



## **Consensus Statement from the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Association of Directors of Psychiatric Residency Training (AADPRT) on the 2020-21 Residency and Fellowship Application Cycle**

May 18, 2020

The COVID-19 pandemic has caused unprecedented disruptions to medical education. In addition to postponed medical student clerkships, lost opportunities for away rotations and sub-internship experiences, and delayed USMLE assessments, our trainees and programs will face substantial new challenges over the 2020-21 residency and fellowship application season. Recent recommendations released by the [Association of American Medical Colleges \(AAMC\)](#) and the [Coalition for Physician Accountability](#), in addition to shifts in the [ERAS 2021 residency timeline](#) and the [NRMP match schedule](#), make it more important than ever for us to come together as a community to address the challenges ahead.

In response, the leadership of ADMSEP and AADPRT have reviewed the concerns of key stakeholders and compiled the following recommendations for our trainees, faculty advisors involved in Undergraduate Medical Education, and psychiatry residency program and fellowship directors overseeing Graduate Medical Education. *Our support for the following recommendations is intended to prioritize the safety of our trainees and communities and to support a fair and equitable process for all.*

- 1. We expect that all residency and fellowship training directors will follow the recommendations set by the AAMC and the Coalition for Physician Accountability to (1) provide away rotations only to those individuals who do not have access to clinical experiences in a psychiatry residency program in their home institution; and (2) conduct all interviews and virtual visits online, including those for local trainees, for the entire interview season.**

We recognize that these recommendations may seem counterintuitive in the context of many states reopening businesses and lifting restrictions on social activities and stay-at-home orders. At the same time, many of the decisions to “open back up” have been driven

by the devastating economic impact of this crisis, and not by substantial improvement in the public health risk. Public health experts continue to warn of the potential for new surges in COVID-19 infections in the months ahead, and a possible “second wave” with the start of the flu season this fall.

In-person interviews are understandably more desirable. However, [as noted by other medical specialty groups](#), the impact of COVID-19 has varied considerably from region to region, disproportionately affecting students and programs in certain geographic locations. While some trainees may feel comfortable traveling, this may be unadvisable or impossible for others. Similarly, it may not be advisable for applicants to travel to certain hard-hit areas.

To help navigate this new landscape, the AAMC has developed several resources that may be useful to programs and applicants:

- [The AAMC Guide for Applicants Preparing for Virtual Interviews](#)
- [The AAMC Virtual Interviews: Tips for Program Directors](#)

There are many ways programs can continue to showcase their programs including video tours of training sites, opportunities for students to sit in on virtual resident didactics, and virtual platforms to chat with current trainees. We recommend that programs communicate with their Graduate Medical Education offices to work together with other training programs, allowing for shared resources in video creation and brainstorming ideas about connecting to applicants virtually.

- 2. We recommend that faculty advisors work closely with students and encourage them to use the “[Apply Smart](#)” data and reference [A Roadmap to Psychiatric Residency](#) when considering the number of residency programs trainees should apply to.**

For many candidates, travel costs have been a rate limiting step in the number of programs they can apply to or interview with. We anticipate that offering online, virtual interviews will take a substantial portion of cost out of the equation when applicants are considering how many programs to apply to. This offers a huge advantage in leveling the playing field for those students facing enormous student loans and economic hardships.

At the same time, there has been a steady increase in the number of applications to psychiatry residency programs over the past several years. In contrast to AAMC “Apply Smart” recommendations, U.S. and Canadian graduates applied to 53 programs on average last year according to [data collected in ERAS](#). This is nearly double the rate reported just five

years ago. While psychiatry training is becoming more competitive, applying to more programs does not appear to confer a significant advantage. [Based upon data from 2019](#), there was very little advantage to applying to more than 15 programs for those applicants with USMLE step 1 scores above 208.

We anticipate that with the lack of travel costs and time involved in residency interviews, students may then apply to even more programs. We advocate for those serving as faculty advisors to educate themselves and students on the available data and resources for applying to programs (such as the AAMC Apply Smart Data and A Roadmap to Psychiatric Residency). ***We strongly urge the NRMP to consider implementing processes that encourage students to make more judicious application decisions.***

- 3. We recommend programs require only one psychiatry-specific letter among the letters of recommendation submitted. We recommend that programs do not require Step 2 results to be completed at the time of the initial application review.**

While the delay in the ERAS timeline is specifically intended to give medical students an opportunity to catch up on missed or delayed rotations, we anticipate that these modified experiences may affect their ability to obtain strong letters of recommendation. Programs should reduce their requirement to one letter from a psychiatric supervisor/mentor and to accept letters of recommendation from other rotation experiences as surrogates. Given the postponement of USMLE Step 2 CK and CS exams thus far in 2020, we recommend programs suspend requirements for Step 2 results to be completed by the time of their initial application review and interview offer.

We encourage programs to continue to conduct [holistic reviews](#) of candidates as this is more likely to lead to the best outcomes for applicants and programs. As application numbers increase significantly, programs may resort to algorithms for filtering candidates and may not be able to provide the kind of holistic review each applicant deserves. The compressed timeline for this year's interview season will further complicate this problem. As noted above, it behooves the entire applicant pool to apply to those programs that are the best "fit."

- 4. We strongly recommend that programs only offer the number of interview spots they have available. Programs should then allow 72 hours for students to respond to an interview offer.**

Across specialties, there have been reports of programs extending more interview invitations than the slots they have available. Interview slots are then filled first-come, first-serve, creating unnecessary stress among medical students who are involved with clinical responsibilities and cannot respond immediately. Programs should not extend interview offers to more students than they can accommodate. For example, programs planning to interview 100 medical students total may consider releasing 20 interview spots at a time to 20 medical students, with the next wave of offers in a similar fashion. Programs should allow applicants 72 hours to respond to an interview offer. Programs may also consider offering interviews towards the end of the day so that applicants do not feel compelled to check their email throughout the clinical workday. Many programs offer interview slots across a range of interview days. Those students responding later in this 72 hour window may not have as much flexibility regarding dates and times that remain available; however, they should not have to worry that there will be no options left by the time they respond.

In conclusion, we recognize this year's interview season will present new challenges. ADMSEP and AADPRT are both committed to sharing resources and ideas to support our members through the year ahead. We are confident our educators will generate innovative solutions and create the space for our trainees to flourish and find the best "fit." Lastly, it is our role to work together to ensure a level playing field for our applicants and programs during this unique time.