

Diversity, Equity, Inclusion, and Justice

Reflections From Underrepresented in Medicine Applicants on the 2020 Virtual Interview Season

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The COVID-19 pandemic uprooted our sense of normalcy and forced a reckoning of our priorities and sense of self-preservation. Because of the pandemic, the Association of American Medical Colleges recommended all residency interviews be conducted virtually. For students who identify as racially and ethnically underrepresented in medicine (UiM), the pandemic proved to be an especially arduous time. While completing graduation requirements and attempting to secure residency positions through a virtual interview season, UiM applicants were faced with the unique challenge of maintaining safety and survival in a climate of racial inequity and injustice.

In this Perspectives piece, 10 racially and ethnically diverse UiM applicants reflect on our virtual interview season experiences, to offer graduate medical education programs insights into the specific thoughts and priorities of a sample of UiM applicants during the 2020–2021 virtual interview season. Connected through conversations among UiM applicants on social media, we came together to discuss both triumphs and trials faced specific to our experience as racially and ethnically underrepresented applicants. We encompass 7 different specialties and provide a diversity of background, experience, and values, unified by our UiM identity. Our reflections span from pre-interview experiences to rank list submission, with the goal of adding to critical conversations around UiM recruitment and retention. See the TABLE for a summary of these reflections and priorities.

Finding Representation: The Pre-Interview Period

We defined the pre-interview period as occurring prior to the release of the Electronic Residency

Application Service (ERAS) applications to residency programs, including the search for and selection of programs for application submission.

The most common contributing factor to our initial list of programs was the desire for the relative sense of safety and security offered in larger metropolitan areas, with racial diversity of the city being a major component of consideration. We relied heavily on experiences and recommendations of prior UiM applicants in our respective specialties and strongly considered the network of social support provided by family, friends, and other UiM residents nearby. Most authors appreciated programs' efforts to showcase their dedication to diversity, equity, and inclusion (DEI) through virtual webinars or grand rounds specific to the applicant's field and/or program. Several authors are members of the Student National Medical Association (SNMA) and prioritized programs that attended the SNMA Annual Medical Education Conference (AMEC). AMEC attendance was viewed as a sign of "good faith" that an institution was truly committed to recruiting and supporting UiM residents.

Our group of applicants viewed programs unfavorably for complete lack or paucity of UiM faculty and residents in the program when compared to the racial and ethnic representation in the population served. At this point in the application process, some authors noticed that prestige and racial/ethnic diversity often did not occur simultaneously in specific locations of interest and that a tradeoff of one over the other might need to occur, especially if considering fellowship after residency.

Finding Community: The Interview Experience

We defined the interview experience as any activities occurring from the submission of ERAS applications

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TABLE

Summary of Reflections From Underrepresented in Medicine (UiM) Applicants on the 2020 Virtual Interview Season

Reflections	Finding Representation: The Pre-Interview Period (Approach to compiling our initial list of programs)	Finding Community: The Interview Experience	Finding “Fit”: The Post-Interview Period
1	Prioritized programs in larger metropolitan areas for their perceived relative sense of safety and security	Valued opportunity to interact with UiM faculty and residents during	Appreciated programs that expressed genuine interest in us by acknowledging opportunities for involvement within the program or community
2	Reviewed experiences and recommendations of prior UiM applicants in our respective specialties	Valued programs that have implemented some form of anti-racism education or activities into their curriculum or even better tied to their mission	Highly favored UiM-specific second-look events helped determine not only if we could envision ourselves at a program but actually <i>thriving</i> there
3	Strongly considered built-in social support/network by nearby family, friends, and other UiM residents	Respected those programs without diversity that demonstrated a genuine interest in creating more diverse, equitable, and inclusive places to train	

through an applicant’s interview day, including pre- or post-interview virtual dinners.

We enjoyed having the opportunity to interact with UiM faculty and residents during our interview experiences, which offered a more profound sense of connectedness and comfort and provided space to ask specific questions related to the interviewer’s UiM identity, both within the program and the host city.

Though many programs have now incorporated some form of antiracism education or activities into their curricula, we viewed programs that more thoughtfully and seamlessly integrated these efforts into their overall program mission more favorably than programs with piecemeal activities. Programs that addressed social issues (racism and police brutality, racial health disparities, etc) as major contributors to both patient health and resident well-being, without being prompted or asked by applicants, made a positive impression on the authors.

Interviews during which applicants did not have the opportunity to engage with UiM residents or faculty in the department were marked as “red flags” by the authors. In such situations we felt we did not have the opportunity to discuss issues of diversity, particularly of racism, that could possibly shape our experiences within such programs as future residents. In general, we were wary of situations in which we were made to feel “tokenized”¹ during the interview process. Several of our authors viewed being the only UiM applicant on interview day as a grim foreshadowing of also being the only UiM resident in the future.

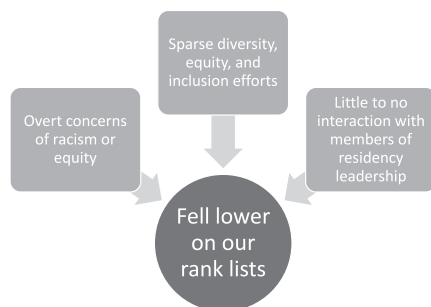
However, notably, some programs lacking strong UiM resident or faculty representation still demonstrated a genuine interest to diversify. In these cases, we appreciated honesty and accountability from the program and, particularly, a thoughtful plan on how they hope to create positive change toward racial and ethnic diversity in their department in the future.

A small portion of our authors viewed programs that held separate interview day UiM sessions negatively, as this may suggest that only UiM-identifying people care about diversity initiatives, further siloing such conversations and creating an additional tax for UiM applicants or residents. In contrast, other authors thought that separate UiM sessions on interview day were necessary to create a safe space for UiM-identifying applicants during such an otherwise isolating process. An overall theme of our reflections for this portion of the virtual interview season was the desire for a sense of connection with potential upper-level residents and faculty mentors.

Finding “Fit”: The Post-Interview Period

We defined the post-interview period as any activities occurring after an applicant’s interview, including second-look events, post-interview communications, and submission of the rank list.

While we acknowledge that post-interview communications are controversial, generally discouraged, and sometimes prohibited depending on one’s specialty, post-interview communications were a major factor influencing our rank list decisions. The impact



FIGURE

Unfavorable Characteristics of Residency Programs From Our Underrepresented in Medicine Perspective

was especially notable when coming from a program director, UiM resident, or UiM faculty member and when also coupled with the opportunity to ask further questions in a seemingly “low-stakes” setting. We appreciated programs that expressed genuine interest in us by acknowledging opportunities for involvement within the program or community that are attuned with our own interests.

We favored UiM-specific second-look events, especially those that included conversations with UiM residents and residents with other mutual interests. Not only did these experiences help us determine whether we could envision ourselves at a program but—most importantly—whether current residents with similar interests and backgrounds have *thrived*.

In general, programs with sparse DEI efforts, overt concerns about racism or equity, and little interaction with program directors or other vital members of the resident support network fell lower on our rank lists (FIGURE).

Conclusion

Diversifying the physician workforce is a frequently discussed topic in academic medicine. In a 2019 statement, the Accreditation Council for Graduate Medical Education recommended that programs

implement “policies and procedures related to recruitment and retention of minorities underrepresented in medicine.”² As racially and ethnically diverse UiM residency applicants, we had strong reactions to programs with characteristics and efforts that closely aligned with values of DEI, which ultimately factored into our final ranking decisions. The strategies these programs employed may be useful for future recruitment seasons, whether virtual, in-person, or blended.

References

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