The Pandemic’s Impact on AHME Members and the Association

Kimball Mohn, MD
Executive Director, AHME

COVID-19 and AHME Members

The pandemic disrupted many of the routines that AHME members traditionally employed. Responding to these challenges required creativity and a commitment to getting the job done no matter what.

Patient Care/Education – We salute the members who have provided care to COVID-19 patients despite the risks to their own well-being. While other members are not direct caregivers, they still found themselves immersed in modifying the assignments of students, residents, fellows, and faculty who inhabit the clinical learning environment. They also needed to adapt the methods for delivering routine educational activities as well as content related to COVID-19.

Layoffs/Furloughs – Hospitals and health care systems encountered significant financial challenges as routine patient care and elective procedures were interrupted by preparations for the kind of surge experienced in NYC and elsewhere. Some institutions responded by laying off or furloughing personnel, which served to dramatically increase the workload for those still employed.

Remote Working – Many members found themselves working remotely for the first time. This presented many challenges, especially during the early months, and complicated their ability to deal with the aforementioned issues. If this wasn’t enough, members with youngsters at home due to the closing of schools also found themselves with the additional responsibility of assisting their children with virtual learning activities.

Virtual Interviews – While our members often play a role in supporting UME and CME activities, their primary responsibilities fall in the area of graduate medical education. A huge issue for all this year has been the abrupt transition from an in-person to a virtual residency recruitment environment, which actually went amazingly well, an outcome that stands as a tribute to all those who made this happen.

COVID-19 and the Association

The Association faced a number of challenges, especially in the early months of the pandemic, but the elected leadership (Susan Greenwood-Clark, MBA, RN, FACHE; Wilhelmine Wiese-Rometsch, MD, FACP; Fred Schiavone, MD, FACEP; Caroline Diez, BA, C-TAGME; Nicole Brandon, MBA; Venice VanHuse, MPA; and others) rolled up their sleeves and provided the guidance required to navigate these choppy waters.

Academy (March 3, 2020) – An AHME Academy was scheduled to take place in Nashville, Tennessee around the time the number of COVID-19 cases began to increase. A week prior to the event, we offered a virtual option to all registrants. About 80% availed themselves of this opportunity while about 20% participated in-person. Carrie Eckart, MBA, AHME Academy Chair, was instrumental in seamlessly bringing about this adjustment.

Institute (May 13-15, 2020) – The AHME Institute was scheduled to take place in Fort Lauderdale, Florida. This
was a hot spot and we cancelled the event on March 16th shortly after the WHO declared a pandemic as this allowed us to invoke the Impossibility Clause in our contract with the property. Fortunately, we had an event cancellation insurance policy and had purchased the infectious disease coverage, which allowed us to recover our losses after five months of back and forth with the insurer.

Planning Retreat (July 25, 2020) – The AHME leadership normally holds a one-day, in-person meeting in Chicago to plan the AHME Institute. This exercise was conducted virtually this year via Zoom and our efforts were facilitated through the utilization of Miro, an online collaborative whiteboarding platform.

Academy (October 9, 2020) – This AHME Academy was planned as a virtual event and was priced very attractively, drawing more than 250 registrants. Utilizing Zoom, the presentations ran from 10:00AM – 5:30PM (Eastern) and the vast majority of participants stayed with the event throughout the entire day.

Academy (January 29, 2021) We also usually offer an Academy during the winter. There was debate about whether we should conduct another virtual event on this date but a decision was made to pass, given how busy we expected members would be with the COVID-19 surge and the initial virtual interviewing season.

Institute (May 12-14, 2021) The AHME Institute in 2021 will be conducted virtually and registration fees have been slashed to make participation affordable. Sessions will run from 11:00AM – 4:00PM each day. We went through a lengthy process to select a platform for the event and are confident that this sizeable investment will pay off in an excellent educational experience for registrants. Discussions with the Austin Marriott Downtown went very well and AHME ultimately rescheduled this venue from May 2021 to May 2023.

Webinars – We continue to offer six webinars per year and registrations for these activities remain strong. Prior to COVID-19, groups of individuals would gather to participate in these events. We adapted to the new reality by making a number of adjustments in the short-term and then reducing the cost for participants and offering access via four devices for a single registration fee in the new budget year.

Membership – We are nearing the conclusion of our membership renewal process. We have enjoyed year over year increases in our membership annually for more than a decade. With the budgetary pressures hospitals and health care systems have encountered, we anticipated that members might not be in a position to renew this year. However, we have been pleasantly surprised that the vast majority of our members recognize the value of being a part of this learning community and have invested in what AHME has to offer once again.

Lessons Learned/Future Considerations

The pandemic validated the wisdom of an earlier decision to build a reserve fund sufficient to sustain the organization through a short-term setback, and we are fortunate that successive years of growth in membership and registrations provided AHME with a comfortable cushion. Our approach has been to take things a day at a time with the primary aim to support our members through this period. We have refrained from making major adjustments in the activities we offer (beyond the shift from an in-person to a virtual learning format for some events) until we have a clearer idea of what the future holds.

