



**APPD/CoPS/AMSPDC Letter to Pediatric Fellowship Programs and Subspecialty Organizations
Regarding the Fellowship Recruitment Process
May 21, 2024**

The leadership of APPD, CoPS, and AMSPDC have been working with fellowship and residency leaders, and trainees to optimize the fellowship recruitment process for applicants and programs. Through this process, we sought substantial input from studies, applicants, program leaders, chairs, the greater pediatric community and other specialties. Additionally, we reviewed and appreciate the 2023 recommendations from AAMC and AACOM on this subject.

The pandemic and requirement for virtual interviews revealed gaps in the recruitment process, most importantly in equity. This led to a number of studies, the data from which, together with our increasing experiences in virtual recruitment, continue to inform current recruitment recommendations. Recognizing that as safety concerns related to the pandemic lessen there is variability in perspectives on the fellowship interview process, specifically virtual versus in-person, and in-person second looks. In response, some DIOs are outlining interview approaches within their institutions, and some pediatric subspecialty organizations are providing guidance for interview methods across their subspecialty. Such guidance supersedes the recommendations outlined here.

The following recommendations are based on the effective and equitable outcomes of virtual interviews while considering the value of in-person interactions and program visibility, with equity at the forefront, as our primary guiding principle. Broad considerations for the full recruitment process are also offered.

Interview recommendations

Following many conversations and surveys with each of our organizations coupled with data from the growing body of evidence, we strongly recommend **only offering virtual interviews** for the 2024-2025 recruitment cycle. Virtual interviews should be used for all applicants, including local ones, to preserve equity. If a subspecialty differs from this recommendation, then we urge **uniformity** across the subspecialty. Again, programs should follow all institutional rules set by their DIOs.

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, and that virtual interviewing allowed accurate assessment of programs and applicants based on experiences after starting fellowship (Petersen TL, et al, *Pediatrics* 2022, Chiel L, et al, *The Journal of Pediatrics* 2024).
- (2) **Equity:** Virtual interviews are more equitable for applicants and programs, primarily in terms of access but also financial considerations. Additionally, inequity may arise if some institutions offer in person interviews while others do not.
- (3) **Cost savings:** Virtual interviews save significant money for applicants and programs (Domingo A, et al, *J Grad Med Educ* 2023).
- (4) **Minimize time away from clinical endeavors:** Recognizing that our residents' clinical

experiences continue to change, virtual interviews decrease their time away from clinical training.

- (5) **Environmental impact:** Virtual interviews decrease the environmental impact of travel (Donahue, *J Grad Med Educ* 2021).

In-Person Second Looks

Offering in-person second looks can put undue pressure and economic burden on applicants. For the 2024-2025 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 to get to know the region/city/area on their own.
2. Programs may hold virtual sessions.
3. GME/Institutions may host in-person second looks.

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). Again, some DIOs are outlining different processes (e.g., requiring rank lists to be certified prior to program's hosting in-person second-looks with internal audits to verify compliance), so programs are encouraged to verify with their DIOs any specific institutional guidance for the 2024 interview season. If in-person visits are conducted after certifying rank lists, institutions should outline situation(s), if any, that would allow the rank list to be changed after an in-person visit, and share this policy with applicants.

Additional Recommendations to Fellowship Programs

1. 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, and socioeconomics.
- b. Recognize that current applicants may have experienced non-traditional clinical rotations and restrictions in scholarly activities during the pandemic and other respiratory surges.

2. 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. Notify applicant within the invite that interview slot may be released to others if no response within X days.
- 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. We suggest videos that can show what life as a fellow is like, including living experiences.
- 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. 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. Applicants appreciate time with fellows and exposure to clinical team members with whom they will be working.
- e. Please offer daytime components on interview day (individual interviews, conferences, tours, etc.) on the same day (not spread across multiple days) to make applicant's scheduling easier.
- f. Remember the time zones that your applicants are in when scheduling interview days.
- g. 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.
- h. 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.
- i. Please do not record interviews.
- j. Of note, this recommendation of virtual interviews is for the 2024-2025 cycle, and we will reevaluate future cycles as we collect more information.

5. Post-interview communication:

- a. All communication needs to abide by NRMP requirements.
- b. We recommend post-interview communication to be limited to:
 - One follow-up with contact information of leadership/interviewers.
 - 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.
 - 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.
 - 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.

6. Throughout the recruitment season:

- a. Trainees on our action team felt that gifts (e.g., cards, swag) are not necessary or impactful; therefore (and to ensure equity), we recommend not providing these.

7. The Match:

- a. We highly encourage all fellowship directors to utilize the match to fill their program slots.

8. Post Match:

- a. Given the subspecialty workforce challenges, many programs do not match each year. We understand the stress and disappointment this creates. The landscape is very different from residency recruitment and thus there is not a formal “scramble” but, in an effort to support unmatched programs, the APPD recruitment task force will be offering a virtual café on the topic in the fall close to the match (details TBA).

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

There are many studies in progress aimed at understanding interviews and second-looks (virtual vs. in person). We will continue to review this data as it becomes available to inform what is best for the applicants and programs in pediatrics for subsequent years. If your institution, subspecialty or program does something different than what is recommended here (virtual interviews for all applicants and non-program-hosted in-person second looks), please collect data to analyze the effectiveness of the strategy and disseminate the results to allow us all to learn.

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.

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