For residents entering the fellowship Match during the COVID-19 pandemic, the application process and interview process will have key differences in the upcoming cycle—the same is true for medical students looking to pair with a residency program and residents opting not to pursue fellowship and entering the job market.

A recent article published in *Digestive Diseases and Sciences* looks at key changes that programs and applicants to the fellowship Match process will confront. Though its focus is on gastroenterology fellowship training, the article’s takeaways can be broadly applied to any subspecialty.

The COVID-19 pandemic will surely affect the application process, and the fact that its reach also altered many months of training is likely to be felt by residents who are applying to subspecialty programs. The article highlighted several potential challenges for applicants. The article’s authors also offer a potential solution that may help applicants address obstacles.

**The problem:** Residents may have been given less time on elective rotations. Many residents, particularly those in primary care specialties, were redeployed to the ICU wards to help battle the pandemic. That could potentially have taken away from time in which residents would gain experience closely related to their desired subspecialty. According to the article’s authors the result of that could have “a potential negative impact on the ability to cultivate strong letters of recommendation.”

**Potential solution:** Participate in online programs hosted by the department in which the resident hoped to do elective rotations.

**The problem:** Residents may have had their research opportunities cut short during outbreaks. The article offers two potential ways in which the pandemic impacted resident research. The first, like elective rotations, would be that residents were pulled away from research to treat patients. The alternative outcome may be that some trainees, who in facilities with lower COVID-19 patient volume, may have had more time at home on “healthy reserve,” to conduct research. The article’s authors point out that this dynamic may create an inequality in research opportunities.

**Potential solution:**
Residents should ask faculty if abstracts or posters can be converted to manuscripts, and focus on systematic reviews and database research.

The problem: Travel restrictions may limit fellowship applications to familiar geography. As is the case with the residency Match, interviews and visits for fellowship applications will be conducted virtually. The upside of the is likely a significant financial savings. The downside for some applicants is clear, according to the article’s authors, “it will be much more challenging to evaluate an institution and hospital for compatibility without being able to explore it in person. Furthermore, it will be difficult to know whether a city is livable for an applicant and their family, and they may feel less inclined to move out of cities that are familiar to them.” Potential solution: Nothing matches real-life experience. Still, the article’s authors suggest that residents do online research and review digital resources provided by programs.

The problem: Residents are unfamiliar with virtual interviews. In-person interviews are a bedrock of fellowship selection on both the program and applicant side. With those being off the table, programs will have to find creative ways to engage applicants and build rapport with their exiting team members. Potential solution: The best way for applicants to find comfort with virtual interviews is to practice. This is true of anyone involved on the interviewer side as well. The article suggest that residency programs create mock interviews for fellows that allow them to gain a better understanding of the process.

With summer application deadlines for several subspecialties looming, make use of FREIDA™—a recently revamped comprehensive AMA tool that captures data on more than 12,000 residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education.