

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

Submitted by

The Coalition for Physician Accountability's Work Group on Medical Students in the Class of
2021 Moving Across Institutions for Post Graduate Training

Executive Summary

The Coalition for Physician Accountability (Coalition), a cross-organizational group composed of AACOM, AAMC, ACCME, ACGME, AMA, AOGME, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. The Coalition established the Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Post Graduate Training (WG) to address three major issues facing applicants and training programs as they prepare for the 2020-2021 residency application cycle: (1) away rotations, (2) in-person interviews for residency, and (3) the ERAS® timeline.

The COVID-19 pandemic has interrupted the clinical education of most, if not all, medical students. While limitations placed on learners' ability to work in the clinical learning environment, restrictions on individual travel, and the inability to complete assessments and educational requirements will render the traditional selection process impossible to replicate this year, the WG believes a meaningful and effective selection process can be achieved for both applicants and residency programs. In developing this guidance statement, the WG considered the broad diversity of applicants and programs and their differing needs and goals. It also considered the traditional uses and perceived benefits of away rotations and in-person interviews and alternate approaches to meeting these needs and goals.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners: Medical school deans have the authority and responsibility to make decisions regarding their medical students, and designated institutional officer (DIOs) and program directors have the authority to make decisions regarding residents in their sponsoring institution and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will greatly reduce unnecessary confusion, stress, and inequity among students, while promoting a more successful residency selection process for all.

The WG established guiding principles as a framework for considering the important issues under its charge:

- 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.

- 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.

As the following recommendations are released, the WG recognizes that there can be no “one size fits all” solution; however, the WG believes these recommendations can promote consistency and fairness for all applicants.

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 Opening for Programs and the Overall Residency 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.

Recommendation 4 — General Communications

Implementation of these recommendations will require transparency and regular, clear communications among all stakeholders. The WG encourages the medical education community to work together to provide consistency and equity for applicants across the country.

Acknowledging that these recommendations cannot address every eventuality, they are offered to provide the best possible path forward to promote consistency and fairness across the country and to reinforce our commitment to an equitable process for all.

Final Report

This guidance document was created in response to urgent requests for a consistent approach to medical student away rotations and in-person interviews for the 2020-2021 residency cycle. The organizations supporting the Final Report and Recommendations include the major national medical education organizations, whose representatives worked together to balance the complex needs of the medical education community. These recommendations reflect our collective sense of how to proceed, and we urge each medical school, sponsoring institution, and residency program to carefully consider them and commit to working together to create an equitable, transparent, and successful residency selection cycle.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners: Medical school deans have the authority and responsibility to make decisions regarding their medical students, and designated institutional officer (DIOs) and program directors have the authority to make decisions regarding residents in their sponsoring institution and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will greatly reduce unnecessary confusion, stress, and inequity among students, while promoting a more successful residency selection process for all.

Introduction

The Coalition for Physician Accountability (Coalition), a cross-organizational group composed of AACOM, AAMC, ACCME, ACGME, AMA, AOGME, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. The Coalition has created several work groups to rapidly develop a shared approach to several urgent COVID-19-related education and training issues affecting learners and training programs.

The Coalition established this Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Post Graduate Training (WG) to consider and make recommendations about three major issues facing applicants and training programs as they prepare for the 2020-2021 residency application cycle:

(1) away rotations, (2) in-person interviews for residency, and (3) the ERAS® timeline. While there are other important issues to be addressed, the WG was careful to restrict its deliberations to its original charge. WG participants include representatives from AACOM, AAMC, ACGME, AMA, AOGME, ECFMG, NRMP, and OPDA. NBME and NBOME participated for the ERAS timeline discussions.

The COVID-19 pandemic has interrupted the clinical education of most, if not all, medical students. This work group was tasked with considering the impact on current M3/rising senior students, particularly as applicants prepare for the residency selection process. Limitations placed on learners' ability to work in the clinical learning environment, restrictions on individual travel and personal spacing, and inability to complete assessments and educational requirements will render the traditional selection process impossible to

replicate this year. Nonetheless, the WG believes a meaningful and effective selection process can be achieved for both applicants and residency programs.

