



**APPD/CoPS/AMSPDC Letter to Our Pediatrics Community  
About the Fellowship Recruitment Process  
June 7, 2022**

The leadership of APPD, CoPS, and AMSPDC have been working collaboratively with fellowship leaders, residency leaders, and trainees to optimize the fellowship recruitment process for applicants and programs. Through this process, we have sought substantial input from applicants, program leaders, chairs, and the greater community including other specialties. In addition, we have reviewed and appreciate the Coalition for Physician Accountability 2021 Recommendations, AAMC 2022 Recommendations, and AACOM 2022 Recommendations.

Our primary goal is to optimize the recruitment process for both learners and programs by:

- (1) Helping learners find programs that match their career goals while providing an atmosphere conducive to how they learn best.
- (2) Creating a fair and equitable application process for both learners and programs.

These past interview seasons have opened our eyes to ways of improving equity in our processes. In addition, a number of studies of applicants and programs have been conducted and will continue to be performed.

Given that many are most focused on the types of fellowship interviews we will be doing this coming year, we present that recommendation up front, and then go into the additional recommendations below. (Of note, residency interview recommendations will be released within the week.)

**Interview recommendations**

Following many conversations and surveys with each of our organizations, we strongly recommend **only offering virtual interviews** for the 2022-2023 recruitment cycle. However, if a subspecialty differs from this recommendation, then we urge that there is **uniformity** across the subspecialty. These recommendations are generated for several reasons:

- (1) **Effective assessment:** The majority of applicants and programs highlighted that they thought the assessment of applicants was effective using virtual interviews in the 2020-2021 and 2021-2022 cycles (EPIC/APPD/CoPS Study).
- (2) **Equity:** Virtual interviews are more equitable for applicants and programs, both in terms of cost savings and in terms of any remaining restrictions from the COVID-19 pandemic.
- (3) **Cost savings:** Virtual interviews save significant money for applicants and programs.
- (4) **Minimize time away from clinical endeavors:** Recognizing that our residents' clinical time has already been significantly impacted, virtual interviews decrease their time away from clinical training.
- (5) **Environmental impact:** Virtual interviews will decrease the environmental impact of travel (Donahue, JGME 2021).

Virtual interviews should be used for all applicants, including local ones, to have a more equitable process. In addition, programs should follow all institutional rules set by their DIOs regardless of any other recommendations.

### **In-Person Second Looks**

Offering in-person second looks can put undue pressure and economic burden on applicants and extend the interview season for both applicants and programs. For the 2022-2023 application cycle, we recommend programs **do not provide program-hosted in-person second looks**.

As alternatives to program-hosted in-person visits:

1. Programs may provide information about the surrounding area. Applicants have asked for guides/recommendations for applicants to get to know the region/city/area on their own.
2. Programs may hold virtual sessions.
3. GME/Institutions may host second looks as noted below.

If your subspecialty society and institution do allow in-person second looks, then we recommend that the applicants not meet with program leadership during that in-person visit. We also recommend emphasizing that attending the in-person look will not improve the applicant's position on the rank list (to help decrease pressure on applicants).

### **Commitment to continuing to study and learn what is best for pediatrics**

There are many studies in progress to understand virtual and in person interviews. We will continue to review this data as it is available to recommend what is best for the applicants and programs in pediatrics for subsequent years.

*In addition, we have developed the following recommendations for applicants and programs to adopt and incorporate into their recruitment planning processes.*

### **Recommendations to Fellowship Applicants**

1. General guidance:
  - a. We are excited that you are pursuing a pediatric subspecialty. Our program leaders are here to help you navigate this process!
  - b. We recognize that you may have had variable clinical, research, advocacy, and other extracurricular experiences due to the impact of the COVID-19 pandemic. We have provided fellowship directors with guidance on how to perform a holistic review of applicants in order to mitigate the challenges created by the COVID-19 pandemic.
2. Application Considerations:
  - a. Each applicant should discuss their individual situation with their pediatric advisors to determine the optimal number of fellowship programs to which they should apply.
  - b. The CoPS website provides additional information about subspecialties at: <https://www.pedsubs.org/about-cops/subspecialty-descriptions/>

