HOD ACTION: Recommendations in Council on Medical Education Report 3 adopted as amended and the remainder of the report be filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 3-I-23

Subject: Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education

Presented by: Cynthia Jumper, MD, Chair

Referred to: Reference Committee C

American Medical Association (AMA) Policy D-295.303, "Support Hybrid Interview Techniques for Entry to Graduate Medical Education," states that our AMA will:

> "1. work with relevant stakeholders to study the advantages and disadvantages of an online medical school interview option for future medical school applicants, including but not limited to financial implications and potential solutions, long term success, and well-being of students and residents.
>
> "2. encourage appropriate stakeholders, such as the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Intealth, and Accreditation Council for Graduate Medical Education, to study the feasibility and utility of videoconferencing for graduate medical education (GME) interviews and examine interviewee and program perspectives on incorporating videoconferencing as an adjunct to GME interviews, in order to guide the development of equitable protocols for expansion of hybrid GME interviews."

Defining "hybrid"

During the COVID-19 pandemic, medical schools and residency programs shifted from in-person to virtual interviews due to the public health emergency. With both virtual and in-person modalities now available, medical educators are debating the most equitable and appropriate means of conducting interviews in the application processes. To inform AMA policy on this topic, it is critical to clearly define the different methods of conducting interviews of applicants.

Specifically, the term "hybrid" should be defined with clarity, as it is referenced in the title and body of the policy serving as impetus for this report. This term has been used to describe the use of virtual (also called online) and in-person interviews. In this report, we refer to interview techniques as either virtual or in-person, rather than using the term "hybrid."

For clarity, this report will define "hybrid" interviews as the use of a mix of virtual and in-person interviews of applicants for the same class, as determined either by the school or program and/or individual applicant, resulting in some applicants having virtual interviews and others having in-person interviews. This definition of "hybrid" is consistent with definitions used by the Association of American Medical Colleges (AAMC) and Coalition for Physician Accountability (CPA).

Some schools or programs use both virtual and in-person interviews, through which all applicants are interviewed using one modality, with a subset of applicants then interviewed again via another

modality (i.e., a virtual interview followed by an in-person interview) before the medical school offers an admission or the residency program submits a match list. This method of interviewing will be referred to as a "two-step interview" in this report.

In the application process, applicants may wish to visit a school or program outside of the formal interview after the medical school offers an admission or the residency program submits a match list to obtain the additional information they need to select the medical school or residency that best fits their needs. We will refer to this process as the "second look in-person visit."

BACKGROUND

As a result of the COVID-19 pandemic, many businesses and individuals shifted from face-to-face communications and meetings to virtual technologies. The move was motivated by public health considerations, but even now, with the pandemic much less a health concern than it had been, virtual forms of communication continue and are now considerably more entrenched in both the business world and everyday life for many people. This large-scale, societal communications shift has occurred in medical education as well. The application, interview, and entry process into undergraduate medical education (UME, or medical school) and graduate medical education (GME, or residency/fellowship programs) has seen increased usage of video conferencing since spring 2020, when the pandemic began.

Indeed, current guidance from the AAMC recommends that both medical schools[1] and residency/fellowship programs[2] use virtual applicant interviews but does acknowledge that schools and programs may choose a specific format (i.e., either virtual or in-person interviews) based on their specific mission, goals, and context. The AAMC cites the following considerations when recommending virtual interview formats for both UME and GME:

1. The financial costs associated with interviewing for medical school and residency or fellowship programs are high.
2. Most applicants prefer virtual interviews.
3. Time spent away from school, work, or other commitments due to travel associated with in-person interviews is an undue burden for applicants to bear.
4. Separating assessment and recruitment efforts is an important step to mitigate risk of bias in interview ratings.
5. Medical schools, teaching hospitals and health systems, and the AAMC have made commitments to reduce their carbon footprints.

Similarly, the CPA, which comprises national organizations (including the AMA) responsible for the oversight, education, and assessment of medical students and physicians throughout their medical careers, has called for virtual interviews for applicants to residency/fellowship positions. A 2021 report of 34 recommendations for improving the UME to GME transition[3] from the CPA's Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC) noted, "To ensure equity and fairness, there should be ongoing study of the impact of virtual interviewing as a permanent means of interviewing for residency." In addition, the CPA stated, "Hybrid interviewing (virtual combined with onsite interviewing) should be prohibited." (Note: These recommendations were not updated beyond the 2021-2022 interview season.) This recommendation to avoid offering both types of interviews at the same time mirrors guidance from the AAMC in its document referenced above, "Interviews in UME: Where Do We Go From Here?"