Members tell us that they can’t wait to return to the in-person learning environment, which always provided them with an opportunity to network with and learn from their colleagues around the country. Our aim is to be back together for the 2022 AHME Institute, which is scheduled at the Marriott Portland Waterfront from May 11-13, 2022. Between now and then, there will undoubtedly be some additional challenges. However, we pledge that AHME will remain focused on supporting the important work our members do each and every day.
We heard about the first cases of COVID in the Northwell Health ICUs from our senior residents during their clinic week at the beginning of March 2020. In the three weeks that followed, while our ambulatory practices were trying to adapt to daily changing infection control guidelines and workflows, our internal medicine residents were still seeing patients with fever, cough, respiratory and gastrointestinal symptoms in the clinic before we even really knew what COVID was. We had few cleaning supplies, PPE was scarce, and the concepts of social distancing and mask mandates weren’t even developed yet. As the cases in the hospitals continued to rise at the start of the surge, our resident trainees became regularly exposed to COVID and some started to get sick themselves, displaying signs of illness days into their next rotation or clinic week in their 4+1 rotation schedule. We feared that a resident’s conversion to a COVID-positive illness during their clinic week could have devastating effects to the residency program workforce, exposing up to 12 residents at once in a single clinic work room on any given week. So, on March 27th, 2020, we quickly made the difficult decision to convert the 60-resident ambulatory practice into a fully remote telehealth practice, and within 48 hours, all residents on their ambulatory clinic week delivered primary care remotely from home.

Each remote clinic week started with a virtual orientation for residents on the basics of primary care delivery in a telehealth practice environment. Grounded in the idea that telehealth visits were exactly like regular office visits without the in-person exam, expectations for telehealth visits were set as learners were reminded to review prior chart notes, take a full history, perform a medication reconciliation, and identify preventative care opportunities during their visits. Most visits initially were telephone visits, so emphasis was placed on the need to elicit a very detailed history of present illness to devise a differential diagnosis and management plan. High-value, cost-conscious care principles were also highlighted during the COVID peak as residents learned to rely heavily on diagnostic reasoning to prevent any unnecessary in-person “touches” to the health care
system that could lead to a bi-directional COVID exposure during New York State’s “Stay at Home Order.”

On June 1st, after 600 remote telehealth visits and the COVID surge rescinded, we began transitioning our fully remote telehealth practice into the dual traditional in-person and remote telehealth resident practice that still exists today. All residents were scheduled for one telehealth patient care session during their ambulatory clinic week with the purposes of both maintaining social distancing on-site and, more importantly, providing resident learners with a continued educational experience in telehealth ambulatory medicine. Audiovisual telehealth visits started to occur more commonly. In July 2020, all residents attended a virtual didactic session on telemedicine, reviewing appropriate communication skills during telehealth visits, teaching telemedicine physical exam skills using patient and family member assistance, and identifying types of ambulatory visits that could be appropriately conducted using audiovisual technology. In addition, all faculty also attended a virtual faculty development session on tele-precepting, reviewing telemedicine basics and identifying skills in precepting, teaching, and evaluating learners in a remote telehealth environment.

Over the past 11 months, our internal medicine residents learned quite a lot about telehealth – how to use audiovisual technology, demonstrate professionalism, develop rapport, conduct thorough histories, and perform physical exams, all during telehealth visits. They visualized the opportunities that telemedicine provided our patients, providing access to health care for those that were homebound, recently discharged from hospitals, or couldn’t travel to in-person appointments due to transportation issues, work schedules, or a need for an accompanying caregiver. However, they also recognized that many of the same barriers to health were still present, and even augmented, during telehealth visits: financial barriers impacted patients’ access to technology, language barriers impacted patients’ ability to communicate, and health literacy barriers impacted patients’ understanding of illness. With more work to be done, we are excited to continue to build our future of telehealth.

Programmatic Approach to Intentional Recruitment: Promoting Equity, Diversity and Inclusion

Wilhelmine Wiese-Rometsch, MD – Founding Program Director & Professor of Clinical Sciences at Florida State University

Establishing a diverse physician workforce is a primary goal of the Florida State University (FSU) Internal Medicine Residency Program at Sarasota Memorial Health Care System (SMH). In conception and design of our Graduate Medical Education (GME) program, we used Roger Kaufmann’s Mega Thinking and Planning (MTP) principles. Kaufmann posits that the ideal vision is “the assumption that the primary purpose of every person and every organization is to create a better world for the Child of Tomorrow- the Ideal Vision.”¹ Using this framework, we sought to improve the health and health care outcomes for Sarasota, specifically the historically medically underserved community of Newtown. MTP requires alignment of vision at the mega (societal- Sarasota), macro (ACGME, FSU, SMH) and micro levels (Internal Medicine Program and Newtown Practice). This ideal, measurable vision guides planning elements, including societal impact, processes, inputs, integration and performance-based outcomes. Numerous peer-reviewed articles suggest that a diverse healthcare workforce provides greater impact in addressing social determinants of health and improving health care outcomes, including patient follow-up and compliance.²⁻⁵

Enabling a culture of equity, diversity and inclusion in our residency program required antecedent characterization of the population we serve. Programmatic mission, vision and aims needed to be congruent with those of both FSU and SMH. FSU’s mission is to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations. SMH aims to provide health care services that excel in Caring, Quality and Innovation for all of its patients. The FSU/SMH IM Program trains residents that are outstanding, comprehensive board-certified internists; able to provide excellent personalized care to our patients, particularly the underserved and elderly populations. Ensuring that these visions align is critical to recruiting a diverse physician workforce.