1. Faculty Contacts are included within each Subspecialty Description, and at this link: <https://www.pedsubs.org/faculty-contacts/>. CoPS Faculty Contact(s) for your subspecialty of interest could be a valuable mentor and provide guidance about applications.
2. CoPS subspecialty representatives are also available for this consultation: <https://www.pedsubs.org/membership/representatives/>
3. Learning about individual programs:
  - a. We encourage all applicants to review websites of programs they are interested in.
  - b. To learn more about individual programs, we will be offering “Specialty Information Sessions” in July for applicants to learn more about individual programs. Program leadership will be in individual zoom rooms and you can visit with programs you are interested in.
4. Pre-interview:
  - a. Please make sure you have a secure internet connection for your virtual interviews. If you have any concerns about this, please let your residency program director know and they can help you.
  - b. Please review any materials the programs send you in advance of your interview.
5. Interviews:
  - a. Let programs know at least 2 weeks ahead of time if canceling an interview. This will allow programs to fill these slots with alternate candidates.
  - b. Please do not record interviews.
6. Post-interview communication:
  - a. We discourage post-interview communication unless it is a thank you note or you have specific questions or updates to provide.
  - b. Please do not send letters of intent or “love letters”.

### **Recommendations to Residency Programs**

1. In advising applicants:
  - i. The CoPS website provides additional information about subspecialties at: <https://www.pedsubs.org/about-cops/subspecialty-descriptions/>
    1. Faculty Contacts are included within each Subspecialty Description, and at this link: <https://www.pedsubs.org/faculty-contacts/>. CoPs Faculty Contact(s) can provide mentorship to residents.
    2. CoPS subspecialty representatives are also available for mentorship: <https://www.pedsubs.org/membership/representatives/>
2. In writing letters of recommendation:
  - a. We recommend that the Residency Program Director provide a letter of recommendation for each applicant that addresses the following topics:
    - i. Clinical abilities
    - ii. Academic goals and accomplishments to date
    - iii. Leadership skills

- iv. The Program Directors' assessment of the applicant's academic portfolio and their long-term potential in their chosen career path
- b. Please address if/how the applicant's rotations were changed due to the COVID-19 pandemic.

### **Recommendations to Fellowship Programs**

1. Advertising programs:
  - a. To assist programs in advertising their programs, we will be offering "Specialty Information Sessions" in July for applicants to learn more about individual programs. Program leadership will have the opportunity to be in a zoom room and have interested applicants come visit you. You will create an informational poster about your fellowship program.
2. Reviewing applications:
  - a. We support holistic review of applications, recognizing that access to different clinical, research, extracurricular, work, and other experiences vary significantly at baseline due to structural and systemic barriers due to race/ethnicity, gender, gender identity, LGBTQ+, disabilities, socioeconomics, and have been further impacted by the COVID-19 pandemic.
  - b. Recognize that residents may have experienced non-traditional rotations during the pandemic, including virtual learning experiences and on-line educational programming. In addition, residents' research opportunities were likely impacted, so that they may have had fewer presentations and publications than applicants did pre-pandemic.
  - c. Decrease your requirements for the number of pediatrics subspecialty letters realizing that residents may have restricted access to clinical rotations.
3. Offering interviews:
  - a. Offer at least as many interview spots as applicants invited
  - b. Interview offers should be sent in the late afternoons, recognizing that applicants are often busier with clinical work in the morning (please note time zones).
  - c. Allow a minimum of 72 hours to respond to interview invites before releasing the spot to another applicant.
  - d. Communicate with applicants as early as possible if they will receive an interview offer, be waitlisted, or not be offered an interview.
  - e. Please be as flexible with scheduling as possible.
  - f. In preparing for the interview day, we recommend asking applicants if they need any accommodations to make their interview experience the most productive possible.
  - g. Please offer a tech check for applicants to test their systems prior to virtual interviews either earlier the same day or at a convenient time prior to the interview.
3. Pre-interview Materials:
  - a. Programs are encouraged to provide as much program information ahead of the interview day as possible so that the interview day can be focused on 1:1 or small group interactions.
  - b. We recommend updating websites, digital brochures, videos, and other resources to highlight important aspects of your program.

