

Commentary: Residency programs must address new interns' divergent skills, experience

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We all have felt the strain of adapting to an ever-changing world of medical education during the COVID-19 pandemic.

Medical students and residents have been pulled from rotations, with some unable to experience core rotations in person or have experienced them much later in their clinical training, often at diminished capacity.

Standardized tests have been postponed or canceled, making it problematic for residency programs to evaluate candidates equally. Most visiting rotations were not possible, and interviews and hospital tours have been conducted exclusively on a virtual platform. This has made it exceedingly difficult to assess a candidate's interpersonal skills and body language, which offer valuable, distinguishing information (Hammoud MM, et al. *JAMA*. 2020;324:29-30).

Residency programs and applicants alike have gone to great lengths to bolster their online presence. Yet, it feels like both sides are wearing blinders when making match lists outside of home institutions, as they base choices on virtual versions of people and places.

On Match Day 2021, filling an intern class and matching into an accredited residency program still will be the benchmark of a successful match. But where will we go from there?

Despite the numerous challenges and limitations that a virtual residency recruitment season brings, there are some benefits that could permanently transform what residency recruitment and the "interview trail" look like. Virtual recruitment naturally expands and diversifies a residency program's applicant pool and allows for

increased convenience in scheduling interviews. Further, the cost savings of forgoing travel allows for a more equal and consistent process for all applicants. Ultimately, remotely conducted meetings and interviews are not only modern, they have become the new normal. Programs that revert to a recruitment strategy that lacks any virtual component likely will be outliers.

Whatever results Match Day brings on March 19, each program will need to scrutinize its recruitment processes and strategies, looking forward to new national recommendations to shape the next match season.

Programs also will have to prepare for their new intern class. Students and residents in pediatrics have had much less clinical exposure in the inpatient and outpatient settings, with national volumes of pediatric patients being significantly lower during quarantine and school closure periods. Residency programs will need to accept that their intern class will have had widely variable clinical exposure and experience. Programs should look closely at transcripts and have discussions with incoming interns early in the academic year to appreciate their clinical exposure. Simulation-based learning exercises during intern orientation may help identify areas that need strengthening prior to the busy fall and winter seasons. Programs then should design individualized educational units to strengthen experiential learning and create tailored plans for resident success. Faculty also will need to adjust their expectations as we all strive to comprehend the practice gaps that may exist for our new interns and rising supervisory residents.

Competency-based assessment will be of the utmost importance as we won't be able to measure time-based training in the same fashion, with interns starting the year with widely divergent skills and expertise. The Accreditation Council for Graduate Medical Education Pediatrics 2.0 Milestones are being finalized and hopefully will offer programs and residents a more streamlined, practical tool to assess these competencies.

This year's match has presented many challenges, but some surprising benefits may change the way we interact with resident candidates moving forward. As we weather this storm in pediatric medical education, let us share ideas to prepare the next cohort of residents to become pediatricians during this uncertain time.

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