

Jason:

Hey there. It's Jason, one of the members of the ENT in a Nutshell team and I'd like to introduce a special episode we are publishing on our podcast series. COVID-19 has created a tremendous shift in how medical students will apply and interview for otolaryngology residency positions. Leaders in the Academy of otolaryngology, head and neck surgery conducted a panel interview with residency program directors to discuss this very topic. With permission from the Academy, we have published the audio from this forum, which has published in video format online. We hope that adding it to the ENT in a Nutshell platform will aid in dissemination of this material.

Dr. Albert Merati:

All right, I'm going to go and get started. I see five o'clock. I just want to say thank you to my panelists. I know people are clicking in and joining from all over. I'm really excited to introduce this topic. My name is Albert Merati. I'm here from Seattle Washington. I'm here with [inaudible 00:01:00] and I'm an otolaryngologist, and I have the privilege of serving as the immediate president of the American Academy of Otolaryngology, head and neck surgery. It's my privilege to introduce this wonderful team to you, which I'll do in just a minute. I know you guys are just logging in, but this is really our first medical student forum we're hosting in this format.

It's the Academy joined with other leaders from throughout otolaryngology, from the Otolaryngology Program Directors Association, OPDO, part of the alphabet soup of our field. The Academy and OPDO came together to provide answers for what we sensed to be a lot of questions out there regarding this year's match and the process of having our future otolaryngologist find the ideal training for them, how this process is going to work given the challenges related to COVID. We are super interested in getting this right and fostering a discussion.

The questions that our panelists are going to engage with today came right from you, came right from your responses to this survey. According to my latest count, we have nearly 450 folks signed up to attend. There's lots to cover lots of years, I hope lots of answers, maybe some more questions. We'll be doing all of that. Remember, the Academy is our broad special organization, the large organization of otolaryngologist in the world. We are absolutely Academy leadership membership has focused on attending to the needs and perspectives of our students. You will shape the Academy today, tomorrow, 10 years. I'm glad you're on today.

Please, reach out through Ms. Fineheart and the rest of the Academy leadership team to join as a student member. I think the cost nominal it's \$25 and we would love to you join and be a continuing voice, speak up on the ENT Connect forum, which is a great forum for our students to make sure we are hearing your perspectives and answering your questions or learning what we need to know. Given, the COVID pandemic and the challenges for visiting and interviewing, we've all become very zoom familiar, but what is it going to mean for all of us as we move forward?

With my great partner, Dr. Sonya Malekzadeh, we've gathered this terrific panel. I want to introduce you to them and then we'll turn it over for their questions. We'll start doing these questions. Is everybody hearing me okay? Right on. Thank you. First is my colleague, Dr. Rhonda Alexander, who is a faculty at the McGovern Medical School at UT Houston, trained originally at Weill Cornell and Long Island Jewish, then did her otolaryngology residency at Einstein. Then further trained in laryngology at the Head and Neck Institute in New York city. Right on, Dr. Alexander.

Dr. Tamara chambers. I've got to know a bit on our Academy Awards taskforce. Not the Academy Awards, but the Academy Award taskforce. Dr. Chambers actually is located in Los Angeles where she is a program director at USC, a big program there as well. She attended a medical school in

UCLA, residency at USC, and then a fellowship there at Loma Linda in Head and Neck surgery and she's a medical director there, I believe, at LA County, one of the biggest hospitals in the country.

Thank you for joining us, Dr. Chambers. Dr. David Chang, I've known for a long time, was a medical student at KU and then did his residency at Vanderbilt, and then on to his training in facial plastics at Miami. He's now faculty at University of Missouri and is a long-time contributor to our Academy in many different committees like a lot of our folks are. Thank you, Dr. Chang. Not last, but next is Dr. Sonya Malekzadeh, my partner, who is representing, of course, her program and perspectives from her as a program director at Georgetown. She herself was originally trained at George Washington University in town, and then moved on to do her resident training up the road at Maryland in Baltimore, and now is back in Washington at Georgetown as a program director.

Dr. Malekzadeh also was elected as one of our national leaders. She's our senior [inaudible 00:05:44] director on the board of directors responsible for executing the strategic plan of our Academy as a whole. It's just been a treat to continue to work with her on the executive and this nice bridge we have between OPDO and the Academy. Dr. Steve Pletcher, my neighbor down the road in the Bay Area is a professor of otolaryngology at UCSF, and as director of resident program there. Recently went to school at medical [inaudible 00:06:13] at also UCLA and then completed training there at UCSF and rhinology out at the Eye and Ear in Boston. Now is back running a terrific program there UCSF.

Last but not least, our colleague Dr. Thorne from Michigan is a division chief of pediatric otolaryngology, and professor there. He's the otolaryngology residency program director, right? This is what all our folks have in common, including Dr. Alexander, I forgot to mention that part. Trained there originally Wash. U, then at Michigan after having fellowship at CHOP and came back to Michigan and has been working there. I may have missed a few things in details, but I wanted to just tell you these program directors have committed a substantial part of their professional lives to doing their best for our incoming trainees, for the current trainees, and really the future of otolaryngology.

Thank you to each of you for this. We get going with the questions. All right. My first question I want to direct at my colleague Dr. Malekzadeh. Dr. Malekzadeh, what are the specific challenges in your view for this year's season for recruitment for matching?

Dr. Sonya Malekzadeh:

Thank you, first Dr. Merati. I want to take a moment and thank you on behalf of OPDO for recognizing the concerns for our medical students during this really exceptionally stressful time and all the issues that are going on around COVID, and really for being the mastermind behind this event. Thank you for proposing this. Similarly, at OPDO, we're appreciative of the Academy, the OHNS, for sponsoring this, for supporting it, for hosting and I see Dr. Duane on there. Thank you, Dr. Duane, and thank you to [Elis 00:07:53] and all the staff for really putting all this together. We are certainly grateful for that.

Your question of specific challenge for this year's recruitment season, I think, first thing I'd say is that we're experiencing in otolaryngology that's really similar to what all the other medical and surgical specialties are facing during this time, we strongly are not unique. Everyone is tackling the same issues, struggling with the impact of COVID on medical education this upcoming recruitment season. I think if we step back a little bit to the pre-COVID time, I think my colleagues on the call would agree that the residency selection process was imperfect. There are many issues that we've been grappling with. One of the ones that we talk about often at our meetings is this increasing number of programs to which applicants are applying.

If I can share some statistics with you in last year's application season, [Eros 00:08:48] published some statistics where they had numbers that stated that from US medical schools applied to an average of 65 programs. The international graduates at actually had to apply to an average of 137 programs. This

is across all specialties. We all know that the story doesn't improve match rates for the medical students, and it really is just a burden, it's substantial costs of the applicants. Then, as program directors, we just get this unmanageable number of applications to review. If we look more specifically at otolaryngology, Dr. Chang who's on this panel has published extensively on this topic, and he has a publication that's going to be coming out soon, but he's compiled some data.

