



**APPD/CoPS/AMSPDC Letter to Pediatric Fellowship Programs and Subspecialty Organizations
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 to Fellowship Programs

1. Program Visibility and Advertising:
 - a. To assist programs in enhanced visibility and in advertising their programs, we will be offering "Subspecialty Information Sessions" in May 2023 for applicants to learn more about individual programs. Each program can provide an informative slide hosted on the APPD recruitment site and program leadership will have the opportunity to be in a zoom room and interact with interested applicants. Applicant feedback from previous sessions showed 100% felt the intimate interactions and ability to visit any program was valuable and many visited and applied to programs not initially on their lists. (Gans H, JGME *accepted* 2023) <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
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.

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.

4. 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.

5. 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 2023-2024 cycle, and we will reevaluate future cycles as we collect more information.

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.

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:

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.
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.