

## Editorial

# Temporary Adaptations or New (Virtual) Reality? Applying to Residency During a Pandemic

Aliya Szpindel, Tasnia Rahman, Sarah Bouhadoun, Stuart Lubarsky and Fraser Moore 

Department of Neurology and Neurosurgery, McGill University, Montreal, Quebec, Canada

**Keywords:** Neurology residency; Medical students; CaRMS

The COVID-19 pandemic has posed unique challenges for medical students and residency programs participating in the Canadian Resident Matching Service (CaRMS) 2021 and 2022 matches. Two cycles of interviews that would traditionally have been held in person have moved to an online format and visiting electives have been canceled since March 2020.

For applicants, this necessitates ranking programs to which they have had no prior in-person exposure. Factors such as support within the program and collegiality between faculty and residents are important and may be difficult to judge remotely.<sup>1</sup> Applicants also place significant emphasis on their impression of the city and available leisure activities when choosing a program location.<sup>1</sup> Many programs rely on visiting electives and in-person interviews to get to know applicants from other schools, with performance during electives being important for the selection process.<sup>2,3</sup>

Programs across Canada and the United States have used a variety of methods to overcome these challenges and engage potential applicants. These include virtual open houses, online teaching sessions, one-on-one meetings with residents and program directors, virtual hospital tours, and social media. The article by Niznick et al<sup>4</sup> in this issue of the Journal attempts to evaluate the efficacy of these adaptations. While all were ultimately felt to be effective by both applicants and program stakeholders, the largest proportion of responders found one-on-one virtual meetings and small group information sessions to be of value. This is not surprising, as modalities that allow for more personal interaction may be the closest alternative to creating the ties that would have been fostered during visiting electives.

The social media presence of residency programs has substantially grown since the start of the pandemic. Social media can be an easily accessible method to disseminate program-related information, has been used to promote virtual open houses and information sessions,<sup>5</sup> and may also act as a platform for applicants to connect with residents. Niznick et al show that, although not all programs used social media, most applicants perceived it as effective. One could argue that social media posts may reflect individual biases and do not always represent an accurate version of reality. Prospective applicants should be aware of this. Web-based platforms such as the AFMC website, CaRMS program descriptions, and residency specific websites may be a more objective resource

for learning about a program but were under-utilized by the applicants in Niznick et al's study; perhaps they lack the holistic and social touch that can be displayed on social media.

A longstanding criticism of the CaRMS selection process has been the lack of transparency in terms of how programs rank applicants.<sup>6</sup> While Niznick et al surveyed program stakeholders on what they perceived were effective strategies for medical students to get to know their program, they did not explore how programs used the information they obtained about the applicants. Were the interactions during virtual teaching sessions, open houses, one-on-one meetings, and social events consciously or subconsciously factored into the resident selection process? Are applicants at a disadvantage if they do not attend information sessions, socials, engage on social media, or if they do not reach out to residents or program directors for one-on-one meetings? It may also be important for programs to plan events around “zoom fatigue”<sup>7,8</sup> when considering how applicants participate in virtual sessions.

What does the future hold? It is very likely that the CaRMS R1 residency match will remain virtual in future years; it is a more equitable and inclusive option to traditional in-person interviews that allows students to apply to a greater number of programs<sup>9</sup> while being far more environmentally friendly. Visiting electives may return, although students will never be able to visit all programs and cities. Social media and virtual information sessions are not temporary adaptations but represent the new reality of the residency application process. The article by Niznick et al provides a wealth of information and ideas to Neurology programs and applicants on the efficacy of various strategies used in the first completely virtual CaRMS cycle. There is undoubtedly more to learn. It would be interesting to know if the opinion of the applicants regarding the effectiveness of these strategies has changed now that many of them are in Neurology residency programs; did some do a better job of reflecting reality than others? It would also be useful to understand in more depth what information candidates are looking for on social media and what they want out of information sessions. Regarding the programs, why do many still appear to favor in-person interviews? There is some evidence that programs may consider virtual interviews to be inferior for assessing candidates' interpersonal skills.<sup>9</sup> If this is true then why did 11 of 13 programs in Niznick et al's study not change their interview

**Corresponding author:** Fraser Moore, Department of Neurology and Neurosurgery, McGill University, Montreal, Quebec, Canada. Email: [fraser.moore@mcgill.ca](mailto:fraser.moore@mcgill.ca)

**Cite this article:** Szpindel A, Rahman T, Bouhadoun S, Lubarsky S, and Moore F. (2023) Temporary Adaptations or New (Virtual) Reality? Applying to Residency During a Pandemic. *The Canadian Journal of Neurological Sciences* 50: 163–164, <https://doi.org/10.1017/cjn.2022.27>

structure to better assess these skills? Is this evidence that the virtual interview format is less of an issue than initially thought, or is it instead evidence that programs did not (or did not have time to) adapt?

