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EDUCATION AND TRAINING

Residency Interviews in Radiation Oncology After COVID-19: Perspectives From Recently Matched Applicants



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Introduction

The COVID-19 pandemic has sent shockwaves throughout undergraduate medical education (UME). Accelerated by the depletion of personal protective equipment, limited SARS-CoV-2 testing, and concerns for trainee health and safety, remote learning in virtual classrooms has expanded to include preclinical and clinical curricula. Lessons taught at the bedside have moved online, the United States Medical Licensing Examination Step 2 Clinical Exam was suspended indefinitely and virtual medical student away rotations have gained traction in several specialties including radiation oncology.¹ In line with these changes, the Coalition for Physician Accountability recently called for all residency programs to conduct interviews remotely rather than in person for the 2020 to 2021 cycle.²

The abrupt changes to UME and the residency application process carry the potential to dissuade applicants from pursuing the unique, small, and highly specialized field of radiation oncology, which over the last 2 years has experienced declining applicant numbers in the setting of job market

concerns.^{3,4} Traditionally, in-depth curricular, cocurricular, and extracurricular elective experiences that yield research publications and personalized letters of recommendation are tantamount to a well-informed and successful application in radiation oncology (perhaps even more so now with changes to the scoring of the United States Medical Licensing Examination Step 1).⁵ A curtailing of these experiences—during or after the pandemic—poses a significant barrier to applicants, especially those without home programs, and as a result may further adversely affect decisions to apply into radiation oncology, ultimately affecting the future diversity and richness of the field.⁶ Moreover, such barriers may not be anomalous to the upcoming 2020 interview cycle; the duration and evolution of the current pandemic is unknown. Indeed, many of the COVID-19 control efforts affecting UME may appropriately persist years into the postpandemic era. Therefore, great care and intentional strategy development are needed by relevant stakeholders, including program directors/leadership, current residents, and applicants, to devise novel application and interviewing structures that protect the draw and diversity of radiation oncology.

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As recently matched applicants, we recognize that the safety and wellbeing of cancer patients, physicians, and staff must be prioritized during interview seasons. We are concerned that future radiation oncology applicants may encounter unprecedented and unquantified obstacles in discerning a rank list should virtual interviews be implemented. Conversely, institutions may struggle to discern the “fit” of applicants. We hope that upcoming generations of radiation oncologists have opportunities to learn about and evaluate prospective programs, similar to the opportunities we had, and that programs will likewise continue to have the opportunity to meet and evaluate applicants fairly and thoroughly. Amid these challenges arises an opportunity for all stakeholders to critically think about the essential components and core values of the residency interview process and, if virtual interviews are needed, tailor activities to meet those core values instead of simply replicating in-person interviews virtually. For the virtual interview-day setting, we offer our unique perspectives on strategies that retain and enrich the most student-centric components of the traditional interview experience. For an in-person setting, we also comment on methods to both mitigate risk of COVID-19 and promote student and program interests.

Opportunities and Risks of Virtual Interviews

To ensure optimal pairing in The Match, applicants and programs must each make accurate and informed assessments of one another. Programs do so initially by means of reviewing written applications, whereas applicants learn about programs through word-of-mouth, mentors, and published data. Although these starting frameworks are helpful, the most crucial information on applicant–program “fit” routinely emerges during the in-person interactions on interview day. The joint recognition that applicants and programs share an underlying connection and mission plays a critical role in rank list formation and is at risk in virtual interview cycles.

Consequently, new virtual interview structures must encourage the bond that forms between applicants and programs during the traditional interview day. One platform for this is the interview social, in which current residents speak organically with applicants about their experiences. These events give applicants the opportunity to learn about life, community, and expectations at each particular program, as well as nuances of the training structure and the unique workplace culture. We suggest that intentional virtual spaces be created to allow for spontaneous conversations between applicants and residents in large and small group settings. Similarly, virtual hangouts intended only for applicants could be organized to emulate the “waiting room” experience from interview day. Indeed, for many students, interview social and waiting room interactions reverberate for years beyond the interview day as applicants forge camaraderie with one another and build a professional

network within the field of radiation oncology. To inform applicants’ perceived fit with the surrounding location and community, programs could further add prerecorded informational videos, virtual tours, an active list of frequently asked questions, or other measures that reflect each program’s specific setting and core values. Post-graduate year 1 residents completing internship years could even be called upon to share their most recent impressions and perspectives with applicants in these virtual settings.

Without the travel constraints of in-person interviews, virtual meetings could theoretically occur between applicants and program faculty over an extended period of time, allowing for enhanced evaluation and more personalized conversations with potential clinical and research mentors.

While these interactions may be fruitful, the prospect for additional virtual communication also presents a new potential space for Match violations, threatening the progress made in recent years toward the protection of vulnerable applicants and the spirit of the Match.^{7,8} Although residency and fellowship applicants in other specialties have lauded the flexibility, financial savings, and convenience of virtual interviews, another problem may arise if radiation oncology applicants, unfettered by travel, schedule, or cost constraints, elect to participate in significantly more virtual interviews than in prior years.^{9,10} If a small number of applicants interview virtually at 20, 30, or even 40 institutions without a corresponding rise in the number of interview slots, the probability of matching in the first round may significantly decrease for other applicants and for programs. Therefore, to promote a successful Match, a maximum number of virtual interviews per applicant may need to be implemented, although this raises many new questions. In particular, the methodology for determining an optimal interview maximum and how a cap would influence applicant selection of interviews, be enforced, and affect program and applicant match probability is complex and uncertain. Above all, to mitigate the rise of these and other novel concerns related to virtual interviews, we recommend that radiation oncology residency programs work together toward a uniform approach. In this regard, the Association of American Medical Colleges has released specific recommendations for virtual interviews, including standardization and training, that may benefit radiation oncology programs.

Post-Pandemic In-Person Interview Recommendations

If interview day continues in or returns to an in-person format, we suggest several changes that could reduce excess interviews and curtail travel that puts patients, faculty, residents, staff, and students at risk. Radiation oncology programs could strengthen existing efforts to publish interview dates in advance of invitations to help applicants plan and minimize travel. Regional programs could coordinate to offer sequential interview days.

Programs could also consider adopting the obstetrics/gynecology and plastic surgery paradigm of a common release date of interview invitations. This deadline, within weeks of application submission, would enable applicants to consider all invitations in aggregate before accepting dates, although this might force applicants to more quickly decide which invitations to accept. To increase the efficiency of the interview acceptance process, applicants should think judiciously about where to apply and enlist faculty mentors to provide tailored advice to limit the submission of extraneous applications. To promote social distancing and reduce risk of COVID-19 transmission, programs could also consider scheduling fewer interactions per interview day, screening for signs of infection, and distributing personal protective equipment. In the event that in-person interviews resume on a program-by-program basis, we again call for a consistent approach. From the student's perspective, heterogeneity within an interview cycle as a result of combining virtual and in-person interviews could add new difficulties in distinguishing the experience of interview day from that of actually joining a particular residency program and subsequently offer undue advantage to certain programs over others.

Conclusions

The postpandemic interview process in radiation oncology will undoubtedly require flexibility from medical students and residency programs alike. Special attention, with coordinated efforts of diverse stakeholders, is needed when developing and implementing novel virtual interview structures that promote applicant interests, program interests, and optimal matches. This moment presents a unique opportunity for programs to reflect on their traditional interview processes and consider revisions that

maintain core values, promote continued diversity, and meet the evolving needs of the field. In this unprecedented era, it is our hope that future applicants forge the same bonds on interview day that we made with our program and one another just a few months ago.

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