Pain Physician 2022; 25:125-130 • ISSN 1533-3159

Survey

Pain Medicine Fellowship Video Interviews: A COVID-19 Trend or Here to Stay?

Rebecca Dale, DO[1], Logan Kinch, MD[2], Lynn Kohan, MD[2], Timothy Furnish, MD[3], Rene Przkora, MD, PhD[4], Shalini Shah, MD[5], Boris Spektor, MD[6], Shravani Durbhakula, MD[7], Manuel Lombardero, MS[8], and Scott Brancolini, MD[9]

From: [1]Department of Anesthesiology and Pain Medicine, University of Washington and Harborview Medical Center, Seattle, WA; [2]Department of Anesthesiology, University of Virginia, Charlottesville, VA; [3]Department of Anesthesiology, University of California San Diego Health, San Diego, CA; [4]Department of Anesthesiology, University of Florida College of Medicine, Gainesville, FL; [5]Department of Anesthesiology & Peri-operative Care, University of California Irvine Health, Irvine, CA; [6]Department of Anesthesiology, Emory University School of Medicine, Atlanta, GA; [7]Division of Pain Medicine, Department of Anesthesiology and Critical Care Medicine, Johns Hopkins Medicine, Baltimore, MD; [8]University of Pittsburgh Graduate School of Public Health, Pittsburgh, PA; [9]Department of Anesthesiology and Perioperative Medicine, University of Pittsburgh Medical Center, Pittsburgh, PA

Address Correspondence:
Rebecca Dale, DO
University of Washington and Harborview Medical Center
325 9th Ave SW, Box 359724
Seattle, WA 98104,
E-mail: rdale@uw.edu

Disclaimer: There was no external funding in the preparation of this manuscript.

Conflict of interest: Each author certifies that he or she, or a member of his or her immediate family, has no commercial association (i.e., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted manuscript.

Manuscript received: 09-15-2021
Revised manuscript received: 11-24-2021
Accepted for publication: 12-08-2021

Free full manuscript: www.painphysicianjournal.com

Background: The COVID-19 pandemic ushered in a shift to a video format for pain medicine fellowship interviews for the 2021-2022 academic year, which represented a major change in the fellowship interview paradigm.

Objectives: Our aim was to assess the experience of a video-only format in place of in-person interviews for Pain Medicine fellowship program directors and applicants after the 2020 fellowship interview season to determine the feasibility for continuation beyond COVID-19 travel restrictions.

Study Design: Survey via Qualtrics.

Setting: Academic pain medicine programs.

Methods: A consortium of program directors converged to discuss methods for determining the effectiveness and future direction of the video format for pain medicine fellowship interviews. Two surveys were formulated, one targeting pain medicine fellowship program directors and the other for candidates interviewing for the year 2021-2022.

Results: For applicants, 55 out of 170 responded for a response rate of 32.3%, and for program directors, 38 out of 95 responded for a response rate of 40%. Of the applicants, 45.7% stated that they would prefer video interviews, whereas 27.3% of program directors preferred video interviews. Savings of time and money were the most common reason for preferring video interviews.

Limitations: The number of pain fellowship applicants invited was limited to those who interviewed at a subset of pain fellowships, which may not have been representative of all pain fellow applicants.

Conclusions: The video format for pain medicine fellowship interviews was viewed positively by both candidates and program directors. We suspect that the video format alone or as a part of a hybrid model will become a routine method for the interview process in the future, given its time and cost benefits.

Key words: Video format interview, tele-interview, virtual interview, pain medicine fellowship

Pain Physician 2022: 25:125-130

In alignment with the Accreditation Council for Graduate Medical Education recommendation in response to COVID-19, pain medicine fellowships completed a cycle of video format interviews (synonymous in this article to tele- or virtual interview) for the 2021-2022 academic year. This dramatically altered the fellowship interview paradigm and provided an opportunity to evaluate how this interview strategy was received by applicants and program directors. Before COVID-19, existing literature examined video format interviews in the business model as well as in graduate medical education; however, unlike a Pain Medicine fellowship, the programs studied were all longer than 1 year (1). The investment of money, time, and the environmental effect of interview travel is large for in-person interviews considering that it is so short. Video/virtual recruitment offers advantages and disadvantages to both applicants and programs (2). Positive aspects include that applicants with lesser means could apply more broadly; precious time is not siphoned from residency to attend interviews; the carbon footprint of the fellowship is greatly reduced (3); the cost to the program is reduced by eliminating the need to "wine and dine" candidates. Conversely, the information exchange between candidates and programs is altered. In-person interviews allow candidates to tour and observe clinics, procedure areas, program culture, and geographic location, all of which are more difficult to convey in video interviews. In addition, programs able to quickly invest the resources needed to create video tours and a robust online presence may have a distinct recruiting advantage compared to less technically savvy programs.

Varying levels of technological comfort among generations may affect preference for this format change (4,5). The aims of this study were to evaluate and assess pain medicine candidates' and program directors' satisfaction with video interviews for a 1-year pain medicine fellowship and how they perceived the effectiveness of this format to help guide the recruitment process in the post-COVID era.

