

Canadian Medical Education Journal
Revue canadienne de l'éducation médicale



The accessibility of virtual residency interviews: The good, the bad, the solutions

L'accessibilité des entrevues virtuelles pour les programmes de résidence : le bon, le mauvais, les solutions

Julia E Hanes, Jordana L Waserman and Quinten K Clarke

Volume 13, Number 2, 2022

URI: <https://id.erudit.org/iderudit/1090347ar>

DOI: <https://doi.org/10.36834/cmej.74107>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Hanes, J., Waserman, J. & Clarke, Q. (2022). The accessibility of virtual residency interviews: The good, the bad, the solutions. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 13(2), 98–100.
<https://doi.org/10.36834/cmej.74107>

© Julia E Hanes, Jordana L Waserman, Quinten K Clarke, 2022



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

The accessibility of virtual residency interviews: the good, the bad, the solutions

L'accessibilité des entrevues virtuelles pour les programmes de résidence : le bon, le mauvais, les solutions

Julia E Hanes,¹ Jordana L Waserman,² Quinten K Clarke²

¹Division of Physical Medicine and Rehabilitation, University of British Columbia, British Columbia, Canada; ²Department of Psychiatry, University of British Columbia, British Columbia, Canada

Correspondence to: Quinten Clarke, email: quinten.clarke@medportal.ca

Published ahead of issue: January 13, 2022; published: May 3, 2022. CMEJ 2022, 13(2) Available at <https://doi.org/10.36834/cmej.74107>

© 2022 Hanes, Waserman, Clarke; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Background

Disabled trainees are underrepresented in medicine; approximately 4.6% of medical students identify as disabled,¹ as compared to the 20% of Canadian adults who live with disabilities in the general population.² As we strive towards the inclusion of disabled medical students, it is imperative that we consider the ways in which the transition to a virtual residency interview process affects this equity-seeking group. In this paper, we discuss the benefits and drawbacks of the virtual interview process for disabled applicants and propose potential solutions. These are informed by our own experiences as applicants with disabilities and chronic health conditions interviewing in the first virtual iteration of CaRMS, as well as principles of universal design, accessibility, and equity.

The good

Virtual interviews benefit disabled medical students through the elimination of travel-associated stressors and the potential for those with visible disabilities to withhold disclosure of disability status. Barriers to travel for students with disabilities may include arranging a personal care assistant, transporting medical supplies, and coping with the mishandling or damage of mobility aids.³⁻⁴ Moreover, virtual interviews have circumvented the added labour of contacting organizers to inquire about the physical accessibility of events. From a mental health perspective, students are able to maintain their regular routines,

environments, and social supports, minimizing additional stressors during an already anxiety-provoking period. Less travel and shorter interview days allow for more optimal sleep hygiene.⁵ Virtual interviews also increase financial accessibility, which may be of particular salience to disabled people who often incur additional expenses related to their disabilities.⁵⁻⁶

The bad

Notwithstanding the numerous advantages of a virtual CaRMS process, the experience has presented a series of significant challenges. Firstly, interview invitation emails have, largely, not included instructions on how to obtain accommodations for the interview process. On occasion, interview invitations have neglected to include information about the format of interviews (e.g. multiple mini interview (MMI), panel, asynchronous), thus prohibiting candidates from appropriately anticipating their potential accommodation needs.⁷⁻¹⁰

In-person interviews previously allowed students to explore the physical accessibility of staff areas of the hospital. With the introduction of virtual interviews, candidates must rely instead on program representatives' knowledge of the accessibility of these spaces which, in our experience, is often limited. Moreover, if students choose to ask about these features during the interview process, they inadvertently disclose their disability status. In our experience, programs have also not included the accessibility of staff spaces on their CaRMs or Canadian

Portal for Residency Program Promotion program descriptions, websites, presentations, or video tours.¹¹⁻¹² Information about accommodation policies are also rarely publicly available.

The format of interviews themselves are oftentimes inaccessible, with programs not applying universal design principles.¹³ For example, question stems for MMIs are often shared via the screen share function rather than the chat functions; this renders the stems inaccessible by screen reader or to those with low vision who require larger font sizes. Other postgraduate programs choose to forgo breaks, which can be detrimental to those who require breaks for eating, drinking, breastfeeding, stretching, using the bathroom, or attention. Long and detailed question stems presented solely orally can be challenging for people who have learning disabilities, mental health conditions, or are hard-of-hearing. Programs sometimes also include time-constrained writing exercises without prior notification to applicants which, if unaccommodated, disadvantages students with learning disabilities, upper extremity impairments and mental health conditions.

Many programs endeavoured to highlight family-friendly policies that allow residents to take parental leave. While these policies are commendable, there were no analogous discussions about medical leaves or modified schedules for health reasons, leaving some students with disabilities wondering about the type of culture, reception and support they will encounter. As such, programs either failed to emphasize wellness initiatives that would benefit disabled candidates, or passively dissuaded them from selecting their program by withholding such information.

The solutions

The following recommendations pertaining to the interview offers, interview format, and provision of program information are grounded in principles of universal design, accessibility, and equity.

Interview offers

In the interview offer emails, programs should share detailed information about the format and structure of the interview process with interviewees in advance, so that applicants can determine their need for accommodations. For example, many students require extra time during OSCEs, MMIs, or timed writing exercises to ensure equitable comparison with their peers.¹⁴ Moreover, providing information about the platform on which

interviews will be hosted allows candidates to determine which accessibility features will be available for their use. Initial emails about the interview should include clear processes about who to contact for interview accommodations.

