BACKGROUND

The COVID-19 pandemic necessitated a shift to a virtual interview format for the 2020–2021 residency/fellowship application cycle. The impact of the pandemic remained significant leading up to the 2021–2022 application cycle. Thus, the AAN published a Consensus Statement in July 2021 advising all programs to offer a virtual interview format once again. Although a very different way of getting to know our applicants, these past two years of virtual interviews have taught us that the virtual format provides a significant cost savings for applicants, minimizes time away from clinical and research activities, and reduces the impact of interviews on applicants’ families.

The data from the 2020–2021 virtual interview season confirm MATCH success rates for candidates were comparable to that of years preceding the pandemic. The overall position fill rate for the 2021 Match was 94.9 percent. At the conclusion of the Supplemental Offer and Acceptance Program (SOAP), the fill rate was 99.6 percent. The National Resident Matching Program (NRMP) summarized the 2021 Applicant and Program Director Survey Findings in a Research Brief which states, “... initial data reports released by the NRMP revealed the 2021 Main Residency Match to be highly successful and that the pivot to a virtual recruitment season did not constrain the abilities of applicants and programs to obtain more PGY-1 placements.”

The subsequent virtual interview season in 2021–2022 resulted in similar rate of success with regards to positions filled. The overall position fill rate for the 2022 Match was 94.2 percent.

AAN CONSENSUS STATEMENT REGARDING VIRTUAL INTERVIEWS

The impact of the COVID-19 pandemic has lessened in some ways but is nonetheless still a factor when considering domestic and international travel. Continued fluctuations in transmission rates are anticipated through the coming months to years. We recognize that any amount of impact of the pandemic during recruitment season could unfairly disadvantage candidates who are unable to travel. In consideration of the ongoing pandemic and the lessons learned from the 2020–2021 and 2021–2022 virtual interview seasons, the American Academy of Neurology advises that all Neurology and Child Neurology residency/fellowship programs should commit to virtual interviews for all applicants in place of in-person interviews for the 2022–2023 application cycle.

This recommendation reflects a consensus after consultation with members of the AAN’s Education Committee, Academic Neurology Committee, Inclusion, Diversity, Equity, Anti-Racism, and Social Justice Subcommittee, Graduate Education Subcommittee, Undergraduate Education Subcommittee, Consortium of Neurology Program Directors, and Consortium of Neurology Clerkship Directors.

The goals of this recommendation are to:
1. Maximize safety for applicants and programs
2. Maintain an equitable interview process for all candidates
ADDITIONAL ADVICE FOR PROGRAMS

1. Application Review
   a. Complete/maintain a holistic review of applications recognizing that access to different clinical, research, extracurricular, work, and other experiences vary in normal circumstances and are further impacted by the ongoing COVID-19 pandemic.
   b. Actively work to recruit applicants from diverse backgrounds, including traditionally underrepresented groups, to enhance the diversity among neurology trainees to better represent and meet the needs of the populations we serve. We suggest that all ranking committee members undergo unconscious bias training (https://www.aamc.org/what-we-do/equity-diversity-inclusion/underrepresented-in-medicine).
   c. Recognize that some applicants will have completed their clerkship training in a non-traditional environment during the pandemic—some with virtual learning experiences and online educational programming. Some clerkships may have transitioned to pass/fail grading in this setting.
   d. Maintain flexibility with requirement of neurology-specific letters of recommendation for screening, acknowledging that applicants may not have had access to neurology rotations prior to applying.
   e. Do not require that a sub-internship (acting internship) be completed by the time of the initial application review.
   f. Due to limited testing site availability because of COVID-19, be aware that Step 2CK may not be completed at the time of application review and Step 2CS has been discontinued.