Last year's application season applicant submitted an average of 72 applications. That's an 80% rise over 15-year span and programs received well over 300 applications. These are all issues that have been brewing and now we're going to expect, with COVID, this is going to get worse. Other issues, I think we have to think about our USMLE scores, so testing centers have been closed across the country, and many other of our applicants have been unable to take portions of their exam. A lot of the medical schools have altered clerkships. They've either had to shorten or replace them with virtual rotations. Then, the away rotations, the way electives, the auditions, those are the ones that students rely on as experiences to get to know programs, but also it's an opportunity for them to get letters of recommendation and to also signal their interest in the program.

Without all these opportunities, I think there's this general angst and uncertainty about how applications are going to be evaluated and how we're going to respond to potential even increased number of applications. I hate to start this out being the Debbie Downer, but those are the challenges, but I will say that I think, with any crisis, there's a saying of crisis, within any crisis or chaos there's opportunity. I think this perhaps is the time for us to reevaluate where we're doing this and to improve the process.

Dr. Albert Merati:

I think a lot of what she said, Dr. Malekzadeh, thank you, it's going to filter or mix in with each of the next the next four or five questions we're going to cover. That was a good framework. Dr. Pletcher may ask anything just immediately strike you as something we want to make sure we get out as well, that in Dr. Malekzadeh's frame?

Dr. Steve Pletcher:

Yeah, I think it's important to note that this is new for programs too. A lot of the challenges that are different this year are things that we're working through, and I would say that, I think it's very clear from a program director standpoint, that this is not a business as usual year and the normal expectations about getting letters from people at other institutions, or having all your letters come from other laryngologists. All those things I think are out the door. It's a new time, it's an opportunity. I think, as Dr. Malekzadeh mentioned, to really look at different options that could improve our opportunities both this year and in the future.

Dr. Albert Merati:

I want to turn to Dr. Chang with that great framework, thank you. Again, this came from our attendees, so I'll just read it quickly. Dr. Chang, without the opportunity for away rotations, how can students demonstrate interest in a program?

Dr. David Chang:

Great question. Again, I thank everybody who it was on. I know there's a lot of interested students and applicants that are out there. Away rotations, unfortunately, aren't available as everyone knows this year. I think away rotation rotations really served three main objectives. One, it's an educational opportunity for you as an applicant to know and learn a little bit more about otolaryngology. Two, it's a

tryout. It's a way for you to show off who you are and it's an early tryout, or maybe you could look at it as an extended interview that you're having with a program.

Three, it occurs the other way around as well too. The programs are trying you out too, and spying on you, so to speak, to see if you'd be a good fit as well. How are you to show interests in this environment? Well, in a normal non-COVID timeframe, you would only be able to probably do two, three, three max maybe interview or away rotations, and so even at that, you'd only be signaling to potentially, or showing interest to potentially three places. One way to show interest in this new environment is that some of the programs that have decided to have a virtual [sub-eyes 00:13:45], and that's another way to, one, get information, but also get your name out.

Two, I think a lot of the programs now are having town halls to have applicants learn a little bit more about otolaryngology, but also learn a little bit more about their program. Interacting in that fashion can be a substitute. Do I think it's a perfect substitute? No, I don't think it's a perfect substitute, but it can be another way to get out there. There's always the old way, the handshake or the phone call, the emails, and I think they are appreciated to some degree, but I think that a lot of program directors do get inundated by a lot of phone calls and emails. It's sometimes hard for us as program directors to exactly filter the meaning of those overtures to us a little bit more.

The OPDO, Otolaryngology Program Directors Organization, has really been trying to brainstorm and think about how to improve the process a little bit more. Maybe you all out there have heard that we are considering a signaling process. It's just a consideration at this time. We haven't really vetted it out completely, but we'll let you know a little bit more if that comes to fruition. There could be a signaling process that we might try to do to help applicant signal to programs interest in their interview at those locations. [crosstalk 00:15:23]. There was one question. I see Tom Erwin had sent a question to us. "Are expectations this year for more applicants or fewer applicants?" I think it's too early to say at this time, right now, where that would occur.

The numbers and data suggest we'll probably be somewhere in the same as last year, I would imagine, but the number of applications per applicant, that might be a number that we might see tick up again.

Dr. Albert Merati:

I want to thank you, Dr. Chang. Any of our panelists would like to comment specifically on Dr. Chang's answer or add to it, or maybe even contrast? How people will manage the lack of away rotations.

Dr. Rhonda Alexander:

I think one other thing that you really hope to feel about when you want to know about a program is knowing the climate and the culture of that program. I think one thing you can also do is reach out to even the program coordinator and ask them if you can be connected with a residence or maybe even alumni, so you can get more information and learn a little bit more about the culture in that way also.

Dr. Albert Merati:

Is that something OPDO can do? I'm sorry. I'm ignorant. Is that a good reach or should that be retail applicant directly to a program? Is there a central version of it? I'm sorry. I don't know.

Dr. Sonya Malekzadeh:

Nothing like that exists with OPDO, so it's a direct communication.

Dr. Albert Merati:

Okay. Somebody's dog thinks it's a good idea though. Okay, cool. Awesome. I have another question. I'm going to move on to Dr. Thorne. Thank you, Dr. Thorne. Again, these are essentially direct quotes from our folks, the most common things to the responses we got. Without a rate of away rotations, how are students going about getting letters of recommendation? I think you even touched on it. Who, what, where, when and why, and maybe from their perspective, what is it? If I can touch the third rail here. What is it that folks are looking for in a letter of recommendation? Maybe share, let's get behind the curtain a little bit.

Dr. Thorne:

Yeah, thanks. I'll do that. I think this is a great question. The short answer to some extent is, I think that the process for letters of recommendations will really largely be unchanged this year. I don't say that to be a humbug or to try to deceive you into thinking that it's not potentially more challenging, but really what you want to do is to approach faculty who can provide some personal insight into your qualities as a candidate. Another little tip that I provide is, when you're approaching faculty, ask them if they feel like they can write you a strong letter of recommendation that does two things.

One, most importantly, it assures to you that you're going to get a letter and that's going to really support you. It also gives the faculty an easy out if for some reason they haven't had the experience with you or don't feel comfortable writing a strong letter. It gives them an easy way to decline so that you can make sure that your application really best reflects the qualities that you have as an applicant. I think, one big change that we'll probably see this year is that, we'll expect as program directors to see more letters from outside of our community of otolaryngologist. We recognize that applicants won't be able to do away rotations where they might meet and interact with a larger number of faculty.

I think we'll welcome and we'll expect to see letters from faculty outside of our specialty, again, especially from faculty who can comment personally about the skills that you would bring to your training, would bring to your career as otolaryngologist that might not be as evident from just reviewing your application. I think, that's who I'd be looking for if I were an applicant and that's what I'm looking for as a program director, are letters that really speak to the qualities that applicant has, and that I can't get by looking at a transcript or reviewing their publications or their volunteer activities, those kinds of things. I want to get to know who the applicant is as a person.

Dr. Albert Merati:

Thank you, Dr. Thorne. Comments on that. What do we do when folks are a little out of reach? I don't know if we're going to be covering this in another question, but what about our amazing future otolaryngologists who don't have a home program, so to speak? What do we do guys? That's for all of you, by the way.

