Video Interviews for Residency Programs

AOGME Webinar
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Agenda

• Pre-Pandemic Video Interviewing
• The TIGMER Experience
• Video Interviews in a pandemic
• Coalition for Physician Accountability Recommendations
• Holistic Interviews online
• Pros and Cons of Video Interviews
• Tips for Interviewees and Interviewers
• Questions

• NOTE: No conflicts of interest noted by the authors
Pre-Pandemic Video Interviews

Basic Types:
  Introductory
  Asynchronous
  Live
Cost of Residency Interviews

• For the Medical Student
  • Average $3,900 (Range from $1000-$7500)
  • Time away from rotations and family
  • 25 or more applications per student

• For the Programs
  • Faculty time and effort – difficulty scheduling
  • Cost of food and accommodations
  • Time away from patient care and teaching duties
  • 10 or more applicants for every open position

https://www.ama-assn.org/residents-students/residency/how-expensive-it-interview-medical-residency
https://students-residents.aamc.org/financial-aid/article/cost-residency-interviews/
Introductory Videos

• Imbedded into programs such as 3rd Friday
• 30 seconds for applicant to introduce themselves
AAMC Standardized Video Interview

The Standardized Video Interview (SVI), developed and administered by the AAMC, is a unidirectional video interview designed to help program directors assess your knowledge of interpersonal and communication and professional behavior.

- Required for applicants to EM Residencies
  - Piloted for 3 years
- No cost to the applicant
- Average 2-3 hours for preparation
- Screening tool to reduce on-site interviews

https://students-residents.aamc.org/applying-residency/applying-residencies-eras/aamc-standardized-video-interview/
AAMC concluded that the SVI is a reliable, valid assessment of behavioral competencies that does not disadvantage individuals or groups.

The decision not to offer the SVI for the ERAS 2021 application cycle is based on lack of interest among the emergency medicine community in continuing to use and research the SVI, as well as an assessment of operational factors necessary for successful expansion of the program.

The TIGMER Experience

- New GME programs launched in 2017, 2018, and 2019
- Funding decisions made too late for on-site interviews
- Used Zoom platform already owned by university
The TIGMER Interview

- Automatic on-line scheduling software utilized
- Zoom log-on information sent to applicant
- Appointment added to Outlook for one interviewer
- We created a 10 minute online video
  - Explained the program and discussed FAQs
  - Applicants sent link to video to watch BEFORE the interview
- Noted that interviews would be recorded
The TIGMER Interview

• Set of 7 questions created and used for all interviews

• Applicants again notified of recording

• One interviewer would ask the questions and answer any additional questions from applicant

• Interviews would last from 30-45 minutes.

• Recordings saved to a Google Drive account

• Other faculty could watch when convenient
# The TIGMER Interview

## Outcomes

| Technical difficulties in less than 5% of interviews | Slow connections, dropped connections  
Inadequate equipment (no microphone of webcam) |
|-------------------------------------------------------|---------------------------------------------------------------------------------|
| Applicant Responses                                    | Appreciative of time and cost saving  
Some would have liked to see the facilities |
| Faculty Responses                                      | Very appreciative of time saving and scheduling flexibility  
Felt they received similar information as in-person interview |
Pros and Cons of Video Interviews

Pros
• Cheaper for applicants
• Time saving for faculty
• Fewer scheduling conflicts
• Can automate schedule

Cons
• May not get full picture of an applicant
• Lacks the ability to ‘sell’ program to applicants.
• Some applicants not really interested in your program and waste your time because it’s cheap and easy.
Post-Pandemic Era
Video Interviews
Coalition for Physician Accountability

- all programs commit to online interviews and virtual visits for all applicants, including local students, rather than in-person interviews for the entire cycle

- commit to creating a robust digital environment and set of tools that will yield the best experiences for programs and applicants
Are the CPA Recommendations a Mandate?

No – it is uncertain at this time how many programs will comply
Switching Between Virtual and Live Interviews if COVID Resurges

• Interview best practices call for a standardized process where all applicants are interviewed in the same manner.