Newtown is by far the most underserved community in Sarasota, where 52% of the population is 200% below the poverty level and is predominantly Black and Latinx. SMH specifically sought to have the residency continuity clinic in this community. Beyond providing brick and mortar, SMH provides the funding for staff and faculty alike. Sarasota Memorial Internal Medicine Newtown opened with the launch of our program. Other than emergency medical services provided by SMH, this patient population lacked primary care services. Once we identified the apropos patient population, collectively we ascertained the ideal vision for our community, institution(s) and program grounded in diversity and inclusion.

Our first program aim is to enroll a diverse resident population that serves a diverse socioeconomic demographic including urban, suburban, geriatrics,
underserved and uninsured patient populations. In our recruitment process, every residency applicant is considered through the lens of how they would interact with the Newtown community. We look for individuals who demonstrate evidence of working with vulnerable populations and ties to Florida as we hope to retain them in our community and health care system. In our interview process, we pose scenarios that address how to handle special situations that commonly occur in our Newtown practice.

Our program is currently recruiting the 5th class, having graduated its inaugural class in June 2020. To date our program has recruited 9 African-Americans, 6 Asian-Americans, 12 Caucasians, 12 Latinx and 4 Middle Eastern resident physicians; 2 of our residents identify as LGBTQ. Recruitment provides a pipeline of physicians to the community and health care system. This year 6 of our 13 graduates will remain in Sarasota as hospitalists and primary care physicians; and the remaining will be pursuing fellowship training. What started as a Program’s framework for ensuring diversity and inclusion is now being adopted by other health care leaders in our community.

Mega Thinking and Planning through its alignment by design of vision, mission and aims at mega, macro, and micro levels, guides strategies to recruit residents best suited to provide personalized care to the patients we serve. As interview season wanes, please take a moment to reflect on the ideal vision for your program and GME institution as it pertains to diversity, equity and inclusion.

References:

AHME Academy: The One-Day AHME Experience for Everyone

Carrie Eckart, MBA - AHME Academy Chair

The date was November 2, 2001, the place was the Jurys Washington Hotel in Washington DC and there were a handful of attendees. It was our first AHME Academy, held as a “day-before” offering prior to the start of the AAMC Annual Meeting. It was an experiment, and after hosting more than 30 subsequent Academies in the intervening 20 years, we are declaring it a success!

Our AHME website describes our AHME Academy as follows: “…a one-day conference designed to provide new graduate medical education administrators an overview of their duties and experienced professionals some fresh approaches to their responsibilities. The Academy is held several times each year in various locations around the country to maximize the accessibility and affordability of this training.”

AHME’s primary goal is to stay true to our Mission, to “promote improvement in medical education to meet health care needs; serve as a forum and resource for medical education information; develop professionals in the field of medical education; and advocate the value of medical education in health care.” Aligning the one-day offering of the AHME Academy with this Mission clearly gave us the opportunity to offer one-day, content-rich conferences in support of all GME professionals - coordinators, DI0s, central GME office staff, program directors - with minimal cost and very high Return on Investment. The topics have always been timely and reflect the host GME team’s top priorities. Since we have one day, we offer topics such as accreditation, coordinator wellness, resident recruitment, and we always recruit the best speakers available for the preferred topics. We even use our lunchtime for an additional important perennial topic (traditionally, Dr. Laura Edgar, ACGME Executive Director of the Milestones). With time for networking and social reunions, and tremendous gratitude to our host GME team, it is always a great way to celebrate all that AHME offers to our members.

We had many great years of hosting Academies – for our first decade by pairing them alongside national meetings of AAMC, TAGME and even the AHME Institute, and in our second decade, by collaborating with our AHME member institutions to plan events in partnership with their local GME communities. As we planned for 2020, we would not have expected anything different! As we started the 2020 calendar year, we were looking forward to our next AHME Academy on Friday, March 13, 2020...maybe we should have known. Does that date sound familiar? Not just for the Friday the 13th coincidence, but it officially became the day the world stopped turning. In slow motion, we watched the pandemic begin. As February progressed, we adapted our always in-person Academy, which was to be held in Nashville, with over 125 registrants. The adaptation was slow at first, and then became unfortunately obvious: we were lucky that 20 people made it to Nashville in person. We offered our first virtual option to all registrants for a national audience.

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One by one, institutions started limiting travel and prohibiting in-person attendance at "outside meetings." We made available a Webex option, unheard of at that point and never utilized before for an AHME Academy. First 20, then 50, then 100 of our 125 registrants communicated they would be attending virtually. We had identified a conference center for 125 that communicated to us that they would not be able to host a national conference, just 20 hours before our starting time. We still had about 20 attendees who had already traveled. We had co-presenters who were now distant from each other. We asked the small hotel conference center to host 25 of us and they immediately accommodated us. Looking back on that day, it is STILL probably the last conference they have hosted to date.

