

## The 2021 Podiatric Residency Candidate and Program Virtual Interview Experience During COVID-19 with Multispecialty Reflections and Recommendations for a Successful Virtual Match

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**Background:** The coronavirus disease of 2019 pandemic impacted all facets of health care in the United States, including the professional training for podiatry residents and students. In March of 2020, the Association of American Medical Colleges recommended pausing then modifying all clinical rotations. The podiatric community followed suit. In-person restrictions, cancellations of clerkships, limited clinical experiences, virtual didactic programs, and reduced surgical cases for students and residency programs occurred for many months during the ongoing pandemic. These adaptations impacted the ability of podiatric students to complete clinical rotations and clerkships, which are pivotal to their academic curriculum and residency program application and selection.

**Methods:** A survey was conducted by the Council of Teaching Hospitals (COTH) and sent out by the American Association of Colleges of Podiatric Medicine. The 2021 postinterview surveys were sent out to all participants in the 2021 Centralized Application Service for Podiatric Residencies Web application and match cycle, both programs and candidates.

**Results:** The COTH presents results and comments from the 2021 virtual interview experience and residency match. Data and anecdotal comments from the 2021 postinterview survey conducted by COTH, sent out by American Association of Colleges of Podiatric Medicine, are presented here.

**Conclusions:** Results from the surveys of program directors and candidates show a preference by both groups for in-person interviews despite the personal time demands and increased costs associated with travel. (J Am Podiatr Med Assoc 113(2), 2023)

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The coronavirus disease of 2019 (COVID-19) pandemic impacted all facets of health care in the United States, including professional training for podiatry residents and students. On March 17, 2020, the Association of American Medical Colleges recommended pausing all clinical rotations until at least March 31, 2020, to allow for development and

implementation of education for students on COVID-19 and guidance on how to ensure safety of students and patients. The podiatric community followed suit. Academic medical centers and medical school deans maintained ultimate authority in determining best practices for patients and trainees, because geographic locations varied with respect to spread of COVID-19 and institutional resources were unequally affected by the pandemic demands. Personal protective equipment shortages, implementation of COVID-19 testing procedures and contact-tracing programs, inpatient care restrictions, cancellations of clerkships, limited clinical experiences, virtual didactic programs, and reduced surgical cases for students and residency programs occurred for many months.

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These factors prevented the ability of most podiatric students to complete clinical rotations and clerkships, which are pivotal to their academic curriculum and residency program application and selection.

In early March of 2020, the Council on Podiatric Medical Education provided guidance on podiatric residency and education. On March 30, 2020, the Council on Podiatric Medical Education announced that it had temporarily decreased all minimum activity volume requirements by 15%. In October of 2020, the decision was made by the American Association of Colleges of Podiatric Medicine (AACPM) to cancel the 2021 in-person residency interview event and recommended a change to a virtual format for all residency interviews. This prompted a quick modification of the Centralized Application Service for Podiatric Residencies Web (CASPRweb) scheduling platform and changes to the cycle calendar to allow for greater flexibility and options for interviews. The 2021 Centralized Residency Interview Program evolved into the Centralized Regional Interview Scheduling Program. The vast majority of programs and applicants managed scheduling virtual residency interviews using the CASPRweb system, as they did for the in-person interview event. Residency programs used their choice of audio/video services to host their interviews.

As the arrangements were being made for an all-virtual interview season, questions about this process began to emerge. Although the switch to a virtual format for classroom activities had become prevalent within podiatric medical college education in response to the pandemic, the virtual format for residency program interviews was an unknown entity. The residency interview already holds so much importance as a large deciding factor for successfully matching, that the prospect of virtual interviews only amplified the stress for both candidates and programs.

Initially, as expected, there were mixed reactions from both programs and candidates about an all-virtual format. New interview strategies and technology needed to be familiarized by programs to adjust and take advantage of the virtual platform. There was concern that neither programs nor candidates would be able to get a “feel” for the other and/or be able to eliminate a program or candidate that was not a good fit. There is a perception that advantage exists for in-person interviews. Programs were encouraged not to mix in-person and virtual interviews, as that might create a nonlevel playing field for all candidates and programs participating in the match. Despite recommendations from the AACPM/

COTH, it should be noted that some programs still held in-person interviews.

