

Abstract

Objective: Virtual interviews were introduced to the residency application process in 2020 by the AAMC during the COVID-19 pandemic. Yet, while the pandemic wanes, virtual interviews remain a part of the application process. Prior studies described the attitudes of program directors and department chairs in otolaryngology before and immediately following that initial application cycle. This study aims to determine their perspective on virtual interviews in 2023, as programs prepare for a fourth cycle with virtual interviews.

Methods: An online survey was distributed to otolaryngology residency program directors and department chairs during the 2022-2023 application cycle.

Results: Eighty-five responses were collected from program directors and department chairs of 129 programs (33%). Twenty-four (28.24%) were “satisfied” or “strongly satisfied” with the virtual interview format. When asked to score the likelihood that they would continue virtual interviews in future cycles on a scale of 1 to 100, the mean score was 47.18. Ability to assess applicants’ professionalism, clinical skills and knowledge, and program “fit” achieved scores of 2.92, 2.84, and 2.58 out of 5, respectively.

Conclusion: When compared to data from the 2020-2021 application cycle, overall satisfaction with virtual interviews has decreased from 63.8% to 28.2%. Specific challenges like the inability to assess program “fit” or to describe the geographic location remain consistent.

Introduction

Among the many impacts of the COVID-19 pandemic on the healthcare system has been the shift from traditional in-person interviews to virtual interviews (VIs) as part of the residency application process

Kraft et al. has described some of the deficiencies of VIs perceived by applicants to otolaryngology during the 2020-2021 application cycle¹. These include decreased ability to assess resident camaraderie and satisfaction, as well as the clinical facilities and geography of each specific program. The main advantages of VIs were decreased cost and travel requirements for applicants. Our research group has also analyzed survey data from the 2022-2023 application cycle highlighting similar challenges to the virtual format from the applicant perspective.

Following the 2020-2021 application cycle, Risbud et al. described the perspective of directors of otolaryngology residency programs and their respective department chairs². Most (63.8%) respondents were satisfied with the VI experience. However, less than half were confident in their ability to assess applicants’ clinical skills or knowledge (41.2%) or overall program fit (47.3%). This project aims to survey otolaryngology residency program directors (PDs) and department chairs (DCs) to determine their perspective on VIs.

Methods and Materials

The survey was designed using Qualtrics XM software. Questions about respondent appointment, program demographics, faculty experience during virtual interviews, beliefs about applicants’ perspectives on virtual interviews, and post-interview communications were included along with a space for free-text comments about the process.

The survey was distributed to PDs and DCs of U.S. otolaryngology residency programs. No identifying information was collected. Demographic information was analyzed using descriptive statistics. Data was compared to prior datasets in the literature and to a survey of applicants conducted simultaneously by this research group. The data analysis for this paper was generated using Qualtrics XM, Version [March 2023] (Provo, UT, USA).

Results

85 individuals completed the survey comprising 41 PDs and 44 DCs. There were no statistically significant differences between responses of PDs and DCs. Forty-six (54.12%) respondents were “dissatisfied” or “strongly dissatisfied” with the virtual interview format (Figure 1).

Ability to assess applicants’ professionalism, clinical skills and knowledge, and program “fit” achieved the lowest scores (2.92, 2.84, and 2.58). Respondents rated applicant ability to assess geographic location (1.98) and clinical facilities (1.99) with the lowest scores. Research opportunities (3.55) and resident education (3.26) had the highest scores (Figure 2).

When asked to score the likelihood that they would continue virtual interviews in future application cycles on a scale of 1 to 100, the mean score was 47.18 (Figure 3). Sixty-six (77.6%) respondents indicated that a letter of intent does not affect the applicant’s position on the rank-list.

