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Commentary: Cardiothoracic residency interviews during the coronavirus disease 2019 (COVID-19) pandemic: Time to recalibrate and reconnect virtually

Robert E. Merritt, MD

The coronavirus disease 2019 (COVID-19) pandemic has disrupted most aspects of daily living since March 2020. The social distancing and mitigation of coronavirus transmission policies have forced cardiothoracic surgery residency programs to quickly pivot from in-person interviews to a completely virtual format. Unfortunately, many cardiothoracic residency programs were not prepared to optimally orchestrate effective and informative virtual interviews to adequately showcase their residency program strengths in the best possible light. A survey by the Thoracic Education Cooperative Group revealed that 96% of the cardiothoracic surgery residency applicants who interviewed during the 2019 to 2020 interview season favored the in-person component of the interview process.¹ The most lackluster components of the initial cardiothoracic residency virtual interview process were the description of the culture of the programs and the lifestyle of the surrounding communities in which the residency programs are located. Given the substantial amount of cost savings and fewer days missed from work by cardiothoracic surgery residency candidates, there will certainly be enough impetus for optimizing and maintaining the virtual interview platform in the foreseeable future.²⁻⁴ Taylor and colleagues⁵ have provided some potential areas of improvement for traditional cardiothoracic residency virtual interviews. They reported that only 7% of cardiothoracic surgery residency candidates,

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CENTRAL MESSAGE

The COVID-19 pandemic has significantly altered the cardiothoracic residency interview process. Programs will have to recalibrate their interview process and embrace the virtual interview platform.

who were surveyed after the 2020 to 2021 Match, preferred the in-person interview format and 87% of the respondents had a favorable virtual interview experience. The challenge is, however, that only 50% of the survey respondents felt that they were able to fully evaluate residency programs with the virtual interview format. This should be a call to action for current cardiothoracic residency programs who are trying to recruit the best and the brightest residents during the COVID-19 pandemic and beyond.

The disconnect between the favorable view of virtual interviews by applicants and the inability to decipher important residency program characteristics underscores the important need for the adoption of new changes to improve the virtual interview experience for cardiothoracic residency candidates. Improving and expanding the cardiothoracic training program's website is one high-yield upgrade that could better display faculty profiles, current and past residents' profiles, case logs, and didactic curriculum information.⁶ In addition, virtual tours and interviews with current cardiothoracic residents would be another high-yield component of the virtual interview experience that provides cardiothoracic residency candidates the best insight into the culture of the program and the daily experiences of current

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cardiothoracic surgery residents.⁷ A major source of training program information regarding the amount of trainee autonomy, operative experience, culture, and quality of life come from informal interactions with current residents. These candid encounters between the current cardiothoracic residents and applicants are probably the most important components of the interview process; therefore, cardiothoracic programs will have to preserve these current trainee–applicant interactions in the virtual interview process. In the foreseeable future, the challenge for cardiothoracic residency programs is to figure out what factors are important to applicants when ranking programs and determine how to best showcase the most beneficial program characteristics in a virtual interview platform.

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Commentary: Virtual interviews in cardiothoracic surgery: A match made in heaven or gone catfishing?

Salman Zaheer, MD, and Ahmet Kilic, MD

*Come gather 'round people
Wherever you roam
And admit that the waters
Around you have grown
And accept it that soon
You'll be drenched to the bone
If your time to you is worth savin'
And you better start swimmin'
Or you'll sink like a stone.
For the times they are a-changin'...*¹

Salman Zaheer, MD (left), and Ahmet Kilic, MD (right)

CENTRAL MESSAGE

COVID-19 has changed both applicants and training programs. It is time to take the best of virtual and in-person formats for a matching process that is cost- and time-efficient, fair, and informative.

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Cardiothoracic surgery training is steeped in traditions, and COVID-19—much like everything else in society—has rocked it to its foundation. The COVID-19 pandemic caught everyone off guard in the middle of 2019-2020 interview season. It is no wonder that a majority of respondents in Taylor and colleagues' initial survey over this time period responded negatively to the virtual interview process, with 96% of respondents favoring in-person interviews.² The follow-up to this report and the present article on applicant