AMA Innovations in Medical Education Webinar Series
Taking care of our students:
Preparing for the 2021 residency application cycle

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Today’s Host

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Objectives

- List the Coalition for Physician Accountability’s recommendations on medical student away rotations, in-person interviews, and the ERAS timeline.
- Review alternative methods to fulfill the goals of away rotations, including modifying the requirements for letters of recommendation.
- Outline best practices for virtual interviews in the residency application process.
Presenter

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Presenter

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Preparing for the 2021 residency application cycle:
The Coalition for Physician Accountability’s Recommendations

Susan E. Skochelak, MD, MPH
Chief Academic Officer
Group Vice President, Medical Education
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The mission of the Coalition is to advance health care and promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians.

The Coalition's members are the national organizations responsible for the oversight, education and assessment of medical students and physicians throughout their medical careers.
The Coalition for Physician Accountability’s Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Post Graduate Training

Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants
Guiding Principles for Recommendations

• Patient care and the safety of the community, patients, and learners are most important.

• Medical schools must prioritize meeting core competencies anchored in accreditation and graduation requirements for their own students. Likewise, residency programs must prioritize fulfilling current residents’ competencies and meeting accreditation and specialty board certification requirements.

• The residency selection process should be as equitable as possible for applicants, recognizing the diversity of learners and educational programs and the differing missions and priorities of schools, training programs, and institutions.
Guiding Principles for Recommendations

• A concerted effort to reduce anxiety and promote well-being of students, program staff, and institutions (home and host) in an already stressed system is critical.

• We anticipate stakeholders will commit to policies that prioritize these guiding principles yet recognize the necessity for innovation and flexibility in this new COVID-19 environment.

• Recommendations at the national level are intended to facilitate transparency, promote fairness across the country, and reinforce our commitment to an equitable process for all.
Recommendation 1 — Away Rotations for Medical Students

The WG recommends that for the 2020-2021 academic year, away rotations be discouraged, except under the following circumstances:

- Learners who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty in their school’s system.
- Learners for whom an away rotation is required for graduation or accreditation requirements.

Individuals meeting these exceptions should limit the number of away rotations as much as possible. Students should consider geographically proximate programs, when appropriate, to meet learning needs.
Recommendation 2 — Virtual Interviews

The WG recommends that all programs commit to online interviews and virtual visits for all applicants, including local students, rather than in-person interviews for the entire cycle and that the medical education community commit to creating a robust digital environment and set of tools to yield the best experiences for programs and applicants.
Recommendation 3 — The ERAS Timeline

The WG recommends a delayed opening of ERAS for residency programs and a delayed release of the medical student performance evaluation (MSPE) and that the opening and release happen on the same day.
Newly Updated! NRMP FAQs During COVID-19 Pandemic

NRMP Responds to GME Transition Amidst COVID-19 Pandemic

May 13, 2020

To address questions regarding the applicant transition to graduate medical education during the COVID-19 crisis, NRMP has created these Frequently Asked Questions (FAQs). While the situation remains fluid, NRMP will continue to monitor conditions and update the FAQs as new information and/or questions emerge. Please feel free to contact the NRMP leadership with questions at admin@nrmp.org.

Read the NRMP COVID-19 FAQs (Updated May 13, 2020)

Press Contact
media@nrmp.org
Press Releases
Recommendation 4 — General Communications

The WG encourages the medical education community to work together to provide consistency and equity for applicants across the country.

- Specialty organizations should work with the individual programs to develop and communicate to applicants and schools clear, consistent plans and practice around both away rotations and interviews as soon as possible.
- Medical schools should develop clear, consistent policies around any limitations of students’ participation in away rotations and in acceptance of visiting students, and the schools should communicate these as soon as possible.
- With a goal of decreasing stress and increasing a sense of fairness, we suggest programs and schools commit to a consistent policy for the entire upcoming residency application and selection cycle.
- Both programs and schools should include statements about COVID-19-related training, testing, and quarantine requirements for any away rotations that are allowed.
Specialty Response to COVID-19

Dermatology Residency Program Director Consensus Statement on 2020-21 Application Cycle
Released April 9, 2020

The COVID-19 pandemic has caused significant disruption to educational programs throughout the country. We understand that students’ anxiety about COVID-19 has been heightened given the uncertainty surrounding COVID-19 testing, scheduling, and how this will affect the residency application process.

SUO/AADO/OPDO Statement regarding Away Rotations
April 27, 2020

The COVID-19 pandemic has significantly altered medical education. Medical schools have asked students from direct patient care to help reduce the virus’s spread and to conserve personal protective equipment. Furthermore, most institutional policies prohibit student travel for away clerkship rotations, and many schools have not completed away rotations. These changes are unexpected, and respiratory complaints remain a concern. In light of this, students are counseling patients on the importance of COVID-19 preventive measures and maintaining social distancing.

