



## **AAIM Recommendations for the 2020-2021 Internal Medicine Fellowship Application Cycle in Response to the COVID-19 Pandemic**

### **Introduction**

The Alliance for Academic Internal Medicine empowers academic internal medicine professionals and enhances health care through professional development, research, and advocacy. Through AIM, APDIM, APM, ASP, and CDIM, the Alliance includes more than 11,000 faculty and staff in departments of internal medicine at medical schools and teaching hospitals, representing the entire continuum of medical education from medical student to practicing physician. As such, AAIM has a stake in enhancing and fortifying the medical education continuum. A work group of APDIM (residency education) and ASP (fellowship education) leaders collaborated to develop this document to address key issues affecting applicants and training programs during the 2020 - 2021 application cycle. In these challenging times of COVID-19, we offer specific recommendations to guide the internal medicine education community of fellowship applicants, faculty advisors, and internal medicine program and fellowship directors during the upcoming interview season.

Given the recent recommendations by [AAMC](#), [NRMP](#), and the [Coalition of Physician Accountability](#), we recognize the urgent need to provide guidance for the upcoming recruitment cycle. Thus, we developed the recommendations below, incorporating key principles of our mission as medical educators in internal medicine:

- 1) We value the health and safety of our learners and individuals in our programs as well as of the patients and communities they serve.
- 2) We aim to create an equitable application process for fellowship applicants and programs, recognizing the unique circumstances in internal medicine that make this challenging. Our community is diverse and balancing the individual needs of applicants, along with varied program characteristics, is complex.
- 3) We selected areas that are within our scope of control and focus on providing guidance and highlighting flexibility within the current official policy developed by ERAS (AAMC), NRMP, ECFMG, and other regulatory agencies.

We share the same goals as the overall medical education community: reducing unwarranted confusion, stress, and inequity for our applicants, our programs, and their directors and teams, while ensuring a successful internal medicine fellowship match despite the expected impacts of COVID-19. We realize there are no perfect solutions and no process will address all stakeholders' needs. As such, AAIM developed these consensus recommendations to best represent the professional values of our internal medicine community. This document provides guidance based on currently available information.

## Away Rotations

Due to the COVID-19 pandemic, it is necessary to support public health principles of avoiding unnecessary travel. In addition, residency programs are facing challenges in accommodating their learners' needs to complete their clinical requirements for autonomous practice. However, AAIM acknowledges that there may be unique factors for some programs that warrant special considerations (for example, hosting international medical students).

### Recommendation

**AAIM strongly recommends that no in-person away rotations be allowed unless there are applicant curricular requirements that cannot be met at a learner's residency institution.**

If such unique requirements exist, rotations should be limited in number and conducted at geographically proximate institutions if possible.

## Virtual Interviews

Public health and medical experts predict the COVID-19 outbreak to continue through the fall and winter, with geographic hotspots or a national resurgence compounded by coincident influenza. If there are geographic outbreaks with stay-at-home orders and limitations on traveling, holding in-person interviews with some, but not all, applicants create disparities. Accordingly, internal and external (local and distant) candidates should be treated the same. Although virtual interviews are sub-optimal for both the applicant and the program, the recruitment process should be as equitable as possible. In addition, if there is a second wave of the pandemic later in the year and adjustments must be made mid-season, the disruption would be challenging for both applicants and programs. A smooth and consistent process is key to a successful recruitment season for applicants and programs.

A secondary consideration is that virtual interviews offer a more cost-conscious option in a time when pandemic-induced financial hardships may make traveling and hosting prohibitive. Especially during this uncertain time, virtual interviews also allow for more flexibility in accommodating applicants', program directors', and faculties' schedules.

### Recommendation

**AAIM strongly recommends fellowship programs eliminate in-person interviews and adopt virtual platforms to conduct all interviews and site visits, including those for learners at their own institution.**

AAIM recognizes that there are advantages and disadvantages to this new paradigm. We know programs will need faculty development and increased administrative and technical support. Applicants also need increased guidance and faculty support. AAIM encourages the creation and sharing of resources, tools, and best practices for virtual interviewing with the rest of the internal medicine community, for both programs and applicants.

## **Acknowledgement**

AAIM thanks the residency application guidelines writing group for its work to develop recommendations and the councils for their work to adapt them for the fellowship application cycle.

The residency application guidelines writing group members include Reeni Abraham, MD; Paul Aronowitz, MD, MACP; Donna Astiz, MD; Katherine C Chretien, MD, Work Group Co-Chair; Shobhina Chheda, MD, MPH; Ernie Esquivel, MD, FACP, SFHM; Maria Garcia, MD; Harley Friedman, MD; Nadia Ismail, MD, MPH, MEd; Susan Lane, MD, FACP; Suzanne McLaughlin, MD; Alisa Peet, MD; Anne Pereira, MD, MPH; Jaya Raj, MD, FACP; Amy Shaheen, MD, MSc, FACP; Abby Spencer, MD, MS, FACP; Kimberly Tartaglia, MD; Lisa L. Willett, MD, MACM, FACP, Work Group Co-Chair