

Using Skype as an Alternative for Residency Selection Interviews

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Abstract

Background Residency interviews can place significant time and financial burdens on applicants.

Objective To determine whether the use of Skype as a screening tool during interview season in a family medicine residency is cost-effective and time-efficient for the applicant and the residency program.

Methods We surveyed 2 groups of medical students during interviews for our family medicine program. Thirty-two students were interviewed via our face-to-face, traditional interview (TI) process, and 10 students, the second group, who did not meet the program's standard interview selection criteria for TI, underwent our Skype interview (SI) process.

Results Using an unpaired *t* test, we found that the applicants' costs of an SI were significantly less than a TI, \$566 (95% confidence interval [CI] \$784–\$349, *P* < .001). Direct cash savings plus indirect salary savings to the program were \$5,864, with a time savings of 7 interview days. Three of the applicants who were participants in the SI limb of the study were in our final rank order list.

Conclusions For interviewing in family medicine residencies, use of Skype may be a cost-effective and time-efficient screening tool for both the applicant and the program. Alternate uses of SI may include the time-sensitive, postmatch Supplemental Offer and Acceptance Program.

Editor's Note: The online version of this article contains the postinterview questionnaires.

Introduction

Residency application interviews entail selecting the number and types of programs to interview for and how to best evaluate a program. Some medical students travel to more than 10 programs for interviews,¹ and the time and financial costs are important considerations for students

and residency programs. We designed a study to assess the usefulness of an alternative interview option using Skype (Microsoft, Redmond, WA). Skype is a software application that allows users to make free video calls via the Internet. Several studies have explored ways of reducing the time and financial burden of resident interviews,^{2–7} but none, to our knowledge, have assessed the benefits and drawbacks of using Skype for selection interviews in family medicine. The purpose of this study was to explore the use of Skype to save money and time for family medicine applicants and programs.

Methods

We assessed the perceptions of 2 groups of medical students during the 2011–2012 residency interviews. One group was interviewed via a face-to-face, traditional interview (TI) process; the members of the second group were interviewed via Skype interview (SI). Inclusion criteria for both TI and SI were determined by our selection committee. The criteria for the TI group used our standard selection criteria; the SI interviews were used as a screening tool for applicants who fell outside our standard interview criteria. Skype interviews were also available to applicants who were unable to make their TI but fell within our standard criteria. The surveys to assess interviewees' perceptions were developed by the authors and did not undergo pilot testing. We

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received 622 National Residency Matching Program (NRMP) and 39 American Osteopathic Association (AOA) applications.

We interviewed 42 applicants for our 6 positions; 32 were offered and accepted a standard face-to-face interview (TI), and 17 applicants were offered SI; 10 of whom agreed to be interviewed using SI. The SI involved a series of 3 sequential, 25-minute interviews with 2 interviewers per session. After the applicant's third interview, the interviewers met to determine whether to offer the individual a face-to-face interview. Postinterview surveys assessing the logistics of using Skype, the interview itself, and the overall experience of using SI were sent via e-mail to all SI applicants (provided as online supplemental material). The TI applicants attended dinner with a host resident, another resident, and/or spouse; had breakfast with a faculty interviewer; went on a hospital tour with a resident from the inpatient service; attended rounds; and, subsequently, had face-to-face interviews at our family medicine center. Interviews lasted 30 minutes, with 2 or 3 interviewers at a time. Applicants with a face-to-face interview had, in almost all cases, 13 interviewers in total and received e-mail surveys about the process (provided as online supplemental material).

We obtained information on applicants' costs for the TI and SI interviews via e-mail survey. All SI applicants already had a webcam so no upfront costs were incurred.

To calculate the cost of interviews for the program, indirect (salary) costs to the program for a TI were based on 7 resident and 6 faculty interviewers over the course of a single TI day. The indirect costs for resident interviewers were based on our current benefits/compensation package, whereas those for the faculty were calculated based on the 2011 Medscape Family Medicine Compensation Report.⁸

Our study received Institutional Review Board approval from ProMedica Health System (Toledo, OH).

Results

Nine of 10 SI applicants returned post-SI questionnaires for a 90% return rate. Ten of 32 applicants who were interviewed face to face returned post-TI questionnaires for a 31% response rate. All interviewers returned their postinterview questionnaires (provided as online supplemental material).

