AAIM Recommendations
for the 2021-2022 Internal Medicine Residency Interview Cycle
in Response to the Continued COVID-19 Pandemic

Update: AAIM recommends against in person and second look visits for residency applicants this cycle (issued January 10, 2022)

In light of the current state of the global pandemic, the Alliance is amending its previous recommendation regarding optional in-person and second look visits.

The guiding principles that informed the group's recommendations in July 2021 still apply. Preserving public health and safety remains paramount, and it is imperative that the interview process avoid placing any population at increased risk. Travel and in-person visits heighten risks to communities and individuals, including the same faculty, residents, and staff who are vital to keeping our health care and educational systems functional.   AAIM recommends that programs not offer or conduct in-person or second look visits to any applicants for the remainder of the 2021-2022 recruitment cycle.

A separate AAIM task force has been convened to make recommendations for the 2022-2023 interview cycle.

Introduction

In 2020, the COVID-19 pandemic led to UME and GME communities' swift collaboration to support an all-virtual residency interview process. Although outcomes, such as new interns' performance or their satisfaction with virtual interviews, are not yet known, the medical education community must make early decisions to allow students, clerkships, and residency programs prepare for the 2021 - 2022 application season.

In response to the pandemic, AAIM published recommendations for the 2020 - 2021 internal medicine residency application cycle. These recommendations addressed multiple aspects of the application process – including conducting all-virtual interviews, suspending outside rotations, utilizing the internal medicine standardized letter of evaluation (SLOE), advising students on the number of programs to which they should apply, and considering innovations to mitigate application inflation.[i] In May 2021, AAIM reconvened the writing group to develop a revised set of recommendations that would advise residency programs and medical schools on how best to conduct interviews during this upcoming recruitment season. The work group developed a list of advantages and challenges associated with virtual interviews (Table 1); this list is based on informal discussions, posts on the discussion forums, and a pending manuscript that will elaborate on the partnership of six medical schools to examine their fourth-year medical student experiences when applying and virtually interviewing to categorical internal

medicine programs last academic year.[ii] From there, a set of guiding principles were formulated to inform each recommendation.

Table 1. Virtual Interviewing Advantages and Challenges

Advantages	Challenges
Cost and time savings to applicants and programs.

Flexibility in scheduling interviews; interviews may be done from any location and at different timeframes.

Having completed a season of virtual interviews, programs have demonstrated that virtual interviews are feasible. In addition, programs now have the added security that infrastructures are in place to re-do virtual interviews, if needed.

Allows students with limited financial resources to interview at more programs.

With the omission of travel time and transportation burdens, applicants can apply and interview at programs they may not have previously considered.

Less disruption to medical students' clinical rotations, allowing them to be present and engaged during rotations. | With the absence of in-person visits, applicants have difficulty gauging culture and their own ability to thrive at programs.

Difficult for programs to convey intangibles to applicants, such as culture and camaraderie; further disadvantages lesser-known and community programs.

Applicants must consider relocating without having visited the program's location; disadvantages programs in smaller, lesser-known, or less "desirable" locations.

Disadvantages applicants who are less comfortable with videoconferencing or who lack access to reliable technology, potentially resulting in interviewer bias.

Application "inflation" (a student's tendency to apply to more residency programs than required.).

Interview "inflation" (a student's tendency to interview at more residency programs than needed.). |

Principles
1. Preserving the health and safety of learners, educators, and communities is paramount.
2. The residency application process should be viewed from the lens of equity – ensuring, to the greatest extent, an efficacious and fair experience for students and residency programs.
3. Preserving the educational mission during recruitment season is important for all involved (trainees, residents, faculty). This requires balancing time requirements of interview season with fully engaged participation in clinical requirements.
4. Both learners and programs should have the opportunity, within the constraints of the COVID-19 pandemic, to determine if the student would thrive in that learning environment.