• Switching to virtual interviews midcycle may be challenging for the faculty and staff involved in the process, and applicants who are unable to complete an in-person interview could be disadvantaged.

• Programs are encouraged to consider virtual interviews for the entire residency application cycle.

What are the technical Issues for Virtual Interviews?

Every program may use different platforms.

With different capabilities.
What Platform to Use?

From the ERAS PDWS User Group

https://connect.aamc.org/communities/community-home/digestviewer/viewthread?MessageKey=fbe311f6-ee92-4972-b2d1-1d3c818f6a69&CommunityKey=460b96ac-30c0-440c-908b-d7adb0d0d25b&tab=digestviewer
**Breakout Rooms**

**Split a virtual meeting into smaller groups**

- **WebEx**

- **Zoom**

- **Microsoft Teams (not so easy)**
  - [https://www.youtube.com/watch?v=hUUbA53ouSo](https://www.youtube.com/watch?v=hUUbA53ouSo)

- **GoToMeeting (??)**

- **Skype (??)**
Breakout Rooms

Example

• Start meeting with all applicants together
  • Introductions and overview of interview process
  • Description of the residency program
• Split into breakout rooms for interviews
  • Applicant and interviewers
  • Residents
  • Program Director
  • Virtual Tour
• Return to main meeting for Q&As and closing
• Resident Mixer/Social
What will interviews look like virtually?

For Programs: Adapt what you usually do to the platform

For applicants: Focus on the interaction and not the platform
Interview Day

Programs Decide Your Own Format
- Single interview
- Live or recorded
- Multiple interviews
  - Concurrent or not
- Group sessions with faculty
- Group sessions with residents
- Social time with residents
- Virtual tour of hospital
- Live or recorded introductions from PD, DIO, hospital CEO, etc.

Each program will adapt your own interview day to the digital format
Interview Template

Adapt the template you would normally use from a live interview. No need to re-invent the wheel!

Questions for LMC Video Residency Interviews

Interviewer: Mohr  Sellner  Date:  Applicant:

Remind Applicant that this is being recorded and make sure recording is activated.
Did they watch the video  Yes  No

1) Why are you interested in family medicine/internal medicine and what interests you about our program in Laredo?

2) What kind of practice do you envision yourself in following residency training?

3) Residency training requires a great deal of teamwork even though much of what we do as physicians is often seen as solitary work. How have you demonstrated teamwork in the past and how do you see yourself working in a team as a resident and later as an attending physician?

4) As a resident physician, what would you consider to be your greatest strengths and what would be your greatest weaknesses?

5) This is a new residency program. Every new residency program requires flexibility and leadership to help shape the future of the program. How do you see yourself in this role and how do you feel about entering a new residency program?

6) Do you speak any languages?

7) What else should the interview committee know about you that sets you apart from the other applicants to our residency program?

Scores: Level 1  Level 2C  Level 2E

Final Assessment:  High Rank  Middle Rank  Low Rank  No Rank
How do you handle technical difficulties?

They will happen!
Technical Difficulties

• What if something goes wrong that could jeopardize my chances with the applicant/program?
  • Applicants, faculty, and staff have adapted to these new innovations
  • Flexibility and patience are required
  • Don’t get frazzled or frustrated.
  • Move on or reschedule
  • Decide in advance if audio-only is OK
  • Don’t assume applicant or program is bad because the tech fails
  • We expect that the medical education community will continue to innovate and share best practices

https://www.aacom.org/coronavirus/faq#general
How can a residency program ‘sell’ our program to applicants virtually?

How do you showcase the strengths of a program?
Promotional Videos

- Think creatively about what is most important about the program and why applicants would consider making it their home.
  - Applicants are seeking thoughtful, trustworthy content to aid their decision-making about where they will spend the next few years training.
  - How that information is delivered is far less important than the transparency and authenticity of what is delivered.
  - Showcase specific unique qualities of the individual program.
  - While not all benefits of in-person interviews can be replicated in a virtual environment, a thoughtful and dedicated approach can maximize the value of remote interactions.

https://www.aacom.org/coronavirus/faq#general
Promotional Video

• You don’t need fancy equipment and lighting
• Focus on content – promote your program
• Include people, video, and pictures where possible
• Can post privately on YouTube, Vimeo, or similar platform
Virtual Tours

- Can be still pictures or video
- Some hospitals already have a tour that can be used
- Ask the hospital PR department to assist
- Best if tailored to GME but doesn’t have to be
- Your applicants will likely see many hospitals
  - Facilities often look the same
  - Highlight spaces that are unique or stand out
What is lost in a virtual interview?