In 2017, Susarla et al<sup>1</sup> reviewed 48 completed surveys on the perceptions and costs of the interview process for plastic surgery residency applications. Programs spent on average \$2,763 per applicant interview. This considered lost productivity from closed clinics, limited operative cases, 1 to 2 days for interviews, time spent reviewing applicants and checking references, and selection committee gatherings. Applicants spent on average greater than \$5,000 on the entire interview process. Applicants perceived that their interviews, including virtual, were of much greater value than a visit to the facility. “Informational talks” were found by applicants to add little value. On a residency application, directors found that “surgery training background and academic potential (board scores, etc.) were the strongest predictors of performance.” Over time, there was little to no correlation between interview performance and clinical performance. The strongest predictors of success during residency were the objective data available in the application. The study’s conclusion was that resource intensive in-person interviews were ameliorated by virtual interviews and the argument that face-to-face interviews were better than virtual was debatable.

Phillips et al<sup>2</sup> in November of 2020 revisited the virtual interview process for plastic surgery residencies. The process of awarding an interview was based on achievements. Once a candidate made “the cut,” the study’s focus became the virtual interview process itself. The emphasis was on virtual interview etiquette for candidates but applies to programs as well. Guidelines for the virtual interview emphasize researching the candidate, getting to know them, and allowing academics to speak for themselves. It was advised to allow candidates to be in contact with as many program providers/colleagues as possible to allow the candidate to get an overall “feel” for fit. Important points mentioned were for program faculty to stay engaged during the interview and promote their physical presence through awareness of body language. The interview team should remain positive, listen closely, and ask follow-up questions, while making sure to vary questions between interviews. Both programs and candidates want to know what sets them apart from other programs and candidates, and what makes them a well-balanced and a well-rounded option as a program or candidate. Final advice was to prepare a quick pitch about the program to end the interview and to focus on upcoming changes that may affect an incoming resident. A short summary on

how a facility addressed COVID-19 or how the program was affected by the pandemic may be warranted. It was also suggested that the candidate may want to outline activities above and beyond requirements that they pursued over the last year.

In November of 2020, Hill et al<sup>3</sup> also provided feedback on the International Complex General Surgical Oncology residency virtual interview season, which had quickly implemented an all-virtual format for the spring 2020 residency interviews. Thirty program directors and 64 candidates responded to their survey. The survey addressed main concerns and why virtual formats had not been considered before COVID-19 restrictions. There was assumed hesitance and issues with pivoting to an all-virtual format. The number one concern with virtual interviews was that applicants and programs could not really get to know each other. It was believed that a lack of tours and informal interactions with faculty would fail to convey the culture of the program and educational environment. Respondents did express concern with the significant costs to applicants/programs associated with the in-person interview process. Results showed that 90% of the program directors found the virtual format more convenient than in-person interviews. Eighty-seven percent of the program directors stated the technology for conducting virtual interviews was easy to manage and, overall, 60% would choose virtual over face-to-face interviews in the future. Sixty-three percent of the programs felt the virtual platform allowed the program to accurately represent itself, and 60% felt virtual platforms allow accurate impressions of the candidate. Eighty-three percent of program directors felt comfortable ranking their candidates after virtual interviews; however, 3% strongly disagreed that ranking was comfortable. Candidate responses indicated that 97% found the technology both convenient and easy, with 45 of 64 preferring virtual over in-person interviews. Many candidates also found the addition of an introductory session with the program director or fellow was helpful to the virtual interview platform. Fifty-three percent of interviewed applicants believed a virtual platform allowed them to accurately represent themselves, and 39% thought that a virtual platform allowed accurate representation of the program. Seventy-nine percent of applicant respondents felt comfortable ranking after virtual interviews. Some negative comments from residency candidates were that some interviewers appeared “rushed” or “not engaged.” The authors determined there were four primary components of successful virtual interviewing:

1. Fellow or peer-to-peer interaction in an informal virtual setting. Peer insight into the program is valuable to a candidate.

2. Distribution of materials in advance of the interview to allow for thoughtful questions and discussion of the program.

3. An introductory overview at the start of the interview by the program director is seen as very beneficial and should include information on program structure, rotations, research experience and other opportunities.

4. The fourth component is provision of a video tour of the facility.

Patel et al<sup>4</sup> in July of 2020 provided guidance for MD/DO colleagues in interventional radiology residency programs. The authors offered guidance for both applicants and programs. Considering missed clerkship rotations and exposure to programs, candidates were instructed to focus on how to present themselves in the best possible light, and programs were encouraged to develop strategies to assess a candidate they have never met in person. The authors also pointed out that virtual platforms offer unique opportunities to improve the experience of residency interviews. Programs were cautioned to be aware of unconscious bias related to the interview setting and reminded that some candidates may have technical advantages over other candidates. The authors proposed offering candidates a quick session before scheduled interviews as an opportunity to test and identify any connectivity or technology issues. This ensured the playing field was leveled for all interviewees. When such sessions were offered, approximately 15% of the candidates chose to take advantage of the opportunity.