Methods

A multi-institutional consortium of program directors developed 2 surveys using the Qualtrics survey platform (www.Qualtrics.com). One survey was for the pain medicine fellowship program directors consisting of 16 questions, and the other for the applicants interviewing for the year 2021-2022, consisting of 13 questions (Appendix 1 and 2). Our Institutional Review Board deemed this study exempt. Surveys were emailed to candidates who interviewed at the participating authors' pain medicine fellowship programs during the 2021-2022 interview season. Candidate lists were compiled to eliminate duplicates so that candidates would receive only one email invite to complete the survey. Survey results were collected via the Qualtrics platform anonymously. Surveys were sent out to applicants after the National Residency Matching Program (NRMP) pain fellowship match was complete. Program directors listed in the Association of Pain Program Directors database as the program director of record were emailed an invitation to complete the survey. The program director survey results were collected anonymously via Qualtrics.

Results

Of the applicants invited to participate in the survey, 55 out of 170 responded for a response rate of 32.3%. Among pain medicine program directors, 38 out of 95 responded to the survey for a response rate of 40%. Applicants applied to a mean of 46 (range 6-100) programs and were invited to interview at a mean of 13.9 programs (range 2-40) (Table 1). Demographic data were not collected to protect the candidates' anonymity. The mean number of video interviews attended by a candidate was 12 (range 2-23); only one applicant interviewed in person. The primary residency training of the applicants in our survey included 45.6% (n = 21) from anesthesiology, 41.3% (n = 19) from physical medicine and rehabilitation (PM&R), 2.2% (n = 1) from neurology, 4.3% (n = 2) from psychiatry, 4.3% (n = 2) from emergency medicine, and 2.2% (n = 1) from other residency training.

Overall, 45.7% (n = 21) of applicants stated that they would prefer the video format if given a choice. When asked to choose the number one reason why, of the 21 applicants who cited video format interviews as the preferred format, 6 (28.6%) attributed the preference to a better use of their time, 14 (66.7%) to a better use of their money, and one applicant volunteered it was a better use of both. When asked to choose the number one reason why, of the 25 applicants who gave in-person interviews as the favored format, 18 (72%) said in-person interviews were better at getting to know the program, 5 (23.8%) felt this format was superior at allowing the program to know them, one (4.0%) thought in-person interviews were a better use of time, and one (4.0%) thought in-person interviews were a better use of their money. Regarding video interviews,

52% (of n = 50) of applicants agreed or strongly agreed that they gained a good understanding of clinic visits and procedure volumes and 26% (of n = 47) agreed or strongly agreed that they gained a good sense of what it would be like to live in the city/area of the program. Additionally, 71% (of n = 45) of applicants felt that the video format gave them an adequate assessment of work-life balance at the program. Regarding how they felt they were able to express themselves and how they thought programs were able to express themselves in the video format, 70% (of n = 50) agreed or strongly agreed that they were able to convey their suitability and fit for the program and 62% (of n = 50) agreed or strongly agreed that they experienced a strong sense that the program was a good fit for them (Fig. 1). There was a positive correlation of R = 0.63 between these 2 impressions, with a confidence interval of 0.43-0.77.

Overall, 71% of applicants (of n = 45) felt strongly or very strongly that the video format allowed them to apply more broadly. Thirty-two percent (of n = 38) felt strongly or very strongly that because of the video format, they might make a bad choice in their rank list, and 42% (of n = 38) felt strongly or very strongly that they were more likely to rank their home program higher because of familiarity. Among applicants who preferred the video format, 86% (of n = 21) felt strongly or very strongly that the video format allowed them to apply more broadly. Only 18% (of n = 17) felt strongly or very strongly that because of the video interviews, they might make a bad choice in their rank list, and 41% (of n = 17) felt strongly or very strongly that they were more likely to rank their home program higher due to familiarity. Among applicants who would have preferred the in-person format, 58% (of n = 24) felt strongly or very strongly that the video format allowed them to apply more broadly. However, 43% (of n = 21) felt strongly or very strongly that because of the video format interviews, they might make a bad choice in their rank list, and 43% (of n = 21) felt strongly or very strongly that they were more likely to rank their home program higher due to familiarity.

For the program directors' survey, 3 programs had held tele-interviews in 2019 before COVID-19, and 4 programs had held in-person interviews in 2020. Three of the 38 responding programs filled some of their positions outside of the NRMP match, and no programs filled all of their positions out of the NRMP match. The median number of fellowship positions that each program offered in the 2020 interview season was 5 (mean = 4.68, range 0-10). The mean number of interviews conducted per program was similar between the 2019 and 2020 interview season (Tables 2 and 3). Of the responding program directors, 93.9% (n = 31) were from anesthesia-based programs and 6.1% (n = 2) were from PM&R-based programs.

Overall, 27.3% (n = 9) of program directors preferred video format interviews, with 29.0% (n = 9) of anesthesia-based program directors stating that they

Table 1. *Applications and interview numbers for applicants in 2020.*

Characteristics of applicants (n = 55)	Mean	SD	Minimum	Maximum
Programs applied to	46.0	26.8	6	100
Invitations received	13.9	8.4	2	40
Interviews attended	12.0	6.2	2	23