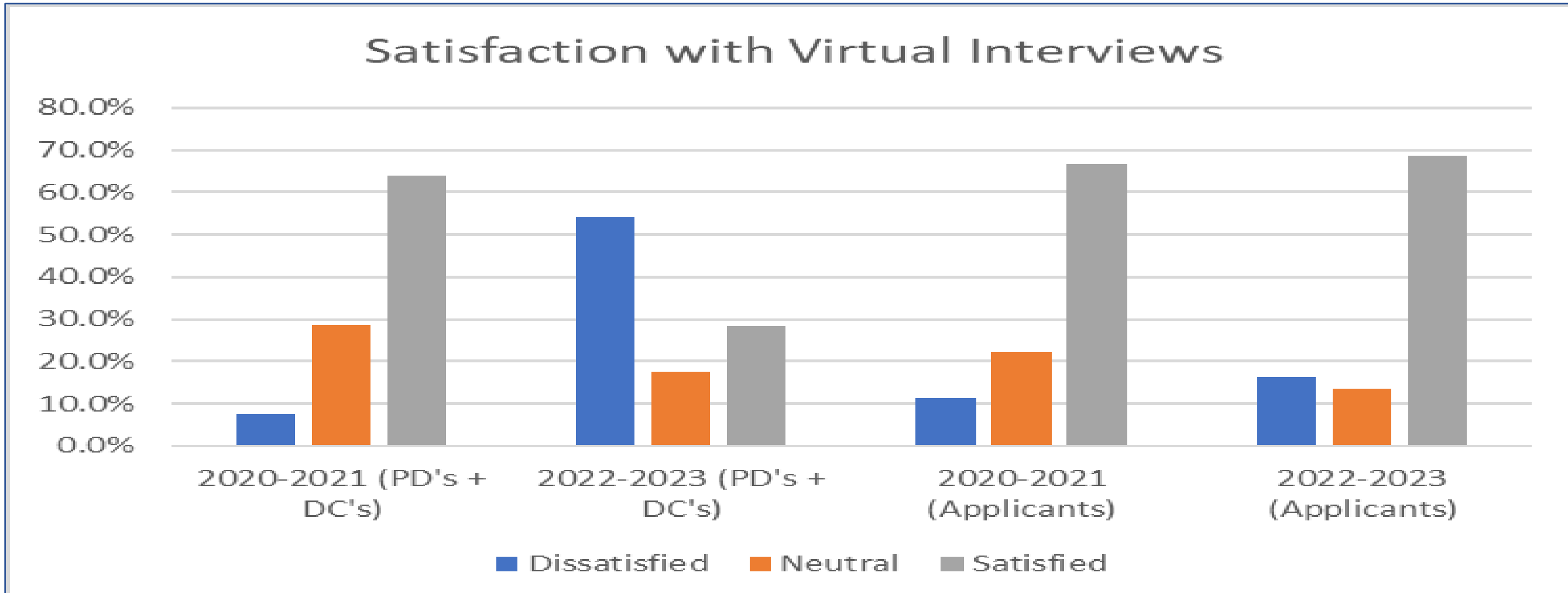


Figure 1: Comparison of our survey data regarding virtual interview satisfaction with data published by Kraft¹ and Risbud².