Strengths of the WG include its diversity of thought and representation from the full spectrum of stakeholders across medical education and the public. The WG established guiding principles as a framework for considering the important issues under its charge:

- 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.
- 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.

The WG also considered current data and forecasts about the COVID-19 pandemic. While the temporal progression of the pandemic remains uncertain, estimates indicate there may be an abatement with continued endemicity over the summer and a second surge with geographic variation in the fall or winter. Therefore, periodic limitations on geographic and individual travel will likely persist. The WG recommendations were influenced by concerns that initiating a process only to have it discontinued due to a resurgence of coronavirus would create potential inequities among applicants and increase disruption and stress for both applicants and programs.

The Process

From the outset, the WG sought to be comprehensive, inclusive, and timely in delivering its recommendations, recognizing the urgent need for a common approach to support decision-making around the residency application process. The WG met twice per week over a four-week period, April 14-May 8, to consider the issues within its charge. As the WG deliberated, broader feedback on the guiding principles, away rotations, and in-person interviews was sought from across the constituency and was considered heavily in the WG's deliberations and recommendations. Subject matter experts were invited to discuss the relevant issues and shared feedback and recommendations as appropriate. As final recommendations were drafted, the WG shared them with constituents, member organizations, and the Coalition. The final report has been endorsed by the Coalition organizations. This final report, including recommendations and resources, was released to the public May 11, 2020.

The Deliverables

This document includes:

- An overview of the WG's work, including recommendations for the WG's three assigned issues: (1) medical student away rotations, (2) in-person interviews, and (3) the ERAS timeline.

- An initial compendium of resources to support the implementation of the recommendations.
- General communications guidance for disseminating this report and implementing the recommendations.

As these recommendations are released, the WG recognizes the inherent complexities of the residency selection process (particularly considering COVID-19's impact), the varied circumstances presented by geography, the diversity of applicant and institution type, and the varied missions and strategies of the stakeholders. While there can be no “one size fits all” solution, the WG believes these recommendations can promote consistency and fairness for all applicants.

Recommendation 1 — Away Rotations for Medical Students

Background: As mentioned in the Compendium of Resources, away rotations serve multiple important roles for applicants and residency programs. Applicants use them for career exploration, for support in the residency application process, and for prioritizing geographic preferences. Residency programs use away rotations to assess applicants' capabilities, showcase the benefits of their program and facilities, and preview potential applicants to their programs (which is particularly important to those programs not affiliated with a medical school). Challenges associated with away rotations include the expense to learners (both financial and educational, in lost opportunities at the home institution), competition for rotations that prevents access to some applicants who might be well suited for the specialty or program, the fact that completing an away rotation does not ensure the applicant a residency position at the program or within the specialty, and the burden of onboarding learners into a new clinical environment (the latter is particularly applicable given current stressors on the health systems from the COVID-19 pandemic).

For the 2020-2021 cycle, the COVID-19 pandemic has already created multiple, serious disruptions of core educational experiences and of travel. Limitations placed on students' ability to work in the clinical learning environment, the anticipated surge in students needing clinical experiences created by deferral of core clerkship activities (described as an impending “clinical bulge”), delayed completion of core educational requirements, and restrictions on individual travel and personal spacing (both now and in the eventuality of geographic outbreaks or a national resurgence in the fall or winter) will likely greatly reduce the number of away rotation opportunities available this year. As a result, for most applicants, away rotations may be entirely inaccessible. A shared, altered approach to away rotations may help level the applicant playing field for the upcoming application cycle.

Recommendation: 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.

Programs and specialty societies are encouraged to develop alternate approaches to meeting goals of away rotations, as described in the Compendium of Resources.

