Otolaryngology Residency Application During the SARS-CoV-2 (COVID-19) Pandemic

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Abstract

The escalation of the COVID-19 pandemic has impacted health care at every level including medical education. As some fourth-year medical students graduate early to join the front lines, we must now turn our attention to those trainees in their penultimate year. In this commentary we address the unique dilemmas facing otolaryngology residency candidates for the 2020-2021 cycle, with a specific focus on those applicants with no institutional otolaryngology department.

Introduction

The COVID-19 pandemic has disrupted education for medical students and resident physicians across the nation. In order to protect trainees from exposure, conserve personal protective equipment, and prioritize patient safety, programs have to be creative to address the educational and professional needs of their trainees. As the 2020-2021 application cycle begins, programs must now consider how the pandemic will affect prospective applicants. It is no secret that Otolaryngology is regarded as one of the most competitive specialties from a residency application standpoint\(^1\). Biennially, the National Resident Matching Program (NRMP) queries Program Directors (PD) to better understand what factors programs use to screen applicants and rank applicants\(^2\). Excluding derogatory information, such as failed USMLE attempts or match violations, the most highly rated factors were (on a scale of 1-5):\(^2\)

- Personal knowledge of the applicant (4.6)\(^2\)
- Letter of recommendation (LOR) in the specialty (4.5)\(^2\)
Unfortunately, of the 154 LCME accredited medical schools in the US, only two-thirds have an affiliation with an academic Otolaryngology program\textsuperscript{3,4}. Applicants from the remaining 50 programs must rely on visiting rotations at outside institutions to gain access to the network of programs and faculty needed to secure the experience and endorsements they require for a competitive application\textsuperscript{3,4,5}. Additionally, any applicant that found a passion for otolaryngology late in their third-year of medical school will also significantly rely on visiting rotations in a short time frame.

While this is a barrier that these applicants must overcome every year, the 2020-2021 application cycle will be particularly problematic. Following the recommendations of the Association of American Medical Colleges (AAMC)\textsuperscript{6}, many medical schools have cancelled visiting rotations for external rotators. The AAMC Visiting Student Learning Opportunities (VSLO)\textsuperscript{7} is aware of the issue and has created a community reference entitled “Institutional Changes Addressing COVID-19”\textsuperscript{7} listed on their webpage under the hyperlinked text “We’ve been collecting them for the community’s reference”\textsuperscript{7}. As of April 8, 2020, twenty US medical schools have suspended domestic away electives according to the community reference, however, we suspect many more programs will suspend away rotations\textsuperscript{7}. The reduced availability of these rotations is a lost opportunity for all applicants but will disproportionately impact this vulnerable pool of candidates by eliminating their access to the resources needed to submit a competitive application.
As we go into the 2020-2021 application cycle, we propose three arenas in which educators can address this urgent issue:

**Pre-Application Academic Advising**

Any applicant should begin by obtaining guidance through their offices of Student Affairs regarding their competitiveness to match into otolaryngology. This may prove challenging at institutions that do not have an otolaryngology program. However, if we have learned anything in this pandemic it is that technology can close that physical distance. It would be feasible to develop an online advising platform (perhaps through the Society of University Otolaryngologists or the American Academic of Otolaryngology-Head and Neck Surgery) that would allow applicants to connect with program directors to help them critically evaluate their application. This would be particularly helpful for those considering the potentially costly options of extending their education or taking time off for a research year prior to applying.

**Holistic Review of Applicants**

During the 2020-2021 ERAS cycle we recommend emphasizing the holistic review of applications to mitigate the oversight of applicants who otherwise would have had an opportunity to enhance their application through external rotations displaying their clinical skills and/or obtaining LORs from such external rotations. A holistic review processes, in general, provide programs an avenue to recruit applicants who are underrepresented in medicine. Access to LORs is one area in which this would be possible to accomplish. Historically, the vast majority of LORs come from academic
otolaryngologists\textsuperscript{9}, therefore, we encourage a broader scope of acceptance, by PDs, when reviewing applicants’ LORs during this cycle; focusing on the quality of the recommendation and not the specialty of the author to not disadvantage vulnerable applicants during this time.

Mentorship During Away or Research Rotations

In the specific situation where vulnerable applicants are able to participate in visiting rotations, we suggest that the PD identify such students prior to their arrival and recruit otolaryngology faculty mentors who are willing to work with them to ensure that they have adequate engagement and exposure for meaningful feedback and evaluation. Additionally, they can help provide opportunities to engage the applicant in research thus helping them become a scholar and potentially motivate the applicant into a career in academic otolaryngology. Coordination prior to the students’ arrival will facilitate the setting of clear goals, expectations, and plans for the visiting student to have an opportunity to obtain a valuable otolaryngology specific LORs.

Conclusion

The COVID pandemic has created a set of unique issues for the 2020-2021 application cycle. To avoid overlooking well-qualified but potentially disadvantaged applicants, we strongly encourage a commitment to helping create pathways for advising during the pre-application process, adopting a holistic approach to application screening, and intentional mentorship on both clinical and research rotations for these vulnerable candidates. While we make this proposal with the current crisis in mind, there is an opportunity for this to affect meaningful long-term change in the
application process that will allow us to bring talented individuals who have traditionally been underrepresented into the field of otolaryngology\textsuperscript{10}.
References


