Addressing the Impact of COVID-19 on the Residency Application Process through a Virtual Subinternship

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Abstract

Senior medical students are facing an unparalleled experiential gap left by COVID-19 restrictions. Due to a shared commitment to safety, equity, and well-being, away rotations are actively being discouraged or even prohibited. As a result, students transitioning to residency encounter reduced clinical training experiences and decreased access to advising, mentorship, and research opportunities. In addition, limited exposure to residency life across subspecialties and institutions poses unique challenges during the current residency application cycle. The Otolaryngology Head and Neck Surgery community has met these unprecedented challenges by producing diverse electronic resources for specialty-specific clinical education, as well as discussing ways to increase access to advising. In this Commentary, we review these initiatives and propose an institutional virtual event as a platform for meeting goals previously achieved by visiting subinternships.
Introduction

The COVID-19 pandemic has disrupted every facet of medical education. On May 11, 2020, the medical education community published a statement through the Coalition for Physician Accountability that listed recommendations for the 2020-2021 residency application cycle. Based on principles of ensuring safety, safeguarding equity, and promoting well-being, the Coalition recommended curtailing away rotations except in limited circumstances. Predating this announcement, the Otolaryngology-Head and Neck Surgery (OHNS) community had demonstrated leadership on this issue. On April 27, 2020, the Society of University Otolaryngologists (SUO), Association of Academic Departments of OHNS (AADO), and Otolaryngology Program Directors Organization (OPDO) declared that away rotations should be limited to students without a home program, letters of recommendation should be from the student’s home institution and possibly not from OHNS faculty, and that programs must explore virtual opportunities to advise and recruit applicants. In this Commentary, we propose viewing the goals of a subinternship as reflective of medical student needs transitioning into residency. We will explore how existing resources and initiatives, as well as a proposal for an institutional virtual subinternship, can help address these objectives.

Discussion

Visiting subinternships or “away rotations” have long been considered essential by students applying into competitive specialties, particularly if they lack a home program. These critical electives offer an advanced clinical experience and provide an introduction to the life of a resident at a training program. Additionally, visiting rotations provide access to individualized mentoring, career-building opportunities, and letters of recommendation. These advantages are not specific to away rotations, but rather reflect overall goals of the transition to residency.
discouraging away rotations is laudable from a safety and equity standpoint, it leaves most
students in an experiential void without access to resources to replace these opportunities.
Importantly, this potentially widens the gap between students with applications replete with
“traditional” metrics of success from well-connected programs, and those students with less
access to networks within OHNS.

Over the last few months, specialty-specific clinical education has exploded with dozens
of lectures and podcasts, electronic resources developed by the American Academy of OHNS
AcademyU, online surgical atlases, and surgical videos and protocols. While these initiatives
can never truly replace in-person clinical training, collectively they are a rich resource that can
augment clinical training and exposure. Additionally, in a recent Commentary, Quesada et al
charged the OHNS community with developing a specialty-wide online advising platform and
promoting holistic review of applicants. The Association of American Medical Colleges and
others are also actively working to create and disseminate resources for application and
interviewing tips. If widely implemented, these initiatives will also promote equity in the
application process.

Despite these important advances and proposed solutions, students still miss interaction
with OHNS faculty and residents outside of their existing sphere. Even for those fortunate to
enroll in clinical electives at their institution, students lack enrichment from exposure to other
institutional environments, training structures, and residents typically afforded by away rotations.
Access to residents is critical for professional development, as evidenced by its inclusion as an
accreditation standard for medical schools. Students without home programs who cannot
successfully complete an away rotation will miss this opportunity altogether.
The University of Michigan typically hosts upwards of 40 visiting medical students each year. In an effort to replicate aspects of this experience, we will be introducing the Michigan Otolaryngology Virtual Subinternship in June of 2020. This freely accessible, one-day virtual event will expose students to each OHNS subspecialty through faculty and residents. Pre-existing resources organized by residents will help launch additional student-driven learning, and contact information will be provided for students to continue the conversation after the event.

Residents will lead discussions about the training structure and its impact on residency life, as well as ways to optimize applications. Additional sessions to be explored during the event include leadership and scholarship during residency, as well as diversity, equity, and inclusion.

Of note, the devised program does not meet all the objectives of a traditional visiting rotation (Table 1). Many students view subinternships as opportunities to promote themselves as candidates and possibly to obtain letters of recommendation;\(^3\) this is unfortunately not within the scope of the proposed initiative. This may need to be addressed in a systemic fashion, in which the weight of non-specialty-specific recommendation letters are elevated by selection committees. During a normal visiting rotation, students may form close relationships with faculty, residents, and other students, which helps them better understand their “fit” with a program and to receive essential individualized mentorship. Institutions may be able to devise virtual meetings in a longitudinal fashion to address this need. Finally, formal didactics, journal clubs, tumor boards, morbidity and mortality sessions, and other conferences are valuable experiences during traditional subinternships that are not currently included. In the future, departments could consider encouraging virtual attendance. Although we do not expect that a one-day event can replace the comprehensive experience of an away rotation, we believe it is an important first step in addressing the needs previously met by visiting subinternships.
Conclusion

Subinternship goals include advanced clinical training, access to advisors and mentors, and exposure to resident life and different subspecialties. Once seen as an almost essential part of the transition to a competitive residency, the away rotation will only be allowed in select circumstances during the COVID-19 pandemic. In this Commentary, we review existing virtual resources available for students and propose an institutional virtual subinternship in order to further address this gap.

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Table 1. Potential solutions in the absence of visiting subinternships

<table>
<thead>
<tr>
<th>Traditional visiting subinternship objectives</th>
<th>Potential solutions</th>
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<tr>
<td>Clinical experience</td>
<td>Interviews of faculty across subspecialties</td>
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<tr>
<td>Exposure to the breadth and depth of the field</td>
<td>Virtual didactics with case studies via recorded lectures, live webinars, podcasts, surgical videos</td>
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<tr>
<td>Exposure to different institutional environments and practices</td>
<td>Providing resources for self-learning with or without formal curricula</td>
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<td>Virtual access to departmental conferences, e.g. formal didactics, journal clubs, tumor boards, morbidity and mortality sessions</td>
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<td></td>
<td>Widened student access to national organization conferences</td>
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<td>Advising and mentoring</td>
<td>Specialty-wide advising system with systematic methods to include students from institutions without home programs</td>
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<td>Transparent communication from programs of their criteria for reviewing potential applicants</td>
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<tr>
<td>Present the student as a candidate for the residency program</td>
<td>Specialty-wide recommendations for communication between applicants and programs beyond National Resident Matching Program guidelines</td>
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<tr>
<td>Obtain letters of recommendation</td>
<td>Specialty-wide recommendations for residency programs regarding how letters of recommendation be considered in the application process</td>
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<td>Residency selection committee training on unconscious bias</td>
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<td>Exposure to the life of a resident</td>
<td>Interviews of residents</td>
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<td>Resident-led case-based reviews</td>
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<td>Virtual mentorship groups with residents</td>
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<td>Opportunity to explore the student’s “fit” with a program</td>
<td>Interviews of faculty and residents</td>
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<td>Increased available information online about each training program’s structure, facilities, faculty, and residents</td>
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<td>Transparent communication from programs regarding institutional values and priorities</td>
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<td>Career building opportunities, e.g. research</td>
<td>Specialty-wide advising system</td>
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<td>Wide advertisement of research opportunities for students, including those considering a gap year</td>
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References


9. Liaison Committee on Medical Education. Functions and Structure of a Medical School.