SD, standard deviation

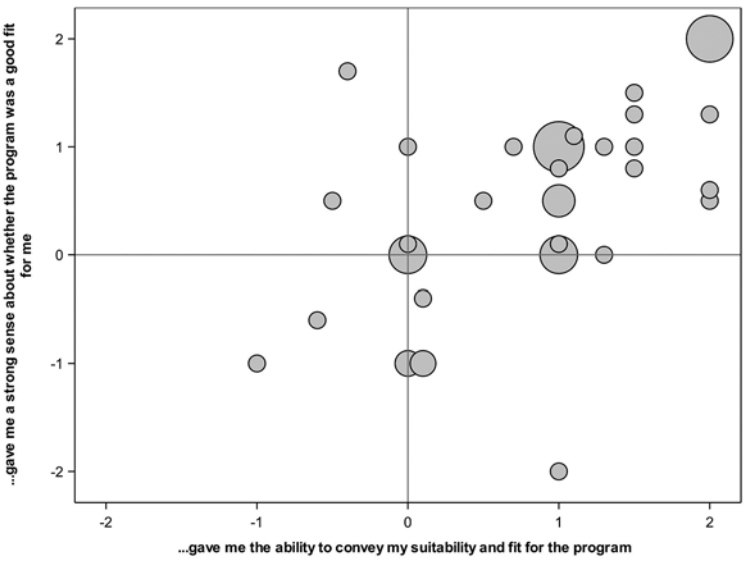


Fig. 1. *Scatter plots of scores indicating applicants' feelings about the video format. Strong Disagreement (–2) to Strong Agreement (2). There was a positive correlation of R = 0.63 between these 2 impressions, with a confidence interval of 0.43-0.77*

Table 2. *Programs and interviews completed in 2019 and 2020.*

Characteristic	Mean	SD	Minimum	Maximum
Number of interviews completed 2019 (n = 31)	39.4	28.1	7	100
Number of interviews completed 2020 (n = 34)	38.5	25.3	6	100

SD, standard deviation

Table 3. *Program positions and interviews per position in 2020.*

Characteristic of Program (n = 34)	Mean	SD	Minimum	Maximum
Number of fellowship positions to fill 2020	4.68	5	1	10
Number of interviews completed per fellowship position 2020	9.88	6.5	3	33

SD, standard deviation

preferred video format interviews and 0% of the 2 PM&R based programs preferred video format interviews. For program directors who chose a preference for video format interviews, 88.9% (n = 8) preferred it because they felt that it was a better use of the candidates' time, 100.0% (n = 9) felt that it was a better use of the candidates' money, 77.8% (n = 7) felt that it was a better use of the program's time, and 55.6% (n = 5) felt that it was a better use of the program's money. No programs preferred video interviews because they felt that candidates preferred this format, 33% (n = 3) felt that their faculty preferred this format, and 22% (n = 2) preferred this format because they felt it was more environmentally friendly. For the programs that chose in-person interviews as the preferred format, 91.7% (of n = 22) felt that in-person interviews were better at letting the candidates get to know the program, 70.8% (n = 17) felt that they were better at getting to know the candidates, 33.3% felt that they were preferred by their faculty, 16.7% felt that candidates preferred this format, 12.5% (n = 3) thought that it was a better use of the candidates' time, and 4.2% (n = 1) thought that it was a better use of the candidates' money.

For program directors, 59% (of n = 20) agreed or strongly agreed that video format interviews were an effective format for informing candidates about their program, and 82% (of n = 28) agreed or strongly agreed that video interviews provided sufficient information about the candidate's appropriateness for their program (Fig. 2). There was a stronger positive correlation, R = 0.83, between these 2 feelings than with the applicants (0.63), with a confidence interval of 0.69-0.91. Of the program directors responding, 93% (of n = 28) agreed or strongly agreed that in-person interviews were effective for informing the candidates about their program, and 90% (of n = 27) of programs agreed or strongly agreed that in-person interviews provided sufficient information about the candidate's appropriateness for their program.

The mean number of faculty interviewers for video interviews in 2020 and in-person interviews in 2019 was 4.42 and 4.23, respectively. If group interviews were done for video interviews, the number of faculty interviewing ranged from 2 to 7 faculty. For their video interviews, 74.2% (n = 23) of programs used group formats with multiple candidates and fellows, 77.4% (n = 24) did a live program overview presentation, 45.2% (n = 14) provided a prerecorded program overview, 3.2% (n = 1) did a live video tour, 71.0% (n = 22) showed a recorded video tour, 3.2% (n = 1) offered post-interview site visits, 32.3% (n = 10) offered follow-up tele-conversations with the program director or other faculty, 29.0% (n = 9) offered follow-up conversations with the fellows, and 45.2% (n = 14) shared program/departmental/faculty social media links.

Discussion

The abrupt advent of video format interviews could become the new norm; thus, it is vital to understand the effect and optimal experience for applicants and programs (6). This survey showed that there was a relatively even split in preference by applicants for video versus in-person format. Applicants applied to a seemingly large number of programs (mean of 46 programs). It is plausible that the video format enabled applicants to apply and interview more broadly than had they been restricted by the travel time and cost constraints with in-person interviews. However, the COVID-19 lockdown began relatively late in the application cycle, which opens on December 1 and closes on May 1, so it is unclear what influence it had in terms of numbers of programs applied to. The ability to interview more broadly could be a benefit to the applicant, particularly those with lesser financial means. If pain medicine strives to recruit and support candidates from underrepresented and disadvantaged backgrounds, this is an important consideration. If in subsequent years, programs move forward with a hybrid interview model, it would be interesting to see if there were a bias towards candidates able to come for

in-person interviews. This would again bring us back to favoring candidates with greater financial means, and so it would be worthwhile to preemptively think of ways candidates can show commitment to a particular program that does not require financial advantages. This study did not ascertain the number of programs candidates typically applied to before video interviews were routinely offered.

Because less time and financial investment are required for video interviews, candidates may have a lower threshold for applying and accepting interviews at programs that they may not actually be interested in matching with. Some applicants have expressed concern in online forums (7) that video format interviews give an outsized advantage to top applicants. The lack of time and cost constraints could result in these applicants taking substantially more interview spots than they otherwise would have, leaving fewer available for lower-tier applicants. Such behavior could result in more programs going unfilled.