Recommendation 2 — Virtual Interviews

Background: Applicants value in-person interviews for gaining a realistic introduction to and experience of the residency program, including the culture and fit. Similarly, programs value the ability to observe and assess applicants' capabilities and fit in the program environment. While forecasts predict the COVID-19 pandemic will diminish over the summer, there will likely be intermittent geographic hotspots and a projected widespread resurgence in late fall or early winter, just as the residency interview season would typically be ramping up. In addition, it is widely anticipated that ongoing "track and trace" programs will limit individual travel conducted on relatively short notice (i.e., if an applicant is identified to have had contact with a new COVID-19 individual, the applicant may be required to quarantine) and that domestic and international travel bans for quarantine rules will exist.

Recommendation: 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 that will yield the best experiences for programs and applicants.

Even as we adjust to the inevitability of this new normal of virtual interactions, replacing the benefits applicants and programs derive from in-person interviews will require adjustments on both sides. As more medical schools turn to virtual curricula as stopgap measures to keep advancing the third-year curricula, and the clinical environment looks to telemedicine to provide patient care in a COVID-19 environment, we must also consider how technology can be used to support the upcoming residency application cycle. The Compendium documents well the perceived benefits of in-person interviews. While not all benefits can be replicated in a virtual environment, a thoughtful and dedicated approach can maximize the value of remote interactions.

Recommendation 3 — The ERAS Opening for Programs and the Overall Residency Timeline

Background: The COVID-19 pandemic's impact on the medical education curriculum will ensure that practically every applicant for residency during the ERAS 2020-2021 cycle will face obstacles completing activities usually included in their application. Some will be delayed in completing their clerkship curriculum and early senior rotations, which will delay the collection of letters of evaluation and recommendation.

Others will be unable to secure timely dates to complete their COMLEX-USA or USMLE exams. This year, programs face making selection decisions with differing amounts and types of data than they have ever had in the past. These changes necessitate evaluating the ERAS opening date for programs and the medical student performance evaluation (MSPE) release date. It is also critically important that programs have the tools they need to use the data they receive to evaluate the applications holistically.

The traditional ERAS opening for programs on Sept. 15 and MSPE release date of Oct. 1 may not allow sufficient time for learners and medical schools to upload the most complete ERAS applications for programs to review and evaluate. Multiple conversations with medical schools, applicants, AAMC

affinity groups, specialty organizations, and the ERAS Advisory Committee reached consensus that an ERAS opening for residency programs could occur in mid-to-late October.

Recommendation: The WG recommends a delayed opening of ERAS for residency programs and a delayed release of the MSPE and that the opening and release happen on the same day.

Recommendation 4 — General Communications

Implementation of these recommendations will require transparency and regular, clear communications among all stakeholders. 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.

Conclusion

Since the arrival of COVID-19, the medical education community has experienced many challenges and has shown great courage, resilience, flexibility, and creativity in facing those challenges. As we look to the next 12-18 months, the response can be no less. Both applicants and residency programs have been thrust into an environment not of their choosing. There is great anxiety about the upcoming residency selection process and the effect changes resulting from COVID-19 will have on the Class of 2021. In developing the recommendations provided herein, the WG considered the current environment, future forecasts, the subject matter expertise, and the perspectives of those closest to the issues the WG sought to address. Acknowledging that these recommendations cannot address every eventuality, they are offered to provide the best path forward to promote consistency and fairness across the country and to reinforce our commitment to an equitable process for all.

Respectfully submitted,
Accreditation Council for Graduate Medical Education
American Association of Colleges of Osteopathic
Medicine American Medical Association
Assembly of Osteopathic Graduate Medical
Educators Association of American Medical
Colleges
Council of Medical Specialty Societies/Organization of Program Director
Associations Education Commission for Foreign Medical Graduates
National Resident Matching Program

Compendium of Resources for the Implementation of Recommendations

The COVID-19 pandemic necessitates changes for the 2020-2021 residency application cycle that are disruptive for all stakeholders: medical schools, applicants, residency programs, and the associated sponsoring institutions. The Coalition's Current Practices of Student Movement Across Institutions for the Class of 2021 Work Group (WG) believes the medical education community, working together, can minimize these disruptions and mitigate the losses. This document provides additional information to support the implementation of the recommendations contained in the *Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants* and can serve as a foundation for continued work across the UME-GME continuum to address the impact of recommended changes on:

- Away and audition rotations.
- Virtual interviews and program visits.
- The shortened ERAS® timeline and holistic review.

