

# Virtual interviews for surgical critical care fellowships and acute care fellowships amid the COVID-19 pandemic: The show must still go on

Samer Asmar, MD, Narong Kulvatunyou, MD, Kimberly Davis, MD, and Bellal Joseph, MD, Tucson, Arizona

Amid the 2019 novel coronavirus disease (COVID-19) pandemic, the United States (US) has witnessed continuous mitigation efforts at all levels—national, state, and individual, to slow down the outbreak.<sup>1</sup> These include a stay-at-home order, a social distancing recommendation, and an unprecedented travel restriction policy issued by all health care facilities and teaching institutions.<sup>2–4</sup> The Accreditation Council for Graduate Medical Education has also suspended accreditation-related activities, with the primary aim of preventing unnecessary exposure and physical interactions.<sup>5,6</sup> The Association of American Medical Colleges (AAMC) issued its most recent statement on May 14, 2020, saying “The AAMC strongly encourages medical school and teaching hospital faculty to conduct all interviews with potential students, residents, and faculty in a virtual setting—either by phone or through video conferencing.”<sup>7</sup> With the interview season already in full gear, the demand for a virtual format of the in-person interview surged. Although rare, residency programs have shared their experiences with virtual interviewing (VI),<sup>8</sup> and reported the feasibility and cost-effectiveness of this approach.<sup>9</sup> To overcome the unforeseen obstacles of this year’s interviewing cycle, programs need to adopt the VI process for all applicants interested in pursuing fellowships. We sought to describe our experience with the VI process for Surgical Critical Care fellowship and Acute Care fellowship positions, whereby the first two sessions were successfully conducted in March and April, with more planned sessions to come. Given the perceived challenges of conducting such interviews for higher-level surgical training positions, and the concern for adequate engagement and evaluation during VI, we hereby draw upon our experiences and share insight on the process and its applicability to other specialties.

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From the Division of Trauma, Critical Care, Emergency Surgery, and Burns, Department of Surgery (S.A., N.K., B.J.), College of Medicine, University of Arizona, Tucson, Arizona; and Division of General Surgery, Trauma, and Surgical Critical Care, Department of Surgery (K.D.), Yale School of Medicine, Yale-New Haven Hospital, New Haven, Connecticut.

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Address for reprints: Bellal Joseph, MD, FACS, Division of Trauma, Critical Care, and Emergency Surgery, Department of Surgery, University of Arizona, Rm 5411, 1501 N. Campbell Ave, P.O. Box 245063, Tucson, AZ 85724; email: [bjoseph@surgery.arizona.edu](mailto:bjoseph@surgery.arizona.edu).

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## PREINTERVIEW DAY

The interview process starts well before the interview day. Technical and logistical issues are not uncommon, especially when adopting an entirely new interviewing format. Familiarizing the interviewees with the hospital and its atmosphere can be particularly daunting. To overcome these obstacles, a careful preparation ahead of time is essential.

- Fellowship candidates should receive a comprehensive packet containing:
  - current faculty and fellows mini biographies;
  - detailed information about the clinical, research, and educational experience provided by the program;
  - overview of the fellowship requirements, expectations, and monthly rotations;
  - a glimpse of the city and a sample of its accommodations and high attraction sites.
- Interviewees should be contacted at least 1 week ahead of the interview day and provided with the following:
  - detailed scheduling of the interview day (make sure to emphasize time zone differences);
  - virtual interview platform that will be utilized to conduct the interviews;
  - access links to the orientation lecture, the daily morning sign-out session; weekly Mortality and Morbidity conference, and structured interviews with faculty and fellows;
  - Health Insurance Portability and Accountability Act compliance agreement;
  - Real-time contact via telephone with the program coordinator to assist and facilitate in case of any technical difficulties.
- Audiovisual equipment of meeting rooms and personal interviewer devices should be tested and prepared to make sure webcam and microphone settings function properly.
- While our faculty has been formally trained on video conferencing etiquette, all candidates are provided with online resources and are encouraged to go over the AAMC website that provides valuable VI tips and suggestions that will improve their overall experience.<sup>7</sup>
- Candidates should be familiarized with the hospital facilities via one (or more) of the following methods:

- conducting a virtual tour of the hospital; this live walk-through can be carried out by a faculty member and incorporates direct communication with the interviewees;
- including a group session, on a designated preinterview day, where a tour video is played and narrated by the program director;
- sending a prerecorded guided tour of the intensive care units, trauma bay, and operating rooms that the candidates watch at their leisure.