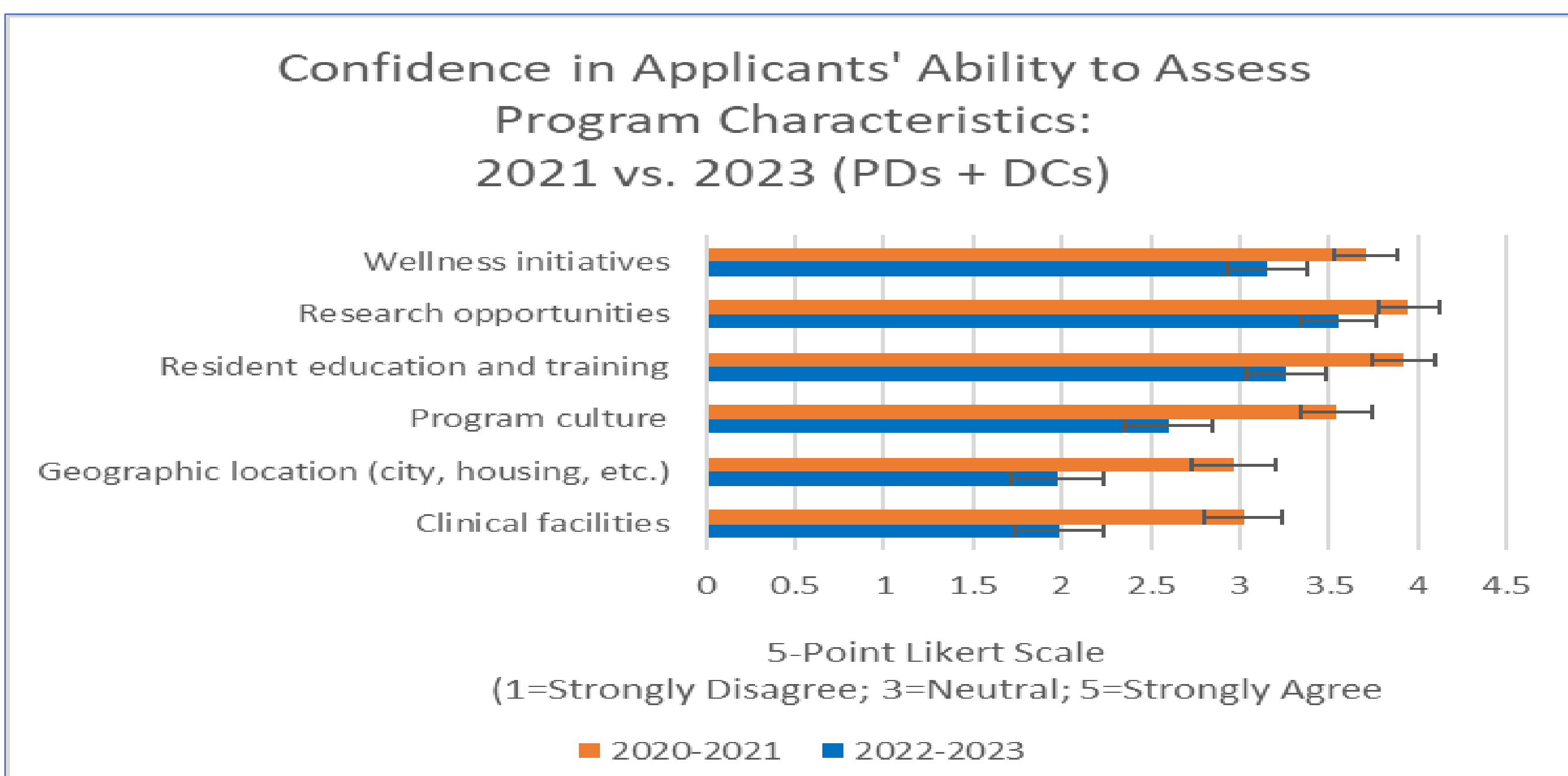


Figure 2: Comparison of our survey data regarding confidence in applicant ability to assess program with data published by Risbud².

