



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS



COMSEP
Excellence in Medical Student
Education in Pediatrics



**APPD/COMSEP/AMSPDC/FuturePedsRes/NextGenPediatricians Letter to Our Pediatrics Community
About the Residency Recruitment Process
May 19, 2021**

The leadership of APPD, COMSEP, AMSPDC, FuturePedsRes, and NextGenPediatricians have been working collaboratively with Undergraduate Medical Education (UME) and Graduate Medical Education (GME) leaders and learners to optimize the recruitment process for applicants and programs. Through this process, we have sought substantial input from applicants, program leaders, chairs, and the greater community including other subspecialties. In addition, we have reviewed and appreciate the recommendations from the Coalition for Physician Accountability.

Our primary goal is to optimize the recruitment process for both learners and programs by:

- (1) Helping learners find programs that match their career goals while providing an atmosphere conducive to their learning styles.
- (2) Creating a fair and equitable application process for both learners and programs.

This past interview season has opened our eyes to ways of improving equity in our processes. In addition, there continues to be uncertainty due to the COVID-19 pandemic, with some regions still experiencing surges and travel restrictions.

Given that many are most focused on the types of interviews we will be doing this coming year, we present that recommendation up front, and then go into the additional recommendations below.

Following many conversations and surveys with each of our organizations, we strongly recommend only offering virtual interviews for the 2021-2022 recruitment cycle for several reasons:

- (1) **Effective assessment:** The majority of applicants and programs highlighted that they thought the assessment of applicants was sufficient using virtual interviews in the 2020-2021 cycle.
- (2) **Equity:** Virtual interviews are more equitable for applicants and programs, both in terms of cost savings and in terms of any remaining restrictions from the COVID-19 pandemic.
- (3) **Cost savings:** Virtual interviews save significant money for applicants.
- (4) **Minimize time away from clinical endeavors:** Recognizing that our students' clinical time has already been significantly impacted, virtual interviews decrease their time away from clinical training.
- (5) **Environmental impact:** Virtual interviews will decrease the environmental impact of travel (Donahue, JGME 2021).

Virtual interviews should be used for all applicants, including local ones, to have a more equitable process.

In addition, we have developed the following recommendations for applicants and programs to adopt and incorporate into their recruitment planning processes, and will continue to evaluate options for future years.

Information for students:

You have chosen an outstanding field dedicated to the health and well-being of children. Our program leaders are here to help you navigate this process!

(1) General considerations for the 2021-2022 application cycle:

- a. We recognize that you have had variable clinical, research, advocacy, and other extracurricular experiences due to the impacts of COVID-19. We have provided program directors with guidance on how to perform a holistic review of applicants in order to mitigate the challenges created by the COVID-19 pandemic.
- b. Please see the following recommendations to residency programs as indicative of our commitment to you, the future pediatric residents, and to the children and families you will serve throughout your careers.

(2) Away Rotations:

- a. We want to highlight that applicants in pediatrics do not need to do an away rotation to be considered seriously by programs. If students choose to do an away rotation, we strongly urge students and programs to limit away rotations to one/student (as recommended by the AAMC). The exception to this is the situation when a student does not have pediatrics at their home institution.
- b. A number of pediatric programs have developed funded visiting rotations for underrepresented in medicine (UIM) medical and osteopathic students:
<https://www.appd.org/careers-opportunities/urim-opportunities/>

(3) Learning about programs:

- a. APPD + [FuturePedsRes](#) will offer the #PedsMatch22 Webinar Series featuring all of our programs again this August-September. Webinars will include (1) general recommendations for applying, (2) regional reviews of programs, (3) session for osteopathic students, and (4) session for international medical graduates.
- b. NextGenPediatricians is hosting sessions for underrepresented in medicine (UIM) applicants.
- c. Program websites are another great way to learn about programs.
- d. Additional information can be found at [FREIDA](#)

(4) Number of programs:

- a. We recognize that applicants often look for guidance on how many programs to apply to per specialty. The current evidence for pediatrics residency programs is included below. However, it is important to recognize that the following studies only take into account some, but not all, of the important aspects of a pediatrics residency

application. Therefore, our strongest recommendation is that students should discuss their individual applications with their advisors prior to submission.