How do we capture the interpersonal aspects of an interview?

What about opportunities for social gatherings or informal meetings?
Personalizing video interviews

• Virtual tour
• Informal private meet-ups with residents
  • Mutual introductions with residents and applicants
  • Ask residents to share 5 things they most appreciate about the program
• Programs can host opportunities for faculty and interviewees to discuss research and scholarly activities
• Set aside five to 10 minutes during the interview for the program director to greet each interviewee, share an overview of the program/institution/community, and answer questions.
Announcements

USMLE Suspending Step 2 Clinical Skills Examination

Posted: May 26, 2020

Over the course of the last three months, the USMLE program has considered several options for resuming Step 2 Clinical Skills (CS) testing. This exploration was informed by years of ongoing work charting the future of clinical skills assessment for licensure, including considerations of telehealth (as announced on May 8th). Since the outbreak of the novel Coronavirus pandemic, we have accelerated these efforts. Due to the complexity of technical and psychometric work required, we have determined we will not be able to meet timelines for the immediate release of a revised exam. In making this determination to suspend, we also considered the examinees and stakeholder concerns about the challenges created by rapid deployment of a new test platform. After careful consideration of all factors, we have decided to suspend Step 2 CS test administrations for the next 12-18 months.

”Holistic Review”

- No COMLEX Level 2PE or USMLE Step 2PE
- Questionable MSPEs with online rotations noted
- No in-person interviews
• Assessment of non-cognitive attributes
  • Communications, ethics, empathy, judgment, motivation, professionalism, collaboration

• Primarily used for medical school admissions
  • 90 minute online assessment
  • 12 sections with video-based scenarios
  • Open-ended responses with 5 minute time limit
  • Scored by different trained raters
  • Created by developers of the MMI at McMasters

• Paid for by applicant
  • $12 for the test and $12 for each distribution

https://altusassessments.com/casper/how-it-works/
CASPer for GME

• Undergoing Pilot testing now
  • CASPer Test (online Situational Judgement Test)
  • CASPer Fit (Measures alignment to your GME program)
  • CASPer Snapshot (Recorded 2-3 question mini-interview)
• Programs may sign up to participate
  • Will get access to the results (but not yet validated)
  • There is a cost to the program to participate (not the applicant)
• E-mail: gme@altus.as
• www.altus.as/gme
• Pilot test underway for UME
• Assessment of non-academic competencies
• No mention of GME yet

https://www.aamc.org/services/admissions-lifecycle/situational-judgment-test
Video games are changing medical education

JAN 28, 2016

Staff News Writer
American Medical Association

Video games are creating new ways to teach physicians in training. One physician educator recently explained how gaming can transform competency-based education and shared three video games that are already helping students master clinical skills.

Transforming student learning

"If any of you have teenagers or know millennials, they’re playing these games where they are in the isolation of their environment, but they’re communicating with others playing the same game all over the world," Suraiya Rahman, MD, assistant professor at Keck School of Medicine at University of Southern California, told a group of educators during a presentation at the AMAs CHANGEMEDED conference in October. "They are coordinating, getting together and building plans. They’re able to adapt different characters, build environments and move in [them]."

Dr. Rahman said students can reap the same benefits of massive multiplayer online role playing games by collaborating with their peers and educators in clinical learning environments.

The Impact of Video Games on Training Surgeons in the 21st Century

James C. Rosser, Jr, MD; Paul J. Lynch, MD; Laurie Caddick, MD; Douglas A. Gentile, PhD; Jonathan Kolsky, MD; Ronald Merrell, MD

Background: Video games have become extensively integrated into popular culture. Anecdotal observations of young surgeons suggest that video game play contributes to performance excellence in laparoscopic surgery. Training benefits for surgeons who play video games should be quantifiable.