Dr. Rhonda Alexander:

This is Dr. Alexander. Hi everybody again. Wow, this is exciting. More than 200 of you here to listen to us. I would say if you get so really particularly this year the people who don't have a home residency program, I think it is absolutely incumbent upon you to help us by making that very clear. If it were I, I would mention it in my personal statement. I think I put a lot of focus on the personal statement. I read every personal statement that I'm personally screening, because I feel that is your opportunity to tell me something synthesized that is difficult to put into the boxes that are in the Eros application.

When we're getting the number of applications that we do, it's hard for us to do the search and see if every medical school has a program. If your school doesn't have a program, help us by just saying it. That's really going to just allow us to open the compassion gate to say, "Okay, well, this is somebody who we're going to look at," and be able to accept those letters, and have a little bit more of an open mind. Not that we haven't already been looking for quality over just a brand names as it stands, but it does not hurt to help us help you.

Dr. Albert Merati:

Right on. The compassion gate is generally open, just maybe compassion boost. I have a question for Dr. Chambers. One thing I just saw someone wrote in the chat, and this is my ignorance coming out. Are we doing individualized paragraphs? Is that gone? Just teach me. I think that maybe everyone knows, but me, I'm sorry.

Dr. Tamara Chambers:

I can talk to that a little bit. I think that individual paragraphs are not mandatory as they were very much affected in the past. The ability to customize your personal statement has always been there even before otolaryngology asked for this paragraph. Feel free if you're an applicant. If you need to, or would like to highlight something more specific, because you want to show somehow that you're integrated to that program, or have some insight into that program a little bit more, help us see that aspect like Rhonda had mentioned, so that we can see that through in your personal statement. Feel free to customize if you like.

Dr. Albert Merati:

Excellent. Any other comments on that?

Dr. Steve Pletcher:

Let me just add to that. Feel free to customize if you like, and there really are unique circumstances about your application to a specific program, then there's real value. No, I want everybody to know that it is not required, do not spend significant [crosstalk 00:23:26] time for each program feeling like you have to put in something that is unique to the program.

Dr. Albert Merati:

Excellent. [crosstalk 00:23:35]-

Dr. Sonya Malekzadeh:

One thing I would add on is that I think it's also program dependent, so some programs may require it. You just may want to pretty carefully the programs to which you're applying, but yeah, it used to be mandatory years ago, and then now we've made it optional, but some programs still do want that and [crosstalk 00:23:55]-

Dr. Albert Merati:

Dr. Malekzadeh, thank you. Dr. Pletcher, hang on. I want to make sure we understand. You're saying that it should be clear to the applicant that there's a certain program they're interested has a requirement that should be clear to the applicant, it's good to double check that, and even if it isn't required, you have the freedom to do it. Thank you, Dr. Pletcher.

Dr. Steve Pletcher:

Yeah. I was going to echo what Dr. Malekzadeh said. I think that the number of programs that do require the paragraph is very few, so don't be surprised if you don't see that. The other thing I would say is that, I would go a little further than Dr. Thorne and say, if you just regurgitate some of what's on the program's website, in other program specific paragraph, it's probably even, maybe even unfavorable, I would advise against that. If you are doing it, the only program specific paragraphs that I would say had the biggest impact were the ones that said at the end, they were applying to our program and said, "Yes, and that's why I really want to come to UCSD." Those little basics make sure to ... A great program just [inaudible 00:24:59] paragraph for us.

Dr. Albert Merati:

As we transition to the next question when I was back at KU my first job at wonderful KU in Kansas City, the coordinator came to me and said, "Check this out. We have interviewed these wonderful doctors, and Dr. Gerald, thank you for this. Dr. Merati, thank you for this, blah, blah, blah." Then, she got a card and it was addressed to Dr. Bye, B-Y-E, and it was a serious letter. "Thanks for your ... thanks for your ... I'm so interest in KU," and this, that, and the other. This wonderful otolaryngologist, maybe in the strand of the moment, had written dr. Bye, like there was a bye on their schedule and could remember that they didn't interview anybody with that name.

We felt bad. It was like poor person was probably running around, flying all over the place and any event. Yeah, definitely pay attention to what you're sending to programs. Dr. Chambers, I have a question for you, for all of us, but I'm going to start with you and your wisdom on this. I don't know if we're looking for metrics or methodology, but at least the essence, and maybe some of the specifics on this one. How will programs judge applicants from outside of their programs fairly, right. The flip side of it, we've heard about how we're going to outreach and connect. As a program director, you look at this, how is it that you plan on reading these fairly when you don't have the personal moment for better or worse? Big question?

Dr. Tamara Chambers:

[inaudible 00:26:30].

Dr. Albert Merati:

Oh, I lost Dr. Chambers.

Dr. Rhonda Alexander:

Oh my, I just want to jump in while we're having technical difficulties with Dr. Chambers. Dear candidates, when not if, when you get your interviews do everything in your power to be in a place where you have awesome internet when your interviews come up. I expected there to be so much generosity when there is the actual interviews occurring, but do everything you can not to be in a car during your interviews, or literally just put fences around yourself as best as you can and be on the good, good internet, even if that means plugging into a wall. We were trying not to give you any excuses to discount us, but do not give anybody else an excuse to discount you.

Go to the local library if that's the best internet you have, but set yourself up for success. Dr. Chambers is on the West Coast and they are just getting done with work. Those of us on the East Coast are like, "Well, what's wrong with them? It's late at night." No, it's not. It's daytime still. That's still in transit, so just be conscious of time zones too, that not everybody is ... that it's going to be sunset on the East Coast and it'll be bright as day on the West Coast. We all have to remember that this is not normal.

Dr. Albert Merati:

Right on. I know Dr. Chambers is going to get back on. Again, methodology and the spirit, how do we judge people who we just have paper and that virtual interview? Maybe it's better. I don't know. Tell me, join in Dr. Chang, what do you think?

Dr. David Chang:

Yeah, that is so hard. I think that is the challenge of being a program director in selecting applicants. We have the sea of great applicants every year and I think as otolaryngology, we are very blessed that we have a lot of high-quality applicants that are out there. How do we distinguish them all? I think that's very hard. Yes, we have our biases, whether it's a regional bias, whether it is institutional bias, but I think realize that a lot of programs match well outside of their own institution. We're not all in-bred institutions and so we're looking to diversify. I think that we've learned several lessons, perhaps in the past, that it's definitely not all about a metric.

I don't think that one metric defines a person. It's not the USMLE score, it's not your AOA, it's not your gesture letters of recommendation. It's a whole conglomerate of things. We've really tried through the OPDO to stress that a holistic evaluation as much as possible is what we really need to try to achieve in order to diversify our resident body, and also diversify our own programs.

Dr. Albert Merati:

Excellent. Any specifics? Is anybody using a formalized methodology? I know what we do here at UDAB.

Dr. Rhonda Alexander:

My team and I did the first draft and then we worked it out over the past couple of years where we identified, and this is the hard work that many programs are going to have to do over the coming years is, traits and qualities that we want in our residents, and then correlated them to activities that we think represent those characteristics and qualities so those are things that we're looking for in the application. Now, that requires a lot of work and so that is hours and hours, and it involves me giving each of my faculty volunteers no more than about 15 applications to read, while I have like 40 to read, because I take that burden because I want them to do a good job.