Consensus Statement Regarding SLOEs and Away Rotations
from the CORD Advising Students Committee in Emergency Medicine

With the unpredictable future of COVID-19, we are aware that institutions have begun altering the clinical experience for students, and instituting bans on travel for both their faculty and students. Several institutions have already decided not to accept away rotation students.

Society of Neurological Surgeons Policy on External Medical Student Rotations during the COVID-19 pandemic

In light of the COVID-19 pandemic, the usual scheduling of Sub-internships, Acting-internships, and away medical school rotations in neurosurgery (Sub-is) poses a challenge. Safety, education, and equity for students, institutions, patients, and the communities they serve are jeopardized by these changes. The Society of Neurological Surgeons (SNS) has issued the following policy, which is expected to continue through the end of May 2020.

2021 Ophthalmology Match Updates
May 8, 2020

The leaders of the Program Director’s Council (PDC) and the Medical Student Educators Council (MSEC) of the Association of University Professors of Ophthalmology (AUPO) have been working with the San Francisco (SF) Match and the AUPO Board of Trustees to respond to the effects that the COVID-19 pandemic is having on our learners and potential residency applicants.

APGO and CREOG Residency Application Response to COVID-19
April 14, 2020

The current COVID-19 pandemic is having a profound effect on our medical education system and potentially could impact the transition from Undergraduate Medical Education (UME) to Graduate Medical Education (GME). It has upset traditional medical education processes including:
### 2018 NRMP Program Director Survey

#### Figure EM-1

<table>
<thead>
<tr>
<th>Emergency Medicine</th>
<th>Percent Citing Factor</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1/COMLEX Level 1 score</td>
<td>97%</td>
<td>3.8</td>
</tr>
<tr>
<td>Letters of recommendation in the specialty</td>
<td>97%</td>
<td>4.8</td>
</tr>
<tr>
<td>Medical Student Performance Evaluation (MSPE/Dean's Letter)</td>
<td>83%</td>
<td>3.3</td>
</tr>
<tr>
<td>USMLE Step 2 CK/COMLEX Level 2 CE score</td>
<td>86%</td>
<td>3.9</td>
</tr>
<tr>
<td>Personal Statement</td>
<td>62%</td>
<td>3.2</td>
</tr>
</tbody>
</table>

*Note: N=87*
The Standardized Letter of Evaluation (SLOE)

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

4. Ability to work with a team.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

5. Ability to communicate a caring nature to patients.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)
Historically...

- 2-3 EM rotations per student
- 1-2 SLOEs to interview
- 2 or more SLOEs to rank
● 1 rotation per student
● 0-1 SLOEs to interview and rank
● Weight to non-SLOE letters
What is important to us?

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.
   - Above Peers (Top 1/3)
   - At level of peers (Middle 1/3)
   - Below peers (Lower 1/3)

2. Work ethic, willingness to assume responsibility.
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Traditional Clerkship

Commitment

Work-ethic

Differentials

Team work

Bedside manner

Virtual Clerkship

- Commitment
- Work-ethic
- Differentials
- Team work
- Bedside manner

https://thesextantgroup.com/emerging-trends-in-medical-simulation-design/

https://blog.zoom.us/wordpress/2017/11/14/how-zoom-employees-use-zoom/
Thank You.

Liza Smith, MD
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Virtual Interviews: Impact on Residency Programs and Our Students

Kareem R. Abdelfattah, M.D.
UT-Southwestern Medical Center
Dallas, TX
Disclosures

• None
Why we started using video-based interviews
UT-Southwestern Medical Center

- 7th Largest Graduate Medical Education entity in the US
  - 1475 Residents and Fellows
  - 119 ACGME Programs
  - 65 Non-ACGME Programs

Larissa Velez, MD
Associate Dean for GME

David Weigle, PhD
Assistant Dean for GME and DIO
UT-Southwestern General Surgery

• Largest (BEST!) General Surgery program in the US
  • 13 Categorical Positions
  • 15 PGY1 Preliminary Positions

• Categorical Residency – Highly competitive
  • Known for very busy, rigorous, high quality education
  • >1700 applications annually

• Preliminary Residency pre-2017: tough to fill prelim spots
  • See above!
Video-Based Interviews Lowered Barriers

- We wanted the opportunity to meet with more high-quality applicants
  - Competing with IM and Transitional preliminary years

- Barriers of physical interviews mitigated:
  - Cost
  - Time
  - Fear?
Virtual Interviews Increased Our Preliminary Residency Applicant Numbers and Matches

• 2015-2016
  • Identified ~15-20 acceptable preliminary candidates for interviews

• 2018-2019
  • Identified > 80 acceptable candidates
  • We were able to interview ~65+ via virtual interviews
  • Matched 8/15 in 2018, 13/15 in 2019-2020 cycle
Virtual Interviews: Goals Achieved

- Offering virtual interviews increased our potential candidate pool 5-6x

- Interviews completed saw the same increase
  - Fewer faculty needed to do this (more time needed from each!)