2. Supplemental Application
   a. This year, the AAMC has expanded the Supplemental Application program to all specialties. Specialty groups were asked to decide whether they wanted to take part in the program for this upcoming recruitment cycle. The Consortium of Neurology Program Directors has decided to take part in the program for this application cycle. The Child Neurology Society elected to defer involvement for this application cycle.
   b. Each individual Adult Neurology Residency Program either “opted in” or “opted out” for the supplemental application. The programs who “opted in” will have additional information from applicants in the form of the Supplemental Application to consider when reviewing candidates.
   c. Candidates do not have to fill out questions on the Supplemental Application. If a candidate does not complete the supplemental application, this should not negatively impact their application.
   d. There are 3 sections on the Supplemental Application: 1) Past Experiences, 2) Geographic Preferences, and 3) Program Signaling.
   e. Each candidate is allowed to send 3 Signals to programs in which they are interested. Programs will be made aware that a candidate has sent them a signal. A signal from a candidate should not be used as the exclusive reason to invite them for an interview just as a lack of a signal from a candidate should not disqualify them from receiving an interview. Signals should be considered in the context of a holistic application review of each candidate.
   f. We recommend that candidates include their home institution when sending signals if it is one of their top 3 choices for interviews unless the home program has specifically communicated to their home applicants not to.
   g. For additional information regarding the Supplemental Application, we recommend visiting the AAMC FAQ page (https://students-residents.aamc.org/applying-residencies-eras/supplemental-eras-application-faq).
3. Away Rotations
   a. Away rotations should not be mandatory.
   b. Some institutions are limiting away rotations to students who are not offered similar/comparable experiences at their home institution.
   c. Consider offering virtual experiences, such as virtual visiting clerkships and other online educational opportunities.

4. Second Looks
   a. Although we strongly recommend that the 2022–2023 application season adhere to a virtual interview structure for all programs, we are aware that some programs and applicants feel that a subsequent in-person visit (second look) to the institution and surrounding area is crucial for applicant rank decisions. If a program does decide to allow in-person visits, these should be for the benefit of the applicant only and designed in a way as to avoid impacting the programs’ ranking of the applicants (with obvious exceptions—unprofessional behavior by the applicant, for example).
   b. Be aware that second look visits financially impact applicants and increase administrative burden to programs.
      i. “Program directors shall respect the logistical and financial burden many applicants face in pursuing multiple interactions with programs and shall not require them or imply that second interviews or visits are used in determining applicant placement on a rank order list.”
   c. Programs deciding to allow second look visits should offer equally valuable virtual experiences for applicants who are not able to or prefer not to travel for in-person visits.

5. Post-interview Communication
   a. All communication must abide by NRMP requirements. The NRMP statement on post-interview communication emphasizes that “program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants’ ranking preferences.”
   b. Applicants should be made aware during the interview that post-interview communication is not expected from applicants.

6. Additional Recommendations Regarding Recruitment/Interviews
   a. If offering a virtual open house before interviews begin, attendance must be optional and should not be used as an indication of an applicant’s interest.
   b. Allow a minimum of 72 hours for an applicant to respond to an interview invitation before releasing the spot to another applicant.
   c. Consider involving current residents/fellows in the interview process for the benefit of the applicants.
   d. Be mindful of time zone differences when scheduling interviews.
   e. Gifts to applicants are not required or necessary. Recognize that gifts to applicants can introduce bias and increased cost and administrative burden to programs.
   f. Do not record interviews.
ADVICE FOR APPLICANTS