I don't want to overburden them, so they feel like they have to go fast. You'd be surprised at the things that different programs are valuing. Some programs are looking for the AOA. Other programs are looking for, "Have you had a full-time job?" Some programs are looking for, "Did you play a musical instrument as a measure of dexterity?" Other programs are looking at, "Did you lead any significant movements or organizations on your campus, and were you able to call resources or pull resources together to create positive change in your environment?" Whatever is inside you often has come out of you in terms of the things that you're doing, not just grades and not just test scores. I would encourage every candidate applicant to make sure that you're putting things, first of all, in the right place.

If it is volunteer activity, please do not put it under an employment. It is not. If it is employment, please do not put it under a volunteer community service, but in the right place. Because being careless about that is an opportunity for somebody to think that you're sloppy and careless, and don't pay attention to detail when that's not what you really mean.

Dr. Albert Merati:

Thank you, Dr. Alexander. Dr. Chambers, thank you for clicking back on. Did you have anything to add about maybe methodology or the essence of how we evaluate folks when we're not seeing them in

person? Oh, drop back off. I'm sorry about that. Let me go to another thing. I thought there was a very compelling question that came up in the chat. It's pretty broad. It's not necessarily unique to this year, but it's important to this class. I might start with Dr. Thorne on this. What are your recommendations for someone who came to otolaryngologist late and is trying to make up a lot of ground?

Dr. Thorne:

Yeah, thanks AI, it's a great question and one that I think a lot of who have decided on our field late are concerned about. I guess I'll give my an of one opinion and others can jump in, because I actually don't worry very much about this from an applicant perspective. I have no real concerns that our applicants are choosing to enter the field of otolaryngology on a whim, and so if they've made that decision, then I certainly trust that they're committed to our field and are going to be interested in engaged.

Really what I'm looking for is that the applicants have taken advantage of the opportunities that they've had throughout their training, so that they've demonstrated that they excel in an academic and a clinical environment. That they have identified things that they are interested in passionate about and done work in those areas. What they can do when you've identified that late is just to take maximum advantage of the time that you have. Build connections with the department or with mentors that are available to you.

If you have specific areas of interest and you have the time, then explore those further so that you can, as you get your interviews and are able to meet with faculty, that you can speak intelligently about what it is that you're passionate about and how you contribute to our field.

Dr. Albert Merati:

Right on. Comments on that from the team? Thank you.

Dr. Steve Pletcher:

I think that's great advice. I think that you can also identify skills that you've built in whatever you've been doing so far in your training career, and how those skills will translate into an otolaryngology environment. I think being able to identify that and articulate that really negates the concern that, "Oh, this person came late or this person doesn't really know what their [inaudible 00:34:44]," because you've developed yourself and now you just need to show how it applies to our field.

Dr. Albert Merati:

I want to move on to another question and by the way, for the panelists, there are some neat questions in the Q and A, I encourage you to feel free to throw your thoughts in there if you like. I'm, with your help, trying to pick a few to bring to the team, but if you want to go retail, I think that's helpful. For Dr. Alexander and I will also ask Dr. Chambers to comment on this, how our program directors, that's how you guys, combat some of the local bias of the familiarity.

How do we combat the inherent bias that will come from this cycle because of the lack of absence, the lack of that in-person connection of those visits? It's another version of this same question. How do we combat the bias to seek students who are just particularly known to their own program? Dr. Alexander, then Dr. Chambers?

Dr. Rhonda Alexander:

I would offer you the encouragement that first of all, better known does not always mean better position, okay? Just because someone is well known at their program you don't know whether they're

famous or infamous, and so I would not begin this process by assuming that you're at a disadvantage by not being able to physically visit the program. Let's just take that thought and throw it away immediately, so that we can go into this with positivity. This is a whole new horizon that all of us are looking at.

Okay. You can combat that bias again, I think, particularly by making sure that you are bringing out the traits that are going to make you an awesome physician and otolaryngologist, right? I feel like I'm giving out cheat codes for Super Mario Kart here, but are you a gold-star girl scout? Did you win your Eagle Scout Award? Did you build a thing from scratch? Did you organize a cooperative thing? Don't assume that the bias is in favor of the native to the school students and really work on your application and putting your best foot forward, because with this situation that we're in, the in-depth reading of applications I expect it to go up this year.

I expect there to be much more careful combing that is not focused on simply numbers. I hope that answers your question, and I really hope it's an encouragement to you as well.

Dr. Albert Merati:

Very helpful. I saw a lot of nodding heads, and Dr. Chambers, I thank you for sticking with us, I know you had some audio. Any thoughts on Dr. Alexander's comments?

Dr. Tamara Chambers:

Yeah, I completely agree. Like she mentioned, it can be famous or infamous, and there is an advantage to having been able to do a rotation at your home institution, but it could also be a disadvantage. Some medical students that are rotating may not have seen their program in all of their colors given COVID times, so they may have decided that maybe it's not the right fit for them or their personal missions and goals are no longer aligned with that of the institution.

Things change and just because they rotate at that home institution doesn't mean it's going to fit. At USC, we're also seeing a lot of students that have deferred from applying this year because of the uncertainty of COVID. It's also possible that there are not enough applicants that have actually decided to apply for the number of spots that that institution has. That should also be some solace to people. From a sub-eye perspective, I also think that get levels the playing field.

I think that if we had all had the opportunity to backpack across America and visit every single otolaryngology head-and-neck surgery program, we would all want to do that. But given time and limited resources, many people have not been able to do that. Maybe you have one rotation that conflicts with another, or your timing or whatever it was. I think that not being able to do suffice this year actually levels the playing field in a lot of ways, so that everybody has an equal opportunity despite their limited resources or time, so that we get an assessment of everybody despite where they're coming from.

Dr. Albert Merati:

Wow. That was great. I'm going to stick with Dr. Chambers for a second. One of the other questions from our attendees was, from your sense, are there aspects of the actual application that will be more, maybe not scrutinized, but maybe emphasize this year to contrast this year from prior years? Dr. Alexander sensed that it's going to be more scrutiny, more thought put into it, not just USMLE score, which school, which letters. Do you have a sense of what those things might be?

Dr. Tamara Chambers:

You have to think about it holistically. The same way as we approach medicine, it's not just treat a number, treat a value. I think that the applicant that you're looking for matches with the ideals and the values and the culture and the mission of that institution. If you feel that certain way or you feel that you're a good fit for that, I think that you should express that in your personal statement. I think that is the conglomerate of all of the things. It is the scores, it is the personal statement, it is the activities, it's all of that, of who you are and what type of individual is going to be able to come to a program and thrive in that residency program, that's what we want.

We want somebody, not just who matches. Remember the matches, it's a real marriage? It's five years, five to life for some of us and you really want to find a place where not only is that place a good fit for you, and you're a good fit for them. I think that it's the conglomerate of all of the things that you're going to fit into their family.

Dr. Albert Merati:

Right on. Wow. That was great. Thank you so much. I have a question it's not nitty gritty, but a very detailed. I'm going to turn to Dr. Thorne, can you update us from program director's perspective, your thoughts about how will Step 2-CK scores factor in the application review process?

Dr. Thorne:

Again, I'll answer briefly because I would be interested to hear what others have to say, because I think it may vary. Speaking for our program, we really have no cut-offs for any of the Step scores and no real expectations to see the CK scores. In general, Step scores are really pretty poor predictors except at the lowest margin where there's some risk of failure of future standardized tests. My general advice is if you're confident that you'll do better on your Step 2 scores, then go ahead and take them, especially if your Step 1 score is level, but if not, I would say to the Africans, don't worry about it.

