

Virtual Residency Interviews in Family Medicine

Jennifer Lochner, MD

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The initial phase of the COVID-19 pandemic disrupted nearly every aspect of our personal and professional lives. For those of us engaged in the education of medical students and residents the transition from in-person to virtual residency interviews beginning in the 2020-2021 recruiting season was just one of many transformational changes we were required to navigate. Though many of us had hoped that we would be back to normal for the 2021-2022 season, the ongoing health emergency led most programs to continue to offer at least some component of virtual interactions with applicants. As we continue in the third year of this pandemic and have gained some measure of familiarity and comfort with meeting patients and colleagues virtually it seems likely that interacting with applicants to residency programs in this way will also continue, at least to some extent.

Virtual interviews are not an entirely new phenomenon in medical education and previous literature in this area was available to help guide programs and students. However, studies were often small,^{1,2} and most involved disciplines other than family medicine including urology,³ ophthalmology,⁴ and plastic surgery.⁵ The Council of Academic Family Medicine thus recognized a gap and encouraged family medicine residency programs around the country to engage in scholarship in this area.

In this special issue of *Family Medicine* we have assembled a collection of articles that seek to further our knowledge in the realm of virtual residency interviews. This is of course a high-stakes process for both student applicants and residency programs. In a discipline as large and broad as family medicine,

connecting students with varied backgrounds and interests to programs that meet their educational and personal needs is no small feat. Just as we engage in rigorous assessments of our clinical care processes we must examine our interview processes with an eye toward a continuous cycle of improvement. The papers in this issue report on the virtual interview process in a variety of ways and from a variety of perspectives. Perspectives represented in this issue include student interviewees,^{6,7} first-year residents who had participated in virtual interviews,⁸ faculty interviewers,⁹ and program directors.¹⁰ Data sources range in scope from small local surveys to Electronic Residency Application Services (ERAS) data from over 25,000 applicants to five residency programs around the country.¹¹ These varied approaches to understanding the complex topic of virtual interviewing will offer our readers a breadth of scholarly work in which to place their own observations and perspectives.

Common themes that emerged in the studies in this issue included the recognition of the superiority of virtual interviews in the realms of convenience, time savings, cost savings, and environmental footprint. The key drawback identified by most of these studies is that programs and applicants found it more difficult to assess each other to find a good fit in a virtual format. No clear consensus was reached regarding how best to balance these interests. Many proposed a hybrid model involving some aspect of virtual engagement followed by

From the Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health, Madison, WI.

optional in-person events but some voiced concern that any optional pieces could introduce bias and inequities that could compound existing problems in this area. In a world where racial and ethnic disparities are found in clinical, education, and workplace environments it is critical that any process is carefully considered and evaluated from these perspectives. Several articles in this issue sought to explore virtual interviews using an equity lens^{10,11} and have added important information to this conversation.

As many of us discovered in the patient care world, we can do more over a video connection than we thought possible. Still, some clinical assessments simply cannot be performed virtually. Similar themes emerge in the articles in this issue—while more can be done virtually than many thought possible, many applicants and programs found it difficult to comprehensively assess each other and voiced a preference for a return to traditional in-person interviews. Several studies report on best practices to make the virtual interview process as effective as possible,⁶⁻⁸ but it is impossible to completely replicate an in-person experience. The benefits versus the drawbacks of a purely virtual process will certainly be weighed differently by different programs and applicants and it is likely that individuals within these groups are moving forward in different ways. Our discipline must continue to critically assess these different approaches and their outcomes with rigor and an eye toward equity.

As the discipline of family medicine continues to strive to improve the health of individuals and communities it remains critical that we adhere to the most up-to-date public health recommendations around COVID-19. The safety of all involved parties must continue to be a priority as decisions are made regarding interview processes. We must use the knowledge gained about this virus and its transmission to inform these decisions.

We have learned much about COVID-19 in the past few years. We now have a better understanding of how the virus is spread and how best to protect ourselves and the public. The scientific community has developed effective vaccines and therapeutics that have led to

decreases in death and disability for those who are infected. In the medical education community, we must seek the same degree of success as we continue to investigate educational processes that have been impacted by the pandemic, including virtual residency interviews. Recruiting and matching students into programs in ways that best meet the needs of all involved parties is critical to the creation of a well-educated and skilled workforce to meet the health care needs of our country.

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