



AAIM Recommendations for Internal Medicine Fellowship Interview Season

The Alliance for Academic Internal Medicine (AAIM) represents educators and administrators from across undergraduate and graduate medical education (GME), typifying the entire continuum of medical education. 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 process for interviewing fellowship candidates changed dramatically during the 2020-2021 and 2021-2022 recruitment seasons in response to the COVID-19 pandemic, with applicants and programs developing innovative approaches for the application and recruitment process and conducting interviews almost exclusively via a virtual format. These past recruitment cycles highlighted the strengths and challenges of conducting interviews virtually – in particular, balancing most applicants access to interviews.

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 April 2023.

Recommendations

- AAIM recommends fellowship programs conduct virtual interviews for all applicants, including learners at their own institution.
- 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 fellowship programs adopt clear standards for communicating interview status (invitation, waitlist, or rejection) with applicants and describe their communication process and timeline on their program's website.
- AAIM recommends residency program directors use a standardized fellowship letter of recommendation.
- AAIM recommends residency programs provide resources to help residents prepare for fellowship interviews.
- AAIM recommends fellowship programs provide training for faculty on strategies to mitigate implicit bias in interviews and on appropriate interview and post-interview communication. Standardized interview questions would help limit bias in interviews by focusing on factors that have a direct impact on performance¹.

Principles

AAIM is committed to:

- An equitable process for applicants: Fairness, equity, and consistency are fundamental in the interview process for applicants who have diverse experiences, backgrounds, and resources.

- An equitable process for training programs: Training programs are diverse, with various locations, types, sizes, needs, and resources. Institutions should have the opportunity to showcase their programs adequately.
- Ensure that trainees and programs are appropriately matched: Learners seek programs that have the infrastructure and offerings to help them achieve their academic and career goals. Programs seek learners who align with their program's mission and who embody the qualities and skills that match with their institution's culture and academic requirements.
- Personal health and safety, including mental health and well-being of applicants: As part of the training, applicants must navigate the inherent stressors of the interview process, including financial costs², in conjunction with daily challenges and other stressors.
- Preservation of educational and clinical mission: It is important to minimize disruptions to applicant and faculty commitments to clinical, educational, and academic responsibilities, without overextending them with interview activities and while supporting applicants in career decision making.
- Transparency: clear communication among all stakeholders including, but not limited to, applicants, faculty, and administrators.

Virtual Interviews

Recommendation: AAIM recommends fellowship programs conduct virtual interviews for all applicants, including learners, at their own institution.

Based on considerations of equity, financial impact, time, and workforce resources, all fellowship interviews should be conducted in a virtual format. Advances in videoconferencing technology and widespread familiarity with these platforms support the use of virtual interviewing.

Virtual interviewing offers a standardized format for both applicants and programs. The efficiency offered by virtual interviews produce time savings for applicants, minimizing time away from their clinical training as well as greater flexibility in interview scheduling. Further, all-virtual interviews reduce financial costs associated with the interview process for both applicants and programs³. Early data from all-virtual GME interview experiences suggest that virtual interviews are widely acceptable to applicants, as well as program directors, and allow them to adequately learn about candidates and programs, respectively⁴⁻⁷.

Fellowship applicants have variable financial resources and abilities to take time off from residency training rotations for interviews. All-virtual interviews serve to decrease inequity in these areas by offering a cost-effective and time-saving approach to interviews.

Last, uniformity of approach is important for equity among applicants and programs. While no one approach may be perfect, it is important that the internal medicine community use a standardized approach to eliminate confusion for applicants and create a level playing field.

Application Inflation

The number of applications per candidate has increased in recent years⁸ 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 “interview hoarding.”

Importance of an In-Person Visit to Applicants:

Applicants are asked to make an important career decision without being able to see a program in person. While technology allows for virtual communication, it is understood that it cannot substitute for what might be available during an in-person visit.

Importance of In-Person Visits to Programs:

Similarly, there is the potential for inequities between training programs – some programs may feel they are not able to adequately highlight their unique program attributes and experiences through an all-virtual format.

Other programs reported challenges encountered with virtual interviewing include time zone differences, access to an appropriate interview setting, and reliable internet access⁴ -- issues that exacerbate inequities between applicants. Fellowship programs should consider offering scheduling options to accommodate applicants in different time zones; institutions should offer applicants access to an appropriate interview setting as well as reliable internet access.

These challenges, as well as potential solutions, should be formally evaluated.

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.**

Organizations such as the Association of American Medical Colleges (AAMC) and the National Residency Match Program (NRMP) are considering methods to address application inflation and in-person visits, such as staggered rank order lists and early decision. The development of safeguards and longitudinal data are warranted to effectively develop the scaffolding for these ventures. The Alliance shares key considerations to not only inform the internal medicine academic community of potential pilots, but to also emphasize that the recommendations set forth may be amended.