- b. The AAMC site “Apply Smart” provides data to consider when **applying** to residency programs: <https://students-residents.aamc.org/applying-residency/filteredresult/apply-smart-data-consider-when-applying-residency/>
 - i. In general, it is recommended that **allopathic students** with Step 1 scores between 216-234 apply to 15 programs. Allopathic students with higher scores can apply to fewer programs, while students with lower scores should apply to more programs.
 - ii. It is recommended that **osteopathic students** with Step 1 scores >220 apply to 16 programs. Osteopathic students with lower scores should apply to more programs.
 - iii. Step scores should be considered in the context of other strengths or areas of concern in a student’s residency application.
- c. A study of LCME-accredited **allopathic medical students**, found that **if students have no academic difficulty** (e.g., course failures, Step failures, other academic probation/remediation), they only need to **rank 10** programs to have 99% match (Vinci 2017) <https://www.appd.org/meetings/2017FallPres/ThursHTMatchFrenzySlides.pdf>
- d. Data from 2020 NRMP Charting the Outcomes will help students and pediatric advisors assess how an individual student’s application characteristics will affect their likelihood of matching: <https://www.nrmp.org/main-residency-match-data/>
- e. **To reiterate each student should discuss their individual situation with their pediatric advisors to determine the number of residency programs they should apply to. As a broad, general recommendation, most students do not need to apply to more than 20 programs unless they have had some academic difficulty, are couples-matching, or are advised to by their pediatric medical school leadership.** We want to ensure that applicants get a holistic review, but this will be difficult to do if programs are flooded by applications.

(5) Pre-interview:

- a. Please make sure you have a secure internet connection for your interview. If you have any concerns about this, please let the student affairs office or your advisors know and they can help you.
- b. Please review any materials the programs send you in advance of your interview.

(6) Interviews:

- a. Let programs know at least 2 weeks ahead of time if canceling an interview. This will allow programs to fill these slots with alternative candidates.
- b. Please do not record interviews.

(7) Post-interview communication:

- a. We discourage post-interview communication unless it is a thank you note or you have specific questions or updates to provide.
- b. Please do not send letters of intent or “love letters”.

Recommendations to residency programs:

- (1) To provide adequate exposure to pediatrics and pediatric subspecialties:
 - a. Consider how to help students at your institution learn more about pediatrics and pediatric subspecialties in general.
 - b. APPD + [FuturePedsRes](#) will offer the #PedsMatch22 Webinar Series this year. Webinars will include (1) general recommendations for applying, (2) regional sessions to share programs, (3) session for osteopathic students, and (4) session for international medical graduates.
 - c. NextGenPediatricians is hosting sessions for underrepresented in medicine (UIM) applicants.
 - d. Please limit any individual program virtual open houses to a single virtual open house, which is recorded and available for applicants. Please consider attendance at open houses to be optional and do not use as an indication of an applicant's interest.

- (2) Away Rotations:
 - a. We strongly urge students and programs to limit away rotations to one/student (as recommended by the AAMC) and not require away rotations. The exception to this is the situation when a student does not have pediatrics at their home institution.
 - b. Consider offering virtual visiting clerkships.
 - c. Aligned with our goals of developing a more diverse workforce, consider offering in-person or virtual visiting clerkships for UIM medical and osteopathic students: <https://www.appd.org/careers-opportunities/urim-opportunities/> If programs would like to list their UIM visiting rotation on this site, please fill out this brief form: <https://forms.office.com/pages/responsepage.aspx?id=4EPAu3WMOEae1Lb136nk6zIxiJ26stRFoLxV1Kd1rORUMzk5NVoxRThKMTBBNzBUUIY3MTBKRIjISy4u>

- (3) Reviewing applications:
 - a. We support holistic review of applications, recognizing that access to different clinical, research, extracurricular, work, and other experiences vary significantly at baseline due to structural and systemic barriers due to race/ethnicity, gender, gender identity, LGBTQ+, disabilities, socioeconomics, and have been further impacted by the COVID-19 pandemic.
 - b. Recognize that many medical students will have experienced non-traditional clerkships during the pandemic, including virtual learning experiences and on-line educational programming.
 - c. Decrease any requirement of peds-specific letters to one peds letter.
 - d. Do not require that a sub-I be completed by time of initial application review.
 - e. Do not require that Step 2CK be completed by time of initial application review.

- (4) Offering interviews:
 - a. Offer at least as many interview spots as applicants invited
 - b. Interview offers should be sent in the late afternoons, recognizing that applicants are often busier with clinical work in the morning (please note time zones).
 - c. Allow a minimum of 72 hours to respond to interview invites before releasing the spot to another applicant.