Interview format

Programs should ensure that adequate time for breaks is built into the day's programming.¹⁴ They should endeavor to adhere to accessible best practices in designing the interview, including providing prompts both orally and in written form. Interviewers should invite students to take notes or ask for repetition of longer oral prompts during interviews. Low-cost captioning should be provided to support deaf and hard-of-hearing applicants.¹⁵⁻¹⁶

Provision of program information

When speaking about wellness supports, programs should offer information about accommodations, leaves of absence, health insurance plans, and the accessibility services office. The accessibility features of commonly used staff spaces (including call rooms, staff toilets, resident lounges, and locker rooms) should be audited and publicized, as these spaces often lack common accessibility features found in the patient care areas. Contact information for the hospital(s) accessibility office should also be provided, as many students may still require accommodations to have an equitable interview/residency experience.

Conclusion

With the 2021-2022 CaRMs cycle remaining virtual, it is important to consider strategies to improve this process for students. Improved accessibility practices have the advantage of generating a physician workforce that is representative of the population it serves. Individuals with lived experience have unique insights into service user perspectives and heightened compassion for patients' illness experience, potentially leading to an improved quality of patient care.¹⁷⁻¹⁹ Assessing residency candidates equitably and in an accessible manner permits the selection of the highest quality applicants, regardless of disability status.

Conflicts of Interest: None of the authors have any conflicts of interest

References

1. Meeks LM, Case B, Herzer K, Plegue M, Swenor BK. Change in prevalence of disabilities and accommodation practices among US medical schools, 2016 vs 2019. *JAMA* 2019 Nov 26;322(20):2022-4. <https://doi.org/10.1001/jama.2019.15372>
2. Morris S, Fawcett G, Brisebois L, Hughes J. Canadian survey on disability reports: a demographic, employment, and income profile of Canadians with disabilities aged 15 years and over, 2017. <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>. [Accessed Apr 11, 2021].
3. Yau MK, McKercher B, Packer TL. Traveling with a disability: more than an access issue. *Ann Tour Res* 2004;31(4):946-60. <https://doi.org/10.1016/j.annals.2004.03.007>
4. McKercher B, Darcy S. Re-conceptualizing barriers to travel by people with disabilities. *Tour Manag Perspect* 2018;26:59-66. <https://doi.org/10.1016/j.tmp.2018.01.003>
5. Waterhouse J, Reilly T, Edwards B. The stress of travel. *J Sports Sci* 2004;22(10):946-66. <https://doi.org/10.1080/02640410400000264>
6. Mitra S, Palmer M, Kim H, et al. Extra costs of living with a disability: A review and agenda for research. *Disabil Health J* 2017;10(4):475-84. <https://doi.org/10.1016/j.dhjo.2017.04.007>
7. Edje L, Miller C, Kiefer J, Oram D. Using Skype as an alternative for residency selection interviews. *J Grad Med Educ* 2013;5(3):503. <https://doi.org/10.4300/JGME-D-12-00152.1>
8. Meeks LM, Jain NR, Moreland C, et al. Realizing a diverse and inclusive workforce: equal access for residents with disabilities. *J Grad Med Educ* 2019;11(5):498-503. <https://doi.org/10.4300/JGME-D-19-00286.1>
9. Meeks LM, Taylor N, Case B, et al. The unexamined diversity: disability policies and practices in US graduate medical education programs. *J Grad Med Educ* 2020;12(5):615-9. <https://doi.org/10.4300/JGME-D-19-00940.1>
10. Meeks L, Case B, Joshi H, et al. Disability Policies and Practices in Family Medicine Residencies: A CERA Study. *Fam Med* 2021;53(3):211 <https://doi.org/10.22454/FamMed.2021.726731>
11. Canada's Portal for Residency Program Promotion. Programs. <https://www.canprepp.ca/program-directory>. [Accessed Apr 11, 2021].
12. Canadian Resident Matching Service. Program Descriptions - First Iteration. <https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/> [Accessed Apr 11, 2021].
13. Burgstahler S. Universal Design: Process, Principles, and Applications. *DO-IT* 2009.
14. Moreland CJ, Fausone M, Cooke J, et al. *Clinical accommodations and simulation*. In: Meeks LM, Neal-Boylan L, ed. Disability as diversity: a guidebook for inclusion in medicine, nursing, and the health professions. Springer Nature 2020;213-260. https://doi.org/10.1007/978-3-030-46187-4_10
15. Sritto MED, Linder K. A Rising Tide: How Closed Captions can benefit all students. *Educause Review*. 2017. <https://er.educause.edu/articles/2017/8/a-rising-tide-how-closed-captions-can-benefit-all-students>. [Accessed Apr 11, 2021].
16. Morris KK, Frechette C, Dukes III L, et al. Closed Captioning matters: examining the value of Closed Captions for "all" students. *JPED* 2016;29(3):231-8.
17. Iezzoni LI. Why increasing numbers of physicians with disability could improve care for patients with disability. *AMA J Ethics* 2016;18(10):1041-9. <https://doi.org/10.1001/journalofethics.2016.18.10.msoc2-1610>
18. Stergiopoulos E, Fernando O, Martimianakis MA. "Being on both sides": Canadian medical students' experiences with disability, the hidden curriculum, and professional identity construction. *Acad Med* 2018 Oct 1;93(10):1550-9. <https://doi.org/10.1097/ACM.0000000000002300>
19. Meeks LM, Jain NR. Accessibility, inclusion, and action in medical education: lived experiences of learners and physicians with disabilities. 2018.