It was everyone's first virtual national conference. We had very little time to prepare for EVERYTHING to change. While it is difficult to remember a time before virtual meeting platforms fully taking over, we did it with little preparation and still delivered everything AHME stands for.

For October 9, 2020, we actually planned a virtual Academy, the first one in a long time that did not have a geographical host. With 250 registrants, it was our largest Academy ever. True to our roots of providing timely topics, we focused on many GME topics impacted by the pandemic, including Designing Virtual Interviewing, Coordinator Wellness during the Pandemic and Adaptive Change. With time to plan and advertise a virtual event, we were very happy with the resulting size and scope of the Academy, and the retention of nearly all of our registrants throughout the day. Planning to host a virtual event certainly gave us a comfort level to deliver what the Academy has always promised: to give the Medical Education Community a chance to gather for fellowship, for education, for some laughter, for a shared experience and to leave having felt the bond that brings all AHME members together.

We plan to and hope to deliver this shared educational and professional development content for many years to come. Happy 20th Anniversary, AHME Academy!!!

AHME ACADEMY TRIVIA QUIZ

a) How many AHME Academies have been hosted so far?

b) Which city has hosted more AHME Academies than any other?

c) When is the next AHME Academy?

d) How many people (exactly) attended the first Academy (which was our smallest)?

e) How many people (exactly) attended our most recent Academy (which was our largest)?

2021 = #37; (d) 250
Philadelphia and Phoenix tied for second with 250.(e) 250; Washington DC with 5, followed by:...
Council Spotlight

Osteopathic Accreditation

Kerrie Jordan, DHSc – Designated Institutional Official, Graduate Medical Education at Kansas City University and Chair, AHME Council of Osteopathic Educators

Lilia Wilson, MBA, MPM – Designated Institutional Official, Graduate Medical Education at Midwestern University and Vice-Chair, AHME Council of Osteopathic Educators

As the five-year transition to an ACGME Single Accreditation System ended on June 30, 2020, leading up to a single match, many osteopathic medical students continue to seek osteopathic-focused residency learning environments. According to the AOA, more than 70% of third-year DO medical students seek a residency training program with an osteopathic focus. As of January 2021, there are 12,158 ACGME-accredited U.S. residency and fellowship programs. Just under 2% (240) of ACGME-accredited U.S. training programs have osteopathic recognition (OR). OR is an acknowledgment by the ACGME that defines a program as one that integrates osteopathic principles and practice (OPP) into the ACGME competencies. Further, Osteopathic Recognition allows programs to strengthen their applicant pool. Programs with OR can provide a learning environment that advances residents’ ability to provide high quality, holistic patient care. So how can we increase the number of ACGME-accredited OR programs?

The newest AHME Council, Council of Osteopathic Educators (COE), seeks to increase membership to promote osteopathic accreditation and understand the value of osteopathic accreditation.

The COE shares a mission with the Assembly of Osteopathic Graduate Medical Educators (AOGME) in providing support to programs and osteopathic educators through education, networking, and identifying required resources with a goal of increasing accredited OR programs so there are more osteopathic residency opportunities for students. We also focus on advancing osteopathic graduate medical education and promoting the osteopathic learning environment’s value through marketing, curriculum, publication, and faculty development.

The COE believes osteopathic medical students choose to pursue an osteopathic medical education pathway to become a physician based upon Osteopathic Principles and Practice’s (OPP) foundations, which are the same guiding principles of the ACGME Osteopathic Principles Committee (OPC) RC.

Since each program has varying resources and missions based on geographic locations, patient needs, and populations it serves, the ACGME OPC acknowledges that all educational settings within a program can be met through the use of various resources as long as an osteopathic learning environment is maintained. The program structure, curriculum, didactics, teaching methods, and osteopathic evaluations can be plotted in a novel way to demonstrate an osteopathic learning environment. The ACGME UME-GME Digital Resource Library is one of the tools that provides useful and critical resources to address these key requirements for programs seeking application for ACGME OR. Educators can search the free digital resource library that contains a wealth of resources to help gain information about osteopathic training, such as osteopathic curriculum, evaluations, and faculty development programs.

To join AHME’s Council of Osteopathic Educators (COE) and the online community for the advancement of osteopathic graduate medical education, please log into the Members Area of the website and click on “Council Application” on the left sidebar. Complete the form, being sure to check “Council of Osteopathic Educators (COE)” at the top.

Council of Transitional Year Program Directors

Neville Alberto, MD – Chair of the Council of Transitional Year Program Directors

The Council of Transitional Year Program Directors (CTYPD) of the Association for Hospital Medical Education connects ACGME accredited TY Residency Programs. The pandemic has presented unique challenges and opportunities for the learning environment. This article will share the activities involving the CTYPD, AHME, and the Transitional Year Program Community since April 2020.

AHME Institute Goes Virtual – May 12-14, 2021

AHME’s leadership and its councils have strived to make this a reality. For the first time in its history, you will have the opportunity to participate from the comfort of your own living space, learn along with expert speakers and best practice presenters, and network with colleagues while seeking information on the latest news, innovations, and developments in medical education.