Recommendations

1. **Residency programs should conduct all interviews virtually for the 2021-2022 recruitment season.**

The COVID-19 pandemic has led to surges across the globe, with emerging variants and peaks at different times and areas across the US and the world. While vaccines have reduced infection rates in the US, vaccine distribution varies between regions and worldwide. It is difficult, if not impossible, to predict which areas will experience a surge during the upcoming recruitment season. In 2020, many countries, states, cities, and institutions imposed strict travel restrictions and limits on group gatherings; this may be repeated during the upcoming academic year. To allow adequate planning for applicants and programs, AAIM recommends that all programs conduct interviews virtually this season. This would also mitigate travel access disparities among students (for instance, travel restriction variations among countries) and allow them to interview at programs of their choice, regardless of location.

2. **Medical school advisors should draw upon institutional and national data, as well as individual performance, to advise students on the number of applications they should submit, as well as the appropriate number of interviews they should accept.**

In 2021, there were 24,509 applicants to IM residency programs, compared to 21,947 applicants in 2016. In addition, the number of applications submitted per applicant increased from 57.8 in 2016 to 71.8 in 2021 and was up 11% from 2020.[iii] Medical school advisors should draw on their school's and department's Match data to assess the appropriate number of programs a learner should apply and interview with, while acknowledging the limitations of available data from last year. Drawing on prior years' data would help advisors provide more specific guidance to students across the academic spectrum. In addition, creating a process to collect real-time data from students and granting advisors access to this data would allow faculty the opportunity to provide individualized counseling to students about keeping or releasing interviews. This approach could potentially open interviews for other students, while ensuring that all applicants have enough interviews to secure a successful match.

3. **Medical schools should provide students space, computers, equipment, and a stable internet connection to conduct their interviews.**

The success of virtual interviews is dependent on many external variables: quality of visual and audio equipment, reliable internet connection, and access to a quiet, business-like area. Applicants without access to these resources are disadvantaged. It is, therefore, a worthwhile investment to furnish these resources to help ensure a successful match for each learner.

4. **Residency program leaders and faculty interviewers should receive training on identifying and mitigating unconscious bias in virtual interviews.**

Program directors and faculty have biases – both implicit and explicit – which may be introduced or amplified when interviews are conducted by videoconference. Residency programs should require faculty interviewers to engage in education around identifying and mitigating bias in virtual interviews.[iv] This can be achieved through in-person training and online modules.[v]

5. **Medical schools should provide coaching for students on virtual interview best practices.**

Medical school advisors who are experienced in virtual interviews should coach learners on how to present one's best self virtually. Important considerations to present a professional appearance include camera angles, lighting, background, and sound. Coaches should also discuss virtual etiquette: how to interact when there are multiple applicants and faculty present, best course to enter and exit breakout

rooms, and determine when the ideal situation is to employ participant notification features (for instance, chat box) versus vocalizing one's thoughts. Mock virtual interviews may be offered to students, with coaches paying attention to the above details and giving constructive feedback.

6. **Given the pandemic's unpredictability, there is insufficient data to make recommendations about optional in-person or second-look visits.**

While the pandemic remains a threat to public safety at this time, rates of COVID infection have decreased while vaccination rates have increased in many US states. Thus, it is conceivable that interstate and even international travel may resume safely during the 2021 - 2022 interview season. Should this transpire, AAIM may issue an addendum to these recommendations. However, it will be important for programs to apply the principle of equity in any future decisions about optional in-person visits.

Conclusion

To achieve a successful Match during the 2020 – 2021 recruitment season, collaboration between UME and GME communities was essential. With the continuance of the pandemic's precarious nature, residency program directors and clerkship directors should work together to find solutions, share best practices, and meet common goals. Other organizations, such as the Coalition for Physician Accountability (CoPA), have effectively used this approach to issue a preliminary set of recommendations for guiding the UME to GME transition. CoPA recommends all-virtual interviews for this upcoming recruitment season, along with ongoing research to study outcomes.[vi] As the medical education community plans for another interview season, it is critical to keep at the forefront these four principles: public safety, equity, preservation of the educational mission, and opportunity for an optimal match between programs and applicants.

References

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[vi] https://physicianaccountability.org/wp-content/uploads/2021/04/UGRC-Initial-Summary-Report-and-Preliminary-Recommendations-1.pdf. https://physicianaccountability.org/ Downloaded June 1, 2021.