Potential benefits and disadvantages of virtual versus in-person interviews

Use of virtual interviewing in the selection of medical students and resident/fellow physicians may be an efficient option for institutions and could lead to decreased costs for both applicants and institutions/programs. AMA policy is supportive of efforts to mitigate barriers associated with entry to and progress in medical education.

This format offers increased efficiency and lower (or nonexistent) travel costs for applicants, alongside significant cost savings for schools/programs (e.g., catering and food costs), and potential savings in reduced time commitment and the costs of hosting applicants. That said, schools and programs face significant scheduling and administrative overhead, even in a virtual environment, so time savings for schools and programs may be minor. The virtual interview format also offers admissions personnel and program directors the opportunity to gauge applicants' "virtual etiquette" (or lack thereof)—an important skill for future physicians to develop as telehealth becomes more widespread.

On the negative side, virtual-only interviews eliminate "face time" for both applicants and programs to fully evaluate each other through standard social interactions (e.g., with support and administrative staff). The ways in which an applicant interacts with other individuals in a live setting can be revealing as to emotional intelligence and "bedside manner." This may be indirectly captured by scheduling breaks in the virtual interview process and other strategies to provide opportunities for evaluation of informal interactions.

Another potential pitfall to virtual interviews is the security of the interview. Can the institution/program assure that the applicant is alone and not receiving help from another individual or an off-camera electronic device? Does the applicant have notes available? What if the applicant is recording the interview in some way? Interruptions in the internet connection, electrical failures, or technological glitches in software can also derail virtual interviews. Finally, the personal safety of applicants may be an issue (as the institution does not know where they are located). This can be important should an applicant have a medical or psychological emergency during the interview.

Another potential downside of virtual interviews relates to the possibility of "interview hoarding" by a candidate who may be able to schedule multiple interviews within a shortened time frame and inadvertently limit the opportunities for other applicants to obtain interviews.

Finally, more research is needed on the impact of virtual interviews on the diversity of the medical workforce, which hinges largely on the diversity of medical school entrants. As noted in Council on Medical Education Report 2-I-22, "Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection Process:"

> "When considering equity, virtual interviews have both pros and cons. On the plus side, students with less means, who were not as able as their more affluent peers to travel to multiple interviews, had greater access via virtual interviews. On the other hand, candidates and programs may not attain a true sense of each other, making ranking difficult and likely defaulting to familiarity and certainty, as opposed to choosing the best "fit." This may perpetuate existing bias. A secondary concern is the potential for a digital divide, with some candidates lacking the technology and/or expertise with visual rhetoric to ensure a professionally enhancing video image; this may also exacerbate existing inequities."[4]

Pros and cons of a "hybrid" interview format

The AAMC document referenced in this report includes a table describing virtual only, in-person only, or hybrid interview formats with proposed steps for successfully using each modality. A key concern with the hybrid interview format is that applicants interviewed through one modality may be unfairly advantaged over applicants interviewed by the other modality, affecting equity and fairness in the application process. For example, an applicant who can interview in-person may have opportunities to directly interact with their interviewers and other faculty, is less likely to encounter technical issues that may affect the quality of the interview, and may be perceived by the program faculty as more interested in the program than an applicant who interviews virtually.

In certain circumstances, however, allowing hybrid interviews may not have as significant of an impact on equity and fairness. For example, students who are doing away rotations at institutions where they are applying for residency are likely already interacting in-person with residency faculty and would be available for an in-person interview during their rotation. Requiring an additional virtual interview in this instance may be superfluous and impose additional cost and time burdens on both applicant and program. This reasoning would extend as well to students applying to a medical school or residency at the same university or teaching hospital in which they performed a clerkship in that specialty, as they are already familiar to the faculty. More challenging are those instances where students, to help solidify their own decision-making, choose to visit the school or program in-person to evaluate the institution and the local environs (e.g., cost of living, affordability, career and educational opportunities for partners or children, etc.) where they may be spending many years in training. Should these applicants be given an opportunity for an in-person interview?

In short, the "hybrid" interview format likely presents significant difficulties for schools and programs regarding fairness, equity, and avoidance of bias. In its discussion of this format in "Interviews in GME: Where Do We Go From Here?" the AAMC suggests the following "steps for success" for this modality:

1. Implement policies, procedures, and interviewer training to ensure standardization across formats and to mitigate risk of bias.
2. Ensure admissions/selection committees are blinded to interview format.
3. Inform applicants about steps taken to make the hybrid approach equitable.
4. Offer virtual recruiting activities to all applicants.

