

# Impact of the COVID-19 Global Pandemic on the Otolaryngology Fellowship Application Process

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## Abstract

On March 11, 2020, the World Health Organization declared coronavirus disease 2019 a global pandemic. In addition to massive social disruption, this pandemic affected the traditional fellowship interview season for otolaryngology subspecialties, including head and neck surgical oncology, facial plastic and reconstructive surgery, laryngology, rhinology, neurotology, and pediatric otolaryngology. The impact on the fellowship interview process, from the standpoint of the institution and the applicant, necessitated the use of alternative interview processes. This change may alter the future of how interviews and the match proceed for years to come, with nontraditional methods of interviewing becoming a mainstay. While the impact this pandemic has on the fellowship match process is not yet fully realized, this commentary aims to discuss the challenges faced on both sides of the equation and to offer solutions during these unprecedented times.

## Keywords

COVID-19, fellowship, ENT, videoconference, interview

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Despite its relatively limited anatomic dimensions, the head and neck region is incredibly complex, and our understanding of its component parts continues to expand. Accordingly, subspecialization is increasingly desired, with up to 70% of otolaryngology residents planning to pursue fellowship.<sup>1</sup> Traditionally, the fellowship application timeline consists of an online application opening in fall. In-person interviews commence late winter and continue through the spring, followed by the online ranking and match process that results in early summer. The in-person interviews are traditionally one of the most important aspects in helping solidify a rank list, both for the applicant and for the program.

In contrast to residency interviews, fellowship interviews often span 2 full days with extended interactions between applicants and faculty in both formal and informal settings.

While fellowship directors view this portion of the application process as essential, applicants continue to shoulder the financial burden of travel and lodging.<sup>2</sup> Furthermore, applicants face the pressures of missing clinical duties that may obligate their resident classmates to assume additional responsibilities, including call. Due to these inequities, alternative interview arrangements have been contemplated by fellowship programs throughout the years. While videoconferencing offers a substitute for the in-person interview, it has been used infrequently within otolaryngology-head and neck surgery.

Originating in China in late 2019, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus spread around the globe with the first confirmed case in the United States occurring in February 2020. Rapid transmission prompted action from state and local governments to limit activity to only the most essential services. The Centers for Disease Control and Prevention published guidelines on travel that recommended leaving one's local area only for essential medical or job-related necessities.<sup>3</sup> In addition, many health care institutions have implemented 14-day self-quarantine policies for those traveling outside their local area prior to returning to work. These restrictions severely affect traditional fellowship interviews, which often require applicants to travel interstate, visit multiple health care settings, and interact face to face with many health care workers. Traditional interviews may therefore place applicants at increased risk of contracting and spreading the virus. Finally, the impact of coronavirus disease 2019 (COVID-19) restrictions on international travel has created further hurdles for overseas applicants.

Fellowship programs are responding in various ways to this unique challenge. To reduce time pressure for

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conducting interviews, rank lists and match dates have been postponed to the fall of 2020 for all otolaryngology subspecialty fellowships with the exception of laryngology. However, as the pandemic evolves, travel restrictions and stay-at-home orders are being extended with indeterminate timelines and variable guidelines between states. Similarly, the response of fellowship program directors has been varied; while some have adopted nontraditional means of conducting face-to-face interviews such as videoconferencing, others continue to conduct on-site visits or plan to delay interviews until on-site visits are deemed appropriate.

Videoconference has previously been used for fellowship interviews in various specialty settings with favorable results<sup>2,4,5</sup> but is not common among otolaryngology subspecialties. In the digital era, it has become increasingly easy to connect globally, and videoconferencing has grown exponentially. Proponents of videoconference interviews cite the reduced time and cost for the applicant and similar ability to convey the intricacies of their program.<sup>2</sup> Those who prefer an on-site process note improved and deeper interpersonal interactions and the ability to tour the facilities.<sup>4,5</sup> Programs who have used videoconferencing as a screening process report their rank lists did not significantly change after the in-person visit.<sup>5</sup>

The existing paradigm of in-person fellowship interviews for otolaryngology is being challenged by the unprecedented crisis of COVID-19. The Coalition for Physician Accountability recently released guidelines for the 2020 to 2021 interview season urging all programs to adhere to online interviews and virtual visits.<sup>6</sup> While this document does not explicitly apply to the fellowship process, adherence to these standards should not greatly differ between medical schools, residencies, and fellowships. The current experience varies among otolaryngology fellowships, with some programs postponing interviews until travel restrictions are lifted and others conducting videoconference interviews. Faculty and applicants who have participated in virtual interviews note a sense of formality that limits the ability to convey the dynamics and “feel” of the program. Faculty may also find it difficult to get a sense of the how well an interviewee will incorporate into their team. These notions, however, do not currently outweigh the risks posed to both candidates and programs given the social constraints of the COVID-19 pandemic. Faculty and applicants alike will need to be innovative in overcoming the inherent restrictions of a virtual interface.

## Conclusion

The COVID-19 pandemic created obstacles to the traditional otolaryngology fellowship interview process. On-site visits

have long been a mainstay and regarded by many as a crucial step in selecting a fellow or fellowship program. However, the model has now shifted in the face of a highly contagious global pandemic. Videoconferencing offers a viable alternative to in-person interviews given the stressors, constraints, risks, and restrictions thrust upon the system by COVID-19. Ultimately, it will serve as a litmus test for the virtual interviewing process that will soon affect the upcoming residency cycle. Furthermore, this technology-driven interview process could serve as an efficient means of conducting future fellowship application cycles for years to come.

## Author Contributions

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