What should programs and applicants do going forward? Programs should prioritize one-on-one and small group session time for students from outside schools. Virtual mentorship opportunities may be another useful strategy.<sup>10</sup> Virtual information sessions and hospital tours may increase the accessibility and transparency of programs and should continue even when visiting electives are again possible. There is likely to be heterogeneity between candidates in terms of their preferences for sources of information. Rather than taking a strictly evidence-based approach and trying to identify and focus only on “the best” strategies, programs should use as many strategies as possible and provide links between them. Applicants would do well to heed the advice of Mirian et al and develop an “actionable plan” for their evaluation of programs,<sup>11</sup> taking advantage of and comparing as many sources of information as possible, including during the interviews. If applicants are concerned about their ability to satisfactorily present themselves in a virtual format,<sup>12</sup> they may need to think of ways to do so. Finally, programs should be transparent and state whether representatives participating in virtual information sessions (of any kind) are also participants in their program’s CaRMS selection process.

**Acknowledgements.** The authors wish to acknowledge the resilience of the medical students who have had their training and residency applications altered by the pandemic.

**Disclosures.** None.

**Statement of Authorship.** AS and SB are first-year Neurology residents; TR is a fourth-year medical student applying to Neurology; SL is the McGill Adult Neurology Program Director; FM is the McGill Adult Neurology Competency Committee Chair and previous Program Director.

## References

1. Canadian Resident Matching Service. Most influential factors on discipline choice. In: Most influential factors on R-1 match discipline and program location choice. Available at: <https://www.carms.ca/data-reports/r1-data-reports/influential-factors>
2. Nguyen AX, Clark I, Damji KF, et al. New virtual CaRMS: perspectives from residency programs. *Can J Ophthalmol.* 2021;56:273–6.
3. Nguyen DD, Lee JY, Domes T, et al. Survey of Canadian urology programs: which aspects of the Canadian Residency Matching Service (CaRMS) application are the most important? *Can Urol Assoc J.* 2020;14:169.
4. Niznick N, Lun R, Gotfrit R, et al. Resident match during the COVID pandemic: How have neurology programs adapted? – A survey. *Can J Neurol Sci.* 2022. 1–31. DOI [10.1017/cjn.2022.16](https://doi.org/10.1017/cjn.2022.16).
5. Gaini RR, Patel KM, Khan SA, Singh NP, Love MN. A rise in social media utilization by US neurology residency programs in the era of COVID-19. *Clin Neurol Neurosurg.* 2021;207:106717.
6. Ryan T. Addressing bias and lack of objectivity in the Canadian resident matching process. *CMAJ.* 2018;190:E1211–2.
7. Wiederhold BK. Connecting through technology during the Coronavirus disease 2019 pandemic: avoiding “Zoom fatigue”. *Cyberpsychol Behav Soc Netw.* 2020;23:437–8.
8. Kubi B, Keiler J, Douglas A 2nd. A game of adaptability: reflecting on the highlights and challenges of applying for surgical residency during the COVID-19 pandemic. *Ann Surg.* 2021;274:e381–2.
9. Ream MA, Thompson-Stone R. Virtual residency interview experience: the child neurology residency program perspective. *Pediatr Neurol.* 2022; 126:3–8.
10. Nguyen DD, Reitblat CR, Andino JJ, et al. Virtual, matchmaking, without visiting electives: overview of the early US experience and potential applications to the 2021 Canadian urology match. *Can Urol Assoc J.* 2021;15:141.
11. Mirian A, Jenkins M, Watling C, Venance S, Florendo-Cumbermack A. Finding the, right, Canadian neurology residency program during the COVID-19 era. *Can J Neurol Sci.* 2021;48:47–9.
12. Healy WL, Bedair H. Videoconference interviews for an adult reconstruction fellowship: lessons learned. *J Bone Joint Surg Am.* 2017; 99:e114.