



**APPD/CoPS/AMSPDC Letter to Fellowship Applicants  
About the Fellowship Recruitment Process  
April 10, 2023**

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 including several formative studies, 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. The following recommendations are based on the effective and equitable outcomes of virtual interviews while also considering the value of in-person interactions and program visibility.

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.

**Interview recommendations**

Following many conversations and surveys with each of our organizations, we strongly recommend **only offering virtual interviews** for the 2023-2024 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 (Petersen TL, et al, *Pediatrics* 2022).
- (2) **Equity:** Virtual interviews are more equitable for applicants and programs, both in terms of access and any remaining restrictions from viral surges. Some institutions may not allow in person interviews and this could create additional inequity amongst programs if some offer in person interviews while others are unable to do so.
- (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 2023-2024 application cycle, we recommend that 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 and that the program leadership not be made aware of their 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).

### **Additional Recommendations for Applicants**

1. General guidance:
  - a. We are excited that you are pursuing a pediatric subspecialty. We warmly welcome applications from allopathic and osteopathic applicants. Our program leaders are here to help you navigate this process!
  - 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/>
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. Be aware that ERAS will be using new application questions for fellowship applications in 2023-2024:
    1. Top 10 most meaningful experiences and why
    2. Geographic preferences
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 "Subspecialty Information Sessions" in May 2023 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. <https://www.appd.org/resources-programs/recruitment/>

1. May 9 – Adolescent Medicine, Pulmonary, Rheumatology
  2. May 17 – Child Abuse, Developmental Behavioral Pediatrics, Hematology Oncology, Neonatology
  3. May 18 – Cardiology, Critical Care, Endocrinology, Nephrology
  4. May 24 – Gastroenterology, Hospital Medicine, Infectious Disease, Emergency Medicine
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.

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

There are many studies in progress to understand interviews and second-looks (virtual vs. in person). 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.

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:**

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3. Domingo A, Rdesinski RE, Cheng A, et al. Effectiveness of Virtual Residency Interviews: Interviewer Perspectives. *Fam Med*. 2022 Nov;54(10):828-832. doi: 10.22454/FamMed.2022.177754. Epub 2022 Sep 14. PMID: 36350748.
4. Domingo A, Rdesinski RE, Stenson A, et al. Virtual Residency Interviews: Applicant Perceptions Regarding Virtual Interview Effectiveness, Advantages, and Barriers. *J Grad Med Educ*. 2022 Apr;14(2):224-228. doi: 10.4300/JGME-D-21-00675.1. Epub 2022 Apr 14. PMID: 35463161
5. Gans HA, Boyer D, Bales M, et al. National Pediatric Subspecialty Recruitment Sessions Increase Program Visibility and Impact Candidate Application Choices, accepted for publication *Journal of Graduate Medical Education*, 2023.
6. Petersen TL, King JC, Fussell JJ, et al. Benefits and Limitations of Virtual Recruitment: Perspectives from Subspecialty Directors. *Pediatrics* 2022;150(4):doi:10.1542.