


# Reply to: Virtual Interviews for the 2020-2021 National Residency Matching Program During the COVID-19 Pandemic: A Curse or Blessing?

The American Surgeon  
2021, Vol. 0(0) 1–2  
© The Author(s) 2021  
Article reuse guidelines:  
[sagepub.com/journals-permissions](https://sagepub.com/journals-permissions)  
DOI: 10.1177/0003134821995068  
[journals.sagepub.com/home/asu](https://journals.sagepub.com/home/asu)  


We read with great interest the comprehensive discussion by Ehrlich and colleagues concerning virtual interviews in this year's application cycle. The authors discuss the benefits of virtual interviewing; however, these very same benefits are simultaneously contributing to the disequilibrium in the distribution of residency interviews. They state that the elimination of travel costs has allowed more candidates to accept more interview invitations.<sup>1</sup> While this is advantageous at the individual applicant level, there is evidence from the Association of American Medical Colleges (AAMC) to suggest that this has exacerbated disparities in interview distribution.

The AAMC addressed the medical education community to express concern that the equilibrium of interview invitations in the 2020-2021 residency match cycle has been disrupted.<sup>2</sup> Their letter states that top-tier students received a disproportionate number of invitations this cycle, demonstrating how a global health crisis exacerbated underlying flaws in The Match. During the COVID-19 pandemic, hoarding behavior has been a unique phenomenon. Among the general public, self-interest was seen with personal hygiene and commodity items.<sup>3</sup> Similar parallels were present in medical education: there is no greater area of self-interest than the residency application process. Rightfully so, after years of dedication and hard work, it came as little surprise that residency applicants were less likely to decline interview invitations during these unprecedented and unpredictable times.

The disproportion among top-tier applicants receiving the most invitations was not unique to this cycle. For example, approximately 26% of otolaryngology applicants accounted for half of all interviews in 2016.<sup>4</sup> Previously, time, money, and overlapping interview dates were barriers that limited the maximum number of interviews an applicant could attend.<sup>1</sup> These natural restrictions forced applicants to decline invitations. Declined invitations were extended to those next on the list, creating opportunities for more applicants. These barriers benefited both parties because applicants; applicants could signify genuine interest in programs, while programs mitigate the risk of unfilled positions.

No longer limited by logistics of time, travel, and money, top applicants, had less incentive to decline invitations. The allegorical prisoner's dilemma is a helpful

framework to understand applicant behavior. The haphazard cycle was catalyzed by fear: applicants applied to more programs, consequentially avalanche of applications overwhelmed programs. The 2019 National Resident Matching Program (NRMP) applicant survey reports that perceived fit and interview day experience are the most important factors in ranking programs across all specialties—both of which are overwhelmingly difficult to assess virtually.<sup>5</sup> Furthermore, the uncertainty of how virtual interviews will affect programs' ranking applicants has caused widespread concern. Overwhelmed by unforeseen circumstances, fear, and uncertainty have exacerbated interview hoarding. Early data provided by the AAMC suggests that uncertainty caused by the COVID-19 pandemic and virtual interviews has caused many defectors from the collective good.

The Match is a game, and the COVID-19 pandemic dramatically altered the rules of the game. This critical time calls for an expedited solution: playing by the original rule. If the collective group of programs and applicants cooperate through collaboration, a successful match will be possible. We propose that applicants demonstrate social responsibility and concern for the common good by only accepting a reasonable number of interview invitations (which vary by the applicant based on their application merits). The NRMP showing the probability of matching based on the number of contiguous ranks, which can be used as a proxy for the number of interviews.<sup>6</sup> We urge programs to be transparent in whether they have increased/decreased/maintained total interviews.

Responsibility for the current problem also rests with the residency programs. To overcome interview hoarding, determining applicant "fit" through a more selective and holistic review process. When programs had difficulty gauging genuine applicant interest, they could have extended interview invitations to the tier of applicants similar to current residents. Programs should have enforced a deadline for canceling interviews to ensure programs had sufficient time to notify applicants of a vacancy. Since there are a limited number of top-tier students hoarding the current interview dates, without some intervention or innovative solutions, there is a real possibility that programs will not fill all positions on Match day and will have to "scramble" to fill their incoming residency positions.

