

IMPACT OF THE VIRTUAL FORMAT ON PLASTIC SURGERY RESIDENCY AND FELLOWSHIP INTERVIEWS: A NATIONAL CROSS-SECTIONAL STUDY

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Background: The 2020-2021 residency and fellowship application cycles were profoundly affected by the introduction of virtual interviews (VIs). The authors investigate the impact that the virtual format (VF) had on plastic surgery residency and fellowship interviews from the perspectives of program directors (PDs).

Materials/Methods: An anonymous electronic survey was designed based on an extensive review of related literature and discussions among educational focus groups. Upon being piloted for question feedback and quality assurances, surveys were distributed to PDs of ACGME-accredited integrated plastic surgery residency programs during the collection period (12/15/2020-3/22/2021). Surveys were distributed similarly to PDs of ACAPS-endorsed hand surgery, microsurgery, craniofacial surgery, and burn/critical care surgery fellowships along with the ASAPs-endorsed aesthetic surgery fellowships. PDs were stratified into residency and fellowship cohorts, and comparative analysis was performed.

Results: A total of 92 PDs, 28 RPDs and 64 FPDs, completed our survey (35%). When compared to in-person interviews, VIs were reported to be more economical and time efficient by RPDs (100% and 46%, respectively) and FPDs (97% and 48%, respectively). Consequentially, 36% and 47% of residency and fellowship programs were able to interview more applicants, respectively. RPDs and FPDs reported that VIs hindered their ability to assess applicants' fit with the program (75% and 63%, respectively), personality and communication skills (75% and 64%, respectively), and commitment to the field along with their ability to function as a trainee (57% and 50%, respectively). Overall, 71% of RPDs and 58% of FPDs preferred in-person interviews. The majority of residency (71%) and fellowship (56%) programs intend to conduct both in-person and VIs in future application cycles ($p=0.12$).

Conclusions: Despite preferring in-person interviews, PDs intend on hosting both in-person and VIs in future application cycles. It remains to be seen how VIs will be employed moving forward.

Images / Graph / Table

In comparison to traditional in-person interviews, virtual interviews...	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	<i>p</i>
1. Were less expensive.						1.00
Residency Cohort	23 (82.1%)	5 (17.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Fellowship Cohort	51 (79.7%)	11 (17.2%)	1 (1.6%)	0 (0.0%)	1 (1.6%)	
2. Were less time-consuming						0.36
Residency Cohort	8 (28.6%)	5 (17.9%)	3 (10.7%)	8 (28.6%)	4 (14.3%)	
Fellowship Cohort	19 (29.7%)	12 (18.8%)	17 (26.6%)	11 (17.2%)	5 (7.8%)	
3. Allowed for more candidates to be interviewed.						0.70
Residency Cohort	6 (21.4%)	4 (14.3%)	8 (28.6%)	8 (28.6%)	2 (7.1%)	
Fellowship Cohort	13 (20.3%)	17 (26.6%)	17 (26.6%)	12 (18.8%)	5 (7.8%)	
4. Made it easier to assess an applicant's fit with the program.						0.79
Residency Cohort	0 (0.0%)	0 (0.0%)	7 (25.0%)	12 (42.9%)	9 (32.1%)	
Fellowship Cohort	1 (1.6%)	1 (1.6%)	22 (34.4%)	25 (39.1%)	15 (23.4%)	
5. Made it easier to assess an applicant's personality and communication skills.						0.53
Residency Cohort	0 (0.0%)	0 (0.0%)	7 (25.0%)	15 (53.6%)	6 (21.4%)	
Fellowship Cohort	0 (0.0%)	0 (0.0%)	23 (35.9%)	27 (42.2%)	14 (21.9%)	
6. Made it easier to assess an applicant's commitment to the specialty and their ability to function as a resident physician.						0.21
Residency Cohort	0 (0.0%)	0 (0.0%)	12 (42.9%)	14 (50.0%)	2 (7.1%)	
Fellowship Cohort	0 (0.0%)	0 (0.0%)	32 (50.0%)	21 (32.8%)	11 (17.2%)	
7. Made the selection committee rely more heavily on objective applicant metrics for assessment.						0.26
Residency Cohort	1 (3.6%)	16 (57.1%)	7 (25.0%)	4 (14.3%)	0 (0.0%)	
Fellowship Cohort	3 (4.7%)	22 (34.4%)	29 (45.3%)	9 (14.1%)	1 (1.6%)	
8. Were overall better than in-person interviews.						0.70
Residency Cohort	1 (3.6%)	1 (3.6%)	6 (21.4%)	15 (53.6%)	5 (17.9%)	
Fellowship Cohort	2 (3.1%)	6 (9.4%)	19 (29.7%)	30 (46.9%)	7 (10.9%)	