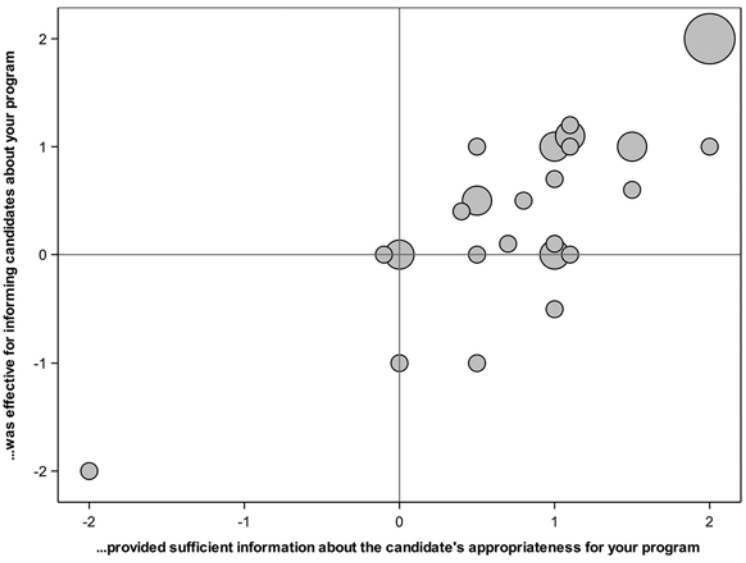


Fig. 2. *Scatter plots of scores indicating program directors' feelings about the video format. Strong Disagreement (–2) to Strong Agreement (2). There was a positive correlation, R = 0.83, between these 2 impressions, with a confidence interval of 0.69-0.91*

Scatter plots (Figs. 1 and 2) were generated based on responses by program directors and applicants relating to the communication issues of video interviews, specifically their ability to express their strengths and suitability to each other in the video format. Overall, these scatter plots indicate that both program directors and candidates felt that communication was effective. There was a positive correlation in the ability to communicate both ways that was slightly stronger for the program directors, with candidates feeling less confident in the program's ability to express their strengths and suitability to applicants. This aligns with the data indicating that some program directors felt that the video format platform did not provide them with the ability to effectively share information to candidates about the program. This could be the result of a limitation in media development or public relations support. With a lack of institutional support for the enhancement of internet-based information, the programs' ability to provide information is impaired, as this task falls solely on the program directors and program coordinators. This is further supported by the fact that 18% of applicants felt they might make a poor choice on their rank list due to the video format interviews. Despite 82% having confidence in the video platform, 41% still stated that they had a greater propensity to rank their home program higher due to familiarity. It remains unclear if this is due to the video format or the ongoing COVID-19 pandemic at the time match lists were submitted in September 2020. Interestingly, the environmental friendliness of the video interviews was generally of little concern to programs. It would be interesting to survey program administrators regarding workload and time commitment of virtual versus in-person interviews in future studies.

Limitations

Although a relatively large proportion of program directors and applicants completed our survey, the portion of total pain fellowship applicants invited was limited to those who interviewed at a subset of pain fellowships, which may not have been representative of all pain fellow applicants. The COVID-19 travel restrictions and shift from planned in-person interviews to video interviews happened at the beginning of the pain fellowship interview season. Additionally, it is unknown whether applicant and program behavior were affected by the uncertainty of the pandemic.

Conclusions

Although a slim majority of applicants and a larger majority of program directors preferred in-person interviews, the video interview format for pain medicine fellowships was received in an overall positive way by both groups. Both applicants and program directors felt they were able to express themselves, as well as gather information about the other in the virtual setting well. However, more public relations support, such as recorded virtual program tours, would be beneficial to this relationship. Moving forward, we suspect that the video format may become a more common method given the time and cost benefits to applicants.

Author Contributions

RD, LK, LK, TF, RP, SS, BS, SD, ML, SB all contributed to the conception of the study design, acquisition and interpretation of data, and drafting and critically revising the manuscript. All authors provided final approval of the version published. RD is responsible for the overall content as guarantor.