Inherently, these recommendations lack specificity and may be difficult to implement. For example, no guidance is provided for the first recommendation as to what policies and procedures would mitigate the risk of bias in hybrid interviews. The second recommendation would mean that any residency faculty involved in developing the program's match list, including the program director, could not interact with applicants during the interview process to ensure they were blinded as to interview format. They do, however, provide a starting point for further consideration and exploration.

Helping applicants make informed decisions: The "second look in-person visit"

While it is important that the interview/application process is equitable in determining medical school admissions or residency program match lists, it is also important that applicants obtain the information they need to select the medical school or residency that best fits their needs.

Medical schools and residencies conduct interviews to inform their selection of applicants; however, applicants need opportunities to select a school or residency as well, given that they will be spending years not only in training but also residing in that locality. In addition to the formal school/program interview process, reviewing the school/program website, talking to colleagues and classmates, and interviewing graduates are other means by which an applicant can make an informed and educated decision. Applicants who interview virtually may also wish to undertake a campus visit or "second look in-person visit" at a program or institution to gain a more complete picture of their potential landing place prior to accepting an admission or submitting their match rank list.

To help promote and sustain efforts at equity, it is critical for programs and institutions to ensure that any format allowing for a second look in-person visit protects applicants from the perception that a second look is required or confers an advantage for their application. To mitigate these risks, residency programs in fields such as neurological surgery have adopted specialty-wide guidance supporting the idea of campus visits to allow students to visit programs, with the caveat that such programs have their rank lists submitted prior to students' visits so that students do not feel such a visit will impact their standing with any program. Earlier this year, the National Resident Matching Program (NRMP) sought feedback regarding the potential for programs to "voluntarily lock" their rank lists early to achieve this purpose[5] and found that submitting and locking this list early in the process may unintentionally limit the number of applicants to a program or cause programs to not thoroughly evaluate applicants to meet an earlier deadline. To explore this further, an innovations summit to evaluate potential changes to the match process in this new climate of virtual interviews will be convened by NRMP stakeholders.[6]

DISCUSSION

The policy that served as impetus for this report calls for an online interview "option" for medical school applicants in clause one and incorporating videoconferencing for residency program applicants as an "adjunct" to GME interviews in clause two. In the current environment, it may be more appropriate to refer to the in-person interview format as an option or adjunct to virtual interviewing. As stated, the need for fairness and equity in the UME and GME interview and application process remains critical, with the overarching goal being to facilitate meaningful interactions and informed decisions between applicants and programs/institutions. Doing so requires mitigating bias in the process. Unfortunately, both in-person and virtual interviews have the potential for real or perceived bias as described above. Using both methods simultaneously likely exacerbates the potential for bias from both approaches.

As Edje, et al. state, "In its current state, the resident selection process is ambiguous and has grown more so with the recent introduction of virtual components."[7] Undoubtedly, more information and understanding regarding this changing landscape is required, especially as it relates to unique factors including specialty, size, and location of program, duration of training, and proximity to other programs within a defined region.

A good opportunity for this work is the AMA's continued participation in the CPA, which brings together leading medical education, accreditation, and certification bodies responsible for the oversight, education, and assessment of medical students and physicians throughout their medical careers. While the CPA published interview guidelines from its UGRC, these have not been updated past the 2021-2022 application cycle. Current research on the virtual interview format has expanded; such research should continue and should be used to inform future actions and recommendations. Another opportunity is to engage with the NRMP and its innovations summit, as mentioned in this report.

The preeminent concern is to create an equitable, fair experience for all applicants, whether they interview in-person or virtually. This need extends to institutions and programs as well.

SUMMARY AND RECOMMENDATIONS

Even as the COVID-19 pandemic recedes into the background, it is likely that virtual interactions are here to stay in social, business, and professional environments. Interviews for entry to medical school and residency/fellowship programs will continue to reflect this trend. Virtual interviews may lack the immediacy and social cues/clues provided through in-person interactions but offer a host of benefits to both applicants and institutions/programs, some of which may help to mitigate bias and enhance equity. At the same time, however, virtual interviews may also introduce their own unique set of biases and problems related to the selection process, which can affect applicants and institutions/programs alike. To help address these concerns, and ensure a level playing field for all applicants, your Council agrees with the AAMC that all applicants for UME and GME should be evaluated using the same approach, whether in-person or virtual.

Attention to concerns about equity, diversity, and belonging in this new environment is warranted; the AMA should ensure continued attention to and action on such concerns. This would include working with relevant stakeholders (through the CPA, for example) to understand the real and potential biases of these interview formats; encouraging continued research to inform best practices in medical education application processes; disseminating these best practices; and helping facilitate consensus among medical schools, GME programs, and the various specialties with the goal of achieving equity and fairness while also allowing for meaningful interaction and informed decision-making by all parties.