In a 2020 webinar on interviewing strategies, O'Malley et al<sup>5</sup> pointed out that some programs deem a social event critical to assessing fit and suggested replacing it with either a virtual “happy hour” before or after main interviews or “break out rooms” to group candidates with current residents to create a more personalized experience. For an applicant in a virtual interview, to best learn about the residency program and its environment, the authors stated that it is imperative to have high-quality information on the program available before, during, and after the interview. They noted that there are programs with “brand appeal” that do not have to market themselves and get ranked merely because of their history/reputation. Smaller and lesser known programs may have more challenges, and the authors found that these programs get ranked based on interpersonal interactions the day of the interview and on the “vibe” of the program

and virtual interactions offering knowledge of the program's local area such as employment opportunities, schooling, housing, and leisure activities. These types of interviews are "deeply impactful" and sway applicants to rank a program higher.

There are several informational lecture series on virtual interviewing available online. Some of the simplest instructions address basic tactics such as not forgetting that you are interviewing, not multitasking during the interview, limiting drinks and snacks to break times, and not interrupting. Advice includes interviewing in a professional office/home with a background that is uncluttered and nondistracting. If using a virtual background, it too should be professional. It is also recommended that participants in virtual interviews use high-resolution cameras. If you do not, a participant risks their image becoming pixelated and having body parts disappear with every movement. It is strongly suggested to get a green screen background to improve your visual effect when using a virtual background. It is further advised to ensure participants turn off audio/video between interviews to avoid any unsuitable actions or comments being broadcast. Finally, participants should remain seated in one location and not walk around with the laptop/phone or fidget or rock the chair.

Program directors are reminded that the actual interview is only one piece of the puzzle. The candidate is also represented by their application—personal statement, grade point average, class rank, letters of recommendation, and extracurricular activities. Previous knowledge/experience with a candidate and comments from college staff members and colleagues at other programs still allow programs to get an impression of the candidate. Using the technical capabilities and abilities of program staff will assist in advertising the program's culture effectively.

To disseminate accurate up-to-date information before the 2021 interview cycle, the AACPM/COTH coordinated a virtual meeting with fourth-year students. There was a presentation and panel discussion on tips and pearls for residency interviews in the virtual environment followed by a question-and-answer session. The COTH also offered its programs a webinar on best practices for virtual residency interviews.

The changes to the calendar for the 2021 podiatric residency interview process prolonged the interview period, thereby making a larger number of interviews possible and giving the option for a greater number of second interviews, if desired. The advantages to virtual interviews over in-person

ones included lower cost and less time demand for programs and applicants because travel was not required. Many programs leveraged available technology and created short 1- to 2-minute videos of the facility, attending physicians, current residents, and the geographic region/city of the program. Some promoted a "day in the life" of a resident at their program.

## Methods

With the recent decision by the AACPM to cancel the 2022 in-person residency interview event because of the ongoing COVID-19 pandemic and continue with an all-virtual format for residency interviews, the COTH presents results and comments from the 2021 virtual interview experience and residency match. Data and anecdotal comments from the 2021 postinterview survey conducted by COTH, sent out by the AACPM, are presented here. Surveys were sent out to all participants in the 2021 CASPR application and match cycle, both programs and candidates. The survey for program directors resulted in responses from 110 of the 222 residency programs participating in the cycle (49.55%). Of the 110 respondents, 107 (97.27%) reported they held virtual interviews. One program held in-person interviews and two programs did both in-person and virtual interviewing. One hundred five programs used the interview scheduler in CASPRweb to schedule interviews. The remaining five programs scheduled their own interviews. Ninety-five programs (96.94%) responded favorably to the ease of scheduling on the CASPRweb site, with three unsatisfied and seven not responding to the question. Nineteen of the 98 programs (19.39%) taking the survey held callback/second interviews. Comments concerning use of the scheduler suggested that a learning curve would lead to a better experience and requested greater functionality be added to the scheduler. Negative comments from programs centered on candidates declining interviews at the last minute and/or not showing up for the interview. The feedback regarding candidates cancelling interviews or not showing up for interviews is consistent with previous years of in-person interviewing and not isolated to the virtual experience.

## Results

One hundred two residency program directors responded to the overall virtual interview experience question where multiple answer selections



were accepted. Fifty-five program directors (53.92%) indicated that all went well with the format. Twenty-nine (28.43%) reported technical difficulties. Forty-eight programs (47.06%) perceived that virtual interviews diminished their ability to develop a “sense” of the applicant and their fit with the program. Forty-nine program directors (48.04%) reported that the loss of in-person interactions decreased their insight into an applicant’s interpersonal skills and professionalism. A few programs (n = 3), reported challenges with the different time zones.