We understand that there's significant disruption in the ability to take some of these Step exams, and I won't be expecting to see them necessarily. They just don't help me very much.

Dr. Albert Merati:

What do you guys think about that?

Dr. David Chang:

I think that every institution has figured out maybe their own algorithmic process. Some people wait. "Oh, we give so many points to the Step 1 exam, we have so many points to the letters of recommendation." That is not a universal process, and everyone has a different algorithmic process. There could be some institutions that are out there that put a certain weight to each of those examination scores and so it's really difficult to say. Like Dr. Thorne said, I think we made a big hullabaloo about just Step scores in general, and made too much of a big deal about the fact that they really are, in the end, not a great predictor, as Dr. Thorne had mentioned, about the success of a resident, and that you residents or applicants, you are more than just that number that you've been assigned to in that Step score.

At least here at the university of Missouri, I don't use an algorithm. I believe that if you had an algorithm, then the great accomplishment that you might've had if you went to Kenya and started a mission program there couldn't compensate for if I waited the Step 1 score too high. We try to look as much as the holistically as possible without pigeonholing what we specifically preference, because I just feel like we don't want to have a cookie cutter residency.

Dr. Albert Merati:

Right on. Any other comments? That was an important area.

Dr. Sonya Malekzadeh:

I would echo those thoughts too. I think we know that they're not predictors of how you're going to be as a resident, or how are you going to be as a physician, these scores, and I think more and more programs are putting less emphasis on it. I think it's going to be less looked at moving forward.

Dr. Albert Merati:

The science of it is being better understood. In this fantasy, all things being equal, would it be nice to have somebody who did well on this one semi-universal however imperfect thing? It's just never really equal, right, that's the issue. I think people have historically put too much weight into it, it seems.

Dr. David Chang:

You can be book smart, but you may not be people smart.

Dr. Albert Merati:

Yeah, I agree.

Dr. David Chang:

You may not have great knowledge, but you don't know how to operate in a hospital environment. We're looking for all those qualities, not just your number.

Dr. Albert Merati:

Yep. Dr. Malekzadeh, I have you down for my point-person for the next question. This has been sprinkled into the conversation in several ways. Specifically, how can students learn about specific programs? What advice would you give? We're hearing about these webinars and things like that? How do students figure this out? What's your best advice?

Dr. Sonya Malekzadeh:

I think the students are probably much more savvy than we are as old program directors, and they have done a great job of creating Twitter conversations and things going on social media. But similarly, programs are also having to beef that side of their portfolio app, because we don't have the opportunity to woo in a way rotation, have you come to our program to show you what we're about? You can't get a sense of what our culture is in person. I think programs are really putting a lot of effort into their websites, into their social media presence. Many programs are doing virtual sub-eye or virtual Q and A's, virtual opportunities to meet residents.

I encourage the students to take advantage of that. I also worry a little bit that it becomes overwhelming and I worry about the wellbeing of the students, because I see some of my students are panicked. "I can't make it to all of these virtual events." They're on rotation, so their time is also limited. I will tell you not to worry too much. I don't think programs are really keeping track of who is joining and who's not joining. I think that's one of the concerns that more students had is, "If I don't sign up and they don't see me in one of their virtual events, they're going to think that I'm not interested in their program."

I don't think that's the case for the majority of programs out there. It's just finding all these virtual opportunities and I'm open to emails from students. I've received quite a few, I've had a couple of conversations. I can't speak for all program directors, I think most would also welcome those and be happy to talk to you if you have any specific questions about the program. I think this is a time where we need to think outside the box and communicate and, put yourself out there.

Dr. Albert Merati:

I'm going to jump in here and just to say, yeah, the fifth beetle here, that's eight beetle or whatever it is. Having done this for a while, I do wonder what has gone into my head in my desire to advise students interested in otolaryngology, "Hey, I'm Dr. [Rodney 00:47:10], I'm interested in otolaryngology, or should I apply?" Right. What do I think of instantly? The point of this to our attendees is understand yourself. We're all growing up. I'm at 54 and I'm still trying to figure it out. Understand yourself, what is it that really is you wanted, because there is some conflict in here or there's a bit of a disconnect sometimes it happens between what it is you believe, what it is you're surrounded by, what it is you want of in the future.

People aren't being evil, but when the people giving you advice about where to go and apply, do your best to make sure you have a very candid conversation with them in that relationship, the best you can about you. It's your life. What is it that you want and make sure that faculty member or that advisor, maybe it's a wonderful person in private practice, has got a great broad wisdom about the field, but what did they understand you and they could help you give their best advice. Even if it's unintentional, that's not about them, but it's about you. I sense that students deal with us a fair bit.

There isn't evil necessarily. I'm just probably some bad actors, but people really want to give good advice, but what they want comes out in their advice so much and just make sure they're tuned into your radio station and not the other way around. Big speech there, sorry. I got to do one every now and then. I'm moving on with the questions. Thanks guys. You guys are doing great. We've got a lot of stuff in the chat, I know, but feel free to pick some of these. We'll do the Q and A. I want to just get on the last couple of questions. Dr. Alexander, you tag onto Dr. Malekzadeh's answer?

We've talked about the mechanics of the connections. What about the essence of the under-saying the programs, how are programs that you've seen colleagues around the country displaying or sharing the essence of who they are in this day and age, when we can't have people visit? What would you advise? What are you doing? Tell me more about that. Conveying the essence of the program. Dr. Alexander, yes.

Dr. Rhonda Alexander:

Okay, I go first. Okay. I just naturally defer it out to Malekzadeh's because I admire her so much. She's amazing. I say my personal philosophy is reveal your inner dork. For the programs that like, "Oh, otolaryngology is cool, but we also are not cool. Okay. We're cool in the very, very niche way. I know that my institution is already been on top of this and they're creating a video that is about Houston and our hospital systems where our residents work, so that it would give the big framework. Then, we were already working for a couple of years on a publishable YouTube type video that was going to be about our program.

That [inaudible 00:50:16] certainly timeline has moved up. I think that at the very least, like not every program has people who really know how to work even just iMovie, and so, please be gentle with us. One of the opportunities that is going to be essential just like on interview day, when you have unsupervised time with the residents, and you see how they interact and also what they have to say spontaneously when the faculty is not around, pretty much every program is going to give you some

opportunity to have an online environment with their residents that faculty will not be allowed to attend.

I think that that's very important to me that I'm not be present to supervise or guide or bend in any way just by my presence. Even if it's something very primitive like a Google hangout, please be gentle on the programs because a lot of us are just doing our best, and not to pride for ourselves, but some of this is uncompensated labor. You all know what that means, that whatever percentage of our job is dedicated as nonclinical so that we can be program director and then our staff can do this, we work outside of that. Nobody becomes program director really just for the power, it's because we care about curating our programs future.

