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Brief Report

The Impact of Virtual Interviews on Recruitment in Hospice and Palliative Medicine Fellowship Training
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Abstract

Context. The ongoing COVID-19 pandemic has led many leaders to reassess how recruitment into the medical field is conducted. In Hospice and Palliative Medicine, many training programs are moving to virtual recruitment as a more permanent strategy. However, virtual recruitment disproportionately affects smaller training programs as well as those in smaller cities or those whose location is less well-known.

Objectives. To assess faculty perspective regarding the value of virtual vs. face-to-face recruitment methods in a well-established program located in a mid-sized city that is lesser known than many comparable programs.

Methods. After virtual recruitment season in 2020, we assessed our faculty regarding the process of virtual interviews. Survey items were based on results of the 2020 NRMP Internal Medicine Program Director Survey to include the most highly cited factors used to rank internal medicine applicants. Faculty was asked whether virtual or face-to-face interviews were more effective and were asked to make an overall choice between face to face and virtual recruitment formats and to explain the reason behind their decision.

Results. Twenty-three faculty received the survey and 17 completed. Although more faculty felt that in-person interviews allowed for better ability to recruit the most qualified trainees than virtual interviews, nine out of the 17 faculty chose virtual as their preferred format.

Conclusion. While acknowledging benefits that can only be achieved in-person, our faculty believe that virtual interviews for future Hospice and Palliative Medicine fellows is an effective and potentially advantageous way to recruit the future workforce of Hospice and Palliative Medicine.

Key Words
Fellowship, recruitment, virtual

Editorial Note: Amy Case, MD
A relevant and interesting article on the impact of virtual interviews on HPM fellowship recruitment.

Introduction

The field of Hospice and Palliative Medicine (HPM) is an essential part of quality medical care. Recruitment to the field has greatly increased over the past decade and, given the national shortage of palliative care physicians, recruitment and training are crucial to maintaining the workforce. In a field such as HPM, where the clinical training is only one year and is centered around communication skills, it is essential that applicants gain a sense of the culture of learning, the commitment to education, and the mutual respect amongst fellows and faculty during their interview in addition to a training program’s structural components.

Historically, recruitment efforts have used an in-person format, with applicants traveling to programs to participate in conference and didactic sessions,
interview with faculty, meet informally with current fellows, and tour the campus and its associated city. The outbreak of coronavirus 19 (COVID-19) made this process impossible and therefore fellowship programs were required to quickly pivot to a virtual format. A recent letter to the editor applauded this development saying it promoted choice and equity at lower cost to the applicants. However, there is no data regarding the quality of this process. Given this, we surveyed HPM faculty at the University of Pittsburgh Medical Center (UPMC) regarding their experience with virtual recruitment and asked them to compare it to in-person recruitment.

Methods

UPMC HPM Fellowship Virtual Recruitment Strategy

With the onset of virtual recruitment, we had an increase of trainees applying to the UPMC Hospice and Palliative Care fellowship program, increasing from 66 in 2019 to 86 in 2020. We restructured our recruitment efforts to include virtual conferences and didactic sessions and virtual dinners with current fellows. We also redesigned our website to highlight professional recruitment videos featuring current faculty, fellows, and alumni, and increased our social media presence, and mailed out literature about our program including a new program brochure and a faculty directory. Finally, we highlighted the city of Pittsburgh as an affordable and approachable city with many cultural opportunities.

Thirty-minute interviews were conducted via Microsoft Teams (20 minutes for actual interviews and 10 minutes to allow for technology requirements or trouble shooting). Faculty interviewed generally between three and six applicants with one person interviewing eight applicants and one greater than 18 applicants. The interviews were semi-structured to include both suggested questions and questions related to the faculty member’s own interest.

Survey Methods

We surveyed all HPM faculty to assess various components of the interview process and whether they preferred in person or virtual formats. This survey was considered exempt by the institutional review board. Surveys were distributed and data collected anonymously via Microsoft Forms. The survey took on average four minutes to complete.

Question items asked about 18 wide-ranging applicant attributes (Table 1). The survey questions were adapted from a larger survey that was used to gather similar information regarding internal medicine interviews at our institution. Specifically, the survey items were based on results of the 2020 NRMP Internal Medicine Program Director Survey to include the most important and most highly cited factors used to rank internal medicine applicants. For each applicant attribute, faculty was asked whether virtual or face-to-face interviews were more effective using a Five point Likert scale. Two additional survey questions focused on the overall ability to recruit qualified trainees and the ability to promote diversity within the fellowship class. Faculty was then asked to make an overall choice between face to face and virtual recruitment formats and to explain the reason behind their decision. Demographic data regarding years on faculty and applicants interviewed were also collected.

Results

Twenty-three faculty received the survey and 17 completed, corresponding to a response rate of 73.91%. This survey was completed anonymously. Faculty demographics are in Fig. 1. Of these, 12 had been a member of the faculty for 5 years or more (70.58%). That faculty that indicated they were in year 1 at our institution were newly graduated from fellowship. All faculty at our institution are required to interview at least three fellowship applicants every year.