Link to 2021 Institute Brochure

CTYPD response to the Proposed ACGME Focused Requirement Revisions in Diagnostic and Interventional Radiology

CTYPD shared the proposed ACGME-focused requirement revisions in Diagnostic Radiology and Interventional Radiology with its membership to include Transitional Year Program Directors. They also conducted a survey to understand the impact they would have on their Transitional Year Programs and the fundamental clinical skills experience of residents pursuing Radiology and Interventional Radiology. The results of the survey were compiled, and a response was submitted to the DR/IR/TY Review Committees.

Link to the report

(continued on page 8)
Virtual Interviewing Strategies for Graduate Medical Education – September 15, 2020 Webinar

The Coalition for Physician Accountability (COPA) recommended that all interviews for GME training positions be conducted virtually due to the pandemic. For programs that have relied primarily on traditional in-person interviews, this necessitated a major shift in recruitment. The webinar by Brenda Shinar, MD, FACP and Cheryl O’Malley, MD, FACP, FHM at the University of Arizona College of Medicine-Phoenix introduced core concepts of Virtual Interviewing Strategies and the use of live video interviews to preserve meaningful components of traditional interviews, while increasing flexibility and safety during the current pandemic and decreasing costs.

At the conclusion of the session, learners were able to:

- Recognize the benefits of virtual interviews (efficiency, consistency, adaptability, and cost effectiveness);
- Anticipate and avoid the pitfalls that may be encountered with virtual interviews;
- Explain how to effectively highlight program strengths digitally;
- Describe practical tips to implement when transitioning from an in-person to a virtual interview format.

CTYPD Town Hall Meeting – Tuesday, October 6, 2020

CTYPD hosts Town Hall Meetings in spring and fall with the intent to connect the Transitional Year Program Community. This platform serves participants by providing them with up-to-date information on the evolving learning environment to include ACGME and other Specialty updates. Participants are encouraged to express their thoughts and learn from each other. Topics addressed at the Fall Town Hall 2020 meeting included but were not limited to the following:

- USMLE Step 1 Pass/Fail Scoring – Challenges and Opportunities
- Virtual Interviewing for Transitional Year Residency Positions
- CTYPD Response to Proposed DR/IR Residency Requirement Revisions
- CTYPD Response to ACGME Call for Comments on Dedicated Time Requirements
- TY Resident Wellness

The Coalition for Physician Accountability UME-to-GME Review Committee (UGRC) has requested input on the “ideal state” of the transition from medical school to residency. The CTYPD Executive Committee convened to discuss if, and how, CTYPD should respond to this call for comments. Upon reconciling feedback, the theme seems to be to recommend working on a common competency language that UME and GME could use to communicate learner milestone progress along the continuum and propose a recommendation to have medical students assessed in the domains of PC, MK, PBLI, SBP, Prof, and ICS as all allopathic and osteopathic GME programs must. This ACGME language and a form of communication is currently in place and familiar to both faculty and learners.

To close, I express my thanks to the CTYPD Executive Council, CTYPD Membership, and AHME for supporting the TY Programs. TY programs offer the most closely overseen and outcomes-based approach with the goal of educating our future physician workforce.

The Council of Transitional Year Program Directors is a national resource for TY programs supported by the Association for Hospital Medical Education. If you are a member of AHME and interested in becoming a part of this Council, you can log in to the Members area on the website (www.AHME.org) and click on the “Councils” tab on the left sidebar. When you select “Learn More” under the CTYPD content paragraph, you will be taken to the CTYPD page where you will find a “Join Today” button. Complete the form, being sure to check “Council of Transitional Year Program Directors (CTYPD)” at the top.
Focusing on Virtual Recruitment

AHME solicited articles from members regarding their experiences with virtual recruitment during the recent interview season. The following three articles were selected for the submissions.

RECRUITMENT SEASON LIKE NO OTHER...

Ozzie Rodriguez - Family Medicine Program Coordinator at Creighton University School of Medicine/Phoenix Family Medicine Program

It is difficult enough to have face-to-face interviews and now we must do it all virtually? The reality we faced was challenging, but achievable! A Virtual Recruitment Committee (VRC) was created immediately to assist in standardizing the process. The VRC consisted of sub-committees; concentrating on website updates—online resources, marketing, interview questions and formats to streamline the process. The VRC communicated updates with all divisions/sub-divisions and created an efficient and secure environment for all programs to follow. The main platform used during the interview season was Zoom. A huge thanks goes out to all the volunteers who participated in the VRC and worked very hard to make this recruitment season a successful one on such short notice.

What did Family Medicine (FM) do to make virtual recruitment a success?

The main goal was to make the day run as smoothly as possible and make each applicant feel welcomed and valued. CUSOM/Phoenix FM program put a lot of thought and consideration into changes for the recruiting process in light of the pandemic. We had to juggle fast to produce videos of our facility, including the hospital, and creating resident and faculty videos to paint a true picture of our program, culture, environment, and who we really are. Having a short timeframe to work with our Marketing and VRC team, who were already bombarded with other requests, it was necessary to get creative and involve others to meet the deadline. Luckily, we were approached by a few of our residents who volunteered to help, spending many hours on developing the videos. We were extremely impressed by their talents and very thankful to all of our residents who jumped in to assist with such passion and enthusiasm.

