



**APPD/CoPS/AMSPDC Letter to Residency Program Directors and Advisors of Fellowship Applicants
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, along with our increasing experiences in virtual recruitment, continue to inform current recruitment recommendations. 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. Please note that guidance provided to programs from institutional DIOs and/or national subspecialty organizations supersede these recommendations, and therefore might vary from what is outlined below.

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 subspecialty societies and institutions 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 Advisors of Fellowship Applicants

1. In advising applicants:
 - i. Be aware that ERAS has made some changes to the fellowship application in recent years. Recent additions have included:
 1. Top 10 most meaningful experiences and why
 2. Geographic preferences
 3. Hobbies and interests
 - ii. The CoPS website provides information about subspecialties at: <https://www.pedsubs.org/about-cops/subspecialty-descriptions/>
 1. CoPS subspecialty representatives are also available for mentorship: <https://www.pedsubs.org/membership/representatives/>
 - iii. Learning about individual programs:
 1. We encourage all applicants to review websites of programs they are interested in.
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
 - v. Please address if/how the applicant's rotations were changed due to the COVID-19 pandemic, viral surge, or other disruptions in education.

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 an 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), we are requesting they 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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