The WG gathered information on the perceived benefits of the traditional approach of each of these domains for students, applicants, and programs. The WG then brainstormed how, with the new recommendations, benefits might be reimaged and recreated and how losses might be mitigated.

The WG hopes this compendium is the beginning of dialogue and concerted work across associations, schools, programs, program director associations, and student groups to develop solutions and share resources.

Away Rotations Resources

The Work Group on Student Movement's Subgroup on Away and Audition Rotations considered the importance of away rotations to U.S. (DO and MD) and international applicants for residency and noted the differences between the two groups of medical students in access to school-affiliated resources and to residency-based rotations in both the third and fourth year. (Away and audition rotations are short-term learning opportunities in locations away from students' home institutions. These opportunities, contrasted with core or required clerkships, are sometimes called "away" rotations, "audition" electives, "clinical" rotations, or sub-Is. Available in teaching hospitals, community clinics, and urban or rural sites, they are generally open to preclinical, clinical, and final-year students, as determined by the host institution.)

The group also discussed differences between those returning to the match after a period of formal or informal training, or even already in medical practice, and those in a more traditional time frame for residency placement.

Recommendation 1 — Away Rotations: 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.

Questions have arisen about how schools and programs might best implement this recommendation and how to communicate with students. Based on conversations with multiple stakeholders, the WG offers the following approaches as a starting point for further discussions.

Each school should review the away-rotation recommendation in the context of their individual elective offerings and graduation requirements and develop a policy and plan for communicating the school-specific implementation of this recommendation to their students and faculty, including substantiating exceptions for away rotations.

- Both the medical school and the program should consider playing a role in confirming the student's eligibility for an away rotation.
- Schools should include processes to validate the reason for an away rotation in institutional documents before the documents are released (e.g., transcripts, insurance).
- The program should validate approval from the medical school that the applicant meets at least one of the established exceptions and decline scheduling of an away rotation for any unsubstantiated applications.
- Recognizing that some students will have a need for an away rotation for the reasons identified as exceptions, programs that have the capacity should consider accepting the students who meet the exceptions, particularly if the students are local.
- Requests for approval of students' eligibility should be responded to as quickly as possible to facilitate scheduling for both parties.

Approval of requests for time off for virtual experiences should not require that the student participate in both an in-person clinical experience at the home institution and a virtual external "audition" experience.

The WG considered the perceived value of away rotations from the perspective of both students and program directors to help with developing recommendations and to consider alternate ways to achieve the goals. The collective thinking of the community was included. While not exhaustive, this Table A is meant to serve as foundational thinking for planning for the upcoming residency application cycle.

Table A. Value of Away Rotations and Suggestions for Achieving Goals in a COVID-19 Environment