If all we can do is set up a Google hangout online, please just go to it and talk with their residents, and really ask them the questions you think you shouldn't, because we're going to be creating confidential environment for you to get that information. See if the residents make fun of each other, because we only make fun of the ones we love, right? That's one way that we're planning on doing that, is creating an online environment where you can interact faculty free, separate possibly even from the interview day, so that it's not wrapped up in the stress and emotion of sitting on your couch in your suit top and casual bottom, which we know you're going to do.

Dr. Albert Merati:

Excellent. Comments on that from the team before we go to Dr. Pletcher for the next question? It's a great-

Dr. Thorne:

It's just to second that the having time with the residents will be the most critical. I'm sure the institution is putting together a video and we'll do our best, as meager as it might be, to try to help the applicants understand what we're about as a program. The most meaningful thing has always been and will be this year, the opportunity to interact with the residents. I always tell our interviewees, [inaudible 00:53:00] day. I give them my, as a program director, picture, and then I say, "But the most important thing is I'll let you talk to the residents and you can find out. This is how I think the program is, but they'll tell you how it really is."

Dr. Albert Merati:

Awesome. Dr. Pletcher, using your own wonderful program as an example, and maybe what you've heard from your colleagues, your peers, how are you changing your interview strategy? A little bit about format maybe, and then about what is it you want to get at with folks when you're talking to them like this?

Dr. Steve Pletcher:

Yeah, thanks. It's a great the question and it's something that we're honestly still continuing to work through and plan this year. I think it's one of the things about this year that will absolutely be different. Our typical format is to have about 20 applicants come in for a day, we split them up into two groups of 10. 10 of them do a tour with the residents for half of the day while the other 10 are interviewing and then they switch out for the second half of the day, and then have an evening social event. It gives them time to spend individual time with the residents. In order to change that for this year, I think you can go anywhere from switching to a virtual model that's basically tries to emulate that completely.

You could in theory have applicants on a computer screen in each room and just have the faculty rotate room to room, and do the exact same thing. That is not what we're going to do. I think

that would be just a little overwhelming on the zoom factor. It would do a disservice particularly to those who were later in the day. I think that we're going to look at likely having some larger panel interviews. I think that in a face to face setting, I think panels can be somewhat intimidating. I hope on the zoom setting, we can arrange it in a way that allows some individual conversations with applicants while other faculty can simply glean the answers.

I think one of the potential benefits is that, I think, all of us remember and all of us recognize that as applicants go throughout their interview day, they get asked the same question probably 10 times. How many times do you have to answer where I want to be in 10 years or why did I choose otolaryngology? With a larger panel, hopefully that will be able to compress that and make that time a little more efficient. The other thing that we're doing is, we have a group of chief residents who are interviewing for fellowships right now, and we have a group of fellowship directors who are interviewing applicants for fellowships, and that's all happening virtually.

We have upcoming meeting in the next couple of weeks where we're going to sit down with that group of folks and just review their experiences of what that's been like, and really try to devise a system that takes the best from those opportunities. It creates an opportunity to really connect individually with applicants during that actual interview time, a really dedicated time for applicants to spend time with individual residents to get a sense of the culture. We may have some video tours, maybe some folks at some of our local coffee shops commenting on how delicious the various items are there.

Who knows? That's all to be developed, but it's a little tricky to horseshoe things around and make it all work out. We're going to do our best and we're working on the format and I think that it's an opportunity to innovate and we'll see what we can come up with.

Dr. Albert Merati:

Sounds great. Yeah, that's a real structure consideration because of the zoom fatigue and really just making sure everyone gets a chance to connect. I didn't hear a lot other than the continued emphasis on resident contact. I didn't hear a lot that the actual conversation will be about different, is that fair? The same stuff we're going to talk about.

Dr. Steve Pletcher:

Yeah, I think that's fair to say that there will be less repetition of the same content, but the similar themes. I think that interviews are an opportunity to make that interpersonal connection to have that communication experience and really to try to get a sense for how people present themselves. On the applicant side, I think of it a little bit like your personal statement, where it's a free-flowing opportunity to express yourself. You can do it within specific questions or there's also time to really describe the core things that are important to you and how you can apply that in the setting of the program where you're interviewing.

The ability to make that all happen is going to be different, but I think the actual content of the conversations will likely be similar.

Dr. Albert Merati:

I appreciate that. Panelists any structural or essence comments about the interview process this year, maybe your own examples.

Dr. Sonya Malekzadeh:

The one thing I want to hammer home is that, this is new for us just as it is for the applicant, so we're trying to figure this out. Be patient with us as Rhonda had mentioned.

Dr. Albert Merati:

Excellent. Excellent, good. One of the questions that came up several times in the Q and A had to do with the impact of COVID on investigational work. The students have a zeal for investigation. To be frank, they recognize the energy that goes into this consideration for application processes, and their papers may have been thwarted, there were slowed down, as the labs have been limited. What are your thoughts? Are people going to recognize that, that they may not have banged out this and out of the other? Can reassure folks?

Dr. Steve Pletcher:

I think that the COVID climate has actually changed the opportunities a little bit differently, while your traditional research opportunities might have been stymied, and those labs have been closed, there's actually been a huge, huge surge of COVID related literature that's been published out there. A lot of it tends to be commentary, a lot of it tends to be opinion-type of pieces, but if you can jump in on those, those have been prolifically written in the last few months.

Also, patient safety type of articles, or how I do it articles, or how is my institution handling this? Or how's your institution handling that? I think there's some opportunities that you could potentially try to gain or exploit or grab onto given the COVID pandemic that's out there.

Dr. Albert Merati:

Excellent.

Dr. Steve Pletcher:

It's lemonade out of lemons.

Dr. Albert Merati:

Yeah, no kidding. I definitely feel for our folks. Any other comments on that team? Dr. Alexander-

Dr. Rhonda Alexander:

Yeah.

Dr. Albert Merati:

That's the original raise hand function.

Dr. Rhonda Alexander:

I am that kid in school who just kept their hand up until the teacher calls them out. Because your podium presentation was canceled, put that. Say, "Tyler presentation planned for chasms canceled due to COVID." Don't leave it off just because it wasn't the same. Same for your posters, if it was accepted, that means that our community believed that it was important and so push that forward again. Again, don't hide things that you actually accomplished during this very, very challenging time, and we lived through it too. I think we're not looking for anyone's have individually cured cancer this year.

Dr. Albert Merati:

I have a question that I think it's a good question came in from the Q and A, and lots of more good questions. I just think this will be broad. "Do you recommend sending emails, presenting interest in program to program directors at this point? I want to reach out to the places I wanted to rotate, but have felt silly saying I'm interested in such because of this and this and I wanted to let you know." Again, we heard that there's a real discussion about signaling happening. We're not there yet, as if that's fair to say. Now this attendee is asking, "Do you recommend specifically sending emails to program? Does that a way of doing it? Is that a good or bad idea? Tell me your thoughts." Dr. Chambers, why don't we start with you if you're available?

Dr. Tamara Chambers:

Yeah. You have to be careful. You don't want to spend all day and all night sending a gazillion emails to everybody. If there are particular programs that you feel are very, very well aligned with your mission, your personal beliefs and values, or you have particular questions, or you want to speak, as I mentioned before, one of their residents or one of their alumni, I think that that's appropriate. I definitely don't want all the medical students that spend all nights and nights sending an email to every single program director saying, "Just to let you know, I really wanted to come to see you, but it didn't work out because of COVID."

