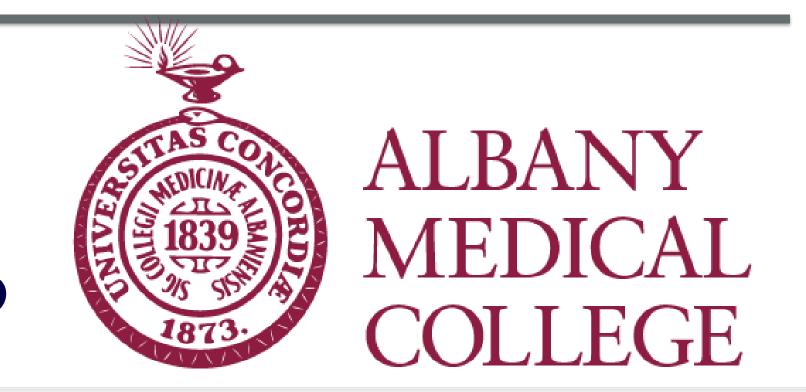
The Virtual Residency Interview: Development of an Efficient System that is Mutually Beneficial to the Applicant and the Program.



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BACKGROUND:

The 2020 COVID-19 crisis has proven to be an unprecedented time in medical education and the Residency Match cycle. This will be the first time all our residency candidates will interview virtually. We also realize applicants experience in PM&R is more limited than previous years due to restrictions on away rotations, making it more difficult to differentiate applicants on paper alone. A successful interview session that not only gives us a good view of the applicant, but also the applicant a good view of our educational program is vital.

GOAL:

Increase number of interview slots comparatively to increased application volume while accomplishing the following:

- 1. Keeping the relative "interview experience" for the applicant with our program static.
 - 2. Keeping productivity as static as possible (average 3 days lost).
- 3. Keeping departmental expenses at or below annual budgeted amount for interviews of \$6000.
- 4. Ensuring quality of interview experience through surveying both current residents and interviewees.

PRE-INTERVIEW METHODS:

- Redesigned website to include comprehensive overview of program, resident bios/interviews, pictures and quotes.
- Produced 2 video intros/tours (1 inpatient, 1 outpatient); in addition to college and regional videos provided by medical college.
- Prepared presentations, joined Instagram, attended virtual fairs.
- 303 Applications divided and screened by 3 groups (PD, APD and resident team) with 48 selected to interview. Figure 1.
- Schedules reviewed for least impact on production resulting in 48 interviews scheduled over 6 separate 4 hour sessions (8 per session).
- Sent Surveys to: current residents, invited interviewees and applicants previously interviewed virtually for our Pain Fellowship.

RESULTS: PRE-INTERVIEW PLANNING

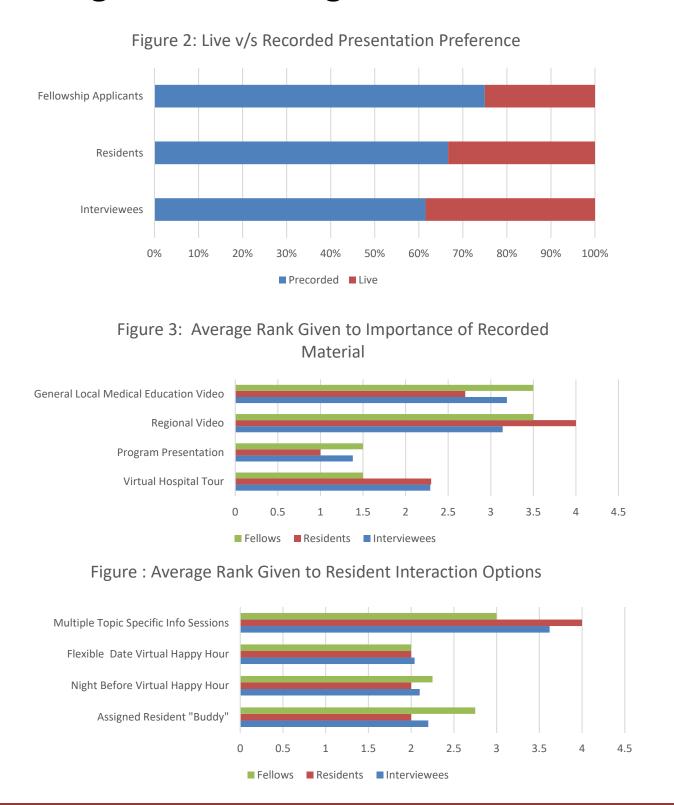
Expense: Total Cost: \$3K (↓\$3K)

Work Days Lost: 2.5 days ($\downarrow 1/2$ day)

We were able to maintain cost below budget due to assistance from our institution and utilizing available resources. Our inpatient site provided a video tour done internally, free of charge to our division. Presentations were recorded on Powerpoint platform. Interviews were scheduled on Microsoft Teams (institution license). Our only expenses were for updated media/outpatient video. We were able to save ½ day of clinical time by utilizing a rare 5th Monday with all outpatient attending schedules aligned off.

Surveys:

Surveys were sent to current residents, all applicants scheduled to interview and applicants interviewed this past year for our Pain Fellowship (to get perspective from those who have experienced the virtual interview process). All surveys were optional and anonymous. Questions related to desire for live vs. pre-recorded presentations (sent ahead), ranking of importance of content of recorded material, and ranking of optimal structure for time spent with Residents. Results helped to guide the interview experience and serve as quality control. Figures 2, 3, 4.



INTERVIEW SET-UP:

Based on the data obtained in the pre –interview surveys we have adjusted our interview day experience to encompass (compared to previous in-person experience):

- Four 20-25 minute consecutive interviews per candidate. \rightarrow same as in person
- "Virtual Happy Hour" scheduled the night before interview with option to attend on different night if more convenient. \rightarrow in place of night before dinner
- Link sent ahead of interview for access to:
 - 2 virtual tour videos (1 inpatient and 1 outpatient) → in place of live tours
 - 3 pre-recorded presentations on curriculum \rightarrow previously only 1
 - Medical College video/tour \rightarrow additional info, previously informal
 - Video and website link to the Capital Region \(\square \) In place of quick
 - Links to common housing options in area present

presentation

POST-INTERVIEW FOLLOW-UP:

Every interviewee is also given the chance to fill out an optional anonymous follow-up survey to gauge the quality of the interview experience. Questions include overall satisfaction with interview experience, quality of recorded presentations and resident interactions. The interview experience will be adjusted if needed based on results. This is ongoing to ensure quality, however results thus far are demonstrated in Figure 5.



OUTCOMES:

While the post interview surveys provide some preliminary data regarding the quality of our interview process, we realize feedback interviewees are willing to be provide prior to the match may be limited despite the survey being optional and anonymous. The ultimate outcomes will be truly determined by:

- Post- Match Survey (Sent Annually through GME), thus can compare to previous years.
- Outcome of the Match Filling our two residency positions.
- Ultimately the performance and "fit" of matched applicants during residency.

CONCLUSIONS:

The virtual interview process is a new and necessary process for this application cycle and may additionally be needed in upcoming years. We found this process to be a great opportunity to examine and expand our online presence. By closely evaluating our resources and the needs of the applicants, we were able to create a comprehensive virtual interview experience that was both geared towards addressing the applicants needs and saving departmental resources. The presentations, media and formats developed will likely be of benefit for years to come, whether interviews are virtual or not.