Appendix 1 and 2 available at www.painphysicianjournal.com

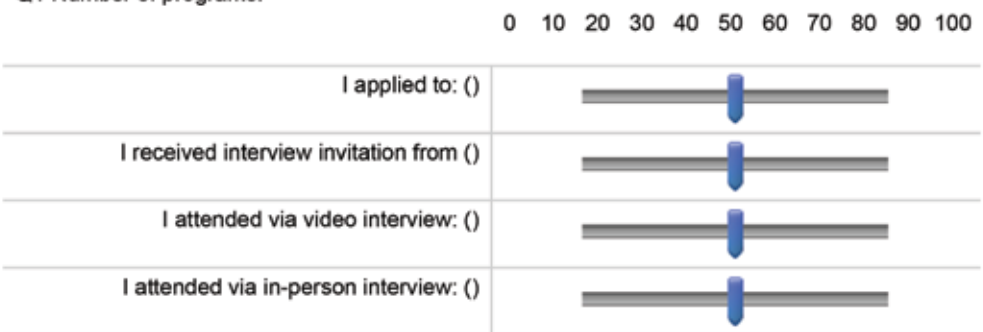
References

1. Davis MG, Haas MRC, Gottlieb M, House JB, Huang RD, Hopson LR. Zooming in versus flying out: virtual residency interviews in the era of COVID-19. *AEM Educ Train* 2020; 4:443-446.
2. Bernstein SA, Gu A, Chretien KC, Gold JA. Graduate medical education virtual interviews and recruitment in the era of COVID-19. *J Grad Med Educ* 2020; 12:557-560.
3. Donahue LM, Morgan HK, Peterson WJ, Williams JA. The carbon footprint of residency interview travel. *J Grad Med Educ* 2021; 13:89-94.
4. Udeagu CN, Shah S, Toussaint MM, Pickett L. Sociodemographic differences in clients preferring video-call over in-person interview: a pilot study of HIV tele-partner services. *AIDS Behav* 2017; 21:3078-3086.
5. Shah S, Diwan S, Kohan L, et al. The technological impact of COVID-19 on the future of education and health care delivery. *Pain Physician* 2020; 23:S367-S380.
6. Kohan L, Durbhakula S, Zaidi M, et al. Changes in pain medicine training programs associated with COVID-19: survey results. *Anesth Analg* 2021; 132:605-615.
7. Student Doctor Network. 2021-2022 Pain Fellowship Application Thread. https://forums.studentdoctor.net/threads/2021-2022-pain-fellowship-application-thread.1429077/

Appendix 1: Applicant Survey

Start of Block: Applicant Survey

Q1 Number of programs:

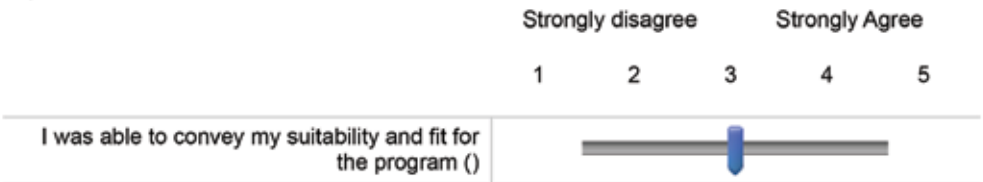


Q2 What is the optimal duration (minutes) for interviews?

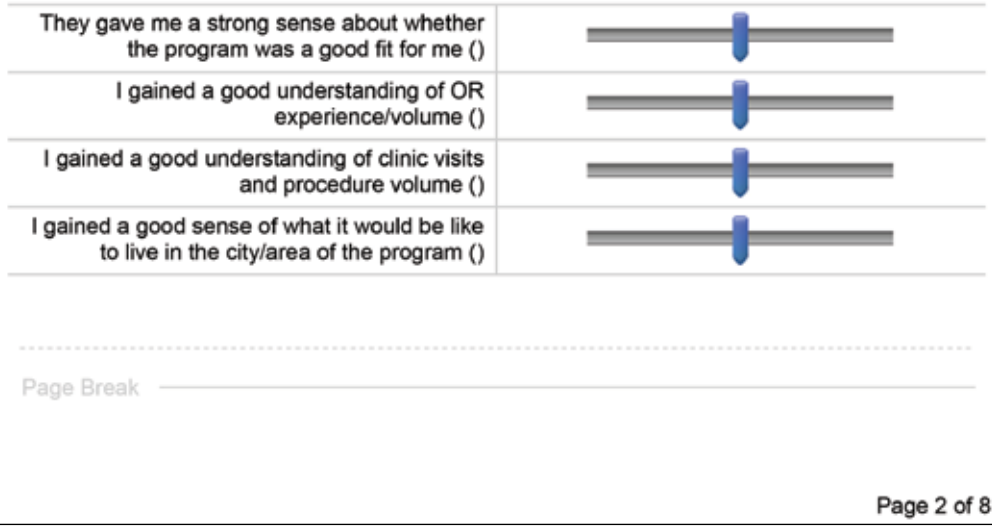
Display This Question:

If Number of programs: [I attended via in-person interview:] > 0

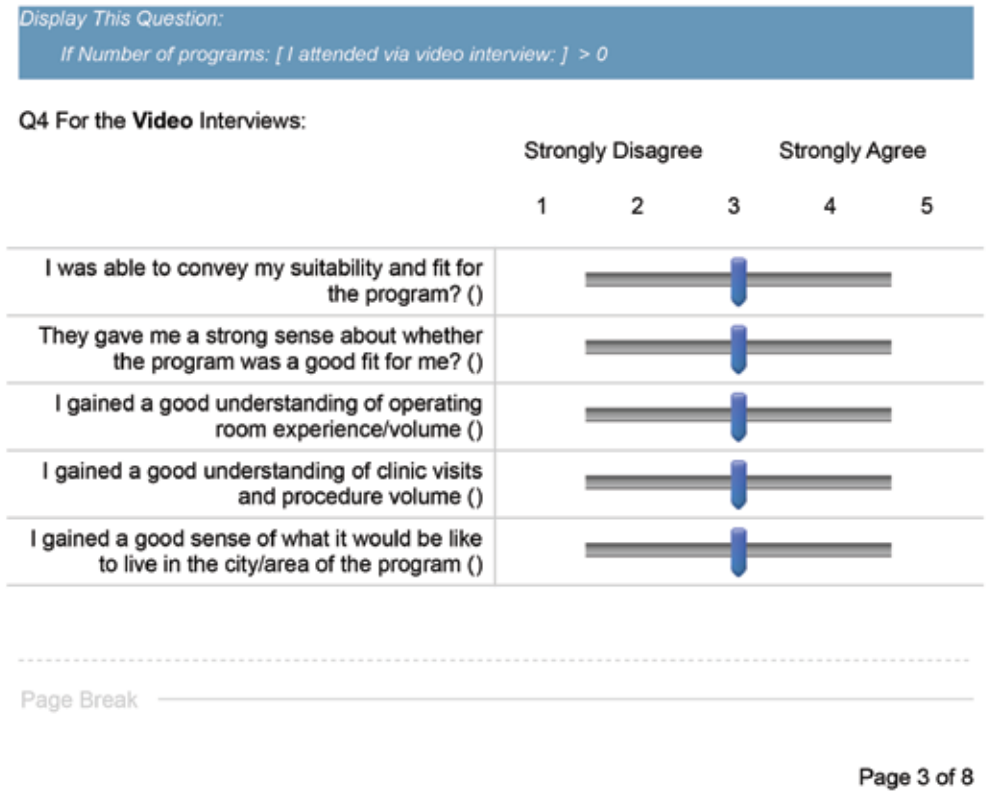
Q3 For the **In-Person** Interviews:



Data supplement 1. *Applicant survey.*



Data supplement 1 (cont.). *Applicant survey.*

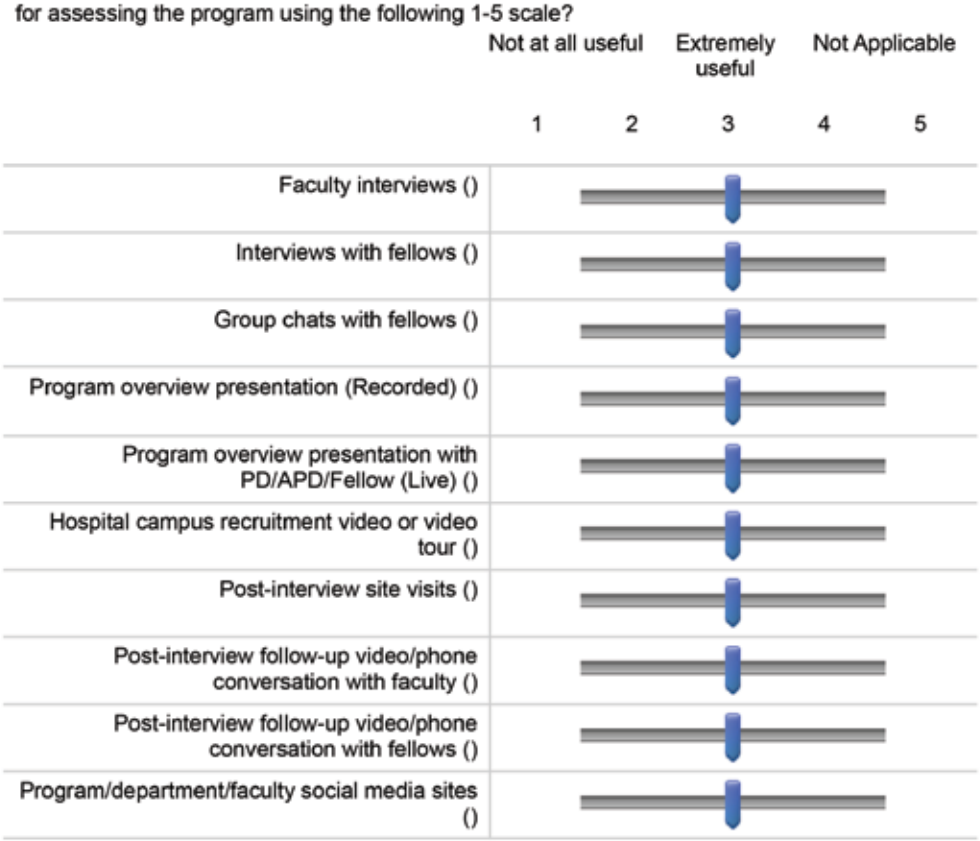


Data supplement 1 (cont.). *Applicant survey.*

Display This Question:

If Number of programs: [I attended via video interview:] > 0

Q5 For **VIDEO** interviews, how useful were the following experiences at providing information for assessing the program using the following 1-5 scale?



Display This Question:

If Number of programs: [I attended via video interview:] > 0

Data supplement 1 (cont.). *Applicant survey.*

Q6 The **VIDEO** interviews gave me an adequate assessment of work-life balance at programs? (0 = No, 1= Yes)

○ 0 (1)

○ 1 (2)

Display This Question:

If Number of programs: [I attended via video interview:] > 0

Q7 Please use the 1-5 scale for the following question:

	Strongly Disagree 1	2	3	4	Strongly Agree 5
I am concerned about making a bad choice in my rank list because of VIDEO interviews? ()					
Because of VIDEO interviews, I am more likely to rank my home program higher due to familiarity ()					
If all programs utilized Video interviews, it would allow me to apply more broadly ()					

Page Break

Data supplement 1 (cont.). ***Applicant survey.***

Q8 The interview format I would have preferred if given the choice? (0 = Video, 1 = In-person)

- ○ 0 (1)
- ○ 1 (4)

Q9 Why did you choose the format in the previous question?

- ○ Better at getting to know the program (1)
- ○ Better at getting the program to know me (2)
- ○ Better use of my time (3)
- ○ Better use of my money (4)
- ○ Other (5)

Display This Question:

If Why did you choose the format in the previous question? = Other

Q10 Please comment on "Other" reasons?

_____

_____

_____

_____

_____

Page Break

Data supplement 1 (cont.). ***Applicant survey.***

Q11 Did you consider your interviewers' professional appearance and presentation in your program ranking? (0 = No, 1 = Yes, 2 = Not sure)

- 0 (1)
- 1 (2)
- 2 (3)

Display This Question:

If Number of programs: [I attended via in-person interview:] > 0

Q12 Did you consider your interviewers' behavior and interactions with others during an in-person interview in your program ranking? (0 = No, 1 = Yes, 2 = Not sure)

- 0 (1)
- 1 (2)
- 2 (3)

Page Break

Data supplement 1 (cont.). ***Applicant survey.***

Q13 What is your specialty?

