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Improving the Residency Program Virtual Open House Experience: A Survey of Urology Applicants

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OBJECTIVE	To investigate the perception and value of virtual open houses for urology applicants in the COVID-19 era, since students can no longer attend subinternships and all interviews will be conducted virtually.
METHODS	A Twitter survey was sent to 230 likely urology applicants connected through the UroResidency platform. It asked about the relative value of components of the virtual open house and areas for suggested improvement.
RESULTS	Seventy responded. Most potential applicants valued virtual open houses that discussed strengths and weaknesses of the program, had time to interact directly with the faculty, and included resident led presentations or discussions. Most agreed programs needed to have more direct time with residents to better understand the culture of the program.
CONCLUSION	In this first virtual interview season for urology, likely applicants generally engage in virtual open houses and strongly prefer time to interact directly with residents to assess the program culture. UROLOGY 146: 1–3, 2020. © 2020 Elsevier Inc.

COVID-19 continues to have a major impact on medical education. For the Class of 2021, visiting medical student clerkships have been canceled for students with a residency at their home institution.¹ This is particularly important for specialties such as Urology, for which visiting clerkships serve to introduce applicants to different Urology programs, working daily with faculty and residents to understand the culture and training. Urology applicants rank visiting clerkships highly and believe it influences decision-making by programs when matching.² Additionally, these clerkships assist the applicant to refine personal decisions and generates letters of recommendation and subsequent interview invitations.³ Many urology residency programs have opted to conduct “virtual open houses” to showcase their programs and attract applicant interest. No prior research exists showing applicant attitudes toward virtual open houses and whether they are beneficial to applicants or programs. We conducted a survey of urology applicants assessing if the

current virtual open houses are beneficial and how they can be improved upon for the future.

METHODS

The survey was designed to determine applicant attitudes toward different aspects of virtual open houses. Respondents were asked to rate their perception of different virtual open house features on a scale of 1-5. The survey was created using Google Forms and distributed through a medical student group called UroResidency that was founded by 2 of the authors (J.J. and P.K.). All 230 students invited to the survey were previously and contemporaneously connected by a Twitter Urology applicant group list, so the survey was distributed via Twitter. This was reviewed and considered exempt by our IRB (#512-20-EX).

RESULTS

A total of 70 responses were received for the survey. No demographic data were requested. Applicants describe virtual open houses as beneficial (3.8/5) and will help them decide whether to apply to a specific program (3.9/5). Aspects of the open house most important to applicants were discussing the strengths and weaknesses of a program (4.5/5), resident Q/A (4.6/5), and the various available training sites (4.4). Aspects applicants found less important included history of the program (3.1/5), and media showcase (pictures and video) of the program (3.6). Other lower scoring questions included whether applicants feel if they get to interact with faculty (3.1/5), and if they were able to

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differentiate between programs (3.4/5). Applicants indicated they most enjoyed virtual openhouses that featured resident participation (4.6/5).

DISCUSSION

Covid-19 has disrupted traditional residency application processes. Traditionally, applicants have been able to learn about programs from doing subinternships at other institutions and in-person interviews. This is no longer possible this year due to the need for social distancing and all visiting subinternships have been canceled and interviews made completely virtual. These changes may negatively affect applicants this cycle as they lose the ability to have in person interactions with the program faculty and residents.^{2,4} There is concern that neither applicants nor programs will have an opportunity to get to know each other firsthand before match day. Programs in turn may have trouble attracting applicants to their program due to lack of available information. In response to this, urology residency programs have been on the forefront in rolling out virtual open house sessions prior to interview season to provide applicants the ability to meet and learn about individual programs in an online virtual setting. To date, on average, there have been 15 open houses per week since the start of June.⁵

We found that applicants overwhelmingly find virtual open houses helpful (4/5) and needed this year with COVID. Responses indicate virtual open houses are factoring into the decision of whether applicants will apply to that program. Students report that the most important components of open houses are discussing what makes their program unique as applicants highly rated program strengths, weaknesses, and training sites. This is critical as for most applicants, the open house will be the first exposure to a program. One complaint applicants had was that open houses sometimes can be hard to distinguish between different programs, so it is important to emphasize a program's strengths and weaknesses so applicants can get to know what makes a program unique.

Another criticism was that these events are often too large or impersonal. Some events can attract upward of 100 students and many applicants feel that they do not get to meet any of the residents or faculty during these sessions because they are typically structured as a presentation by the program director or chair only. An overwhelming majority favor having either breakout rooms where applicants are separated into different groups during the event to have more face-to-face time with residents/faculty or to have a resident led "happy hour" whereby a small group of residents and a limited number of applicants can have a frank discussion of the program. Applicants overwhelmingly want to talk to residents during these open houses and feel that it is the most beneficial component. It helps them understand the culture of the program and the type of residents currently training in it.

