person Visits

Recommendation: Without further evaluation of safeguards to maintain equity for applicants, AAIM recommends against in-person visits as part of the interview process, including in-person interviews, open houses, or program-sponsored second looks.

AAIM understands the desire of some programs to offer in-person visits to showcase their training experiences and/or local communities as well as the desire of some applicants to visit their prospective institution and/or communities. However, program-sponsored in-person visits without safeguards, such as scheduling rank order list deadlines for programs earlier than rank order list deadlines for applicants, may negate gains in equity offered by all-virtual interviews. Important considerations include the potential for programs to view applicants who choose to (or are able to) visit in-person more favorably compared to those who do not, thus leading to inequity between candidates. Hybrid interviewing models that offer both virtual and in-person options during the same interview season increase financial and time costs, and also have the potential to lead to confusion for applicants and program staff. Further, without safeguards in place, applicants may feel obligated to attend in-person “second look” visits, effectively attending two separate interviews, thereby significantly increasing time costs and time away from educational and clinical activities.

While mechanisms to separate deadlines for program and applicant rank order lists are not currently in place, the feasibility and acceptability of such separation should be evaluated by all key stakeholders. Separation of the deadlines for program and applicant rank order lists would permit time for applicants to participate in optional in-person second look visits during the gap between those due dates without fear of added bias as the applicant’s visit would not influence a program’s rank order list. While in-person visits would be optional, the added cost and time burdens for applicants should be evaluated, as should the varying ability of applicants to take time away from their clinical and educational responsibilities.

Of note, applicants retain the option to visit cities, communities, and institutions on their own.

Communication of Interview Offers and Status
Recommendation: **AAIM recommends residency programs adopt common interview standards that include clear communication on their website, social media, and other relevant platforms regarding the date and time that they will release the first wave of interview offers.**

Applicants may experience unnecessary stress and disruption of clinical and educational activities while awaiting communications regarding initial interview offers. Current procedures surrounding both timing and methods of communication of interview offers are complex and lack regulation. The development of common interview standards and policies could minimize educational disruptions and mitigate applicant stress. Crucial scaffolding can include the relaxation of time-limited responses (providing at least 48 hours), capping of interview invitations to the number of interview slots, and the timing of offer release to the late afternoon when applicants are more likely to be done with their clinical duties.\(^1\)

Additionally, a future AAIM task force should be created to focus on engaging the internal medicine education community to discuss and research the merits behind both interview caps and a uniform interview offer day to issue the initial wave of interview invitations. An intention of this process would be to enable applicants to better identify which invitations to accept and decline at an earlier timepoint without contributing to applicants feeling the need to hold onto more interviews than they need to successfully match.

Recommendation: **AAIM recommends that residency programs adopt clear standards for communicating interview status (invitation, waitlist, or rejection) with applicants and describe their communication process on their program’s website.**

Applicants may experience unnecessary stress while awaiting decisions regarding their on-going interview status. While some programs communicate interview status to all applicants at once (invitation, waitlist, or rejection), this is not the standard practice. Applicant frustrations regarding unknown statuses (waitlist or rejection status, or the likelihood of coming off of the waitlist) lead to uncertainties about how to communicate with programs, which may increase the number of communications programs receive from, or on behalf of applicants.\(^2\) Programs should adopt clear standards for communicating interview status with their applicants, including anticipated dates and times of when this communication will occur. These processes should be communicated in a transparent fashion to applicants and publicly available on their program’s website. Implementing these standards and setting clear expectations will decrease unnecessary stress for applicants and likely decrease communication burdens on programs.

**Interview Resources for Applicants**

Recommendation: **AAIM recommends medical schools and institutions provide resources to help applicants prepare for residency interviews.**

Medical schools should provide students with resources to help them prepare for and participate in virtual interviews. These resources should include preparation education, reasonable time away from clinical rotations, and technical support. Specifically, medical schools should work with their institutions to provide students access to a private and appropriate interview location and technology with video conferencing capabilities as well as reliable internet access. The institutional provision of these resources mitigates the potential for technology bias that may exist when applicants have
different technology or financial resources. Because international medical graduate (IMG) applicants may be disadvantaged without these medical school resources, those applicants who are working or affiliated with institutions in the United States ideally should have access to the same institutional resources. Additional collaboration and research is needed with IMG special interest groups, such as the American Medical Association or American College of Physicians to assist applicants and secure equivalent resources for applicants not currently affiliated with a US medical school.

Training for Residency Program Faculty

Recommendation: AAIM recommends residency programs provide training for faculty on strategies to mitigate implicit bias in interviews and on appropriate interview and post-interview communication.

Problematic communications have been reported during and after residency interviews. Faculty involved in interviewing applicants should receive education on implicit biases influencing the interview process. Additionally, without appropriate education, faculty interviewers may inadvertently violate match agreements by inquiring into such topics as rank order lists, locations of other interviews, or geographic preference questions. Post-interview communication also has the potential to create confusion and stress for applicants, and can be perceived as coercive or disingenuous. Residency programs should conduct annual faculty training on appropriate interview and post-interview communication to minimize inappropriate communications. Further, medical schools should share resources for applicants on how to respond to inappropriate communication if it occurs. Resources and training materials are available on the AAIM website.

Conclusion

Updated recommendations for interviewing residency candidates are necessary to develop equitable interview standards across IM residency programs in response to recommendations from the Coalition for Physician Accountability and in light of dramatic changes in interviewing processes and technology over the past two years. AAIM acknowledges the complex and evolving nature of this current landscape and recommendations are made in the spirit of equity and fairness for the community of applicants, educators, staff and others involved in the interview process. Evaluation of advantages and disadvantages of interview practices should continue on an ongoing basis with iterative adjustments made in future guidance for residency programs based on available data.

References


Acknowledgement
The Alliance thanks the authors of these guidelines: Michelle Sweet, MD; Vera P. Luther, MD; Ricardo Correa, MD, EdD; Bhavin Dalal, MD; Anthony Dao, MD; Whitney Harper, MSAL; Cindy J. Lai, MD; David A Wininger, MD; Timothy M. Chow, MD; Patricia Vassallo, MD; Steven Barczi, MD; Lyle Fettig, MD; Maria M. Garcia, MD, MPH; and Lindsey J. Gay, MD.