



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

LORI A. DEITTE, MD, PRISCILLA J. SLANETZ, MD, MPH

# Branding Your Radiology Residency and Fellowship Programs in the COVID-19 Era

*Priscilla J. Slanetz, MD, MPH, Erin Cooke, MD, Kedar Jambhekar, MD, Alice Chong, MD, MHCI*

The ongoing coronavirus disease 2019 pandemic has led to unprecedented changes in the practice of radiology and radiology education. In addition to the rapid adoption of remote teaching of and learning by trainees, the residency recruitment process will be going virtual. Both programs and applicants will face challenges as they attempt to create an optimal virtual experience for applicants to explore open residency and fellowship positions. In addition to providing informative institutional and departmental websites, programs will need to find ways to capture their uniqueness and stand out from their counterparts across the country. What suggestions do you have to help training programs “brand” themselves in this new entirely virtual world?

## **Erin Cooke, MD, Co-Program Director, Diagnostic Radiology Residency, Virginia Mason Medical Center**

In essence, the thrust of virtual recruitment efforts is branding. As a small residency program, lacking the widespread name recognition afforded by a major academic center, we at Virginia Mason have recognized the need to nurture our brand for years. Traditionally, we held pre-interview meetings with our faculty members and residents to promote messaging clarity and determine the program’s differentiating factors: the one or two

features that set it apart from the rest of the field. For example, we agreed that our programmatic excellence centered on a tailored, flexible education within an institution renowned for quality improvement. Currently, the need to solidify differentiating features is more important than ever.

Moreover, during the pandemic, branding efforts must be broadened to include consideration of best practices for virtual interviews. This includes assessing video conferencing tools, a unified interview digital background or inclusion of institutional logo, standardization of interviewer microphones and spotlights, and mock interview training. Anticipating technical glitches, leveraging partnerships with graduate medical education and organizational marketing teams, and engaging residents in remote outreach, in lieu of in-person activities, are other areas to cover.

Akin to a startup undertaking rapid brand building, small programs can capitalize on agility by quickly growing a consistent presence on social media with a minimal budget. The key is to identify a few supporters, ideally a mix of residents, faculty members, and administration, with skills in technology, the arts, and advertising. This team can nimbly update website and social media posts. Photographic, video, and written materials can highlight

not only the program but also other institutional, affiliate, or geographic highpoints. Use of hashtags, infographics, blogging, and unified visual themes and tone can attract applicants.

All of these efforts are essentially storytelling. The emotional content can inspire applicants to explore the brand at a deeper level, so your program can shine.

## **Kedar Jambhekar, MD, Program Director, Diagnostic Radiology Residency, University of Arkansas**

To cater to the rising demands of the current situation, increase marketability, and prepare for the upcoming virtual interview season, our residency program has been actively brainstorming ideas. We are in the process of developing and implementing several features that would help our program stand out among other similar-size programs in the region.

**Web Page Outreach.** In addition to ramping up the department website with information about the program, we will provide hyperlinks to impactful and lively virtual video tours of our training facilities, our city, a day in the work life of a resident, and testimonials from current and past residents.

**Social Media.** We plan to aggressively use social media platforms

such as Twitter, Facebook, and Instagram for weekly spotlights of residents and faculty members and to showcase resident research. We will offer live tweet-chat sessions with our chief residents. We will highlight our residents' achievements using visuals such as a clickable Google map link to places where our residents have secured fellowships and bar graphs highlighting our high board pass rate.

**Teleconferencing.** To help prepare our own medical students as well as those scheduled for away rotations with us, we plan to extend mock interview options via the Radiology Interest Group. We also plan to host a virtual question-and-answer application tips session from the recently matched class. To foster camaraderie, we will engage in a pre-interview virtual casual happy hour Zoom session with the applicants the evening before their scheduled interview date. We plan to offer a second virtual look at the program with an optional follow-up session. To showcase our faculty's teaching expertise, we will offer teleconferencing links to applicants to participate in virtual learning sessions during the week of their interviews.