I think we have to be careful with that, but if there is some particular interest or you are particularly keenly aligned with their mission, their values, you think that you're going to be a great fit, then yeah, I would encourage that.

Dr. Albert Merati:

Excellent. Comments on that?

Dr. Steve Pletcher:

I think it's a good idea to hold off on that for just a little bit, the timeline of everything has been pushed back this year. I do think it will be influenced by the signaling situation overall. I think it's also an opportunity to potentially engage your mentors to advocate for you depending on the timing and how things work out. I don't know that now is the best time for that. The decisions for interviews aren't going to be happening until after late October at the earliest. An inbox message that comes now, I think is likely to be lost. I think it will have more impact later and it may be replaced largely by this signaling opportunity, depending on how things work out.

Dr. Albert Merati:

Any alternative opinions there? Everyone agree with that? I have a question. I may be sticking my finger in a light socket on this one. I don't know the details, but one of the attendees asked about the much-discussed decision for USMLE Step 1 to go to pass fail. That's a year from now, is that right? Again, there are third year students on here, I don't know if it's going to apply to them. I'm sorry if I'm missing a fundamental fact, but I think it's of interest to lots of people. Do you mind spending a minute on that? What your thoughts about, may I say just not about it's good or bad idea, but what it matters to our future otolaryngologists and this process. Dr. Chang or Dr. Thorne, we haven't heard you for a moment.

Dr. David Chang:

I'll chime in just a little bit and I'll give Dr. Thorne the platform afterwards. I think that from a resident's or from an applicant's perspective, it's going to encourage us as programs to look more holistically. No longer can we utilize, or even attempt to utilize Step 1 as this weird metric to screen with. I think it

would be some benefit to look at our applicants more holistically and give that equal opportunity out to more people. Yes, you're going to say, "Well, it's harder for me to distinguish myself," but we're also looking for other distinguishing factors. It's not just that score again. Marc, what do you think?

Dr. Thorne:

Yeah, for me, I think it's long overdue. I think it's a very imperfect measure that is used and even more imperfect ways, typically. We know there are systematic differences in performance based on the factors that have nothing to do with how you will achieve as an otolaryngologist. The challenge is that, for programs, it does require them to dig into the applications a little bit more in order to really get a sense of who people are as an applicant. I think there are certainly opportunities for medical schools to come together and try to provide a more standardized information about all of the students so that we can have more clear comparisons. Just as far as the impact of losing that Step 1 score, I think it's long been coming and I'm happy to see it.

Dr. Albert Merati:

Any comments on that specifically? That was well covered. Dr. Alexander, we had a question about the couples-match. Did you have a comment on that? We're not hearing you.

Dr. Rhonda Alexander:

Oh my gosh, rookie mistake. Sorry. I answered it in the Q and A, but I thought many more of you might benefit from it. Couples-match is always fraught when you're in a competitive specialty, and this person wants to know, "When do I reach out, and do I reach out to everyone?" As mentioned just now reaching out to everyone becomes like reaching out to no one because it just becomes another barrier that everybody's going over, and PDs, we're suffering with our email boxes. Okay. If you are trying to couples-match, think about the timeline. Your application has to be released to the program, right? They have to note that it has to exist. Then if you both have programs at a certain location, it is to your advantage to try to signal yourself, whether we have our official signaling system up yet or not, to programs that have the opportunity for both of you?

I would recommend being selective about to whom you're emailing. Please, wait until your application is actually in, because if the email comes in 10 days before applications are open, it is very difficult for the program director to then filter back, see who that person was, right, after we then opened up our inbox and have our 400 applications or X number of applications. Please, be aware of that timeline, and also as a couple, look at programs where you're statistically more likely to match. Focus on cities that have both programs and often multiple copies of both programs, as opposed to communities that don't, where that's not likely where you're going to couples-match anyway.

Dr. Albert Merati:

Thank you, Dr. Alexander. I just saw one other question. I want to go around the zoom, so to speak, trademark, about some of the last thoughts. One of the attendees asked a really interesting question is, how do you expect the number of interview invites of the programs to change this year when the interviews are not limited by travel? I'm guessing a lot of it has to do with faculty not seeing patients is going to limit a lot of that, but are we going to do more? Are we going to do less? What are your thoughts?

Dr. Sonya Malekzadeh:

We just had that conversation today with my department chair and we have two interview days. This is what we do at Georgetown, we have a full day of two separate individual interview days. We're thinking about adding a third day this year, because we haven't had sub-eyes and so typically the sub-eyes are in our pool. We don't have that opportunity to have them in our program. This is a chance for us to maybe have a third day and that way we can capture more folks. I don't know if other program directors are thinking the same thing.

Dr. Albert Merati:

Does that sound about right guys? What do you think? More or less the same?

Dr. David Chang:

I don't know. I think it depends upon where you've matched in the past as a program and how many people that you feel like you need to get through to do that. This year would provide the opportunity for programs to interview more. If programs typically match high up in their list anyway, there's no need for them to match more or to have to interview more. I think here at the University of Missouri, [crosstalk 01:10:03]-

Dr. Albert Merati:

I'd be fearful. I'd be like, "God, I don't know." There's some uncertainty this year, right? That's our feeling, I don't know. My brain gets what you're saying, my heart wonders.

Dr. David Chang:

Yeah.

Dr. Albert Merati:

Any other comments before we go around that and wrap it up? I know-

Dr. Thorne:

I'm always fearful, but I think we should try. My plan is not to interview anymore. I think in general, as programs, we should try to not increase the number of applicants that we interview, because then I think it just puts more burden on our students, and it probably is there to allay our fear and not as a way of better evaluating a pool. Having said that the full disclosure is that I was going to interview less this year and I'm going to interview the same number that I've been interviewing. I'm interviewing more as I say that.

Dr. Albert Merati:

Excellent.

Dr. Rhonda Alexander:

Just a note to us, PDs from the chat, it was regarding the open houses being on weekdays and that making it difficult for them to attend. In the old days, when you flew out to your interview, everybody knew why you weren't, but it's harder to sneak away for a half day of interviews while you're on a clinical rotation, if you don't really have the day away. I think it's important for the medical schools and the home departments to create safety for the candidates around needing to go to their interview days, because it looks just like the fellows who are interviewing.

It looks weird when people see you, but you're not taking care of patients. You're like, "No, I'm interviewing today." I'm doing a physiology break, but it doesn't mean that I'm not working at my interviews. Some programs may interview on the weekend, but that's probably the programs that used to interview on the weekend anyway,

Dr. Albert Merati:

I think that's probably a good education opportunity for the firm, whether it's OPDO, this wonderful group, or maybe the SUO, the Society of University Otolaryngologists, maybe just to remind the faculty that have been around for a while, but maybe aren't the program directors, right, the dinosaurs, et cetera, that things are different this year. That are our wonderful students need to step away from their case. I don't want to take away from that clinical education, but step away from your clinic for a moment, if they have something to do.

Because you're right, it's a devilish detail that when they're gone, they're gone on a trip, but when they're, they were there a minute ago, you wonder, "Where did that guy go?" I think that's an education point we can begin by. Dr. Chambers. Any thoughts? I know you've got lots of experience of things we may need to touch on, or maybe you want to emphasize.

