

# Unforeseen Collateral Damage of COVID-19 With the Virtualization of Fellowship Interviews

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## SURGICAL SPECIALTY FELLOWSHIP INTERVIEWS

The surgical specialty fellowship interview process was not immune to rapid and dramatic changes secondary to the COVID-19 pandemic. Programs should be congratulated on their initiative, flexibility, and innovation in quickly adapting to the COVID-19 pandemic by transitioning to an entirely virtual interview process.<sup>1,2</sup> However, some of the more subtle benefits of the in-person event may be overlooked and losing them may have long-lasting consequences to the trainee. These include opportunities for social connectedness, dedicated time for career advancement, and peer networking.

Surgical specialty fellowship interviews have historically been an entire day's affair: a formal introduction to the program through interviews and a tour, along with an often informal gathering the evening prior. The applicants' social interactions were multiplied as subspecialty programs are small and have a limited applicant pool. With virtual interviews, not only do applicants lose social interactions with each other and interviewing faculty and fellows,<sup>1</sup> but the lack of dedicated time away to participate in interviews may have made virtual interviews more difficult to schedule around despite less time commitment.

In previous years, shared messaging apps such as WhatsApp (WhatsApp, Inc.) were used to coordinate travel and exchange impressions of programs. These chats facilitated shared rides and hotel rooms and “meetups” at restaurants or airport lounges. Through these repeated in-person encounters and buzz in the messaging platform, applicants were provided an opportunity to form long-lasting relationships with their colleagues.

These chats often continued into the junior faculty years, although they become centered around complex clinical dilemmas, socializing at national conferences, and discussion of interesting articles and research questions. These collegial relationships have the potential to lead to lifelong friendships and may even jumpstart professional and research-related collaborations. They can also lead to combined clinical endeavors, mentorship and sponsorship, and employment opportunities. The support provided through these close friends transitioning through the same professional milestones and challenges is invaluable and may even reduce burnout.<sup>2</sup>

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## RECOMMENDATIONS FOR PROSPECTIVE FELLOWS, PROGRAMS, AND SOCIETIES

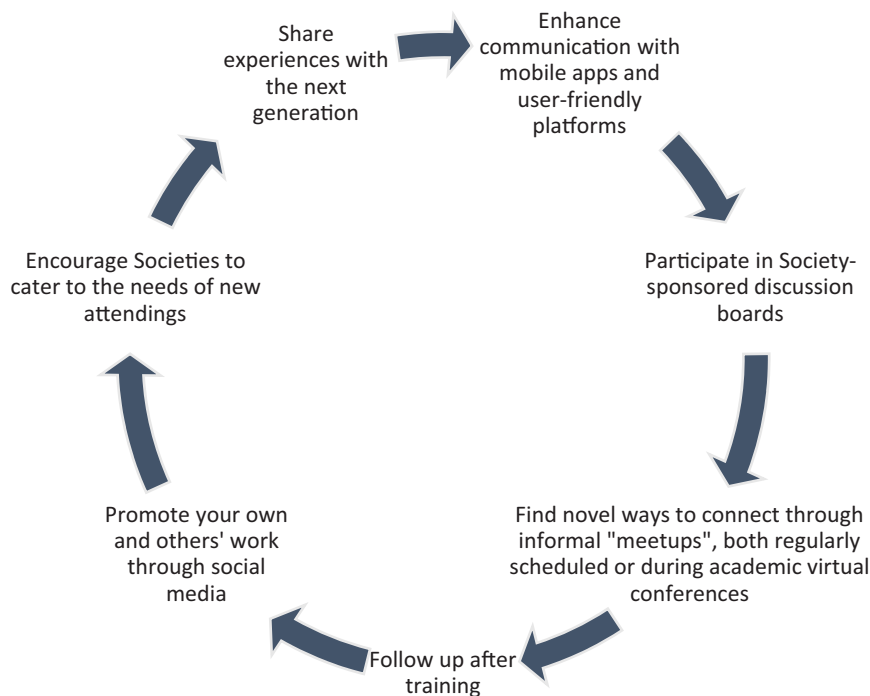
The health care crisis and subsequent social and economic turmoil have proven that the academic medical community must continue to adapt in the aftermath of the pandemic and in years to come. Although the virtualization of fellowship interviews does preserve both applicant and program resources, the absence of the in-person connection during the interview process can lead to isolation and missed opportunities for professional growth and collaboration. Similarly, now that academic meetings have also been “virtualized,” it is important to find novel ways to be in contact and continue to grow these relationships.

