3 ways the pandemic may change residency selection going forward

JUL 27, 2021

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When the 2021 Main Residency Match Cycle culminated in March, the results were largely similar to those of other years. The road to those results, however, was vastly different as the process was disrupted by the COVID-19 pandemic.

A JAMA Viewpoint examines how the adaptations made during the 2021 residency-selection process can affect the ways residency programs and applicants approach future cycles.

“In moving forward to improve equity and the process to ensure that the right resident matches at the right program, it is now not only possible but imperative that educational leaders embark on an update to the current system. The changes this year were necessitated by the urgency of the public health situation, but they were also constrained by it. The new residency-selection season presents an opportunity to shape this system to serve its highest purposes,” says the Viewpoint.

The Viewpoint, which outlines potential areas for improvement and adaptation, was co-written by Maya M. Hammoud, MD, Taylor C. Standiford, and J. Bryan Carmody, MD. Dr. Hammoud is professor of obstetrics and gynecology, and of Learning Health Sciences, at the University of Michigan Medical School, and also serves as consultant for the AMA Medical Education Unit. She is the principal investigator on the AMA Reimagining Residency Grant “Transforming the UME to GME Transition for Obstetrics and Gynecology: Right Resident, Right Program, Ready Day One”.

Shorter process

Fourth-year medical students typically submit applications in September for a process that concludes in mid-March. It lasts nearly the entire training year, but that wasn’t the case last time around, with application submissions taking place a month later than usual.
The timeline changes didn’t yield much criticism from either residency applicants or programs. The paper’s authors advocated implementing the 2020–21 timelines permanently.

“For students, a shorter cycle could allow more meaningful engagement in fourth-year clinical rotations, while program directors may benefit from additional time to focus less on recruitment and more on residents already in their program,” they wrote. “Additionally, allowing access to the Medical Student Performance Evaluation (MSPE) at the same time as other application materials allows programs to make a complete application review prior to offering interviews.”

Fewer away rotations

Away or visiting rotations have in some specialties been considered an audition for medical students seeking residency positions for the following year. And they have proved valuable for that purpose—2019 data from the Association of American Medical Colleges indicates that 55% of graduating U.S. medical students completed at least one away rotation. Of those who did, more than one in three reported matching with a program at which they did a visiting stint.

The 2020-21 cycle didn’t allow for away rotations, and Dr. Hammoud and her co-authors questioned whether the practice should continue.

“Following an application season without these electives, consideration should be given to whether evaluative and educational benefits of visiting electives justify the logistical and financial burdens they impose,” the article says.

Learn about the pros and cons of away rotations from the medical student’s vantage point.

Keep doing virtual interviews

Though the concern exists that medical students will potentially apply to more programs and accept more interview invitations when they are done virtually, the article highlights their benefits. They cut costs and save time for applicants who, in a typical year, spend thousands traveling to in-person interviews. The switch to virtual interviews also caused programs to think creatively about how they screen applicants and convey information to them.

“The necessity of virtual interviewing also spurred programs to develop innovative and technologically savvy methods to showcase their programs on an entirely virtual platform,” says the Viewpoint.