- ○ Anesthesia (1)
- ○ PM&R (2)
- ○ Neurology (3)
- ○ Psychiatry (4)
- ○ Emergency Medicine (5)
- ○ Family Medicine (6)
- ○ Radiology (7)
- ○ Other (8)

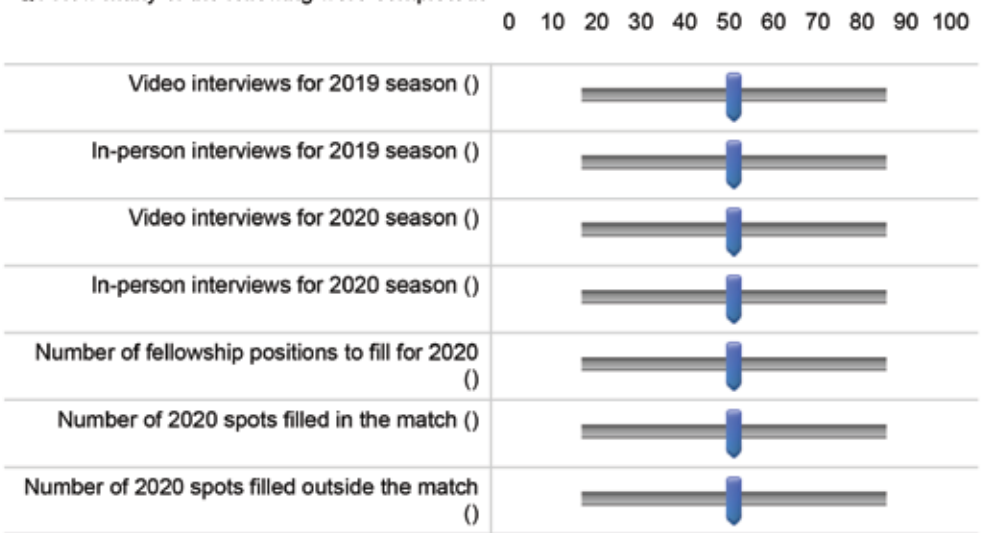
End of Block: Applicant Survey

Data supplement 1 (cont.). ***Applicant survey.***

Program Director Survey

Start of Block: Default Question Block

Q1 How many of the following were completed?



Page Break

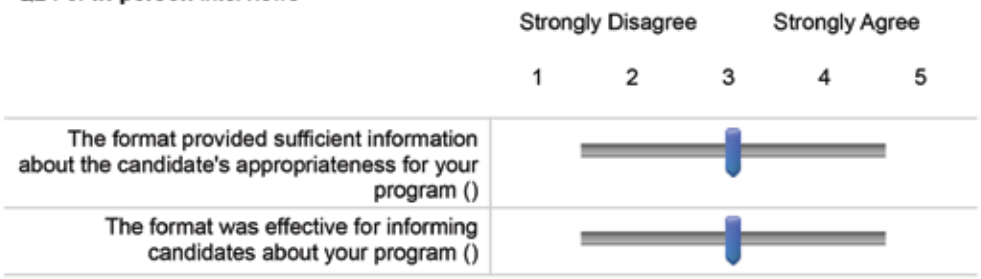
Data supplement 2. ***Program director survey.***

Display This Question:

If How many of the following were completed? [In-person interviews for 2019 season] > 0

Or How many of the following were completed? [In-person interviews for 2020 season] > 0

Q2 For **In-person** interviews

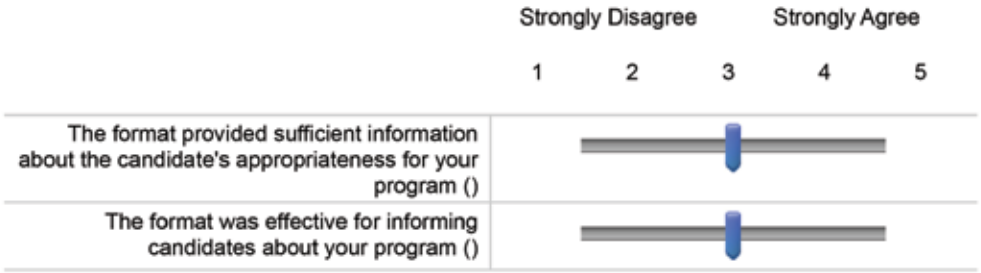


Display This Question:

If How many of the following were completed? [Video interviews for 2019 season] > 0

Or How many of the following were completed? [Video interviews for 2020 season] > 0

Q3 For **VIDEO** interviews



Page Break

Data supplement 2 (cont.). ***Program director survey.***

Display This Question:

If How many of the following were completed? [Video interviews for 2020 season] > 0

Q4 Did you do one-on-one or group interviews (more than one faculty simultaneously interviewing one applicant) via **VIDEO** this year?

