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The drawbacks of advantages

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Tell me with whom you associate, and I will tell you who you are. Johan Wolfgang von Goethe

In 2020, in response to COVID-19 public health concerns, it was recommended that residency recruitment in the United States be undertaken virtually, instead of in-person interviews with institutional visits, using video interviews, virtual tours and streamed question and answer sessions. In this issue of *Medical Education*, Zarate Rodriguez et al¹ present the results of an anonymous survey distributed to residency applicants for the 2021 intake at a large academic institution. The survey looked to assess the applicant sense of 'fit' to the training programmes and their ease of determining this through video interviews. Programme 'fit' refers to the applicant's perception of their compatibility to a residency programme and was deemed to include structural, identity and relationship domains. Like success in other forms of human relationship, it is hard to define, but everyone knows when it happens. Electronic surveys were sent via programme directors to applicants who interviewed for programme placement in a variety of medical and surgical residencies. That the survey was sent via programme directors, rather than a neutral third party, is potentially problematic and may account for a relatively low response rate of 25.7%, although this comprised 473 fully completed surveys.

Surprisingly, structural factors like the acute call system and frequency and identity-related factors such as the gender composition of the programme were deemed less important for determining 'fit'. Correspondingly, the three most important factors for 'fit' were how much the programme seemed to care about trainees, how satisfied current trainees were with the programme and how well the trainees got along with each other. That all three factors lie in the relationship domain for 'fit' is indicative of the contemporary importance of programme culture in programme selection for applicants. Subgroup analysis showed that diversity (gender and ethnicity) of faculty, residents and patients was more important to female applicants, who also found defining how well residents got along with each other harder to determine than male applicants. Although

there were no differences found between white, non-white and under-represented ethnic minority (URM) groups in the ease with which 'fit' was assessed, non-white and URM groups were less likely to identify with statements like 'this place feels like home' and 'I can picture myself here'. Correspondingly, they were more likely to identify with the statement 'This program is not a good fit for me'. For women and minorities, most will have already had at least one adverse life experience related to discrimination and be aware that the possibility exists that they may not 'fit'.² Consequently, they are more likely to view these issues critically knowing their happiness and success depend on getting it right. That white males assigned overall higher 'fit' scores should not be a surprise since this represents the most common training and faculty demographic in many programmes, meaning that 'not fitting in' is, therefore, less of a risk.²

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As the authors point out, video interviews offer many advantages including efficiency, reduced stress (possibly), reduced travel costs, carbon emissions and less risk of potential disruption to the interview. Overall, video interviewing appeared to present the quantitative structural and identity factors relevant to determining 'fit' but was less successful in communicating the more qualitative relationship

[Correction added on 18 April after first publication. The first author's name in Reference 1 and corresponding citations were corrected in this version.]

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factors, particularly to demographics who are now sought after for programme diversity—namely, women, non-white and URM medical graduates.³ Relationship factors are the most important metrics for applicants' determination of 'fit' but the hardest for interviewees to assess. For applicants who come from backgrounds that value face-to-face interactions to establish connections between individuals and where verbal and non-verbal cues are important in understanding individual needs and motivations, video conferencing will not substitute for being there. The chief advantage of a virtual interview is an element of objective detachment, whereas the chief drawback is an empathic dissociation for both parties.

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Given that COVID-19 and its variations are likely to be with us for some time and, one of the minor achievements of the era, has been the demonstration that working virtually in all its forms can be productive and successful, where does the video interview lay, and how can we best attract and select trainees for our programmes? A recent scoping review of inclusion initiatives for URM showed that policies for diversifying the surgeon workforce were detailed but the mechanisms necessary to achieve this were less clear.⁴ Zarate Rodriguez et al¹ have shown that video interviewing of residency candidates is a poor way for departments to positively showcase their ethos and culture to URM. Interestingly, URM did not feel that they could not make a judgement via video interviews but that the judgement they made, as a result, was unfavourable towards the programme. If residencies are committed to increasing the diversity of their programmes and graduates, rather than just achieving numerical representation, selection processes must recognise the uniqueness of URM individuals experience and background and demonstrate in a personalised way that they would be valued members of the department and backed for success. Video interviews, now a societal norm, are useful in assessing large numbers of potential candidates in an

efficient way but, in these vaccinated times, should be followed with an invitation for a formal visit, orientation and detailed look at the programme's offerings—particularly for URM candidates. It remains to be seen whether virtual chat rooms, one-on-one video conversations with programme directors and residents, social media feeds and live tweeting of residency events can ever recreate the rapport that comes from shared time together. For URM and possibly many other residency candidates, having a programme reach out with an invitation to visit, spend time and 'be there' still looks like the best way to sell 'fit'.

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