What happened next?

The applicants were invited to select available dates through ERAS. Family Medicine extended the standard number of interview days to conduct more interviews. Ultimately, we interviewed 25-30 applicants over the normal 75-90 applicants per cycle.

Before the interview day

We sent out a thorough and detailed schedule to all applicants on what to expect during the virtual interview day. We finalized all the videos of the facility, faculty, and residents to be reviewed during the tour sessions.

During the interview day

We had all applicants meet in the main virtual room instead of isolating them in a waiting room. The applicants, Program Coordinator, and residents did a quick introduction and icebreaker before the Program Director conducted the Program overview. We incorporated 5-minute buffers in between each interview session (20 minutes long) to chat about everyday-life topics, adding humor to lessen the applicants’ anxiety level. A resident was present during the viewing of the video tour sessions to answer questions and provide additional insight.

After the interview day

The Program mailed out little gifts (pens, hand sanitizers, stress balls, badge reels, etc.,) and thank you cards to all applicants. We also sent a personalized Family Medicine Residents and Faculty Holiday card to wish all applicants a great year ahead. Evening Happy Hour sessions were created for all applicants to join—a great opportunity to meet with just the residents.

What was the outcome?

After many days of Zoom meetings, over 124 applicants were interviewed and there were only a few last-minute cancellations. We received a tremendous amount of positive feedback. We received hundreds of emails from applicants informing us about how easy it was for them to get a feel for who we are and what the program culture and environment is about, especially how much they felt at ease during the interview session.

What does the future hold?

As we put this recruitment season behind us and move on to the next, it is very likely we will continue to offer virtual interviews as well as in-person based on the outcome of the pandemic. This may become the new normal for our CUSOM/Phoenix Family Medicine program and many other programs throughout the state and nationwide.

ADAPTING TO VIRTUAL INTERVIEWS

Melissa H. Molina-Trinidad, MBA – Internal Medicine Residency Program Coordinator at The Brooklyn Hospital Center

No one could have imagined that this pandemic would shake up our interview season the way it did. It forced us to think of new ways to showcase our institution and program only through a string of emails and a Zoom screen. Although everything was done virtually, we wanted to ensure that the candidates had an interactive and personable experience.

One of the recruitment resources that we began to utilize was creating and building a social media presence; we had to rush to update our website as well. As our institution was trying to find a videographer, I was able to find a professional video on YouTube. Although it was made a few years ago, it featured the strides that our hospital has made in the community. On the day of their interview, candidates were shown the video and asked for their thoughts. They enjoyed it because it gave them the visual of someone who has never been in the neighborhood or the hospital.
We tried to keep the virtual interview day as close to the in-person day as much as possible. The only modifications were that the candidates would not have lunch with the residents, or meet the Program Director, but for the most part, the day ran as it would have in person.

Virtual
I provided the candidates with an email with 10 items the week before their scheduled interview.

In-person
Candidates still received this email, but with 8 items. They would have received one of the documents in their folder on the day of interviews and GME created the 2020 Virtual Interviews Agreement.

Virtual
I asked candidates to submit 2-3 documents in the packet which included: the Candidate Acknowledgment Letter, Virtual Interview Agreement, and Clinical Clerkship Form (for IMG residents ONLY). If they have it on hand, their Medical School diploma and ECFMG certificate if applicable.

In-person
I created a link for candidates to upload all documents in one place so that I could keep track of the items received instead of relying on emails. In-person they would have returned these items to me.

Virtual
Once they submitted their documents, I sent them the Zoom information and the agenda.

In-person
They would have received the agenda with the folder.

Virtual
We had our Program Director record his presentation.

In-person
In-person, he would have done it live, but due to the interview schedule and clinic schedule, we needed to make this alteration.

The candidates still had the opportunity to meet with our current Chief residents and had a Q&A with residents.

After interview season, everyone automatically became a Zoom expert. I created 4 breakout rooms with each faculty member’s name. It was easier to have the faculty stay in their rooms. Each candidate had 20 minutes to interview with a faculty member (they interviewed with two). I had a breakout room schedule, which I provided our faculty beforehand, and would move the candidates based on the time.

In the end, I sent a “Thank you” email which contained the emails of the faculty who interviewed them and an Anonymous Exit Survey link. Some of the feedback was immediately implemented. For example, some feedback I received was:

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Change made</th>
</tr>
</thead>
<tbody>
<tr>
<td>They wanted more breaks</td>
<td>I started giving them 5-10 minute breaks</td>
</tr>
<tr>
<td>They wanted to see us on social media</td>
<td>Our institution allowed us to create a social media page on Instagram</td>
</tr>
<tr>
<td>They wished we had a professional tour</td>
<td>GME is currently working to provide all residency programs with this</td>
</tr>
<tr>
<td>A lot of our pages on our website were under construction</td>
<td>We started adding more content</td>
</tr>
</tbody>
</table>

At first, this interview season was a little overwhelming, adjusting and trying to see what flow would work best. Thankfully, everything has gone smoothly for the most part. There were some Wi-Fi issues, but I always had my desktop computer and phone as back up.