- d. Recommend letting all applicants know if they will be offered an interview, waitlisted, or not offered an interview by December 1 (two months after ERAS opens).
- e. In preparing for the interview day, recommend asking applicants if they need any accommodations to make their interview experience the most productive possible.
- f. Please offer a tech check for applicants to test their systems prior to the interview either earlier the same day or at a convenient time prior to the interview.

(5) Pre-interview Materials:

- a. Programs are encouraged to provide as much program information ahead of the interview day as possible so that the interview day can be focused on 1:1 or small group interactions.
- b. Recommend updating websites, digital brochures, videos, and other resources that highlight important aspects of your program
- c. Consider highlighting/pre-recording an example teaching session.
- d. Ahead of the interviews, please share with the applicants:
 - i. What platform will be used for the interview (e.g. WebEx, Zoom, BlackBoard)
 - ii. Specific information about back-up procedures to use if there are technical issues (e.g. exchange of cell/phone numbers)
 - iii. Structure of the interview day
 - iv. Planned format for the interview(s) (e.g. open format conversations, faculty asking specific questions)

(6) Interviews:

- a. We strongly recommend only offering virtual interviews for this year's Match cycle for the reasons listed on page 1 of this document.
- b. Virtual interviews should be used for all applicants, including local ones, to have a more equitable process.
- c. In moving to virtual interviews, programs should develop strategies that will showcase your program virtually. The APPD Coordinator Executive Committee has developed an outstanding virtual interview toolkit available in the APPD ShareWarehouse to help programs prepare (<https://www.appd.org/resources-programs/share-warehouse/>).
- d. Please offer the daytime components of the interview day (individual interviews, conferences, tours, etc) on the same day (i.e., not spread across multiple days) to make scheduling easier for applicants.
- e. Remember the time zones that your applicants are in when scheduling interview days.
- f. It is reasonable to offer a few optional virtual informational sessions/programmatic overviews or social/meet and greet with residents/fellows over the course of the interview season that are not on the official interview day.
- g. Consider hosting an optional virtual information session with UIM faculty and fellows as an informal chance to meet members of the UIM community at the program.
- h. Please do not record interviews.
- i. Of note, this recommendation of virtual interviews is only for the 2021-2022 cycle, and we will reevaluate future cycles as we collect more information.

- (7) Second looks:
- a. We are still exploring whether or not to recommend offering in-person second looks this season. We would like to find ways for applicants and programs to find the information they need to make their decisions and we would like to create the most equitable option possible. We worry that second looks put an economic burden on applicants and extends the interview season for both applicants and programs.
- (8) Post-interview communication:
- a. All communication needs to abide by NRMP requirements.
 - b. We recommend post-interview communication to be limited to:
 - i. One follow-up with contact information of leadership/interviewers.
 - ii. One program update at end of recruitment that goes to all applicants together, to remind applicants that they will not hear from you unless they have specific questions.
 - iii. Only individual communication if applicants/program have questions for each other. Post-interview communication is permitted for responding to specific questions or for linking with mentors and/or research colleagues.
 - iv. Consistent with NRMP rules, we recommend stating “we don’t expect a response back” for any post-interview communication.
 - c. Keep in mind that even positive communications with applicants can be stressful to them.
- (9) Throughout the recruitment season:
- a. Since programs have had significant financial constraints due to COVID, some programs continue to have reduced administrative and coordinator support and increased administrative needs, and because the students, residents, and fellows on our action team said that these are not necessary, we are strongly recommending:
 - i. Not providing food or gift cards for food
 - ii. Not distributing swag (e.g., pens, mugs, t-shirts, other gifts with institutional logo) to applicants

We will continue to share updates, innovations and best practices with you as they arise. We are grateful for your commitment to our students and developing outstanding leaders in children’s health.

References:

1. Coalition for Physician Accountability. Initial Summary Report and Preliminary Recommendations of the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC). April 2021. (<https://acgme.org/Portals/0/PDFs/UGRC-Initial-Summary-Report.pdf>)
2. Vinci R. 2017 <https://www.appd.org/meetings/2017FallPres/ThursHTMatchFrenzySlides.pdf>
3. Donahue L, Morgan H, Peterson W, Williams J. The Carbon Footprint of Residency Interview Travel. JGME 2021.