



Editorial/Editorial

Top 5 Tips for Preparing Ophthalmology Residency and Fellowship Applicants

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The interview process has long been an important part of residency and fellowship applications. The coronavirus disease 2019 (COVID-19) pandemic fundamentally altered this aspect of the process when the American Medical Association, Association of American Medical Colleges, and Accreditation Council for Graduate Medical Education all recommended rotations be halted and residency interviews be conducted virtually, a recommendation that affected both the 2020–2021 and the 2021–2022 match cycles.^{1,2} Virtual interviews introduce factors not previously considered during interview preparation but that may have a real and significant impact on the perception of interviews and applicant outcomes. Over the past two interview cycles, the Ophthalmology Department at Yale School of Medicine opted to redirect student guidance to help prepare their residency and fellowship applicants specifically for this situation by conducting mock virtual interviews with self-reflective and faculty feedback, allowing students to feel better prepared and more confident going into the uncharted territory of the COVID era of resident and fellowship application cycles.

The in-person interview has been an integral part of residency and fellowship applications that allows program directors to assess applicant attributes not found on paper. Program directors consistently list interviews as the most important factor when ranking applicants.^{3,4} For ophthalmology, 95.4% of Residency Directors listed interview performance as critically important for residency selection.³ Although virtual interviews are not a new concept, they are new to the residency and fellowship application process. Current literature on virtual interviews highlights pitfalls and problems with Web-based interviews that can negatively affect applicants. These include spotty Internet connection, poor lighting, and bad camera angles.^{5,6} A 2020 review by Wolff and Burrows uses communication theories to discuss these issues and recommends preplanning and testing of all

equipment prior to the interview.⁵ We used this study as a baseline framework for our mock virtual interviews.

Currently, there is a paucity of literature and resources to adequately prepare residency and fellowship applicants to address the nuances of virtual interviews. To address this, our program offered medical students and residents applying in the 2020 and 2021 residency and fellowship cycles a recorded virtual mock interview with faculty. Those who agreed to participate completed a preinterview survey. The questions in the survey addressed known virtual interviewing pitfalls and common interview questions compiled by ophthalmology faculty who conduct residency and fellowship interviews. The survey focused on important factors during virtual interviews such as lighting, eye contact, Internet connection, sound, video, and answer quality. Fifteen applicants participated in a 10-minute Zoom interview with three faculty members, during which they were given real-time feedback and were then sent a recording of their interview for review. After reviewing their performance, participants completed a postinterview survey that reassessed the same factors as the preinterview survey (see **Supplemental Material S1** for full survey). Of note, this study focused on affective factors that may influence delivery and perception of the virtual interview rather than the content of interviewee responses. These are the top 5 lessons that were learned through this preparation process that may help other ophthalmology departments to prepare future residency and fellowship applicants with virtual interviews.

Tip 1: Usefulness of the Mock Interview—Creating Discomfort as Motivation

Applicants found that mock interviews were vital to their interview success. Only two of our participants had previous experience with virtual interviewing. The majority of the

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other participants found the virtual process unsettling. On average, students reported needing between three and four additional practice sessions to feel comfortable interviewing virtually. Participants remarked that this session was the first instance that motivated them to improve on glaring deficiencies such as technical issues and answer preparation.

Tip 2: Reviewing the Tape—Highlighting Unnoticed Issues

Self-review of the mock interview recording was paramount. Participants were unaware of their deficiencies until given the opportunity to watch themselves interview. Participants overlooked even obvious things in real time. After reviewing their recording, one medical student remarked that they were, “surprised that I sat too close to the camera,” a finding that should have been apparent but got lost in the pressure of the live interview. This is congruent with the well-known Dunning-Kruger effect, a cognitive bias that causes individuals to overestimate their abilities.⁷ Physically watching yourself interview is essential to determine which areas to improve.

Tip 3: Cleaning it Up—Simple Fixes

“Better than I feared, worse than I hoped.”

“My internet connection and audio were much worse than I had thought they were.”

One of our main goals in preparing our applicants was to ensure that during the interview, there would be no distractions. Following review of the recorded interviews, both faculty and students noted the following areas for improvement:

- Proper lighting
- Using the virtual platform
- Audio quality
- Video quality
- Internet connection
- Background setup

All these factors relate to technology functionality or environment and represent addressable issues. Once students were made aware of these problems, they were often easily corrected by actions such as purchasing a new webcam, setting up ring lights, using a different microphone, and curating their background.

“I invested in a quality webcam after it was pointed out that the video quality was blurry. I am happy I did so. [After receiving feedback and watching my interview] I [have] made a conscious effort to keep my eye trained on the camera.”

Tip 4: Idiosyncrasies—Emphasized by the Virtual Platform

The virtual interview setting tends to emphasize physical or vocal mannerisms. Although these are not unique to the

virtual platform, they were made more obvious to our interview team by the virtual setting. Students noted:

“My tone of voice surprised me—it was very different from how I sound to myself.”

“I had not realized that my facial expressions were so tense and asymmetric, and that I was repeating words/phrases like ‘basically’ and ‘yeah, so, um...’ so often.”

“I have a tendency to tilt my head. Have a tendency to blink a lot and look around the room, as though I am searching for answers when I am thinking.”

“I say A LOT of ‘um’s. I also look off into the distance too much and need to practice staying focused on the camera/screen.”

These responses highlight areas for improvement well-documented in the literature and not specific to the virtual setting, such as vocal tics, mannerisms, and clear articulation of ideas. These were also noted as issues that students were unaware of prior to the mock interview.

Tip 5: Energy Level—Overemphasizing Body Language

One of the pitfalls of virtual interviewing is the decreased role of body language. We found that our applicants often felt the need to be more energetic in the virtual setting than in-person to achieve the same results.

“I think [I] need to be [more] enthusiastic [...] for it to translate across camera – need to bring more energy!”

“Let more of my personality shine through.”

Applicants needed to make a concerted effort to appear engaged with the interviewer, something that would occur naturally if the interview were in person. This finding highlights the importance of mock interviews as the virtual setting may warp perceptions of an applicant’s interest level.

Conclusion

In summary, applicants felt worse about their overall interview performance as well as other aspects of their interview after reviewing their interview video. This suggests that without practice and review, applicants in the 2020 and 2021 cycles may have overestimated their virtual interview abilities. Fortunately, many of the noted deficiencies are actionable matters that may be readily fixed once students are made aware, further emphasizing the need for applicants to observe their performance. If students are never made aware of these problems, they will never have the opportunity to remedy them. Of note, obtaining access to high-quality technology such as webcams, microphones, lights, and

Internet connection may be easier to address for students with the financial means to do so, possibly exacerbating the long-standing issue of socioeconomic and demographic biases in application processes. To overcome this barrier, the academic institution or department can set up fully equipped rooms for students to use.

As the COVID-19 pandemic continues to impact medical trainee recruitment and virtual interviews are incorporated into the mainstream, practice sessions with feedback and the ability to watch oneself will be critical for optimal interview performance. Further, many of these issues—vocal mannerisms, facial expressions, and affect—are critical facets of not only virtual but also in-person interviews and are dynamics that individuals may not be aware of without video recording. As such, video recordings of practice interviews stand to benefit interviewees not only in the current virtual interview setting but also beyond the COVID-19 pandemic.

Conflict of Interest

None declared.

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