Likelihood of Continuing with Virtual Interviews in Future Cycles

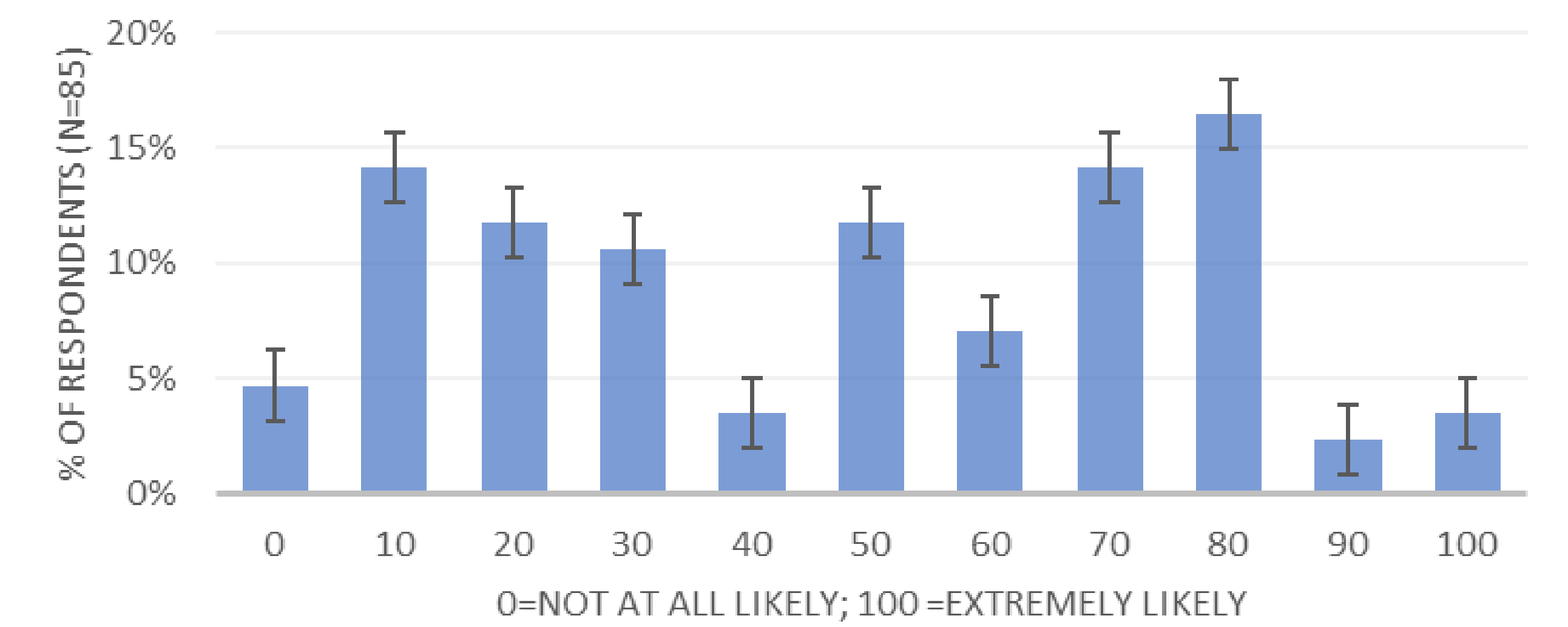


Figure 3: Bimodal distribution of responses when queried on likelihood of continuing virtual interviews.

Discussion

Overall satisfaction with virtual interviews has decreased from 63.8% in 2021 to only 28.2% in 2023² (Figure 1). Interestingly, applicant satisfaction remained stable from 66.6% to 69%¹. Both faculty and applicants had similar responses to the statement “I have high quality interactions with applicants/faculty”. Thus, faculty and applicants do not disagree about the “quality” of the virtual interaction. Rather, faculty are more dissatisfied for a different reason. Perhaps programs are losing confidence in the process as they can compare performance or “fit” of residents selected with the virtual process to residents from prior application cycles. One respondent noted “Some residents we have matched have never stepped foot in our geographically isolated state. This has led to some buyer’s remorse on both sides once reality sets in”.

When asked about their confidence in ability to convey aspects of their program to applicants, PDs and DCs were least confident about “clinical facilities” and “geographic location” which strongly benefit from in-person tours. This trend is consistent with the 2021 dataset (Figure 2). However, it should be noted that every surveyed item was ranked lower in 2023 than in 2021.

Applicants often send a “letter of intent” informing their target program that they will rank them first. While 77.7% of faculty respondents said that these letters do not affect an applicant’s ranking, 63% of applicants reported sending such a letter during this application cycle.

While the survey was distributed to all PDs and DCs with available contact information, only 85 responses (33%) were collected, and it is unclear how many of these represent unique institutions. It should be noted that in recent years interview hoarding has become more prevalent, as the main disincentives of cost and time have been mitigated. Further, the recent application cycle was the first with a significant number of applicants having taken the USMLE Step 1 exam for a Pass/Fail grade. The impact of these on the application process has not been assessed in this study.

Conclusion

This data provides an update to the 2020-2021 dataset published by Risbud. The overall satisfaction with VIs has decreased since 2021 (63.8% to 28.2%). While applicants remain as satisfied as they were following the 2020-2021 application cycle, the dissatisfaction of PDs and DCs should incite conversation about how to improve the process in future application cycles.

References

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- Risbud A, Pang JC, Ito S, Tjoa T, Armstrong WB, Abouzari M. Otolaryngology residency programs’ perspectives on virtual interviews during the COVID-19 pandemic. *Laryngoscope Investig Otolaryngol*. 2022 Apr 13;7(3):692-698. doi: 10.1002/lio2.681. PMID: 35734073; PMCID: PMC9195030.

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