AAIM acknowledges that there are significant, diverse opinions around the topic of virtual versus in-person interviews as well as hybrid options among applicants and programs. AAIM understands the desire of some programs to offer in-person visits to showcase their training experiences and local community, as well as the desire of some applicants to visit their prospective institution and community in person. However, program-sponsored in-person visits without safeguards, such as scheduling **program** rank order list deadlines earlier than **applicant** rank order list deadlines, will negate gains in equity offered by all-virtual interviews.

Important considerations include the potential for programs to view candidates who choose to – or have the bandwidth and means – visit in-person more favorably versus those who do not, thus leading to inequity. Hybrid interviewing models, offering both virtual and in-person options during the same interview season, increase financial and time costs and raise the potential for confusion between program staff and applicants. Further, without safeguards in place, applicants may feel obligated to attend in-person second-look visits, effectively attending two separate interviews and therefore increasing time costs and time away from their training and work obligations.

While mechanisms to separate program and applicant rank order list deadlines are not currently in place, all key stakeholders should evaluate the feasibility and acceptability of such separation. Separation of program and applicant rank order list deadlines would permit time for applicants to participate in optional in-person second-look visits (during the gap period between those due dates) without fear of added bias, since 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 assessed as should the varying ability of residents to take time off. Further, the potential impact on training programs for having multiple residents requesting leave during a condensed timeframe should be evaluated. AAIM is aware that NRMP is evaluating options for staggered rank list finalization and is soliciting feedback from the community. AAIM will continue to engage with this issue as further changes occur.

Communication of Interview Status

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

Applicants may experience unnecessary stress while awaiting decisions regarding their interview status⁹⁻¹¹. While some programs communicate interview status to all applicants at once (invitation, waitlist, or rejection), it is not the standard practice. Applicant frustrations regarding their status lead to uncertainties about how to communicate with programs, which may increase the number of communications programs receive from or on behalf of applicants¹². Programs should adopt clear standards for communicating interview standings with their applicants, including anticipated dates and times of when this communication will occur. These processes should be relayed transparently to applicants and made publicly available on a program's website. Implementing these standards and setting clear expectations will decrease unnecessary stress for applicants and likely decrease communication burdens on programs.

Program Director Resources

Recommendation: AAIM recommends residency program directors use standardized fellowship letters of recommendation.

Standardized letters of recommendation improve a reviewer's ability to meaningfully compare applicants and are more efficient for writers and reviewers alike. In 2017, AAIM published guidelines on standardized fellowship letters of recommendation¹³, which were updated in 2021 to include COVID-19 related changes in training¹⁴. These guidelines allow residency program directors to advocate for their learners while providing a competency-based assessment and

description of the residency training experience for fellowship programs. AAIM recommends that all residency program directors use standardized fellowship letters of recommendation that align with previously published guidelines for residents who are applying to fellowship.

Recommendation: AAIM recommends residency programs integrate equity and inclusion into the residency interview process.

Multiple groups of individuals face systemic bias and barriers in the residency interview process, and programs may encounter challenges demonstrating their inclusion towards these groups. Further, bias can permeate the interview process at both the individual and systemic levels, negatively impacting both applicants and residency programs.

In fall 2022, AAIM released recommendations on how to integrate equity and inclusion into the residency interview process¹⁵. These recommendations can be readily adapted for the fellowship interview process. Because implementation will be challenging for any program, the recommendations provide a roadmap on how to prioritize strategies. AAIM recommends that programs first conduct a needs assessment to determine which recommendations are easily or immediately implementable, then decide which ones could be adopted in the future.

Resources for Applicants

Recommendation: AAIM recommends residency programs provide resources to help residents prepare for fellowship interviews.

Residency programs should provide residents with resources to help them prepare for and participate in virtual interviews¹⁶⁻¹⁷. These resources should include preparation education, reasonable time away from clinical duties, and technical support. Specifically, residency programs should work with their GME offices and institutions to provide residents access to a private and appropriate interview location as well as technology with video conferencing capabilities, and reliable internet access. Institutional provision of these resources mitigates the potential for technology bias that may exist when applicants have different technology or financial resources.

Training for Fellowship Program Faculty

Recommendation: AAIM recommends fellowship 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 GME interviews. Without appropriate training, interviewing faculty may inadvertently violate match agreements by inquiring into topics such as rank order lists, interview locations, or geographic preferences. Additionally, post-interview communication has the potential to create confusion and stress for applicants, particularly when coercive or disingenuous. Fellowship programs should conduct annual faculty training on appropriate interview and post-interview communication to minimize inappropriate communication¹⁸. Further, residency programs should share resources for applicants on how to respond to inappropriate communication if it occurs. Resources and training materials are available on the AAIM website¹⁹. Finally, faculty involved in interviewing applicants should receive training on unconscious bias that may arise during the interview process²⁰.