1. Number of Applications: The number of programs to which an applicant applies is an important decision. Applicants feel pressure to apply to enough programs to maximize their chances of matching. However, a large number of applications have the potential to overwhelm programs making it difficult to review each application holistically.
   a. We encourage applicants to rely on the guidance of medical school advisors and mentors when deciding how many applications to submit. Data from the NRMP (2020 Charting the Outcomes) can help students and their advisors assess each applicant’s likelihood of matching. [https://www.nrmp.org/main-residency-match-data/]
   b. The AAMC “Apply Smart” site offers useful data regarding residency application for applicants. [https://students-residents.aamc.org/apply-smart-residency]
   c. The NRMP provides data based on 2018–2020 applicants in their document Charting Outcomes in the Match.
      i. The mean number of programs ranked by candidates who matched in Neurology was 12.8 for MD Seniors, 11.1 for DO Seniors, 7.6 for US International Medical Graduates (IMGs), and 6.6 for Non-US IMGs.4
      ii. In the 2020 Match, no Neurology applicant went unmatched if the minimum number of ranked programs on their rank list was 13 programs for MD Seniors, 16 programs for DO Seniors, 16 programs for both US and Non-US IMGs. Similarly, no Child Neurology applicant went unmatched if the minimum number of ranked programs on their list was 14 for MD Seniors, 12 for DO Seniors, and ~ 16 for both US and Non-US IMGs.4
   d. The AAMC and the NRMP data provide data re: previous application cycles. The authors of this statement offer one possible analysis of these data (using MD and DO applicants to Adult Neurology programs to illustrate):
      i. According to the document from the NRMP titled “Impact of Length of Rank Order List on Match Results: 2002–2019 Main Residency Match, all applicants applying to all specialties had a very high likelihood of matching with a rank order list of 10 schools.6
      ii. Calculating a percentage based on the number of applications submitted and the average length of rank list published by the AAMC, an average of 44 percent of programs to which applications were submitted by MD applicants end up on the rank list. For DO applicants to Neurology, an average of 33 percent of programs to which applications were submitted end up on the rank list.1
      iii. If there is a high likelihood of matching with 10 programs on the rank list and an average of only 44% of programs are ranked, an MD applicant (Adult Neurology) need not apply to more than 23 programs (10/.44). Similarly, using the same number of 10 programs for a high likelihood of matching with 33% of programs ranked, a DO applicant (Adult Neurology) need not apply to more than 30 programs (10/.33).
   iv. We recognize the limitations of these data in that they are based on averages and should not be used as definitive recommendations for every applicant.
   v. We also recognize that these data do not adequately address the experience of IMGs.
   e. Discussions should be conducted with each student considering reported data in the Charting Outcomes in the Match report and using the Interactive Charting Outcomes Tables5 to explore the consequences of various applicant characteristics on the likelihood of matching and, therefore, on the individual need for number of programs applied to and ranked.
   f. Because each applicant’s situation is unique, the number of programs applied to and ranked will vary on a case-by-case basis, with no guarantee of matching.
2. The Supplemental Application for Adult Neurology Residency Applicants
   a. This year is the first year the AAMC is offering the Supplemental Application to all specialties. Adult Neurology as a specialty has decided to take part in the Supplemental Application program.
   b. Students are not obligated to fill out the Supplemental Application.
   c. The information asked on the Supplemental Application is designed to give programs more information about you as a candidate and a general idea as to the regions of the country/programs in which you are particularly interested.
   d. One of the sections of the Supplemental Application is “Program Signaling.” This portion allows each student to send 3 “signals” to the schools from which they would most like to receive an interview offer. We recommend here in the “Additional Guidance For Programs” section of this Consensus Statement that students send a signal to their home program if that program is in their top 3 programs at the time of application submission unless the home program communicates not to. We recommend that students seek the guidance of their medical school mentors when deciding which programs to signal.
   e. Sending a signal to a program will not guarantee the student will receive an interview offer. Similarly, not sending a signal to a program will not preclude a student from being offered an interview. Signaling is not required of applicants. If an applicant chooses to use signals, they will be considered by application interviewers as only one portion of a holistic application review.

3. Pre-interview Preparation
   a. Arrange for a secure internet connection for your interview. For current medical students, your student affairs office should be able to help if needed.
   b. We recommend reviewing information available online about programs before your interview. Programs are making every effort to update their websites in anticipation of the interview season.
   c. Programs are encouraged to allow at least 72 hours after issuing an interview invitation for an applicant to accept or decline the offer. Please respond to the interview invitation as soon as you are able. This allows another applicant an opportunity for an interview if you decide to decline the invitation.
   d. Please provide as much advance notice as possible when canceling an interview.

4. The Interview Day
   a. Please be present in the virtual space on time for the start of the interview day.
   b. Be yourself and have fun! The interview is an opportunity for program leadership, faculty, and residents to get to know you and vice versa.
   c. Come prepared with a few questions about the program based on your research before the interview.
   d. Do not record interviews.

5. Post-interview Communication
   a. As is stated in the recommendations for programs above, the NRMP advises that “program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants’ ranking preferences.”
   b. Applicants are not expected to engage in post-interview communication but may contact programs with specific questions.
AUTHORS

Statement created by: Emily Poole Pharr, MD, Chair, Consortium of Neurology Program Directors; Erica A. Schuyler, MD, FAAN, Past Chair, Consortium of Neurology Program Directors; and Logan D. Schneider, MD, Chair, Graduate Education Subcommittee.

CONTRIBUTORS

The following AAN groups were consulted and have contributed to the development of this position statement:

- Education Committee
- Academic Neurology Committee
- Graduate Education Subcommittee
- Undergraduate Education Subcommittee
- Inclusion, Diversity, Equity, Anti-Racism, and Social Justice Subcommittee
- Consortium of Neurology Program Directors
- Consortium of Neurology Clerkship Directors

CONTACT

Lucy Persaud, Associate Director, Trainee Education, at lpersaud@aan.com with any questions.

REFERENCES