

APCCMPD Recommendation on Interviews for 2024-2025 Recruitment Cycle

Approved by the APCCMPD Board of Directors on May 18, 2024

I. Introduction

The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) consists of program leaders from Critical Care Medicine (CCM), Pulmonary Medicine, and Pulmonary and Critical Care Medicine (PCCM). It represents 98% of the Accreditation Council for Graduate Medical Education (ACGME) accredited fellowships in these subspecialties. The APCCMPD's mission is to foster excellence in training and mentor future pulmonary and critical care medicine educators. In addition, the APCCMPD provides a communication channel among fellowship programs and stakeholder organizations.

As part of our mission, the APCCMPD has a vested interest in all aspects of fellowship recruitment. In March 2021 and 2022, the APCCMPD assembled an Interview Task Force to recommend fellowship interviews for the upcoming recruitment cycles. The Interview Task Force comprised 11 volunteer APCCMPD members representing pulmonary, CCM, and PCCM training programs, with diverse geographic distribution and program size. Task Force members included Program Directors, an Associate Program Director, two fellows-in-training, and a Program Coordinator to ensure broad representation.

Looking toward the 2024-2025 recruitment cycle, the APCCMPD built upon the prior work of its Interview Task Force. In February 2024, the APCCMPD BOD initiated a survey of member Pulmonary, Critical Care, and PCCM program directors to seek input on preferred interview formats for the upcoming recruitment cycle and the importance of consistency across our subspecialties.

II. Background

For the last several interview cycles, the Coalition for Physician Accountability (an umbrella group of several national organizations including the ACGME and the National Residency Matching Program (NRMP)), the Alliance for Academic Internal Medicine (AAIM), and the APCCMPD recommended virtual interviews for all applicants (1-5). Similarly, for the 2023-24 interview cycle, the Association of American Medical Colleges (AAMC) recommended virtual interviews for all applicants and strongly discouraged hybrid interviews (6).

Although virtual interviews were born out of necessity due to the SARS-CoV-2 pandemic, it has become clear that they represent a feasible, valid, economic, and equitable way to conduct interviews for graduate medical education (GME) (7). They are also environmentally friendly, significantly reducing carbon emissions due to travel (8). As the world moved toward less restrictive travel policies, it became essential to consider the best way to conduct GME interviews. The goal of the APCCMPD Interview Task Force was to consider all of the options and recommend the best approach for a future interview format.

The APCCMPD Interview Task Force convened over two years to make recommendations for fellowship interviews for the 2021-2022 and 2022-2023 recruitment cycles. The

Interview Task Force reviewed the input from respondents to APCCMPD member surveys, as well as published surveys of PCCM applicants (9) and all applicants participating in the 2021 Main Residency Match (10).

A 2020 survey of PCCM applicants revealed that respondents were able to evaluate clinical experiences, curriculum, and potential for academic development equally well with virtual interviews as compared to in-person interviews, though most believed that virtual interviews hindered their ability to evaluate program culture, faculty-fellow relationships, locations, facilities, and their "fit" with a program (9). While 43% of respondents preferred virtual interviews with an optional in-person visit, most respondents preferred continued virtual interviews in some format. If given a choice between in-person or virtual interviews, 89% of respondents feared that their choice would affect their ranking by the program. In the Main Residency Match, applicants felt comfortable with virtual interviews, but reported applying to, and interviewing at, more programs as a result (10).

In 2021 and 2022, Task Force members were each asked to contribute to a shared document highlighting the pros and cons of four potential interview formats: 1) in-person only, 2) virtual only, 3) virtual with optional in-person visit, and 4) applicant choice of in-person or virtual interview.

Task Force members discussed the benefits and challenges of different interview formats. The Task Force prioritized equity and uniformity and was guided by member input, including applicant- and program-centric considerations. After a comprehensive and robust discussion, a consensus recommendation was reached finalizing the initial recommendations for the 2021-2022 and 2022-2023 recruitment cycles. In May of 2023, the APCCMPD Board of Directors (BOD) approved the 2023-2024 recruitment cycle, adapted from 2022-2023 recommendation for fellowship interviews.