Value to Students	Value to Program Directors	Potential Substitutes for Away Rotations
Allows applicants to display a breadth of competencies (e.g., teamwork, effort, work ethic) that may be difficult to assess from application materials*	Provides insights into applicants' clinical capabilities, personality, and professionalism that may not be readily assessed from application materials*	<ul style="list-style-type: none"> • Provide more holistic elements in school reporting that programs can use to evaluate students • Provide longitudinal online group experiences hosted by programs (e.g., journal clubs, case discussions, group projects) • Relax number of LORs, allow nonspecialty LORs, and standardize LORs to provide critical appraisal in key dimensions
Enables applicants to secure feedback, LORs, and SLOEs from residency program faculty in a chosen specialty*	LORs and SLOEs from colleagues in the specialty are helpful in evaluating applicants	Standardize specialty-based local LORs to provide critical appraisal in key dimensions
Allows students to assess the specialty, program features, and culture of the learning environment in ways that inform personal and career fit with the program*	Allows the program director to assess a given candidate's fit with the culture of the program*	<ul style="list-style-type: none"> • Offer online specialty-based mentoring programs • Provide longitudinal online group experiences hosted by programs (e.g., journal clubs, case discussions, group projects)
Allows applicants to experience clinical environments different from their home institutions	Allows programs to fully demonstrate the capabilities of the local training environment*	<ul style="list-style-type: none"> • Offer virtual tours of clinical learning environments associated with the program, including distinguishing clinical services and outcomes metrics • Provide longitudinal online group experiences hosted by programs, as above
Gives students access to specialties they are considering but are not available at home institutions	Allows program directors to assess applicants from lesser-known schools	Offer online specialty-based mentoring programs, as above
Establishes connections in a desired geographic area	Allows program directors to preview potential applicants and gauge applicants' interest in their program	Provide longitudinal online group experiences hosted by programs, as above

*The top three benefits mentioned by constituents for each party.

Note: LOR = letter of recommendation; SLOE = Standard Letter of Evaluation.

Both applicants and programs shoulder the financial and educational costs of away rotations (Table B).

Table B. Costs of Away Rotations

Costs or Limitations to Applicants	Costs or Limitations to Programs	Impact of Limitations
Financial costs of travel	Financial costs of orientation and hosting	These costs decrease as the number of away rotations decrease; there could be added investment in technology platforms.
Educational opportunity cost (Is learning taking place during the away rotation? What learning experiences at the home institution are lost?)	<ul style="list-style-type: none"> • Investment in external learners • Too many visiting students to make a meaningful assessment or connection (Time spent developing learners who will not ultimately be part of the program; potential distraction from providing training and feedback to internal residents and students) 	These costs potentially remain for both sides but will decrease overall with fewer rotations.

Encouraging Innovation

Innovative approaches are being developed and implemented by specialties and programs to provide alternatives for students to showcase their knowledge, skills, and attitudes and for programs to ensure applicants receive the curricular content that exposes them to and teaches them about the specialty. The Work Group recommends continued innovation by specialties, institutions, and programs, including developing ways to identify best practices and communicate and share them broadly.

Resources

- [American College of Surgeons Fundamentals of Surgery Curriculum](#) (Freely available through May 15, 2020)
- [Family Medicine Virtual Clerkship](#)
- [Online Diagnostic Radiology Elective](#)
- [Virtual Simulation Experiences in an Emergency Medicine Clerkship](#)
- [Virtual OB-GYN Clerkship Curriculum](#)

Virtual Interview Resources

Since it is expected that some programs will need additional support, the Work Group on Student Movement's Subgroup on Virtual Interviews met to consider how residency programs might plan for and adjust to residency interviews in a virtual environment and to provide resources to support this effort.

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 create yield the best experiences for programs and applicants.

The in-person interview has been a critical piece of the residency selection process from its inception. The Work Group sought broad input about the importance of in-person interviews from the perspective of both applicants and program directors to determine strategies to recommend that could optimize the virtual interview for the desired goals of each party (Table C).

Table C. The Value of In-Person Interviews to Applicants and Program Directors

Value to Applicants	Value to Program Directors
<ul style="list-style-type: none"> • To gain a realistic introduction and experience of the residency program, including program culture • To provide a direct face-to-face encounter with the program team to market oneself • To assess program and institution attributes that may affect the applicant's choice of training site • To gather information about the community surrounding the hospital as a potential place to live • To interact with residents in the program in an informal setting to learn about the program and those currently training in it • To observe clinical settings and teaching (e.g., inpatient rounds, morning report, noon conference) to assess the quality of the program and suitability to their role as a learner 	<ul style="list-style-type: none"> • To observe and assess applicants' capabilities and fit in the program environment • To use different methods to gauge applicants' abilities, such as observed behavior, teamwork, and other characteristics best observed in situ • To have the applicant observed in different settings by different people (residents, GME administrative staff, faculty) over a day • To promote the sponsoring institution's and program's educational offerings by demonstrating the capabilities of the training program • To highlight the clinical education experiences at the clinical sites used by the program • To gauge the applicant's interest in the program • To consider applicants from broad geographic areas and schools about which the program has less knowledge and experience