Others have published recommendations for navigating the virtual interview process which include advice for putting their “best face forward”. These include testing the technology before the interview day, utilizing an appropriate space, minimizing distractions, practicing mock virtual interviews, and gathering information about the program and city before the interview.<sup>3–5</sup> We propose additional recommendations for prospective fellows, programs, and societies to foster essential relationships and sense of community with other applicants.

Our first recommendation is to preserve direct and frequent communication to cultivate organic peer networking. Applicants should consider using a platform for a shared group chat even if not required to facilitate the travel logistics of prior years. Shared chats also allow for exchange of individual expertise in a non-threatening environment through the presentation of interesting cases, job opportunities, and other educational materials. These conversations are a convenient way to collaborate for years to come. For example, the Society of Surgical Oncology (SSO) breast surgery fellowship class of 2017 has an ongoing group chat with 44 members. There have been thousands of messages, links to dozens of publications and educational materials, along with frequent personal announcements.

Another way to socially connect in a more formal manner is to utilize public forums through society websites. For example, the SSO has a “Fellows and Young Attending” discussion board found under “My SSO Community”. Members can join ongoing “Discussions,” topics of which include boards review courses, tips for coding and billing, and advice for finding and starting first faculty positions.

We also recommend finding ways to connect outside of the virtual fellowship interviews. Informal get-togethers on Zoom (2020 Zoom Video Communications, Inc) facilitate introductions, career plan discussions, and allow for comparisons of fellowship programs and job opportunities. Authors KR and ST participate in a monthly research and writing conference with six other surgeons who met on the interview trail. The group has persisted >2 years after fellowship graduation and meetings include journal clubs, research discussion, and guest speakers. These regular get-togethers provide a structured opportunity to stay socially connected while exchanging feedback on professional endeavors. If starting a regularly scheduled meeting group seems daunting, organizing virtual social events around academic meetings may be a worthwhile starting point since these are



**FIGURE 1.** Recommendations for preservation of fellow social networks during pandemics.

likely times that other fellows and young attendings have already set aside for virtual programming.

Protecting the social development of surgical trainees while fostering intellectual growth means catering to their unique needs during these isolating times (Fig. 1). Fellows and young attendings should harness their “millennial” outlook and skills for technological adaptation and feel empowered to ask society leadership to support them during these new challenges. Relationship-building can be accomplished through the virtual gatherings noted above along with networking and promoting each other on social media.<sup>6</sup> Programs should attempt to mimic the in-person interview process as much as possible with “breakout rooms” for applicants, virtual tours and creative programming, and Q&A with current fellows (without attendings present). Interviewers should acknowledge applicants’ anxiety surrounding technical mishaps, minimize distractions, and put their own “best face forward” by dressing appropriately and entering the virtual interview prepared. Lastly, national societies must acknowledge the potential for fellow and young attending burnout with widespread virtualization and use this opportunity to cultivate community through creative solutions. We propose consideration of a Virtual Social Networking Taskforce to address these unique challenges. Inclusion of both early career surgeons, who utilize many of the technologies described above, and later career surgeons, who have experienced the benefits of career long peer networking and may have suggestions for how to build and maintain those relationships, would provide a well-rounded taskforce to tackle the professional social isolation brought about by the pandemic.

## CONCLUSIONS

One of the social casualties of the pandemic is the loss of the in-person surgical specialty interview. Although previous fellows may have taken these opportunities to connect for granted, newer generations face unique obstacles to early career social networking that are unlikely to disappear with second waves of infection and future pandemics. Utilization of novel ways to interact and maintain relationships during healthcare crises will prevent detrimental professional effects to current and future trainees.

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