Looking toward the 2024-2025 recruitment cycle, the APCCMPD built upon the prior work of its Interview Task Force. In February 2024, the APCCMPD BOD initiated a survey of member Pulmonary, Critical Care, and PCCM program directors to seek input on preferred interview formats for the upcoming recruitment cycle and the importance of consistency across our subspecialties.

A survey was administered between February 13 and April 17, 2024. It was sent to 281 APCCMPD Member PCCM, Pulmonary, and CCM Program Directors. 147 (52% response rate) of surveyed program directors responded.

Respondents indicated that for the 2023-2024 recruitment cycle, 86% used virtual interviews exclusively, 5% used virtual interviews with an optional in-person visit, 3% used applicant choice of virtual or in-person interviews, and 3% used in-person interviews exclusively. 78% of responding members indicated they were satisfied or very satisfied with their interview format for the 2023-2024 recruitment cycle, 14% felt neutral, and 8% were unsatisfied. When asked if they are considering changing their interview format for the upcoming 2024-2025 recruitment cycle, 63% indicated they did not plan on changing their interview format. 5% of respondents indicated they planned on changing their interview format. Of those who planned to change their interview format, 3 program directors intended to change from virtual only to in-person only; 2 intended to change from virtual only to virtual with an optional in-person visit; and 1 intended to change from virtual with an optional in-person visit to in-person only. 31% were unsure if they would change their interview format, with the majority indicating they were waiting for their society's recommendations to decide. Of those program directors who planned to change their interview format or were unsure if they would change their interview format, the most commonly cited reasons were concern with providing applicants the opportunity to experience program/institutional culture (34%) and concern with interviewing applicants who are less serious about ranking your program / Harder to gauge applicant interest

(26%). Other reasons included concerns about being unable to recruit applicants (14%), unexpected results on match (9%), faculty preference (8%), (2%) current fellows recommending this approach (2%), and felt they would be at a disadvantage of other programs offered in-person interviews or optional in-person visits (2%). When asked how important it was that there is consistency regarding interview format across all fellowship programs within our subspecialties. For example, all programs are virtual, all programs in person, all programs hybrid virtual/in person; 79% indicated consistency across the subspecialty was very important or important, 11% felt neutral, and 9% felt it was not important.

Other themes from comments included the need for uniformity, consideration of applicant and program leader perspectives, sufficient time for programs to prepare for the interview season, concerns about bias with optional in-person visits and applicants being given a choice of interview format, and concerns about how to highlight programs that are smaller or located outside of large cities. Finally, respondents voiced concerns over application inflation due to reduced barriers of cost and time, leading to interview allocation disparities

IV. Recommendation for the 2024-2025 Recruitment Season

1. We recommend CCM, Pulmonary, and PCCM fellowship interviews be virtual only for all applicants, including local applicants, in the 2024-2025 interview cycle.

V. Rationale

The APCCMPD reviewed and discussed virtual-only, in-person-only, and hybrid interview formats for the 2024-2025 recruitment cycle and unanimously recommended virtual-only interviews. Virtual-only interviews provide the most equitable experience for candidates and programs. In addition to time and cost savings for applicants, virtual interviews offer broader access to nationwide programs. They are also more efficient for training programs, offering greater flexibility for faculty interviewers and minimizing environmental impact. Offering a virtual-only interview format eliminates the need for applicants to choose between virtual or in-person options. Applicants are apprehensive that this choice could be perceived by PDs as a sign of interest in a program and can be an additional source of stress, especially for applicants with limited time or resources. The APCCMPD acknowledges the difficulty applicants face in getting a sense of the program and city culture and the difficulty in showcasing smaller programs or those located outside of well-known metropolitan areas.

The remaining interview formats were acknowledged to have benefits and downsides:

A. In-person interviews only

This format was the least popular in surveys of applicants due to concerns regarding financial cost and time cost, which inevitably leads to a differential in access and inequity in the interview process. Additionally, there is a measurable environmental impact of the travel associated with in-person interviews. Conversely, due to the higher cost of interviewing, applicants are likely to interview at fewer programs with this approach and would have the opportunity to meet with faculty and fellows in-person. Programs would have a better ability to discern true interest from applicants who accept the interview. For smaller or more rural programs, in-person interviews allow for showcasing the program and city in a way that is difficult to replicate virtually.