As programs prepare for the 2021 recruitment season, it is expected that the medical education community will prioritize the needs of patients, their care providers, and the safety of applicants and the program personnel considering those applicants. Program staff should consider how best to develop processes that meet program needs while creating an equitable, transparent, and successful residency selection cycle for applicants (Tables D and E).

Table D. Mitigation Strategies for Programs Moving to Virtual Interviews

Impacts for Programs	Possible Mitigation
Resources (e.g., planning, time, deliverable costs) will be required of already financially and time-strapped hospitals and training programs that do not already have virtual touring.	Work collaboratively within the institution to share resources across specialties to highlight the benefits of the institution and the community to applicants; limit programs' investment to highlighting the benefits specific to each program.
Ramp-up time for hospitals and residency programs will be needed to prepare for virtual interviews.	<ul style="list-style-type: none"> • Begin planning for virtual interviews, incorporating best practices from the literature and other guidance. • Begin preparing or adapting materials for applicants and interviewees that highlight strengths of the program, institution, and clinical training sites. • Acquire appropriate teleconferencing equipment, software, and technology to ensure the program and its interviewers can conduct high-fidelity interactions with applicants.
The programs will need to be able to collect the information they need via virtual interviews to fully evaluate applicants.	<ul style="list-style-type: none"> • Develop a protocol for interviews that may include group interviews or more structured interviews that have an evidence base of predictive value for identifying applicants who will succeed in the program. • Conduct all interviews (even those of local applicants) in the same manner.
Programs may have a better understanding of the capabilities of applicants from their own medical school than of applicants they can only interact with virtually.	Commit to one standardized process for all applicants for the entire recruitment and use that process consistently.
Costs of technology to ensure high-fidelity interactions for interviews and other virtual interactions with the applicants will need to be accounted for.	Budget for costs of providing meals, transportation, and housing for interviewees

Table E. Mitigation Strategies for Applicants Engaging in Virtual Interviews

Impacts for Applicants	Potential Mitigation
Gaining a realistic introduction to program culture and the community surrounding the hospital is especially difficult to do virtually.	Create virtual tours and record informal interviews with residents; allow virtual attendance at department conferences and teaching rounds.
Opportunity for the applicants to gain valuable insight into the program and its culture while interacting with the program's residents during the time normally allotted for dinners and less formal interactions throughout the day is reduced.	Create informal, private, virtual opportunities to speak directly with residents (individually or in groups).
Interaction with current residents is critical and difficult to replicate in a virtual environment; residents and applicants gain a lot of insight during pre-interview happy hours and dinners.	In addition to the interviews, consider having sessions that include other people from the program who will interact with the applicant, such as an informal Q&A with residents and groups of interviewees or discussions with midlevel providers and research and scholarly activity personnel who support the program.
It is difficult to assess the culture and "fit" of a program virtually without having a secure space to ask difficult questions.	Create informal, private, virtual opportunities to speak directly with residents (individually or in groups). Consider using social media platforms.
Providing applicants with a sense or feel of the environment of the program site and properly introducing the program and the local surrounding community to the candidate are significant challenges.	Ensure applicants can interact with the program team and learn about the program through multiple virtual opportunities and settings.
Applicants may be judged unfairly from virtual encounters; most are not trained in virtual-interview etiquette or have much experience with virtual interviewing.	Develop or disseminate a standard etiquette guide for applicants about how to professionally interact in virtual interviews in various formats, including individual, group, formal, and informal settings.
Applicants from local programs or institutions may be unfairly advantaged because virtual interviews may not replace face-to-face interaction and familiarity.	Implement one interview process for all applicants, regardless of location, and adhere to a standardized interview to mitigate any bias.
Applicants with technical issues or in areas with low bandwidth may be disadvantaged.	Be as flexible as possible with applicants who have challenging technical situations; technical issues can occur for any reason.

