



Virtual Interviews During Internal Medicine Recruitments: An Unexpected Favorable Outcome of the COVID-19 Pandemic?

Both of us (WF, JA) interviewed for our medicine internship positions during the fall-winter of 1968. Wearing our dark pressed suits, we visited, by invitation, institutions of interest where we might ultimately get selected in the match for house-staff training. The interview process in a given hospital usually took a half to an entire day, where we met in person with the current house staff and the members of the attending staff. The interview day also included a selective tour of the institution (emergency department, wards, and clinics), breakfast, lunch (sometimes a dinner the night before), and sometimes we attended morning report and/or grand rounds. We had 1-2 formal interviews with attending physicians, sometimes by committee, and often meetings with the chief resident and/or the Chairman of Medicine. The interviews then were a bit intimidating, and there would be questions asked of us regarding our clinical knowledge and research experiences, and sometimes about our political opinions (Richard Nixon was elected President in the fall of 1968). However, we did have the inner assurance that if the program didn't want us, they wouldn't have asked us to come for an interview in the first place. At the end of the encounter, we also would wait for "Son, if you rank us first you will match here," a promise often not kept by either side.

With the COVID-19 epidemic reaching an early peak in March 2020, all the medical schools in the country suspended on-site basic science teaching for students and clinical rotations. Away clinical electives were eliminated, the house-staff interview process would become "virtual" for training programs throughout North America during the following fall and winter.

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Table Pros and Cons of Virtual Zoom Interviews

Pros	Cons
<ul style="list-style-type: none"> • Alleviation of travel expenses • Fewer candidate cancellations and no-shows • Fewer faculty cancellations due to ability to conduct interviews from home, if necessary • Program can conduct interviews remotely, resulting in less need for office space • Candidates are able to interview at more institutions • Institutions are able to interview more candidates, if desired • Institution/Graduate Medical Education cuts costs on catering and parking for candidates • Candidates, residents, and faculty can be easily split into smaller groups via breakout rooms • Interview days more likely to start and end on time • Candidate can spend more time with interviewer due to ease of software • Program able to hold interviews session during afternoon, making it more convenient for faculty and candidates to manage schedules • Easier for candidate to take breaks for restrooms, snacks, etc. 	<ul style="list-style-type: none"> • Candidates unable to see campus in person and get feeling of institution • Candidates unable to spontaneously break into smaller groups for conversation between interviews • Occasional technical setbacks such as transmission delays and disconnections • Preparation takes up more of program coordinator's time due to necessity for setting up virtual process and follow-up for each interview date • Candidates, faculty, and staff experience "Zoom fatigue" as a result of being in front of a screen for too long

Applicants no longer had on-site personal interviews, but a face-to-face web conferencing interaction. Luckily, the technology was available to accomplish this. Both of us (WF, JA) participated in these “Zoom” house-staff and fellowship interviews, and although not perfect (we couldn’t visualize the trembling hands of an applicant), the technology provided a satisfactory process for getting to know the individual, along with having detailed paper application folders still available of the candidates.

To get around the personal visit to our institutions, a website presentation about the hospital is available, and for those applicants granted an interview, video presentations were sent out days before, which included a welcome by the Chairman of Medicine and the program directors, the chief residents, and other house-staff members. Videos showing the campus and the hospital are also included.

Overall, the virtual interview process for house staff was a great success nationwide, and included in the [Table](#) are lists of the pros and cons related to the experiences utilizing this new technology.

In conclusion, the virtual interview process has been a “virtual” game changer, and we predict that this will become the new standard for the future, post COVID. However, for it to be successful long term, all the training programs, in North America and perhaps the world, must adapt to this process, which will undergo ongoing refinements, similar to the universal adaptation of the match by training programs.

Male and female applicants can still wear their dark suits at their interviews; however, this time in front of a computer screen.

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