- ○ One-on-one interviews (1)
- ○ Group interviews (2)
- ○ Some one-on-one and some group interviews (3)

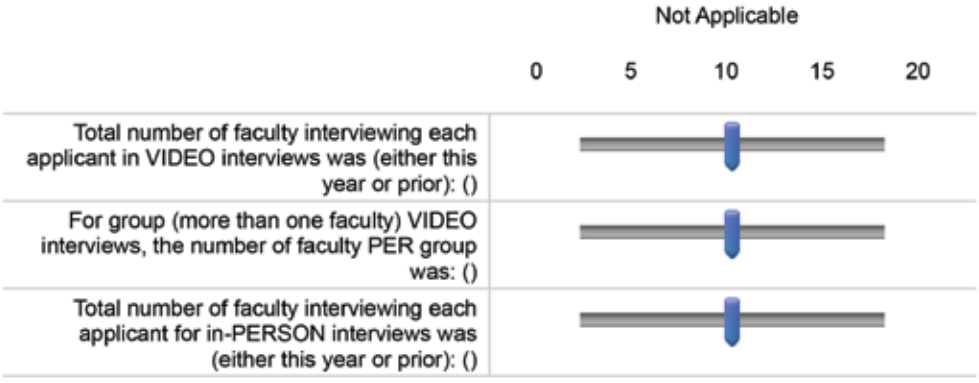
Display This Question:

If How many of the following were completed? [In-person interviews for 2020 season] > 0

Q5 Did you do one-on-one or group interviews (more than one faculty simultaneously interviewing one applicant) via **In-Person** this year?

- ○ One-on-one interviews (1)
- ○ Group interviews (2)
- ○ Some one-on-one and some group interviews (3)

Q6 Regarding number of faculty in interview process?



Data supplement 2 (cont.). *Program director survey.*

For group (more than one faculty) in-PERSON interviews, the number of faculty PER group was: ()	

Q7 What interview format do you prefer (0 = Video, 1 = In-Person)?

- ○ 0 (1)
- ○ 1 (2)

Q8 Why did you choose the format from the previous question (choose all that apply)?

- ☐ Better at letting candidates get to know the program (1)
- ☐ Better at getting to know the candidates (2)
- ☐ Better use of my candidate's time (3)
- ☐ Better use of my candidate's money (4)
- ☐ Better use of program's time (5)
- ☐ Better use of program's money (6)
- ☐ Applicants prefer this interview format (7)
- ☐ Faculty interviewers prefer this format (8)
- ☐ More environmentally friendly (9)
- ☐ Other (11)

Data supplement 2 (cont.). *Program director survey.*

Display This Question:

If Why did you choose the format from the previous question (choose all that apply)? = More environmentally friendly

Q9 Please comment on the "Other" reasons?

_____

_____

_____

_____

_____

Page Break

Data supplement 2 (cont.). ***Program director survey.***

Display This Question:

If How many of the following were completed? [Video interviews for 2020 season] > 0

Or How many of the following were completed? [Video interviews for 2019 season] > 0

Q10 For **Video** interviews, indicate methods used to help candidates get to "know the program" beyond interviews with faculty? Select all that apply

- ☐ Interview (video/phone) with a fellow (1)
- ☐ Group chat/video with multiple candidates and fellows (2)
- ☐ Program overview presentation live (3)
- ☐ Program overview presentation recorded (4)
- ☐ Video tour live (5)
- ☐ Video tour recorded (6)
- ☐ Post-interview site visits (7)
- ☐ Follow-up video/phone conversations with PD or faculty (8)
- ☐ Follow-up vido/phone conversations with fellows (9)
- ☐ Sharing program/department/faculty social media links with applicants (10)
- ☐ None of the above (11)
- ☐ Other (12)

Display This Question:

If For Video interviews, indicate methods used to help candidates get to "know the program" beyond i... = Other

Data supplement 2 (cont.). ***Program director survey.***

Q11 Please comment on "Other" methods used to help with Video interviews:

_____

_____

_____

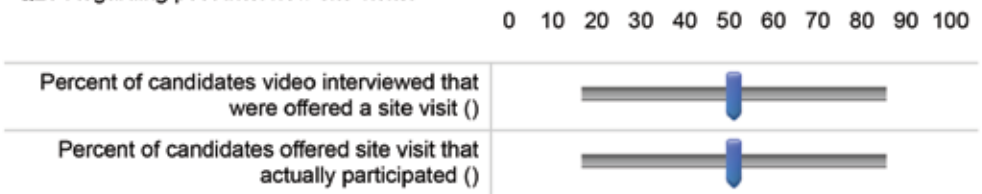
_____

_____

Display This Question:

If For Video interviews, indicate methods used to help candidates get to "know the program" beyond i... = Post-interview site visits

Q20 Regarding post-interview site visits:



Page Break

Data supplement 2 (cont.). *Program director survey.*

Q12 Do you consider a candidate's professional appearance and presentation in your candidate ranking (0 = No, 1 = yes, 2 = Not sure)?

- 0 (1)
- 1 (2)
- 2 (3)

Q13 Do you consider a candidate's behavior and interactions with others during an in-person interview in your candidate ranking? (0 = No, 1 = yes, 2 = Not sure)?

- 0 (1)
- 1 (2)
- 2 (3)

Page Break

Data supplement 2 (cont.). *Program director survey.*

Q14 What type of interviews do you plan to do next year?

- ○ All Video (1)
- ○ All in-person (2)
- ○ Offer both (3)
- ○ Pre-interview with video then offer in-person interviews (4)
- ○ Not sure yet (5)

Q15 In what department is your fellowship based?

- ○ Anesthesiology (1)
- ○ PM&R (2)
- ○ Neurology (3)
- ○ Other (4)

Display This Question:

If In what department is your fellowship based? = Other

Q16 What department is your fellowship based?

_____

_____

_____

_____

_____

Data supplement 2 (cont.). ***Program director survey.***

End of Block: Default Question Block

Data supplement 2 (cont.). ***Program director survey.***