Dear candidate,
I hope all is well. Thank you for confirming your interview with our Medicine Department at The Brooklyn Hospital Center for the Internal Medicine Residency Program via ERAS Scheduler.

DATE: Thursday, January 28th
TIME: 11:45am–3pm (approximately)
LOCATION: Via ZOOM (link will be sent once the documents have been uploaded)

In anticipation of your interview, please review all documents attached. Kindly complete the Candidate acknowledgment letter, Virtual Interview Agreement, and Clinical Clerkship form (for IMG residents ONLY) the latest, 2 days prior to your interview date. You must Upload pre-interview documents HERE, Please also upload if you have this:
- Medical School Diploma (N/A for current students)
- ECFMG Certificate (if applicable)

Other attachments are for your review only.
If you have any questions or concerns, feel free to email me.
We look forward to meeting you virtually!

The Brooklyn Hospital Center – Internal Medicine Residency Program Pre-interview Documents

Dear candidate,
It was a pleasure to virtually meet you today and hope that you learned a lot about our program.
Please take the time to complete our anonymous Exit Survey within the next 3 days while everything is fresh in your mind.

The faculty you may have met are:
- Dr. (name) – (their email)
- Dr. (name) – (their email)
- Dr. (name) – (their email)
- Chief Resident Dr. (name) – (their email)
- Resident Dr. (name) – (their email)

Thank you again and good luck!

Thank You Email Sample
VIRTUAL INTERVIEWING REFLECTIONS

James Flowerdew, MD - Program Director Anesthesiology Residency at Maine Medical Center
Kristin Johnson, MS, C-TAGME, Program Manager Anesthesiology Residency at Maine Medical Center

The challenges facing Graduate Medical Education (GME) training programs from the COVID-19 pandemic have dramatically shifted the landscape of recruitment. The instantaneous move to a total virtual experience resulted in a totally new format for many programs with many new logistical hurdles. This was certainly the case for our Anesthesia residency program at Maine Medical Center. Creating a quality virtual recruitment experience required advanced planning, networking, knowledge sharing, investment in multimedia platforms, reliable technical support, contingency planning, and most importantly, embracement of the virtual format.

Some aspects of our recruitment process remained unchanged. We did not employ new marketing strategies or host pre-application virtual meet-and-greet sessions. We utilized the same review process for applications and offered the same number of interviews, despite a 20% increase in applications. Like many programs, we gained early experience and familiarity with virtual platforms in order to deliver educational content during the early phases of the pandemic. We were confident we could adapt to the virtual interview, but the real conundrum for us was how to convey the personality of our program, the culture of our institution, and the experience of life in Maine.

Early preparations relied heavily on networking and knowledge sharing. Program managers connected with each other at the institutional level as well as their own national specialty groups. They attended several virtual training sessions where best practices were shared by those who had experimented with virtual interviews in previous years. Our GME department held faculty development sessions that included program managers, program directors and hospital administration. Our institution partnered with a local production company, and GME recruitment funding was diverted to create high quality videos for each program.

Under the direction of our institution’s marketing department, we were able to craft a video which focused on the unique life experience associated with training at our program. Many programs offer excellent clinical training, including ours, but we made it a priority to highlight the qualities that resonate with our residents and faculty. Our target audience was not broad recruitment, but rather those that were offered interviews. Important to recruitment was also ensuring our webpage provided comprehensive and up-to-date information, including resident and faculty profiles that go beyond professional qualifications. The goal was to allow candidates to enter the interview experience well informed and connected to our community.

We were fortunate to have the opportunity to pilot a virtual interview prior to commencing the interview season. This was a valuable experience and increased our confidence in the virtual process. We chose to utilize a commercial interview program which provided seamless interview scheduling and a polished, highly functional video platform. This made interview navigation and management intuitive and easy for both interviewers and candidates. Our interview day consisted of 8 candidates and 6 interviewers and occurred in the afternoon to accommodate candidates from all time zones. All interviews were 20 minutes long and punctuality was a priority. Following formal interviews, our residents hosted a meet-and-greet, breaking into small rotating groups to allow for more relaxed conversation and improved participation. All candidates were provided direct phone extensions for each interviewer and the program manager in the event there were technical difficulties. While rarely needed, it was essential for those few instances.

At the conclusion of our interview season, we felt that we were able to meaningfully connect with our candidates and provide assessments similar to previous years. We found that our virtual interview format allowed more efficient utilization of resources, improved time management, and permitted better and less costly access for candidates. In prior years, we observed significant interview cancellation rates but experienced very few this year. Early feedback from candidates suggests we had success in conveying the intangibles of our program, but we still feel this is best accomplished in person. Given our limited experience, it is hard to identify best practices in the virtual world of recruitment. However, we enter the match season feeling optimistic and reassured about our experience. Only time will tell.
EDUCATIONAL OPPORTUNITIES

Details on AHME’s educational sessions are posted at www.ahme.org when registrations open. Notification is made via email so be sure to keep an eye on your inbox for upcoming events.

