

“First Come, First Served” Serves No One: A Call for Change to Residency Interview Invitation Practices

Colleen Sinnott, MD
Natasha Johnson, MD

The first—and only—time that I (C.S.) missed a residency interview invitation was a hard lesson. Like all of my peers applying for obstetrics and gynecology (ob-gyn) residency, I set up a robust alert system on my smartphone to ensure that I did not miss a single potentially important e-mail: special inbox filters that triggered a text message for e-mails that included the word “interview” and at least 2 different apps that were set to constantly refresh for new e-mails.

Unfortunately, my system failed me that day. Upon exiting the anatomy lab I checked my e-mail and realized with a wave of panic that I had missed an invitation delivered 90 minutes earlier. I immediately telephoned the program but all 6 of the interview dates that had been offered were already filled. I did not get a spot.

From then on my fellow applicants and I increased our electronic vigilance. We kept our phones perched precariously on the bathroom sink while showering. We would immediately pull over to the side of the road if our phones vibrated in the car. One classmate fortuitously was working on her laptop when an invitation from one of her top programs arrived. She scheduled her interview within seconds, though when she refreshed the webpage just 2 minutes later, no dates remained. One colleague, applying in plastic surgery, created a triple-tiered fail-safe system by enlisting her mother and close friend to receive her e-mail alerts and schedule interviews on her behalf if necessary.

A Worsening Problem

Every fall, thousands of fourth-year medical students submit applications for residency in the medical specialties of their choice through the Electronic Residency Application Service in hopes of securing interviews at their desired programs. Although we want to breathe a sigh of relief after pressing the

“submit” button, for many of us the most stressful period is just beginning.

The Association of American Medical Colleges (AAMC) explicitly addressed the scheduling frenzy during the last application cycle. On September 14, 2017, a couple of weeks before programs began to invite applicants to interview, the AAMC (Edwin L. Zalneraitis, MD, Christopher Woleben, MD) e-mailed all fourth-year medical students the following message:

“We understand that as a result of the competitive nature of securing a residency, some applicants engage in the following counterproductive behaviors:

- Believe they must respond to interview offers as soon as possible to secure an interview opportunity before others do or they may end up waitlisted
- Miss class, skip or leave rotations, are glued to their phones.”

While this e-mail clearly intended to assuage students’ anxieties, the information was ultimately misleading. Students were not necessarily wrong to “believe they must respond” immediately or “end up waitlisted” because that exact scenario happened to me.

The current method of interview scheduling in use by multiple medical specialties is clearly at odds with the AAMC’s commitment to “an environment . . . where . . . learners feel supported and well-treated.”¹ An interview scheduling process that leaves students wary to shower, let alone take a yoga class, go for a run, or grocery shop is out of place in an academic community dedicated to the mental well-being of its members.

Students’ well-being and academic involvement may suffer as a result of this interview scheduling process. Many avoid clinical electives where they may have to interact with patients or stand in the operating room, unable to attend to an e-mail on a moment’s notice. Creating a more reasonable approach to interview scheduling could help fourth-year

DOI: <http://dx.doi.org/10.4300/JGME-D-19-00015.1>

medical students feel less psychologically distressed and more academically engaged.

I am not the first to notice this dilemma. In 2015, a fourth-year medical student applying to family medicine residencies wrote a letter published in the *Journal of Graduate Medical Education* specifically discussing the “first come, first served” nature of interview invitations.² He described the many “undesirable consequences—both inside and outside the educational workplace” that medical students suffered secondary to this process, calling for “meaningful change for the better.”² It is time for the medical community to heed that call.

Results of a National Survey of Program Coordinators in Obstetrics and Gynecology

Because rumors about distressing interview invitation experiences ran rampant among students applying to ob-gyn residency programs in the 2017–2018 cycle, a short survey was e-mailed to the 216-member Association of Program Managers in Obstetrics and Gynecology, about half of whom responded via listserv. Their answers confirmed what my fellow students and I had dreaded: 41% of programs that responded said more applicants had been invited to interview than the number of available interview slots. Of these programs, one-third did not inform applicants that their spot was not guaranteed.

Even when programs did not over-invite applicants, a sense of urgency still permeated the scheduling season. Nearly three-quarters of all responding programs reported using phrases in their invitations such as “respond immediately,” “first come, first served,” “first reply, first scheduled,” or “spots will fill very quickly.” It was not always clear to me when receiving such interview invitations whether a delayed response would result in a less-preferred interview date or no interview at all.

Students responded accordingly—that is, they responded immediately. At 7% of programs, all interview spots were filled less than 10 minutes after invitations were sent. One-third of programs said their spots filled in less than an hour, and another third said their spots were full within one business day. In total, nearly three-quarters of programs completely filled their interview spots within a single business day—it is no wonder my classmates and I felt the need to jump out of the shower and pull our cars over to respond.

Residency programs must also consider the impact this has on the pool of applicants from which they are unwittingly selecting. The traits necessary to secure interviews in this process are

BOX Recommendations to Improve the Residency Interview Invitation Process

- Match the number of interview invitations with the number of available spots.
- Avoid panic-inducing phrases such as “respond immediately” or “spots will fill quickly.”
- Give applicants a reasonable amount of time to respond to the invitation, and explicitly inform them of the deadline beyond which they will lose their opportunity to interview.

some of the least desirable in a future physician: a “win at all costs” mentality and a drive to beat out competition are antitheses of the collaborative and team spirit that residency programs emphasize on interview day.

Moving Forward—How Can We Improve?

This past interview season one ob-gyn residency program in particular stood out compared to the rest. Its e-mail invitation stated explicitly that responses would *not* be considered on a first come, first served basis. Rather, the program asked students to submit their interview date preferences at any point over the next 72 hours. After that time all submitted preferences would be considered. When I attended my interview at that institution, many of the other students I met there remarked how much they appreciated this method of interview scheduling. They felt that such clear consideration for applicants’ well-being made this program even more desirable to them.

A very simple adjustment was all it took for one program to break the cycle of panic. Other residency programs would do well to follow suit. As tales of missed interview invitations (some true and some exaggerated) continue to circulate, students will likely respond by applying to even more programs. If applicant response time becomes simply another method of weeding out the “best” of many talented applicants, they will feel the pressure to be constantly connected to their smartphones or devices, often at the cost of potentially enriching clinical experiences.

Residency programs should consider their communication with applicants carefully when the next interview season approaches (BOX). Relinquishing a first come, first served policy will better serve us all.



References

1. Association of American Medical Colleges. AAMC statement on commitment to clinician well-being and resilience. <https://www.aamc.org/download/482732/data/aamc-statement-on-commitment-to-clinicianwell-beingandresilience.pdf>. Accessed April 16, 2019.
2. Luftig D. The residency interview scheduling process: unintended consequences and a proposal for change. *J Grad Med Educ*. 2015;7(1):134. <https://doi.org/10.4300/JGME-D-14-00603.1>.

Colleen Sinnott, MD, is Resident Physician, Department of Obstetrics and Gynecology, Brigham and Women's Hospital; and **Natasha Johnson, MD**, is Assistant Professor of Obstetrics, Gynecology, and Reproductive Biology, Harvard Medical School, and Clerkship Director in Obstetrics and Gynecology, Brigham and Women's Hospital.

Corresponding author: Colleen Sinnott, MD, Brigham and Women's Hospital, Department of Obstetrics and Gynecology, 75 Francis Street, Boston, MA 02115, 617.732.5500, csinnott1@partners.org