The national data provided by the AAMC suggests that uncertainty caused by the COVID-19 pandemic and virtual interviews have caused many defectors from the collective good. Undoubtedly, COVID-19 pandemic has significantly impacted the residency application cycle. The medical education community recognizes that during this high-stakes process, the applicants have the most to lose. We hope that self-governed interview caps will create a more equitable environment for all applicants. We urge applicants and programs to appropriately address these concerns to ensure equity in this Match cycle.

## Author Contributions

C. Boyd was directly involved in the collection of resources, formulation of ideas, writing the manuscript, and approving the final version for submission. S. Ananthasekar was directly involved in the collection of resources, formulation of ideas, writing the manuscript, and approving the final version for submission. B. Greene was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission. M. Harrington was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission. T. King was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission. S. Rais-Bahrami was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission. M. L. Tavana was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission. P. Saadeh was directly involved in the formulation of ideas, writing the manuscript, and approving the final version for submission.

Carter J. Boyd, MD<sup>1</sup>, Shivani Ananthasekar, BS<sup>2</sup>, Benjamin J. Greene, MD<sup>3</sup>, Michael A. Harrington, MD<sup>4</sup>, Timothy W. King, MD<sup>5,6,7</sup>, Soroush Rais-Bahrami, MD<sup>8,9,10</sup>, Manoucher Lance Tavana, MD<sup>11</sup>, and Pierre B. Saadeh, MD<sup>1</sup>

<sup>1</sup>Hansjörg Wyss Department of Plastic Surgery, New York University Langone Health, New York, NY, USA

<sup>2</sup>School of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>3</sup>Department of Otolaryngology, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>4</sup>Department of Plastic Surgery, University of South Florida, Tampa, FL, USA

<sup>5</sup>Department of Surgery, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>6</sup>Department of Biomedical Engineering, University of Alabama at Birmingham, AL, USA

<sup>7</sup>Division of Plastic Surgery, Birmingham VA Medical Center, Birmingham, AL, USA

<sup>8</sup>Department of Urology, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>9</sup>Department of Radiology, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>10</sup>O'Neal Comprehensive Cancer Center at UAB, University of Alabama at Birmingham, Birmingham, AL, USA

<sup>11</sup>Division of Plastic and Reconstructive Surgery, Medical University of South Carolina, Charleston, SC, USA

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## References

- Ehrlich H, Boneva D, Mckenney M, Elkbulli A. Virtual interviews for the 2020-2021 national residency matching program during the COVID-19 pandemic: A curse or blessing? *Am Surg*. 2020. Epub ahead of print. doi:[10.1177/0003134820954830](https://doi.org/10.1177/0003134820954830)
- Whelan A. *Open Letter on Residency Interviews*. Washington DC: Association of American Medical Colleges; 2020. <https://www.aamc.org/media/50291/download>
- Oosterhoff B, Palmer CA. Attitudes and psychological factors associated with news monitoring, social distancing, disinfecting, and hoarding behaviors among US adolescents during the coronavirus disease 2019 pandemic [published online ahead of print, 2020 Jun 29]. *JAMA Pediatr*. 2020; 174(12):1184-1190. doi:[10.1001/jamapediatrics.2020.1876](https://doi.org/10.1001/jamapediatrics.2020.1876)
- Lee AH, Young P, Liao R, Yi PH, Reh D, Best SR. I dream of Gini: Quantifying inequality in otolaryngology residency interviews. *Laryngoscope*. 2019;129:627-633.
- National Resident Matching Program. *Charting Outcomes in the Match: Senior Students of U.S. Medical Schools, 2020*. Washington, DC: National Resident Matching Program; 2020.
- National Resident Matching Program. *Data Release and Research Committee: Results of the 2019 NRMP Applicant Survey by Preferred Specialty and Applicant Type*. Washington, DC: National Resident Matching Program; 2019.