AHME Academy
The AHME Academy is a one-day primer for new residency program administrators to gain an overview of their duties and for experienced administrators to learn some fresh approaches to their responsibilities. The format allows for great opportunities to learn the latest and greatest happenings in medical education. They typically occur two times per year and are often hosted by a member hospital in easily accessible locations or in a virtual format as the situation requires.

AHME Webinars
AHME conducts six webinars per year on topics relevant to the field of medical education. Hosted by a specific Council each time, the webinars are one hour in length and feature experts from around the country. And you don’t have to leave your desk to participate!

Upcoming Webinar Schedule!

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<td>August 10, 2021</td>
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<tr>
<td>October 5, 2021</td>
<td>CTYPD (Council of Transitional Year Program Directors)</td>
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</tbody>
</table>

Contact the AHME office at 724-864-7321 or info@ahme.org for more information.

REMEMBER AHME MEMBERS:
Information about AHME happenings are communicated to the membership via Constant Contact, an email marketing provider. When you opt out of those mailings, you no longer receive information from AHME staff or leadership – including announcements about upcoming webinars and other educational opportunities. Don’t miss out! Stay connected by keeping your contact information current with AHME staff.

Best Practices from Our Members
AHME News likes to feature articles that highlight members’ best practices. We invite you to submit your institution’s best practices in any area of medical education to Venice VanHuse, Editor, at venhuse@northwell.edu
The Association for Hospital Medical Education has put together an outstanding program for its 2021 AHME Institute! Sessions will include GME, CME and UME topics that are current, relevant, and important to medical education professionals. The presenters will feature some new faces as well as popular, seasoned conference speakers. All will be providing critical medical education updates.

Slated for May 12-14 in a virtual format, the 2021 Institute will offer the same learning and networking opportunities with your colleagues and peers that you’ve come to expect, but you don’t have to leave your home or office. A large number and wide variety of educational sessions will give you information and tools you can use right away.

The Institute is your one-stop opportunity to hear from the most influential people in key medical education organizations. Representatives will be on hand to present the most up-to-date topics from their organizations. The plenary session titles to start each day are:

ACGME Update

CLER - 2021 Update

Medical Education in the Information Age:
Engaging learners and creating change across the continuum

Keep in mind that there are 46 other possible sessions you can attend! AHME members and other experts from across the country in the medical education continuum fields will be sharing their knowledge and experiences on a slate of topics designed to help you be better equipped to do your job. You’ll definitely want to register multiple people from your office to maximize the learning.

Some of the other features of the 2021 AHME Institute include:

- **Extensive programming** with multiple breakout sessions
- **Other experts in the field** of medical education to provide you with the most up-to-date, nuts-and-bolts, take-and-use-today information
- **Networking** opportunities through meetings and fun events
- **A virtual poster session** to present what you and your peers in other institutions are doing to improve and advance your programs
- **Exhibitors** with practical medical education products and services
- **Sessions expressly for Program Administrator & Coordinator learning**
- **Specific programming for Transitional Year professionals**
- **Dedicated sessions focused on topics specific to professional and faculty development**
- **Sessions geared to the work of your Institutional Leadership**
- **Information relevant to the Osteopathic educators community**

The full 2021 AHME Institute brochure and registration information are available on the AHME website (www.ahme.org).
Welcome to the AHME MESSAGE BOARD CORNER.

In this section we highlight recent active Message Board threads which may be of special interest to you.

These threads are linked in the pdf version of the newsletter on the AHME website so you can go directly to the conversation and read the current content. If you are a member of the Message Board, you can join the conversation. Remember the AHME Message Board is open to all medical education professionals, not just AHME members.

Feel free to register yourself or send this link to others who may be interested:

AHME Message Board Registration Site

Or if you prefer, contact Karen Zagar, the Message Board Administrator at karen@ahme.org and she will get you activated.

Here are several recent threads:
• Reappointment Question
• Paying Teaching Faculty
• Resident ID Badges
• Resident “status” in Electronic Health Records (EHR)

AHME News Feedback

Please give us feedback on the AHME News content and coverage by sending an email to sandi@ahme.org. If you have ideas and suggestions for topics or questions you would like to see covered in the News, let us know. Counterpoint opinions on content and issues are always welcome and appreciated.

THE MESSAGE BOARD

has the following topic areas for medical education professionals to post questions and seek information from others:

• Undergraduate Medical Education
• Graduate Medical Education
• CME, CPD, and Faculty Development
• Miscellaneous Topics
• Program Administrator Forum
• Transitional Year Program Forum

If you haven’t done so already, please sign up and start sharing with the medical education community.
REMEDIATION of the STRUGGLING MEDICAL LEARNER
Jeannette Guerrasio, MD

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For more information, www.AHME.org
Route to:

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_____ Colleague
_____ GME
_____ CME

Want more information about AHME?

Contact Karen Zagar, Member Services, at 724-864-7321 or Karen@ahme.org.

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SPRING 2021