Dr. Tamara Chambers:

I think that several of the panelists I've mentioned that we're all in COVID together and everyone is trying to figure out what COVID land is going to look like, and how we all want wonderful applicants. In some ways this year is different. In some ways it's actually very similar, and so I say, you just put your best foot forward as you were any way. Be honest, we're all affected by COVID in our personal and professional lives. Say, "I submitted this IRB and they have not gotten back to me due to COVID." Say all of the things, put in your personal statements. Again, try and find a program that aligns with your missions and values.

Remember, we want a future too. We want to match our programs. We want to train you and we look forward to meeting you, and having you in our programs. We're dismayed by the fact that we are forced to face COVID and all the realities that come with it. Please, feel that you will find a home, you will match somewhere. We're rooting for you. If I can be of assistance to you, please feel free to reach out to me.

Dr. Albert Merati:

Right on. Dr. Malekzadeh.

Dr. Sonya Malekzadeh:

I echo what Dr. Chambers said. I think this is just a really challenging year. There's a lot of uncertainty. I think the faculty and the program directors recognize the angst amongst the medical students, and we're doing our best to address it. I would just encourage the students to really get mentorship and get guidance from your clerkship directors, your program directors and the faculty that's mentoring you because this is ... again, we're trying to figure this out together, but at the end of the day, it's all about the medical students. We want to make sure that you guys are successful in your endeavor. Yeah, that's all I would add.

Dr. Albert Merati:

When we end here, we're going to talk to get some more insight here, but I want to share a couple of things about the Academy as we close out, because of the great interest. Dr. Chang, a comment or two as we close up?

Dr. David Chang:

Yes. I'll let you all know that we feel for the situation and we realize that this is a different environment and so there was a lot of questions about letters of recommendation, and so we're going to understand that you aren't always going to be able to get a letter of recommendation from every otolaryngologist. I had a medical student come up to me and say, "You know what, I had a great time and I have a person I worked with in Family Practice that would probably write me a great letter because we worked and synergize together and I had a great time and learned a whole lot."

I said, "You know what, that could be actually more important and more impactful of a letter than a letter that you got from Dr. Well-Known otolaryngologist who writes the same letter for all his otolaryngology applicants, but he or she may be well known, but it's the same letter. Please, feel free to reach out beyond the normal confines that we use to establish.

Dr. Albert Merati:

I was planning to go around there and, but I think I don't know, provocative, but an important question that just came in. It has to do with that time sensitivity and response to the offers. Is there any consideration of otolaryngology follow footsteps of [plastics 01:16:07] or urology in creating an interview release schedule, so they don't have to be by their phones at all times? Who's that up to? Is that up to you guys? [crosstalk 01:16:20]. Say that again.

Dr. Chamber:

OPDO will typically send that a recommendation for a window and interview offer window. Traditionally, that has been in that mid-October to early November timeframe. Of course, that's going to get all pushed further into November this year. We'll be sending out some communication with our program directors next week, so that there is a window really more for the medical students, so that they know if they haven't heard by this day, then that's the timeline for our program directors to send out interview offers.

Dr. Albert Merati:

Whenever it actually is on the calendar, the idea that is there a better way than we're doing it to make sure people don't feel, if I understand it correctly, just glued to their phone? They got to be on the thing, get on it, right? Is there a better way that we're not doing or is there something in the way of that?

Dr. Rhonda Alexander:

I know I'm such a dork. My program, I have committed ethically to never having more offers extended than we have interview slots available. Now, that doesn't mean that the day that you can come is the day is the slot that is available, but if we have five spots, I will only ever make five offers until those people say yes or no. I try to give at least 36 to 48 hours. I even, in IRAP, send a message that says, "Your invitation is about to expire." I know it's difficult to keep up with, and it's anxiety provoking and you're still doing clinical rotations.

I love that Marc's a nerd like me, but you should check your IRAP registered email no less than twice a day while this portion of your life is active, and your junk folder as a part of your check, because

it would be heartbreaking to open an email that says, "We have not heard from you in the past four days. We are so sorry. We must withdraw this invitation."

Dr. Albert Merati:

Thank you, Dr. Alexander. Dr. Thorne?

Dr. Thorne:

Yeah. I'm also really concerned for our students in terms of how tethered they feel to their devices and phones, and I've heard horror stories of students who are driving down the highway and their alert goes off, and they feel they need to swerve off the road so they can check. I would really love to see us move towards having a standard date and time that we offer interviews across our specialty. I was joking with our OPDO group earlier that this year, where we're tilting at the windmill of trying to get this signaling program in so that our applicants can reliably express their signals and get there at the interviews at the programs, they'd most be interested in.

If we're successful there, then I would love to work next year to try to get us to get a standard interview invite. I think that would be a great service to our students so that they can enjoy their work of being a student during this interview season, and know that they'll have a set time for when they get the interviews.

Dr. Albert Merati:

Thank you, Dr. Thorne. Dr. Pletcher?

Dr. Steve Pletcher:

Yes. I want to just put a plea out there to everyone. Do not be afraid to cancel interviews this year. Cancel them early, don't cancel them the day before. I think it's been put out there that since you don't need to travel to do interviews since the timing is likely going to be different than if people could do a lot more interviews, don't interview with 30 programs. It's not going to help you. We're all one community and these are all your future colleagues and we all work together. I'm sure when people first start getting interview offers, of course, you accept those. It's totally understandable and reasonable, and no program is going to hold a grudge if you say, "I really appreciate the interview offer.

I accepted initially, I'm now overwhelmed with offers and I'm going to politely decline and give this opportunity to one of my future colleagues. "That to me is someone I will remember, for good reasons, not for bad reasons. Please, keep that in mind, as we move forward in this process.

Dr. Albert Merati:

I'd like to wrap up and I want our attendees to hear this message from my great colleagues and otolaryngologists, and OPDO that shared this moment, I want to say, thank you. I'm going to share my screen and see if I get this right. There's my lovely wife and here's our picture. Yeah, when Dr. Pletcher was saying we are one, that is our unifying theme for the American Academy. We are Otolaryngology United for Patient Care, and I try to start every talk with this, "We are one." It really is our essence whether you're which part of the rainbow world you are, which part of this, is this otolaryngology, is this a demographic?

Is this where you are geographically? I think of this when we all blend together, and I think that is really the future. This is the student site. I love the mortar board there, a little old-fashioned. We should get one with a little [inaudible 01:21:56] on there, but in www.entnet.org/students. I think it's

\$25 to join as a member and it gets you onto the ENT Connect. You're the future, man. Just please come listen, engage and tell us what you think, make it better. Don't just eat the cake, help us bake the cake that we're making together. It's my privilege to serve president Taylor, who's our current president and an incoming president elect Dr. Bradford is couple of my last legacy projects leftover from my time. I just want to say thank you as we close out to all my folks.

Thank you to our future otolaryngologists. It's a great field. We're doing well despite all these challenges, and I know people are struggling, but the essence of what we do caring for people and how they communicate, how they live and eat, and breathe and talk and hear and smell and listen and thrive in our world happens here with this group, this conversation. I just want to say, thank you. Appreciate it. Good night guys. Take care. Thank you, all the attendees.