For all 18 attributes, the majority of faculty felt that virtual and in-person interviews were equally effective (Fig. 2). There were eight attributes where at least five of the 17 faculty felt that in-person interviews were either slightly or significantly more effective. These included “perceived interest in the program,” “compatibility with the program,” “ability to listen,” “relevant questions asked,” “level of confidence,” “leadership qualities,” “maturity,” and “professionalism/professional presence.” The attribute with the most such responses was “perceived interest in the program,” where three faculty members felt that in-

![Table 1](https://via.placeholder.com/150)

| Assessed Applicant Qualities                      |
|-------------------------------------------------|
| Perceived interest in the program                |
| Compatibility with program                       |
| Fund of knowledge                                |
| Ability to grow in knowledge                      |
| Realistic self-appraisal                          |
| Ability to solve problems                         |
| Ability to articulate thoughts                    |
| Ability to listen                                 |
| Willingness to seek help                          |
| Sensitivity to others’ psychosocial needs         |
| Volunteer experiences/extracurricular experiences |
| Life experience outside of medicine               |
| Relevant questions asked                          |
| Level of confidence                               |
| Leadership qualities                              |
| Maturity                                          |
| Commitment to hard work                           |
| Professionalism/professional presence             |
| Ability to recruit the most qualified trainees    |
| Ability to recruit a gender, racially, and culturally diverse class |

![Fig. 1](https://via.placeholder.com/150)

![Fig. 2](https://via.placeholder.com/150)


person interviews were significantly more effective in assessing and four faculty members felt that in-person interviews were slightly more effective in assessing. One attribute, “life experience outside of medicine,” received more positive responses for virtual recruitment with 1 faculty member answering it was slightly more effective and the remainder answering that they were equally effective.

The faculty was also asked to differentiate between virtual and in-person interviews in terms of the “ability to recruit the most qualified trainees” and the “ability to recruit a gender, racially, and culturally diverse class.” While the former question received more positive responses for in-person interviews (three significantly more effective and two slightly more effective), the latter question was viewed in the opposite light with more faculty viewing virtual interviews as more effective (two significantly more effective and two slightly more effective) (Fig. 3).

Finally, faculty was asked “Overall, if given the choice on interview formats in the future, would you choose face-to-face or virtual residency (fellowship) recruitment.” Despite the fact that more faculty felt that in-person interviews allowed for better ability to recruit the most qualified trainees than virtual interviews, out of the 17 faculty chose virtual as their preferred format going forward.

The most common reasons for preferring in-person interviews in the free text comments was being able to “sell” the city of Pittsburgh, which is a smaller and lesser known city that many candidates have not visited, and being able to gauge non-verbal interest in the program.
Examples of this include, “More personal and realistic, can get a better sense of a person...”, “I think that face to face gives you a sense of who the person is and allows for more effective communication” and “A missing item here is my ability to sell PGH [Pittsburgh] the city. I think that's harder to do online.” The most common reasons for preferring virtual interviews were to increase the diversity of applicants and to lessen logistical burden. Examples of this include “...given the burden on applicants with in-person visits, I think there is definitely a benefit to keeping things virtual,” “The ease of scheduling virtual interviews is a positive in the sense that it puts less financial and time strain on applicants” and “I would choose virtual as I feel that I can do a similar assessment as in person with added benefit of larger applicant pool given decrease travel costs which might benefit URM candidates and thus lead to more diverse fellowship class.”

Discussion

There has been a concern that financial and logistical burden of traditional interviews may hinder qualified candidates from applying broadly. In our survey, most faculty felt that virtual interviews are equally effective in assessing important attributes of fellowship candidates and therefore the benefits of virtual interviews outweigh face to face interviews. Virtual interviews also promoted diversity and decreased applicants’ financial burden. The one argument in favor of face to face interviews was that ability to show applicants the advantages of a city they may not know a lot about or have visited.

In Zapata’s previously mentioned letter to the editor, the value of virtual interviews was discussed as a means to promote diversity, inclusion, and equity in the field of HPM as well as to promote a universal recruitment process amongst all programs. They suggested that virtual recruitment become the standard for all HPM fellowships going forward. Similarly, other specialties have called for a more uniform transition to virtual recruitment to avoid financial and logistical burden, environmental costs, and to reduce disparities. Our faculty survey raised similar issues.

The applicant attributes most commonly identified as better assessed in-person were the perception of the program, compatibility with the program and less tangible attributes such the ability to listen and level of confidence. The majority of participants, however, thought that all of these attributes could be equally assessed in a virtual format. Importantly, although a significant number of faculty thought that the ability to recruit the most qualified candidates was better done in-person, there was clear preference for virtual interviews in promoting diversity. The limitations of this study include that our program only represents one large academic institution with a long track record of training fellows. Smaller, non-university based programs and rural programs may have different responses. The parent survey from NRMP is intended for those coming from internal medicine training, which does not capture the growing field of HPM applicants. In addition, we did not survey other interdisciplinary team members who interview applicants. This was because there is not a consistent cohort of IDT members who participate in recruitment to be able adequately compare in-person versus virtual interviews. Finally, this is the faculty’s views, we did not ask applicants. Although fellowship applicants would have been able to compare in-person residency interviews with virtual fellowship interviews, the logistical challenge of gathering this data was significant. In the future, we hope to be able to gain the perspective of applicants on this issue.

Despite the fact that our institution is located in a smaller city that is less well known than many of our
competitors, this survey shows that our faculty, although acknowledging benefits that can only be achieved in-person, believe that virtual interviews for future HPM fellows is an effective and potentially advantageous way to recruit the future work force of Hospice and Palliative Medicine.

**Disclosures**

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