**Alice Chong, MD, MHCI,  
Associate Residency Program  
Director and Breast Imaging  
Fellowship Director,  
University of California, San  
Diego**

Because applicants will be looking online to form their first impressions of the program, building a strong and consistent online presence is crucial. Having an updated, mobile-friendly website with static information is a prerequisite, and prerecorded introductory videos are helpful, but social media

is the key to actively engage and provide an "insider's look." Not every department has the resources for an official marketing team, so finding colleagues and trainees who are passionate and willing to drive these efforts is essential, as well as choosing social media platforms that will have the highest impact for the applicant demographic.

Medical students aspiring to be radiologists often follow radiology social media accounts years before the application process, to become part of the radiology community, to learn about the department, and to get a sense of what life is like as a radiology resident. A resident-run Instagram account can highlight current residents, the work environment, and activities outside of work. TikTok videos can show residency life and work in a fun and creative way. A dedicated resident program Twitter account that is complementary to the department Twitter account can showcase the accomplishments of the residents and, with its relatively informal format, reflect the "personality" of the program by thoughtfully choosing which conversations and opinions on relevant topics and social issues to amplify.

In building a brand for a radiology training program, there should be a distinctive but consistent voice and tone across various platforms (especially if it is managed by several people) that is authentic and relatable. Effective messaging and communication are especially critical during the ongoing crisis, and showing how a program continues to mentor and compassionately support the community can go a long way in establishing a positive presence.

### Summary

In summary, although building a program brand has always been

crucial, the coronavirus disease 2019 pandemic has elevated its importance, because applicants will now be able to form their "gut feeling" about a training program and department only by reviewing web-based resources and participating in virtual interactions with current trainees and faculty members. Given that a 2018 study of residency program websites showed that they are far from comprehensive, with only 12 of 179 program websites (6.7%) meeting more than 80% of the 19 selected criteria (range, 16%-95%) [1], a majority of training programs have much work to undertake before the next recruitment cycle begins. Departments will not only have to fill in missing content on their websites related to the application process, benefits, didactics, research, teaching opportunities, clinical training, and faculty leadership, but also, more important, residency and fellowship programs will need to develop a brand to set them apart from their competition. To create the brand, departments will need to embrace a multifaceted approach by updating their websites, maintaining an active presence on social media, and holding virtual gatherings, all in an effort to disseminate what makes them special. Programs must be creative in how they showcase their unique offerings and provide applicants a glimpse into the daily life of a trainee both at the institution and in the city or town in which perspective trainees might live. Fostering an online community that captures the essence of the people and the place will help simulate what it would be like to visit in person, although it likely will never be quite the same. However, institutions must keep in mind that effective branding necessitates

communication of a consistent and focused message across these different media. Only then will applicants be able to distinguish the similarities and

differences among training opportunities so that the best match can happen, even in these times of a “new normal.”

## REFERENCE

1. Hansberry DR, Bornstein J, Agarwal N, et al. An assessment of radiology residency program websites. *J Am Coll Radiol* 2018;15:663-6.

---

Priscilla J. Slanetz, MD, MPH, is Vice Chair of Academic Affairs and Associate Program Director of the Diagnostic Radiology Residency, Department of Radiology, Boston University Medical Center and Boston University School of Medicine, Boston, Massachusetts. Erin Cooke, MD, is Co-Program Director of the Virginia Mason Radiology Residency Program, Department of Radiology, Virginia Mason Medical Center, Seattle, Washington. Kedar Jambhekar, MD, is Program Director of the Radiology Residency and Chief of Body MSK/MRI, Department of Radiology, University of Arkansas for Medical Sciences Medical Center, Little Rock, Arkansas. Alice Chong, MD, MHCI, is Director of the Breast Imaging Fellowship and Associate Program Director of Radiology Residency, Department of Radiology, University of California San Diego, La Jolla, California.

The authors state that they have no conflict of interest related to the material discussed in this article. Drs Slanetz, Cooke, Jambhekar, and Chong are employees.

Priscilla J. Slanetz, MD, MPH: Department of Radiology, Boston University Medical Center, 820 Harrison Avenue, FGH-4, Boston, MA 02118; e-mail: [pstanetz@bu.edu](mailto:pstanetz@bu.edu).