- c. Consider highlighting/pre-recording an example teaching session.
4. Interviews:
    - a. We strongly recommend only offering virtual interviews for this year's Match cycle for the reasons listed on page 1 of this document.
    - b. Virtual interviews should be used for all applicants, including local ones, to have a more equitable process.
    - c. In moving to virtual interviews, programs should develop strategies that will showcase your program virtually. The APPD Coordinator Executive Committee has developed an outstanding virtual interview toolkit available in the APPD ShareWarehouse to help programs prepare (<https://www.appd.org/resources-programs/share-warehouse/>).
    - d. Please offer the daytime components of the interview day (individual interviews, conferences, tours, etc) on the same day (i.e., not spread across multiple days) to make scheduling easier for applicants.
    - e. Remember the time zones that your applicants are in when scheduling interview days.
    - f. It is reasonable to offer a few optional informational sessions/programmatic overviews or social/meet and greet with residents/fellows over the course of the interview season that are not on the official interview day.
    - g. Consider hosting an optional virtual information session with UIM faculty and fellows as an informal chance to meet members of the UIM community at the program.
    - h. Please do not record interviews.
    - i. Of note, this recommendation of virtual interviews is for the 2022-2023 cycle, and we will reevaluate future cycles as we collect more information.
  5. Second looks:
    - a. In-person second looks can put undue pressure and an economic burden on applicants and extend the interview season for both applicants and programs. We recommend that programs develop guides/recommendations for applicants to get to know the region/city/area on their own.
    - b. If your subspecialty and institution allows in-person second looks then we recommend that the applicants not meet with program leadership during that in-person visit. Work with your GME office to establish a fair process to host applicants for a second look.
    - c. If offering an in-person second look, we recommend emphasizing that attending the in-person look will not improve the applicant's rank on the rank list (to help decrease pressure on applicants).
  6. Post-interview communication:
    - a. All communication needs to abide by NRMP requirements.
    - b. We recommend post-interview communication to be limited to:
      - i. One follow-up with contact information of leadership/interviewers.
      - ii. One program update at end of recruitment that goes to all applicants together, to remind applicants that they will not hear from you unless they have specific questions.
      - iii. Only individual communication if applicants/program have questions for each other. Post-interview communication is permitted for responding to specific questions or for linking with mentors and/or research colleagues.
      - iv. Consistent with NRMP rules, we recommend stating "we don't expect a response back" for any post-interview communication.

- c. Keep in mind that even positive communications with applicants can be stressful to them.
7. Throughout the recruitment season:
    - a. Recognizing that programs have significant financial constraints due to the COVID-19 pandemic, recognizing that some programs continue to have reduced administrative and coordinator support and increased administrative needs, recognizing that we are trying to create as equitable a recruitment season as possible, and because the students, residents, and fellows on our action team said that these are not necessary, we are strongly recommending:
      - i. Not providing food or gift cards for food
      - ii. Not distributing swag (e.g., pens, mugs, t-shirts, other gifts with institutional logo) to applicants
  8. The Match:
    - a. We highly encourage all fellowship directors to utilize the match to fill their program slots.

### **Recommendations to Subspecialty Organizations**

1. To provide adequate exposure to fellowship programs pre-application:
  - a. Recommend that subspecialty organizations organize ways of supporting applicants to learn about all fellowship programs in its subspecialty
    - i. Options could include webinars, websites, etc.

### **Other Improvements to the Recruitment Process**

- 1. Aligned Peds and Med application cycles for 2022-2023**
  - a. We have worked with NRMP to align the pediatrics and internal medicine application cycles for 2022-2023. Thank you for your input that was highly supportive of this change, to support more streamlined processes for couples participating in a couples match as well as Med-Peds applicants and programs.
  - b. Adolescent Medicine will also be joining this same cycle
- 2. Exploring ways of decreasing applications for oversubscribed subspecialties**
  - a. We have been discussing with ERAS the use of signaling for all subspecialties. They are not opening up signaling to pediatrics subspecialties in 2022-2023, but are considering for the following year.
- 3. Exploring ways of increasing applications for undersubscribed subspecialties**
  - a. Specialty Info sessions (hosted by AMSPDC, CoPS, COMSEP, APPD)
  - b. Ongoing work of AMSPDC Workforce Initiative
  - c. Exploring the use of signaling for undersubscribed subspecialties too.
- 4. Improving Residency-Fellowship Transition/Warm Hand-off**
  - a. Laura Chiel, Ariel Winn, Carrie Rassbach, Elisa Phillips, Dan Schumacher, and David Turner are leading a study to explore warm hand-offs between residency programs and fellowships.

We will continue to share updates, innovations, and best practices with you as they arise. We are grateful for your commitment to our applicants and developing outstanding leaders in children's health.

**References:**

1. Coalition for Physician Accountability. Initial Summary Report and Preliminary Recommendations of the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC). April 2021. (<https://acgme.org/Portals/0/PDFs/UGRC-Initial-Summary-Report.pdf>)
2. Donahue L, et al. The Carbon Footprint of Residency Interview Travel. JGME 2021.