## INTERVIEW DAY

The operational procedure of the interview day reflects on the overall program. Thus, minimizing distractions and adhering to the preset schedule is key to interview day success.

- Start the day with a structured group PowerPoint presentation and program introduction delivered by the program director to:
  - Introduce the interviewees to the current faculty and fellows;
  - Inform the interviewees of the clinical, research, and educational components of the training program;
  - State the fellowship requirements, expectations, and monthly rotations.
- Schedule the interview on the day of an educational conference. The purpose of this session is to:
  - involve the interviewees in the sign-out where they will meet the team of residents on duty
  - Offer the interviewees a chance to interact and share their institutional experience as cases are being discussed
  - Allow the interviewees to virtually experience the team dynamics by seeing them perform in live-action
- Transition to informal interviews with nurses, physician assistants, residents, and fellows to address the candidates' Q & A
- Transition to either one of the following formal interview structures with the faculty:
  - 1) One-on-one formal interviews with the faculty:
    - allocate a time slot of 20 to 30 minutes per interview, for a total of four to six interviews per candidate; the program coordinator assumes the role of the time keeper and communicates with all interviewers in real time via a messenger group chat to ensure proper schedule flow;
    - avoid scheduling more than six candidates for interview per day to minimize interviewer fatigue.
  - 2) Group structured formal interviews with the faculty:
    - four to five faculty members meet with the candidate;
    - each faculty member asks one or two structured questions;
    - allocate a time slot of 1 hour per candidate;

- design is similar to the screening 1-hour interviews performed by search committees;
- make sure that the interview location is quiet and that any distractions in the background are removed;
- one-on-one follow-up VI with individual faculty is available upon the candidates' request for follow-up or further questions.

## AFTER THE INTERVIEW DAY

- Send out a follow-up online survey to all interviewees to acquire their feedback on the entire process and any suggestions for improvements (Supplemental Digital Content, Appendix 1, <http://links.lww.com/TA/B727>).

## POTENTIAL BARRIERS

Classic concerns associated with the VI process can be classified as institutional factors and human factors. Despite the lack of literature on overall costs and infrastructure for the VI process in the health care system, this matter of institutional factors has been extensively studied in the business sector and found to be financially beneficial.<sup>10</sup> The health care system in the US has been utilizing computer-mediated communication for purposes of storage, retrieval of patient information, and synchronous communication (i.e., video conferences), indicating that the infrastructure requirements are already there. As for the human factors, both the interviewer and the interviewee may share concerns of ill-preparedness to this emerging interview format, coupled with fear of suboptimal performance with the lack of in-person interaction. Dedicating a formal session for educating the faculty and involved personnel on the basics of the video telecommunication platform and means to troubleshoot common technical difficulties substantially eases the interview process.

## CONCLUSION

The advent of the COVID-19 pandemic has impacted fellowship application processes by eliminating in-person interviews. Amid this pandemic, our health care system cannot and should not be brought to a halt. There is a pressing need to develop an effective model of the VI process for fellowship candidates. We presented our ongoing experience in conducting online VI for our Surgical Critical Care fellowship and Acute Care fellowship candidates, with the hope that this would serve as a resource for other centers. Further evaluation of how implementation of VI in fellowship matches affects the selection process from both a programmatic and candidate standpoint is warranted.

### AUTHORSHIP

S.A., B.J., N.K., and K.D. designed this study. S.A., B.J., and N.K. searched the literature. S.A., B.J., N.K., and K.D. collected the data. S.A., B.J., and K.D. analyzed the data. All authors participated in data interpretation and article preparation.

### DISCLOSURE

The authors declare no funding or conflicts of interests.

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