Conclusion

Interview strategies and methods changed in adaptation to the pandemic. New policies were developed, adopted, and continue to serve most applicants and programs. As stakeholders explore options to address systemic issues within the recruitment and interviewing process, the guidance provided should help learners, faculty, and administrators navigate the current landscape. AAIM acknowledges the complex and evolving nature of this current landscape; recommendations are made in the spirit of equity and fairness for all applicants, educators, staff, and others involved in the interview process. Evaluation of benefits and disadvantages of interview practices should continue on an ongoing basis, with iterative adjustments made in future guidance for fellowship programs.

References

1. Knight R. 7 Practical Ways to Reduce Bias in Your Hiring Process. <https://hbr.org/2017/06/7-practical-ways-to-reduce-bias-in-your-hiring-process>. Published: 2017. Accessed May 23, 2023.
2. Heitkamp NM, Snyder AN, Ramu A, et al. Lessons Learned: Applicant Equity and the 2020-2021 Virtual Interview Season. *Academic Radiology*. 2021; 28(12):1787-91.
3. National Resident Matching Program. 2021 Applicant and Program Director Survey Findings: Impact of the Virtual Experience on the Transition to Residency Research Brief. <https://www.nrmp.org/wp-content/uploads/2021/08/Research-Brief-Virtual-Experience-2021-FINAL.pdf>. Published 2021. Accessed April 26, 2022.
4. Domingo A, Rdesinski RE, Stenson A, et al. Virtual Residency Interviews: Applicant Perceptions Regarding Virtual Interview Effectiveness, Advantages, and Barriers. *J Grad Med Educ*. 2022;14(2):224-8.
5. Rockney D, Benson CA, Blackburn BG, et al. Virtual Recruitment Is Here to Stay: A Survey of ID Fellowship Program Directors and Matched Applicants Regarding Their 2020 Virtual Recruitment Experiences. *Open Forum Infect Dis*. 2021 Aug 2;8(8):ofab383.
6. Huppert LA, Hsu G, Elnachef N, et al. A single center evaluation of applicant experiences in virtual interviews across eight internal medicine subspecialty fellowship programs *Med Educ Online*. 2021 Dec;26(1):1946237.
7. Kamboj AK, Chandrasekhara V, Simonetto DA, et al. How We Did It: Virtual Interviews with an Eye Toward the Future, *The American Journal of Gastroenterology*. 2021;116(10):1972-75.
8. Huppert LA, Santhosh L, Babik JM. Trends in US Internal Medicine Residency and Fellowship Applications During the COVID-19 Pandemic vs Previous Years. *JAMA Netw Open*. 2021;4(4):e218199.
9. Academic Medicine Blog. A new norm: the amplified stress of applying to residency. [Accessed January 9, 2022]. Available at: <http://academicmedicineblog.org/a-new-norm-the-amplified-stress-of-applying-to-residency/>.

10. Gliatto P, Karani R. The residency application process: working well, needs fixing, or broken beyond repair? J Grad Med Educ. 2016;8(3):307–10.
11. Hopson LR, Edens MA, Goodrich M, et al. Calming Troubled Waters: A Narrative Review of Challenges and Potential Solutions in the Residency Interview Offer Process. West J Emerg Med. 2020;22(1):1-6.
12. Chretien KC, Raj JM, Abraham RA, et al. AAIM Recommendations for the 2020-2021 Internal Medicine Residency Application Cycle in Response to the COVID-19 Pandemic. Am J Med. 2020 Oct;133(10):1223- 1226.e6.
13. Alweis R, Collichio F, Milne CK, et al. Guidelines for a Standardized Fellowship Letter of Recommendation. Am J Med. 2017;130(5):606-11.
14. Alliance for Academic Internal Medicine. Fellowship Letter of Recommendation Guidelines. <https://www.im.org/resources/ume-gme-program-resources/fellowship-guidelines>. Published 2021. Accessed April 27, 2022.
15. Dao AT, Garcia MM, Correa R, et al. AAIM Recommendations to Promote Equity and Inclusion in the Internal Medicine Residency Interview Process. Am J Med. 2022;135(12):1509-16.
16. Virtual interview guidelines from the AAMC: <https://www.nrmp.org/wp-content/uploads/2021/08/Research- Brief-Virtual-Experience-2021-FINAL.pdf>.
17. McCain C, Kemp B, Baier MG, et al. A Framework for the Virtual Medical Interview Process: Considerations for the Applicant and Interviewer. Ochsner Journal 2022;22;61-70.
18. Alweis R, Williams CM, Luther VP, et al. AAIM Guidelines for Interview and Post-Interview Communication for Graduate Medical Education Recruitment. Am J Med. 2019;132(9):1106-11.
19. Alliance for Academic Internal Medicine. Interview and Post-Interview Communication Guidelines for GME: Resources. <https://www.im.org/resources/ume-gme-program-resources/post-interview-guidelines/post-interview-guidelines-new>. Published 2019. Accessed April 27, 2022.
20. Alliance for Academic Internal Medicine. AAIM Health Disparities Collaborative Learning Community: Health Disparities Toolkit. <https://www.im.org/resources/ume-gme-program-resources/resources-disparities>. Published 2020. Accessed May 10, 2022.