The Council on Medical Education therefore recommends that the following recommendations be adopted and the remainder of this report be filed:

1. That our AMA encourage interested parties to study the impact of different interview formats on applicants, programs, and institutions. (Directive to Take Action)

2. That our AMA continue to monitor the impact of different interview formats for medical school and graduate medical education programs and their effect upon equity, access, monetary cost, and time burden along with the potential downstream effects upon on applicants, programs, and institutions. (New HOD Policy)

3. That our AMA recommend that individual medical schools use the same interview format for all applicants to the same class at their institution to promote equity and fairness while allowing for accommodations for individuals with disabilities. (New HOD Policy)

4. That our AMA recommend that individual graduate medical education programs use the same interview format for all applicants to the same program to promote equity and fairness while allowing for accommodations for individuals with disabilities. (New HOD Policy)

5. That AMA Policy D-295.303, “Support Hybrid Interview Techniques for Entry to Graduate Medical Education,” be rescinded, as having been addressed through this report. (Rescind HOD Policy)

Fiscal note: $1,000.

APPENDIX: RELEVANT AMA POLICIES

D-310.949, "Medical Student Involvement and Validation of the Standardized Video Interview Implementation"

Our AMA: (1) will work with the Association of American Medical Colleges and its partners to advocate for medical students and residents to be recognized as equal stakeholders in any changes to the residency application process, including any future working groups related to the residency application process; (2) will advocate for delaying expansion of the Standardized Video Interview until data demonstrates the Association of American Medical Colleges' stated goal of predicting resident performance, and make timely recommendations regarding the efficacy and implications of the Standardized Video Interview as a mandatory residency application requirement; and (3) will, in collaboration with the Association of American Medical Colleges, study the potential implications and repercussions of expanding the Standardized Video Interview to all residency applicants. (Res. 960, I-17)

H-310.966, "Residency Interview Costs"

1. It is the policy of the AMA to pursue changes to federal legislation or regulation, specifically to the Higher Education Act, to include an allowance for residency interview costs for fourth-year medical students in the cost of attendance definition for medical education.

2. Our AMA will work with appropriate stakeholders, such as the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education, in consideration of the following strategies to address the high cost of interviewing for residency/fellowship: a) establish a method of collecting data on interviewing costs for medical students and resident physicians of all specialties for study, and b) support further study of residency/fellowship interview strategies aimed at mitigating costs associated with such interviews. (Res. 265, A-90; Reaffirmed: Sunset Report, I-00; Modified: CME Rep. 2, A-10; Appended: Res. 308, A-15)

REFERENCES

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[2] Interviews in GME: Where Do We Go From Here? Association of American Medical Colleges. Available at: https://www.aamc.org/about-us/mission-areas/medical-education/interviews-gme-where-do-we-go-here. Accessed June 21, 2023.

[3] Recommendations for Comprehensive Improvement of the UME-GME Transition. Coalition for Physician Accountability's Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC). Available at: https://physicianaccountability.org/wp-content/uploads/2021/08/UGRC-Coalition-Report-FINAL.pdf. Accessed June 21, 2023.

[4] Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection Process. AMA Council on Medical Education. Available at: https://councilreports.ama-assn.org/councilreports/downloadreport?uri=/councilreports/CME_2_I_22_final_annotated.pdf. Accessed June 22, 2023.

[5] NRMP® Call for Public Comment – Consideration of Voluntary Locking Functionality for Program Rank Order Lists. National Resident Matching Program. Available at: https://www.nrmp.org/about/news/2023/03/nrmp-call-for-public-comment-consideration-of-voluntary-locking-functionality-for-program-rank-order-lists/. Accessed August 15, 2023.

[6] NRMP to engage constituents in a Match Innovations Summit in response to public comments on the proposed Voluntary Rank Order List (ROL) Lock functionality. National Resident Matching Program. Available at: https://www.nrmp.org/about/news/2023/06/nrmp-to-engage-constituents-in-a-match-innovations-summit-in-response-to-public-comments-on-the-proposed-voluntary-rank-order-list-rol-lock-functionality/. Accessed July 24, 2023.
[7]

[7] Edje L, Casillas C, O'Toole JK. Strategies to Counteract Impact of Harmful Bias in Selection of Medical Residents. Acad Med. April 26, 2023. Available at: https://journals.lww.com/academicmedicine/fulltext/2023/08001/strategies_to_counteract_impact_of_harmful_bias_in.10.aspx. Accessed August 15, 2023.