Table 1. Resident ranking of components of the virtual open house (1-5, 1 = very unimportant content, 5 = very important content)

Virtual Open House Components	Average (Range +/-)
Overall virtual open house rating	3.81 (0.05)
How important are the following?	
Introduction of faculty	3.67 (0.06)
History of program	3.11 (0.07)
Training sites discussion	4.36 (0.04)
Strengths of program discussion	4.47 (0.04)
Weaknesses of program discussion	4.46 (0.05)
Subspecialties offered discussion	4.10 (0.05)
Hospital information discussion	3.90 (0.06)
Media of hospital/city showcase	3.70 (0.06)
Residents participation, Q/A	4.60 (0.04)
Faculty participation, Q/A	3.73 (0.06)

Table 2. Ways to improve virtual open houses (1-5, 1 = less related content, 5 = more similar content)

Virtual Open House Questions	Average (Range +/-)
Would you like a standardized list of questions for programs to answer in open houses?	4.06 (0.06)
Do you feel you get to interact with faculty and residents in open houses?	3.07 (0.07)
Do you feel attending open houses will help you decide to apply to that program?	3.93 (0.06)
Do you feel open houses are beneficial to you?	3.97 (0.06)
Have the open houses allowed you to differentiate between programs?	3.37 (0.06)
Would you like to see more media (pictures/videos) showcasing the program/residents in open houses?	3.96 (0.06)
Would you like a live tour of hospitals/work space during an open house?	3.53 (0.06)
Are resident only happy hours beneficial?	4.03 (0.06)
Would you like break-out group (<10 students) sessions?	3.61 (0.07)
Would you like a 5-10-minute 1:1 time with faculty/residents during an open house (speed dating)?	3.66 (0.08)

Studies have shown that the most important aspects of interview day are resident interviews and preinterview dinners, therefore having resident only virtual events will help foster these discussions (Tables 1 and 2).⁶⁻⁸

CONCLUSION

Future virtual open houses should put a greater emphasis on discussing what makes their program unique as applicants rated program strengths, weaknesses, and training

sites as the most important factors to discuss during the session. They should incorporate more resident participation and have small group sessions so that applicants can hear directly from the residents. We hope this report serves the near-term interests of program directors and applicants alike.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at <https://doi.org/10.1016/j.urology.2020.08.077>.

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EDITORIAL COMMENT



Between 2013 and 2020, the number of postgraduate training positions in urology increased by 27% (from 279 to 354), while the number of applicants submitting rank lists remained effectively stable (from 434 to 441).¹ While the proportion of women in urological training has increased relative to the proportion of women in urological practice, similar trends have not been observed for underrepresented minorities. For example, in 2018, 2.2% of practicing urologists and 2.4% of urology residents were Black/African American, compared with 6% of physicians nationwide.^{2,3} In 2019, 29.8% of practicing urologists were 65 years of age or older,⁴ underscoring the need to interest, recruit, and retain interested, capable, and diverse medical

students into the field. Exposure to urology through home or away rotations, as well as mentorship and sponsorship, are critical to catching and maintaining the interest of medical students, particularly women and underrepresented minorities. Unfortunately, these in-person interactions were truncated (and in many cases, abolished completely) during the COVID-19 pandemic. Virtual interviews (now the norm for urology residency programs) offer significant cost savings for medical students, and virtual subinternships and open houses facilitate engagement between potential applicants and residency programs in a more casual, lower-stress environment than the typical away rotation or formal subinternship.

Authors report their results of a Twitter-based poll of 70 participants in urology residency program open houses. Somewhat unsurprisingly, the applicants found open houses more helpful than not, although it is worth noting that interaction with residents was most highly scored, with the history of the program (3.11/5) and faculty introduction (3.67/5) and participation (3.73/5) scoring much lower. Undeniably, this study has flaws: demographic information was not collected on respondents, thereby making it challenging to determine for whom these open houses are most useful, and applicants without a Twitter account or those who did not participate in open houses were not included. Nonetheless, program directors and department chairs would be wise to acknowledge the value placed on resident participation and perspective by prospective applicants: while the academic experience can only be described, the culture of a program, perhaps, can be readily elicited through interactions between and among urology residents and prospective applicants. Particularly for applicants who identify as female or as a member of an under-represented minority group, the perception of a program's culture may inform the decision to apply or not apply to that program. Training programs would do well to promote their people, rather than their history.

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