Resources

Background research and resources are available at [this site](#).

Other Resources:

- [The AAMC Best Practices for Conducting Residency Interviews](#)
- [The AAMC Guide for Applicants Preparing for Virtual Interviews](#)
- [The AAMC Virtual Interviews: Tips for Program Directors](#)
- [University of Utah Health's Virtual Interview Primer](#)
- Jones RE, Abdelfattah KR. Virtual interviews in the era of COVID-19: a primer for applicants. *Journal of Surgical Education*. April 2020. doi:<https://doi.org/10.1016/j.jsurg.2020.03.020>.

Impact of a COVID-19 and a Shortened ERAS Timeline on Programs' Implementation of Holistic Review Resources

Recommendation 3 — ERAS Timeline: The WG recommends a delayed opening of ERAS for residency programs and a delayed release of the MSPEs and that the opening and release happen on the same day.

Because of COVID-19-related disruptions to the implementation of third-year curricula, Board exam schedules, visa processing, and travel, applicants are experiencing challenges completing the requirements that would normally prepare them for the residency recruitment cycle. This is of concern to all engaged in the residency selection process. As programs consider historical eligibility requirements that may not be readily attainable for every applicant in the COVID-19 environment, they will be faced with individuals who have limited or no clinical experience in the specialty, limited letters of recommendation, and/or incomplete USMLE or COMLEX examinations. Employing the traditional evaluation approach may result in applicants being automatically screen out.

In the pandemic environment, program directors can expect even more challenges to the recruitment cycle as program staff are required to screen applicants with even fewer letters of recommendation, fewer rotation evaluations (away and at home), and fewer test scores. Programs with severe financial burdens may face challenges with availability of program personnel funds. Furthermore, once the acute phase of the pandemic has passed, the clinical workload of program faculty will have increased, which may further affect the faculty's availability for recruiting.

Even as ERAS considers a delayed opening to allow additional time for applicants to complete their applications, it is unclear how long COVID-19-related disruptions may last, how much information programs will have available to make decisions, or how the compressed recruitment cycle will affect programs that wish to conduct holistic review of their applications. This lack of clarity may trigger other behaviors in applicants (e.g., increasing the number of programs they apply to) and programs (e.g., extending more interview invitations) that could exacerbate an already difficult situation.

To ensure a consistent, fair process for all applicants, and to make the most of the recruitment

cycle, residency programs should conduct a holistic review of all applicants. They should:

1. Review specialty guidance from their program director organizations, ACGME, and other authoritative organizations.
2. Consider letters of recommendation outside the program's discipline.
3. Consider alternative validated methods of assessment, such as COMAT and NBME shelf examinations, while awaiting completion or availability of USMLE and COMLEX examinations.
4. Consider adapting the virtual interview processes that provide multiple opportunities for maximum information exchange between applicants and programs:
 - a. Best practices for applicant assessment may include collating input from official interviewers and current trainees and staff who are encountering the applicants, behaviorally based interview questions, and recording select interview segments.
 - b. Best practices for promoting the program may include live or recorded videos of a program overview, community information, informal interaction with current trainees in large and small groups that facilitates frank discussion, and virtual tours of facilities that portray conditions honestly.
5. Be consistent with interview methods throughout the recruitment season, recognizing that the timing of interviews for individual programs and applicants may be affected by the evolving local impact of the pandemic.
6. Clearly inform potential applicants of the eligibility criteria for the program and the program's curriculum and training.
7. Partner with sponsoring institutions and local resources that promote the community.
8. Be aware of variations in the medical student performance evaluations (MSPEs) compared with previous years due to limitations in clinical experiences and other disruptions to medical education due to COVID-19.

Resource

[AAMC Holistic Review Resources and Tools for Program Directors](#)