Otolaryngology Residency Match During the COVID-19 Pandemic
What Happens Next?

The COVID-19 pandemic has challenged health care in unprecedented ways, and its effects on the 2021 residency application and match cycle are likely to be significant. In these uncertain times, we identify pitfalls and areas of concern for aspiring otolaryngology–head and neck surgeons and otolaryngology departments across the US and suggest potential solutions for this year’s residency match process.

Medical student education has been significantly affected by the COVID-19 crisis. Some medical schools are graduating fourth-year students early to join the fight against this novel disease. Clinical rotations for both home and away students have been suspended, and the timeline for students’ return to the wards is unknown. To comply with social distancing, medical educators are rapidly developing new curricula around virtual education and telemedicine; however, in-person patient experiences are a fundamental aspect in educating future physicians. As students are currently unable to gain firsthand experience in clinical patient care, medical schools will need to adapt and provide more clinical opportunities over a shorter period of time after resolution of the pandemic.

These changes will have both short-term and long-term implications, particularly for students interested in subspecialty fields, such as otolaryngology–head and neck surgery. As rotations resume, required core clerkships are anticipated to be prioritized over subspecialty electives. Students may be faced with the choice of either delaying their application by a year to complete these subspecialty electives or pursuing a different field of medicine. Other students might pursue a research year to ensure adequate clinical exposure prior to applying. If the National Resident Matching Program maintains current match deadlines, there may be fewer applicants. Moreover, as clinical elective months and core surgery rotations are curtailed, qualified students planning to graduate in 2022 and 2023 may never experience or consider a career in otolaryngology–head and neck surgery. To address this anticipated deficit, we advocate that departments of otolaryngology–head and neck surgery leverage their existing infrastructure to incorporate and mentor medical students. Immediate opportunities for medical student involvement include research, shadowing via telemedicine visits, and participation in virtual medical education. We must find new ways to encourage students to explore otolaryngology as a career.

In addition to expanding student mentorship, factors affecting the success of the match must be considered. We encourage measures, such as standardized letters of recommendation (SLOR), that might minimize unconscious bias toward a student’s application. Studies of SLOR in otolaryngology–head and neck surgery report mixed findings. One study found that the implementation of SLOR reduced gender biases when portraying otolaryngology applicants, yet a separate analysis of applicants found no correlation between SLOR attributes and objective metrics. As the application process this year will rely on brief encounters, faculty may provide the most objective evaluations via SLOR. Furthermore, programs should consider decreasing the number of required letters of recommendation in the application. Instead of requiring 3 letters with an optional fourth letter as in previous years, accepting 2 letters may increase parity among applicants.

We recommend that the match timeline be delayed 2 months to allow additional time for away rotations. These rotations are essential for students without home otolaryngology programs and provide opportunity for students to explore programs of varying size, practice patterns, and settings. Understanding a program’s culture and team dynamic is also an invaluable benefit of away rotations. According to self-reported data from Otomatic (http://www.otomatic.com/), a forum for otolaryngology applicants, more than 50% of applicants in the past 2 years matched at either their home program or a program at which they completed an away rotation. Without away rotations, students will increasingly rely on program reputation and word of mouth. Similarly, residency programs will interact with fewer students and rely more heavily on other aspects of a student’s application to evaluate candidacy. Students without home otolaryngology–head and neck surgery departments will be disproportionately affected, and we hope these students will be given preference in away rotations to limit their disadvantage. By delaying the match timeline, both students and residency programs will be better equipped to create well-informed rank lists.

Limiting the number of interviews an applicant can attend may also contribute to a successful match. In 2017 to 2018, otolaryngology–head and neck surgery residency programs saw record-high numbers of unfilled spots. In the last 2 years, there have been fewer unmatched residency positions—Eisenman and Guardiani suggest that these changes are the result of a greater number of applications per applicant and a greater number of applications received per program. Applying to more programs seems like a simple solution to improve the chance of matching, but it generates significant financial burden for applicants. Additionally, students often apply to programs in which they have no genuine interest simply to improve their statistical chance of matching. Previous application cycles had an unequal distribution of interview invitations, with 26% of applicants receiving half of the interview offers. Any signifi-
cant delay in conducting interviews without a corresponding delay in the match timeline will lead to more frequent interview date conflicts. We should collectively acknowledge the unique challenges of this cycle so that applicants who look the most impressive “on paper” are not the only applicants considered for our programs. More qualified candidates deserve opportunities to interview at their desired programs. Limiting the number of interviews per applicant, however, would minimize the distribution asymmetry caused by applicants attempting to improve their statistical odds for a match and may even result in fewer unfilled residency positions.

The COVID-19 pandemic will affect the residency application process for both students and residency programs. The ultimate duration of the pandemic and the severity of disruption to medical education remain unknown. To navigate the known pitfalls, we recommend that otolaryngology–head and neck surgery programs invest in medical student mentoring, implement use of SLOR, delay the match timeline, and limit the number of interviews an applicant can attend. We anticipate that these considerations will maximize the success of the residency match process for programs and applicants alike.

ARTICLE INFORMATION

Published Online: June 4, 2020. doi:10.1001/jamaoto.2020.1078

Conflict of Interest Disclosures: Dr Hillel reported receiving grants from the National Institutes of Health and the Triological Society and personal fees from Ambu and Olympus USA. Dr Ward reported receiving grants from the American Otological Society and Johns Hopkins University, receiving personal fees from Ebix Practical Reviews, and serving as the medical student director for the department of otolaryngology–head and neck surgery, receiving partial salary support in this role. No other disclosures were reported.

REFERENCES