Hypothesis: There is a potential link between video game play and laparoscopic surgical skill and suturing.

Design: Cross-sectional analysis of the performance of surgical residents and attending physicians participating in the Rosser Top Gun Laparoscopic Skills and Suturing Program (Top Gun). Three different video game exercises were performed, and surveys were completed to assess past experience with video games and current level of play, and each subject’s level of surgical training, number of laparoscopic cases performed, and number of years in medical practice.

Setting: Academic medical center and surgical training program.

Participants: Thirty-three residents and attending physicians participating in Top Gun from May 10 to August 24, 2002.

Main Outcome Measures: The primary outcome measures were compared between participants’ laparoscopic skills and suturing capability, video game scores, and video game experience.

Results: Past video game play in excess of 3 h/wk correlated with 37% fewer errors (P<.02) and 27% faster completion (P<.03). Overall Top Gun score (time and errors) was 33% better (P<.005) for video game players and 42% better (P<.01) if they played more than 3 h/wk. Current video game players made 32% fewer errors (P=.04), performed 24% faster (P<.04), and scored 26% better overall (time and errors) (P<.005) than their non-playing colleagues. When comparing demonstrated video gaming skills, those in the top tertile made 47% fewer errors, performed 38% faster, and scored 41% better (P<.001 for all) on the overall Top Gun score. Regression analysis also indicated that video game skill and past video game experience are significant predictors of demonstrated laparoscopic skills.

Conclusions: Video game skill correlates with laparoscopic surgical skills. Training curricula that include video games may help thin the technical interface between surgeons and screen-mediated applications, such as laparoscopic surgery. Video games may be a practical teaching tool to help train surgeons.

Arch Surg. 2007;142:181–186
Advice for Program Directors

- Pros & Cons of live vs asynchronous interviews
- Preparing applicants and interviewers

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<thead>
<tr>
<th>If your in-person interview day includes:</th>
<th>Consider this instead:</th>
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<tbody>
<tr>
<td>Multi-hour interview days for interviewers</td>
<td>Limit the time an interviewer can spend conducting consecutive virtual interviews to less than four hours.</td>
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<tr>
<td>Panel interviews</td>
<td>Use recorded virtual interviews rather than live virtual interviews to reduce the burden of coordinating multiple people.</td>
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<tr>
<td>Group activities</td>
<td>Include questions about teamwork.</td>
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<tr>
<td>Role-play activity</td>
<td>Include questions that assess competencies normally assessed during the role-play (e.g., empathy, communication skills) or situational questions that ask the applicant to take on a specific role.</td>
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<td>Lunch with current medical students</td>
<td>Set up a virtual meetup with existing students.</td>
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<tr>
<td>Tour of the medical school</td>
<td>Create a short video tour of your school, with interviews of key staff, faculty, and some students</td>
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Advice for Interviewees

• Treat like a real interview!
  • Don’t waste the interviewers time
  • Act & dress professionally

• Test your equipment beforehand
  • Be flexible with technology disruptions

• Consider placement of camera
  • Eye level if possible
  • Take care with surroundings

• Maintain eye contact with the camera

• Minimize Distractions
  • Noise, pets, background, pop-ups

https://www.aamc.org/system/files/2020-05/Virtual_Interview_Tips_for_Applicants_05072020_1.pdf
https://thalamusgme.com/top-5-video-interviewing-tips-for-residency-and-fellowship-programs/
https://www.ama-assn.org/residents-students/residency/6-tips-ace-video-interviews-residency
Interview Prep

- $79/month
- Interview curriculum
- Coaching
- Practice tool

https://biginterview.com
Virtual Residency Fair

Friday, August 14, 2020

1:00PM – 9PM ET

Join us for the first AACOM/AOGME Virtual Residency Fair to give potential candidates and programs an extra opportunity to connect with each other during the 2020-2021 residency application process. This year is unlike any other for the residency application and review process, with less information and fewer opportunities for connections between programs and medical students. Join the residency fair to showcase and share information about your program, your selection criteria and connect and learn about potential candidates.

Questions?