When considering the use of virtual interviews in the future, 54 program directors (52.94%) expressed a preference for in-person interviews, 29 (28.43%) preferred virtual interviews, and 19 (18.63%) stated no preference. Comments predominantly focused on the preference for, and advantages of, in-person interviews. However, many commenters were appreciative of not needing to travel and the cost savings realized by conducting virtual interviews. Additional comments focused on the smooth transition to all-virtual, the need for increased functionality in the scheduling software, and convenience of scheduling.

The survey sent to residency candidates generated 106 respondents of 542 candidates (19.56%). All reported use of the CASPRweb scheduler for interview scheduling. Ninety candidates (84.9%) responded favorably when asked to rate the ease of scheduling on the CASPRweb site, with 10 unsatisfied and six not responding to the question. The bulk of suggestions for improving the interview scheduling involved issues with time zones, functionality, and programs choosing to not participate in its use.

One hundred candidates responded to the overall virtual interview experience question, where multiple answer selections were accepted. Forty-two (42%) candidates responded that all went well with the format. Fourteen candidates (14%) were frustrated with their proficiency in using the multiple platforms used by different programs and 44 (44%) reported experiencing technical difficulties. Fifty-five applicants (55%) responding to the survey believed the ability to “get a feel” for the program, the institution, and faculty was diminished with a virtual format. Forty-three candidates (43%) expressed that they had less opportunity to “sell themselves.” More than a few candidates, 29 (29%), reported challenges with the different time zones.

When considering future use of virtual interviews, 62 candidates (62%) stated a preference for in-person interviews, 20 (20%) preferred virtual interviews, and 18 (18%) had no preference. Their comments

predominantly related to appreciation for providing the virtual scheduling platform. Additional comments noted the preference for, and advantages of, in-person interviews and the need for increased functionality for the scheduler and cost savings associated with virtual interviews.

## Discussion

Results from the surveys of program directors and candidates show a preference by both groups for in-person interviews despite the personal time demands and increased costs associated with travel. Approximately 50% of candidates and programs were left feeling less at ease with virtual interviewing when it came to determining and ranking the best program or candidate. Although some technical difficulties, time zone challenges, and functionality can be mitigated with repeated exposure to the process, there is a strong desire by many directors to still rely on making a 3-year commitment after a face-to-face meeting rather than a virtual format. Whether real or perceived, the advantages of an in-person interview are seen as central to decision-making (Table 1).

When considering in-person versus virtual interviewing for the 2022 residency match cycle, all aspects of the 2021 experience were considered. Health concerns surrounding the current COVID-19 pandemic strongly outweighed the desire to return to the prepandemic, in-person interview experience and resulted in survey participants recommending that residency interviews be virtual for the 2022 cycle. It is expected that increased familiarity with the technology and lessons learned from the 2021 cycle will result in another successful residency selection process for the 2022 cycle.

Suggestions for an improved virtual experience for podiatric residency candidates and programs include providing an introductory overview by the program director and offering peer-to-peer interaction with residents and/or fellows. Creating a video tour and posting online information about program structure, rotations, case logs, and other materials that can be reviewed at the applicant’s leisure is advantageous for both candidates and programs, as it allows candidates to prepare ahead of the interview and decreases interview time spent answering basic questions about the program. Programs are encouraged to focus on leveraging the technologic strengths of the virtual platform to create unique experiences for applicants. Finally, effective time management during the interview, selection of

**Table 1. Survey Responses**

No.	Programs (%)	Candidates (%)
Response	102	100
Virtual interviews went well	55 (53.92)	42 (42)
Preferred in-person interview	54 (52.94)	62 (62)
Preferred virtual interview	29 (28.43)	20 (20)
No interview preference	19 (18.63)	18 (18)
Decreased ability to assess interpersonal skills/professionalism	49 (48.04)	—
Candidate felt an inability to sell themselves	—	43 (43)
Diminished ability to determine fit	48 (47.06)	55 (55)
Had technical difficulties	29 (28.43)	44 (44)
Experienced scheduling time zone issues	3 (2.9)	29 (29)

**Table 2. Recommendations for Successful Interviewing**

Provide an introductory overview by the program director
Provide peer-to-peer interaction with residents and/or fellows
Distribute informative program materials before the interview
Provide a video tour of the facility
Ensure technology accessibility across the board for all candidates
Prepare the interview content and participants
Research online virtual interviewing resources

interview content that has been tested before the interview, and having a well-prepared staff are considered essential to success in virtual interviewing (Table 2).

Taking into consideration the analysis of respondents in the overall dialogue, it is important to point out that the survey was sent to 542 residency candidates, of which 100 responded. This weakness, related to the low response rate by candidates of 18.45%, may not provide full representation of the experiences.

**Financial Disclosure:** None reported.

**Conflict of Interest:** None reported.

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