

Guidance Statement from the Association of Program Directors in Vascular Surgery

Regarding the 2025/26 Application Cycle

On behalf of the APDVS Executive Council (*Dawn Coleman, Benjamin Pearce, Misty Humphries, Chris Abularrage, Jonathan Bath*)

Thank you to all Program Directors and program leadership for your engagement, participation, and energy in making the 2025/2024 Match cycle a success for Vascular Surgery. We saw an impressive number of applications for residency and fellowship, as interest in our specialty continues to improve. The efforts of our collective group in recruitment, innovation, and adaptation to changing landscapes of interview processes have inspired an exciting NRMP pilot program for Internal Medicine, Pediatrics, and Vascular Surgery: Voluntary Rank Order List Lock (ROL-LOCK). This program will improve options for students that interview virtually to complete a post-interview look to further assess the program's fit for them. We strongly urge programs planning on virtual interviews to consider participating (<https://www.nrmp.org/voluntary-program-rank-order-list-lock-pilot>).

The virtual interview process appears to be a sound methodology for evaluating potential matches, as evidenced by a successful Match now three years running. However, it is evident that some degree of personal, face-to-face interaction is deemed beneficial by future trainees. We recognize that the ultimate decision as to what format a program chooses or is preferred by the potential resident candidate remains complex and best handled at the local (institutional) level.

In response, the APDVS issues the following guidance to vascular surgery program directors regarding the upcoming application cycle for integrated vascular surgery residencies.

Recommendations:

The priorities in offering these recommendations are to promote an equitable and transparent application, interview, and match process, and safeguard the vascular surgical education of medical students. In light of these priorities, our recommendations are as follows. We ask that each program director and institutional leadership team review relevant AAMC documents including, but not limited to, *Interviews in GME, Where Do We Go From Here?* (<https://www.aamc.org/about-us/mission-areas/medical-education/interviews-gme-where-do-we-go-here>, last updated June, 2024).

Briefly summarized, the following table reconciles general recommendations that we want to offer to our APDVS membership.

Table 1. Reasons for choosing one interview format over another and steps to success for each.
Interview Format: Reasons You Might Choose an Interview Format, Steps to Success

Interview Format	Reasons You Might Choose an Interview Format	Steps to Success
Virtual Only	<ul style="list-style-type: none"> • Many applicants are out-of-state or require travel. • Commitment to reducing carbon footprint. • Flexibility in scheduling. 	<ul style="list-style-type: none"> • Offer virtual recruiting activities to all applicants. • Develop technology standards and training for faculty conducting virtual interviews.
Hybrid (<i>i.e., an applicant can select either in-person or virtual interviews</i>)	<ul style="list-style-type: none"> • Mix of local and out-of-state applicant pool. • Need to showcase less well-known or rural area. • Flexibility in scheduling. • Gives applicants and faculty choice. 	<ul style="list-style-type: none"> • Implement policies, procedures, and interviewer training to ensure standardization across formats and to mitigate risk of bias. • Ensure admissions/selection committees are blinded to interview format. • Inform applicants about steps taken to make the hybrid approach equitable. • Offer virtual recruiting activities to all applicants.
In-Person Only	<ul style="list-style-type: none"> • Most applicants are not out-of-state or do not require extended travel plans. • Need to showcase less well-known or rural area. 	<ul style="list-style-type: none"> • Offer financial support to applicants who may need it for travel.

- We recommend that individual programs review the options presented by the AAMC and carefully consider the advantages and disadvantages of the different options.
Mitigation strategies should be outlined to applicants by individual programs based on what format they choose to offer.
- We strongly encourage a ‘Universal Release Date’ for interview offers, such that all offers are extended on October 30th, 2025, with rolling offers to follow depending on the response each program receives.
 - Allow a minimum of 96 hours after an interview invitation email has been sent for the applicant to accept or decline, before extending an offer to a different applicant. *This will maintain the integrity of the offer process and prevent programs from “overbooking” interview days, leading to cancellations.*

- Programs opting for Hybrid Interviews, which the APDVS does not endorse, should make clear whether the in-person component will affect their rank list.
- Programs opting for Virtual interviews, who have interest in hosting an in-person post-rank visit are strongly urged to consider participating in the NRMP's pilot (ROL-LOCK, <https://www.nrmp.org/voluntary-program-rank-order-list-lock-pilot>).
- Programs opting for in-person interviews are encouraged to collaborate locally and 'regionalize' common in-person interview dates, thereby optimizing the ease and financial burden of the candidate experience.
- Holistic review of applications is strongly recommended as part of the Vascular Surgery residency selection process. This includes:
 - USMLE Step 1 and COMLEX Level 1 scores should be de-emphasized since it is PASS/FAIL in the 2024-25 Application Cycle.
 - Programs should disclose how Step 2 and COMLEX Level 2 will be considered.
- We strongly urge programs to only offer the number of interview positions available and disclose expectations to applicants about interview response time. The situation is constantly evolving. The APDVS will continue to monitor and may periodically issue further guidance to promote a safe and equitable match process.