B. Choice of in-person or virtual interviews

While seemingly applicant-centric, several challenges were highlighted with this approach. Most importantly, 89% of PCCM applicants voiced concerns that choosing a virtual interview over an in-person interview would result in a lower ranking by programs. The APCCMPD acknowledges that, despite efforts to treat all applicants equally, programs may have an unconscious bias towards those who interview in person. Applicants would then be pressured to signal strong interest by choosing in-person interviews at their top programs, resulting in increased costs and an inequitable process favoring applicants with the time and money to travel to in-person interviews. For programs, having two separate interview formats may project a logistical challenge. Finally, programs with limited numbers of both in-person and virtual interview slots may not be able to guarantee requested interview formats for all applicants. Of note, 39% of applicants did acknowledge that less interest in a program would lead them to choose a virtual interview over an in-person one, however this does not solve the challenge that application inflation causes for programs.

C. Virtual interviews with an optional in-person visit

While this seemed at first to be the most attractive option concerns were raised about how to do this in an equitable manner. Logistically, this increases work for programs and lengthens the recruitment season. It also results in a greater time commitment for applicants, many of whom may not have sufficient time for travel during residency training. There was great concern about bias towards applicants who chose to visit to show interest in the program. As noted above, the majority of applicants would feel pressured to attend an optional in-person visit to increase their chances of a successful match. GME-sponsored in-person visits were discussed, but not all GME programs may have the capacity to host such visits. In addition, a generic GME visit may not be useful for subspecialty fellowship applicants. Even with a gap between rank order list deadlines for programs and applicants (with applicant lists due later), it would not be feasible for all fellowship applicants to travel to their selected programs in a narrow time window. The APCCMPD is awaiting more information from the National Residency Match Program (NRMP) on their proposed Rank Order List (ROL) Lock functionality for programs.

VI. APCCMPD Interview Task Force recommendations for virtual interviews

The APCCMPD continues to recommend the following best practices, in addition to those outlined by Huppert and colleagues (11):

Scheduling

- Only extend an interview invitation to an applicant if an interview position is truly available and consider that there may be fewer interview cancellations with a virtual format.
- Programs may create a waitlist of applicants in case of cancellations, though it should be clearly communicated that this is an invitation to join a waitlist.
- When possible, schedule all interviews for a given applicant on one day, rather than over multiple days.

Overcoming technical difficulties

- Train program leaders and interviewers in the use of the virtual interview platform.
- Provide clear instructions to applicants in the use of the virtual platform.
- Include a phone number to call in case of technology failure – this will lower applicant stress in case of technical challenges.

Meeting with current fellows

To address concerns about cultural fit and fellow satisfaction, provide opportunities for applicants to virtually interact with current fellows one-on-one or in a group setting with other applicants (not attended by faculty or program leaders).

Location and Facilities

Develop educational content for introductions to the program, institution, and city for applicants to review ahead of the interview visit with the goal of recreating important aspects of the in-person interview day.

Uniform treatment of all applicants

- All applicants, including internal candidates, should be interviewed virtually.
- To ensure equity, programs should not meet in-person with candidates who choose to travel to the program's location.
- Regardless of program approach, equity for applicants should be prioritized

Additional online resources can be found here:

<https://apccmpd.memberclicks.net/apccmpd-advocacy-on-applicant-recruitment->

VII. Considerations for future interview cycles

While the shift to virtual interviews occurred in response to the global COVID-19 pandemic, virtual interviews remain advantageous due to financial and time costs, environmental impact, and equity. Strong consideration should be given to permanently conducting virtual interviews. This transition will require consideration of other revisions to the interview process, including consideration of limits to the number of applications and/or the addition of preference signaling by applicants. Programs must also determine how best to showcase their fellowships, people, and geographic environment.

VIII. 2024/25 Recruitment Cycle Timeline

- July 3, 2024: Fellowship applicants may begin submitting applications to programs
- July 17, 2024: Fellowship programs may begin reviewing applications
- August 21, 2024: Match Registration Opens
- September 25, 2024: Ranking Opens
- November 6, 2024: Quota Change Deadline
- November 20, 2024: Rank Order List Certification Deadline
- December 4, 2024: Match Day
- July 1, 2025: Training Begins

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