Do’s and Don’ts of the Virtual Interview: Perspectives From Residency and Fellowship Applicants

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The abrupt implementation of travel restrictions during the COVID-19 pandemic necessitated the use of virtual interviews during the 2020 residency and fellowship interview season. Programs and applicants were forced to quickly adapt to this technology as interviews transitioned to virtual platforms midseason. This article is a collection of experiences from 7 applicants to pediatric surgery, surgical oncology, vascular surgery, minimally invasive surgery, cardiothoracic surgery, and pediatric otolaryngology, including 56 virtual interviews. As the applicant class uniquely affected by this experience, we provide our perspective and recommendations to aid residency and fellowship applicants (BOX) and programs as they embark on virtual interviews this season.

Formality and Preparedness

DO: Provide Information About the Program in Addition to What’s Already on the Website

It is helpful for institutions to provide additional information about the program prior to the interview. Examples include information on program graduates, rotation schedules, faculty profiles, any unique opportunities in research or global health, and other relevant information not found on the website. Starting the interview day with an opening presentation is also highly recommended. Otherwise, the individual interviews can evolve around discussions about program details rather than applicants’ unique attributes and strengths.

DON’T: Forget to Test the Technology

It is imperative to test the virtual platform ahead of time. The smoothest interviews often occurred when the program coordinators ensured all the interviewers were facile with the technology and had durable internet connections. Most technological issues occur for programs and applicants when first logging on. Ask participants to log on 15 to 20 minutes before the actual start time of the presentation. Platforms utilized in our interviews were Zoom, FaceTime, Skype, Google Meet, BlueJeans, and Microsoft Teams. The preferred platforms were ones with simple interfaces and multifunction modalities such as breakout rooms. Password protection to enter is recommended. Being technologically unprepared on the interview day often reflected poorly on the program and lent an appearance of disinterest and disorganization.

DO: Take It Seriously

Due to the laxity of the virtual platform, one can easily forget about the formality of the interview day. There was often a level of informality in our virtual interviews. We recommend that applicants and programs adhere to the same level of professionalism and respectfulness as that of an in-person interview.

Structure

DO: Make It Simple

Ideally, each applicant will have only one virtual session to enter. Having a separate link for each interview slot leads to unintentional confusion and increased technological issues. The most organized interviews used virtual breakout rooms or had the applicants log on once and had the interviewers rotate to different computers/virtual rooms.

DON’T: Forget the Importance of Breaks

Some programs had back-to-back interviews for several hours without breaks. Time between each interview allows buffer time for technology issues and gives applicants and interviewers time to jot down notes, use the restroom, grab a snack, and more. In some instances when an interview ran over time, the next applicant would enter the virtual room where another applicant was still interviewing. This is uncomfortable and can be avoided by scheduling breaks between interviews. We enjoyed the option of joining “common” virtual rooms during breaks, where

DOI: http://dx.doi.org/10.4300/JGME-D-20-00518.1
we could interact with other applicants. Conversely, try to avoid large gaps in time between presentations or interviews. Given that most applicants have clinical duties before and after the virtual interview, scheduling a continuous block of time is appreciated.

**DO: Consider the Order of the Interviews**

Many programs scheduled interviews in alphabetical order of applicant last name. Applicants interviewing later in the day noticed that the interviewers with 5 to 15 consecutive interviews were often tired or disinterested later in the day. Additionally, consider time zones when planning the day. The experience of starting an interview at 4:00 AM PST is not pleasant.

**DON’T: Have Multiple Interviewers in One Room**

Many programs had multiple interviewers in each room to minimize technology issues and decrease the total interview time. However, applicants felt that it was harder to interact via the screen with more than one person at a time. When more than one person speaks, the noise quality is muffled and leads to many disruptions. Often the camera scope would cover only one person, and the applicant could not always see the person speaking. This led to multiple interruptions and difficulty communicating. Consider a maximum of 2 interviewers per room and placing the camera back far enough that both are visible on screen at once.

**DO: Have Smooth Transitions**

Some breakout rooms automatically removed the applicant from one room and placed them in another. This caused the end of the interview to be awkward, staring in silence or being cut off midsentence. We found that giving the applicant the ability to leave the breakout room and rejoin the common room worked best and helped avoid the dreaded scenario of 2 applicants in the same room.

**Culture**

**DO: Allow for the Applicants to Interact With Current Residents and Fellows**

The virtual platform has hindered the pre-interview social event, where applicants often obtain vital information from current residents and fellows. Ensure that applicants have ample time to interact with them and ask questions they may not feel comfortable asking faculty. If this happens in a group setting, make sure to keep the groups small.

**DON’T: Skip Out on the Tour**

The vibrant new hospital entrance or the stocked cafeteria will not make or break a program for most interviewees; however, seeing the surrounding environment of a program does help build a complete picture for the applicant. While physical tours are not possible, please use creativity and provide photos and/or videos of relevant areas that would be shown on the traditional tour.
DO: Get Creative

The applicants miss out on seeing the faculty, residents and fellows, and other staff interact. For many applicants, this can be the most important aspect in deciding if a program is a good fit. It is difficult to replicate this organic situation over a screen. Find a creative and fun way for your program to showcase its strengths, allow the applicants to see the group interact, and ask questions prior to the interview. Consider a virtual social event, a cyber-lunch or a “day-in-the-life” video.

DON’T: Leave Key Personnel Out

The applicants hope to meet as many key personnel as possible. This includes as many faculty, current residents and fellows, advanced practitioners, or other personnel as the applicant would work with on a daily basis. The personnel normally involved in the in-person interview should also be included in the virtual interview.

Conclusions

The mandatory institution of virtual interviews resulted in the implementation of platforms that may have not otherwise been tested in graduate medical education. While moving to a virtual format can be daunting, we hope that the lessons learned from our interview season can help guide programs to host organized, innovative, and effective virtual interviews. The recommendations presented in this perspective can be extended to any specialty and all levels of medical training. As we embark on the upcoming virtual interview seasons, we hope that applicants and programs can utilize our collective experiences to integrate best practices for a successful interview season.

References


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Journal of Graduate Medical Education, December 2020