The cost of the TI interviews for applicants ranged from \$2.25 (for 1 in-town applicant who took public transportation) to \$900. The reported cost savings for applicants using Skype ranged from \$200 to \$700. Using an unpaired *t* test, we found the applicant cost of an SI was significantly less than a TI, with an average savings of \$566 (95% confidence interval [CI] \$349–\$784; *P* < .001; *t* = 5.5826; *df* = 14; and standard error of the difference = 101.462). The SI applicants who did not eventually

complete a face-to-face interview reported a time savings of 48 hours.

The upfront cost to the program for SI was \$125 for 3 Orbit QuickCams (Logitech, Newark, CA). The indirect (salary) cost to the program was \$120 per applicant and \$360 per SI interview day, with 3 applicants. The total direct cost per in-town TI applicant was \$315 and per out-of-town applicant was \$425. The indirect salary costs per TI for 2 postgraduate year (PGY)-1, 2 PGY-2, 2 PGY-3, and 1 chief resident were \$54, \$56, \$58, and \$30, respectively. The total cost associated with interviews for each TI applicant was \$602, including \$404 in faculty time (TABLE). Ten SI applicants were screened at a total cost of \$1,325 for an overall net savings of \$5,864. Because 7 of 10 SI applicants (70%) did not proceed to face-to-face interviews, the savings to the program compared with on-site, initial interviews totaled an estimated \$2,975 in direct costs and \$7,189 overall.

Reasons applicants chose to participate in SI included "easier logistically," "cheaper," "innovative appeal," and "convenience." Seventy-eight percent of SI applicants (7 of 9) stated that residencies should make SI a standard part of interviewing, whereas 82% (9 of 11) of interviewers thought SI should be a standard part of the interview season. Only 30% of TI applicants (3 of 10) agreed that SI should become a standard part of the interview process. Seventy-three percent of interviewers (8 of 11) thought SI was a fair way to present our residency to applicants. Neither applicants nor interviewers were comfortable making SI the only means of interviewing.

The only reported technical difficulty with Skype was voice delay. Lack of physical contact, such as a handshake, was more of a concern for the interviewers than applicants. When asked about a lack of a tour of our facility, some SI applicants reported they were more interested in the character of the individuals whom they would potentially be working with than the facility itself. All SI applicants (100%; 9 of 9) felt that the time per interview was adequate and would repeat interviewing using SI. The 3 SI interviewees who proceeded to face-to-face interviews were added to our rank order list.

Discussion

Our study showed savings to the program when SI was used as a screening tool for applicants who fell outside our criteria for a face-to-face interview. Our historical process has served us well in candidate selection, yet 1 applicant per day with 13 interviewers may be higher than the norm for other family medicine programs, making the time and financial savings realized with the SI approach less generalizable to other programs. Clear articulation of the screening process

TABLE PROGRAM COSTS FOR SKYPE (SI) AND TRADITIONAL INTERVIEW (TI)

Cost	In-Town TI	Out-of-Town TI	SI (1 Applicant)
Direct, \$	315	425	12.50 ^a
Indirect (salary ^b), \$	602	602	120
Total cost, \$	917	1027	132.50

^a One-tenth of the cost of the webcam used for the interview.

^b Based on current resident benefits and compensation and the 2011 Medscape Family Medicine Compensation Report.⁸

to the applicant was important, particularly a transparency about the fact that an interview via Skype might not result in a subsequent on-site interview. During the screening processes, use of approaches to save students money without deselecting applicants who cannot afford to travel must be considered. It could be assumed that applicants who were likely to rank a program highly are more inclined to want to do a face-to-face interview and forgo the web-based interview. However, we found that applicants who rotate with a program may seek the chance to forgo an on-site interview in favor of providing an interim update on their interest in our program via Skype. Finally, indirect salary costs for interviewing were higher than we had expected.

Conclusion

Use of Skype technology was time efficient and cost effective for applicants and our residency program. The SI is unlikely to substitute for TI entirely but may be useful for screening in the NRMP and the AOA match process. Use of this technology may also be useful to NRMP's Supplemental Offer and Acceptance Program (SOAP) participants. SI may provide more assurance that due diligence has been done in the postmatch SOAP process when applicants and programs have to make decisions—sometimes with very brief lead

times—on the fitness of a match. When web-based interview processes are refined, they may become standard, additional tools in the interview toolbox.

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