- We ALSO offered an on-campus option during this time
  - Applicants favored a virtual format 7:1 – no favoritism between interview methods

- Costs for both parties reduced drastically
Given the need for all of us to support the nation’s public health efforts, the AAMC strongly encourages medical school and teaching hospital faculty to conduct all interviews with potential students, residents, and faculty in a virtual setting – either by phone or through video conferencing.

The academic medicine community is not alone in facing this challenge. LinkedIn, Google, Facebook, and Amazon have all halted on-site job interviews indefinitely and multiple resources exist for conducting virtual assessments. The AAMC will continue working with the Group on Resident Affairs, Group on Faculty Affairs, Group on Student Affairs, and others to collate and post resources as they become available.
Resources for designing and conducting your virtual interviews

• AAMC
  • Preparation Guide for Applicants
  • Best Practices for Conducting Residency Program Interviews
  • Interview Tips for Program Directors/Interviewers
  • University of Utah’s Virtual Interview Primer - Dr. Thomas Varghese
    • Primer on using AAMC’s Standardized Video Interviews (and more)

What We Learned
Virtual Interviews: Lessons Learned

• Feedback from our own process has been helpful to shape our plans for full-fledged virtual interviews for this upcoming season

• Fellowship interviews in Surgery also provided critical feedback for effective interviewing strategies

• Considerations for both our students and for programs
  • Equity
  • Access
  • Security
How can we help students with this process?

• 2020-2021 Students will be making long-term decisions, possibly without ever having stepped foot on any campus on their match list!

• Comfort with and preparation for an online interview is one component

• Advising on how to assess programs will be a major component for those of us mentoring students going through the process
Can we provide equity for students?

• Educators need a unified approach to both visiting rotations and interview formats

• While many national organizations are calling for virtual interviews and a stoppage on visiting rotations, there are many who have yet to weigh in

• Variability in our response will lead to anxiety and major inequities between students competing for residency positions
  • Similarly, some programs may be barred from hosting on-campus, and thus may be disadvantaged if other programs are allowed to bring interviewees on campus
Do your students have access?

• Equipment
  • Computer with functionality to match current software
  • Connectivity – reliable internet
  • Ensure barriers don’t exist!

• Environment
  • Home
  • On-Campus options
  • Again, be cautious about barriers and unconscious bias by interviewers

https://www.jpost.com/international/personal-information-of-hundreds-of-zoom-accounts-found-on-dark-web-624075
Do your students have access?

• Have students “practice” with all the possible platforms before interviews begin
  
  • If unclear when invited, have them ask which platform will be used
  
  • Ensure they know how to use that platform
  
  • If on campus, be sure there are no firewalls (involve IT!)
  
  • If offered a practice log-in, they should do so
Do Virtual Interviews Present Security Issues?

- Use of videoconferencing platforms have already been shown to have security flaws
  - Patches ongoing as these are identified

- Risk is similar to the inherent risk we incur with use of any internet-based technology
Mentoring students through this process

• Advising
  • Anxiety will be higher than usual
  • Mentoring about residency decisions will take longer than in the past

• Wellness
  • We need to pay attention to stress levels
  • COVID issues still pervasive in everyday life
  • No group of applicants has been through this before
How can students make informed decisions?

• Online boards
  • Studentdoctor.net
  • Reddit

• Talk to individuals at the school
  • Former students
  • Faculty
  • Residents
  • Alumni
Real Applicant Feedback
Feedback from Applicants

Virtual Interviews

Positive

• “…saved a ton of money…”

• “I got everything I needed to know from the interviews and the website”

• “The best part of the virtual interview was that there was no tour”

Negative

• “Some faculty were so unfamiliar with the technology they didn’t seem to focus on the interview”

• “… used multiple different videoconference programs in the same day”

• “Humor doesn’t come across the same way, most of it just doesn’t work”
Virtual Interviews: An Opportunity!

• Alternative interview strategies may accelerate needed changes in the interview and recruitment process

  • Hybrid interview Process after 2020? Our MIS fellowship used video interviews as first-pass screening tools, invited final applicants to an on-campus visit

  • Completely blinded interviews? Turn the camera off for some interviews, or find novel ways to mitigate unconscious bias?

  • Rethink the entire interview process – no limits of costs or time
Final Thoughts

• 2020-2021 will be an unusual interview season
  
  • Programs and Applicants will be adapting to new formats
  
  • Applicants may not have all the same “data” that we are used to seeing
  
  • This will represent a lower barrier to sending applications – and we are already overloaded! We need good solutions to help both programs and applicants find their MATCH
Thank You.

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https://www.utsouthwestern.edu/education/medical-school/departments/surgery/education-training/residency-program/
AMA Innovations in Medical Education Webinar Series
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Questions
CONTINUING RESOURCES

Medical Education COVID-19 resource guide

Residency Application Resources

Coalition for Physician Accountability Recommendations

Compendium of Resources for Coalition's Recommendations

Specialty Guidelines
Individual specialties guidance around the 2020-21 residency application cycle.

Please join us to ask questions of our panelists at: