

**The 2021-2022 Pediatric Psychology Virtual Application Cycle:
Trainee Preferences, Outcomes, & Future Directions**

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The 2021-2022 Pediatric Psychology Virtual Application Cycle: Trainee Preferences, Outcomes, & Future Directions

The widespread switch to a virtual interviewing format brought upon by the COVID-19 pandemic has presented both benefits and challenges for trainees interested in pursuing a career in pediatric psychology. As such, the Society of Pediatric Psychology (SPP) Student Advisory Board surveyed trainees to better understand their experiences with virtual interviewing at the doctoral, internship, and fellowship training levels, with the goal of informing future interview cycles. The electronic survey was approved for distribution on the Division 54 listserv by the SPP Board of Directors. Recruitment ran from April to May of 2022. We received 77 responses from trainees interviewing across graduate-level ($n = 24$), internship ($n = 33$), and post-doctoral positions ($n = 20$) in the 2021-2022 application cycle. Trainees ranged from 21 to 37 years old ($M = 27.59$, $SD = 3.48$) and predominantly identified as White/European American ($n = 55$; 71%) and as women ($n = 71$; 92%). Approximately, one-third of respondents were first-generation college students ($n = 21$; 27%). Twenty-nine percent of trainees reported at least one disability or health condition. See Table 1 below for a demographic breakdown by interview type.

Table 1. *Pediatric Psychology Trainee Demographic Characteristics*

	All trainees ($N = 77$)	Graduate program interviewees ($n = 24$)	Internship interviewees ($n = 33$)	Post-doctoral interviewees ($n = 20$)
Age				
18-25 years	24 (31%)	20 (83%)	2 (6%)	1 (5%)
26-30 years	39 (51%)	3 (13%)	23 (70%)	13 (65%)
31-35 years	12 (16%)	1 (4%)	6 (18%)	5 (25%)
36-40 years	1 (1%)	–	1 (3%)	–
Gender				
Man	5 (6%)	1 (4%)	4 (12%)	–
Woman	71 (92%)	23 (96%)	28 (85%)	20 (100%)
Racial/Ethnic Identification*				
American Indian/Alaska Native	1 (1%)	–	1 (3%)	–
Asian/Asian American	12 (16%)	6 (25%)	4 (12%)	2 (10%)
Black/African American	4 (5%)	2 (8%)	1 (3%)	1 (5%)
Latino/Hispanic	7 (9%)	2 (8%)	3 (9%)	2 (10%)
Middle Eastern/North African	2 (3%)	–	1 (3%)	1 (5%)
White/European American	55 (71%)	15 (63%)	26 (79%)	14 (70%)
Not listed/other	1 (1%)	1 (4%)	–	–
Sexual Orientation				

Bisexual	8 (10%)	5 (21%)	2 (6%)	1 (5%)
Gay	3 (4%)	1 (4%)	1 (3%)	1 (5%)
Lesbian	1 (1%)	1 (4%)	–	--
Straight	61 (79%)	16 (67%)	28 (85%)	17 (85%)
Prefer to self-identify	3 (4%)	1 (4%)	1 (3%)	1 (5%)
Disability/chronic health condition (yes)	22 (29%)	9 (38%)	10 (30%)	3 (15%)
Marital/relationship status				
Married, living together	23 (30%)	2 (8%)	14 (42%)	7 (35%)
Married, living alone	2 (3%)	–	1 (3%)	1 (5%)
Partnered, living together	15 (19%)	7 (29%)	6 (18%)	2 (10%)
Partnered, living alone	15 (19%)	3 (13%)	9 (27%)	3 (15%)
Single/not married or partnered	21 (27%)	12 (50%)	2 (6%)	7 (35%)
Dependents (yes)	5 (6%)	1 (4%)	3 (9%)	1 (5%)
Household income				
\$0-\$15,000	2 (3%)	2 (8%)	–	--
\$15,001-\$25,000	11 (14%)	4 (17%)	5 (15%)	2 (10%)
\$25,001-\$35,000	22 (29%)	6 (25%)	8 (24%)	8 (40%)
\$35,001-\$50,000	12 (16%)	5 (21%)	3 (9%)	5 (25%)
\$50,001-\$75,000	9 (12%)	3 (13%)	6 (18%)	–
\$75,001-\$100,000	6 (8%)	–	3 (9%)	3 (15%)
\$100,001-\$200,000	5 (6%)	1 (4%)	3 (9%)	1 (5%)
More than \$200,000	5 (6%)	1 (4%)	1 (3%)	1 (5%)
Don't know/Prefer not to respond	4 (5%)	1 (4%)	3 (9%)	–
Religious affiliation				
Agnostic/atheist	22 (29%)	5 (21%)	11 (33%)	6 (30%)
Christian	30 (39%)	9 (38%)	14 (42%)	7 (35%)
Hindu	3 (4%)	4 (17%)	–	--
Muslim	2 (3%)	1 (4%)	–	1 (5%)
Jewish	6 (8%)	4 (17%)	1 (3%)	1 (5%)
Not listed/other	7 (9%)	–	5 (15%)	2 (10%)
Prefer not to respond	6 (8%)	2 (8%)	1 (3%)	3 (15%)
Citizenship (United States; yes, including dual citizenship)	64 (83%)	19 (79%)	30 (91%)	15 (75%)
First-generation college student (yes)	21 (27%)	5 (21%)	9 (27%)	7 (35%)
Years of membership in SPP				
Never a member	8 (10%)	3 (13%)	5 (15%)	–
Less than a year	12 (16%)	9 (38%)	1 (3%)	2 (10%)
1-2 years	27 (35%)	10 (42%)	9 (27%)	8 (40%)
3-4 years	11 (14%)	2 (8%)	6 (18%)	3 (15%)

5+ years	18 (23%)	–	11 (33%)	7 (35%)
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**participants may select more than one option; totals may be greater than 100%; some missing data applies.*

Overall, trainees were primarily from clinical psychology Ph.D. programs and, if applicable, applied for internship during their 4th or 5th year. Almost all trainees had at least one clinical rotation in a pediatric psychology setting prior to application for internship, and most were student members of SPP (n = 68; 88%) at the time of the survey. See Table 2 for full information regarding training characteristics. Results are further presented by interview type in the following sections.

Table 2. *Pediatric Psychology Trainee Doctoral Training Characteristics*

	Graduate program interviewees ^a	Internship interviewees	Post-doctoral interviewees
Program terminal degree (accepted offer or completed)			
Ph.D.	9 (75%)	24 (73%)	16 (80%)
Psy.D.	3 (25%)	6 (18%)	4 (20%)
Completed terminal master's degree before doctoral training (yes)	–	12 (36%)	6 (30%)
Program discipline* (accepted offer or completed)			
Clinical psychology	12 (100%)	26 (79%)	19 (95%)
Counseling psychology	–	4 (12%)	1 (5%)
School psychology	–	–	1 (5%)
Track/concentration of program* (accepted offer or completed)			
Pediatric psychology	6 (50%)	9 (27%)	8 (40%)
Health psychology	4 (33%)	5 (15%)	3 (15%)
Child psychology	5 (42%)	14 (42%)	6 (30%)
Other/not listed	3 (25%)	3 (9%)	–
Not applicable/generalist	1 (<1%)	7 (21%)	4 (20%)
Training year when applied for internship			
Less than 4 th year	–	–	1 (5%)
4 th year	–	13 (39%)	8 (40%)
5 th year	–	16 (48%)	11 (55%)
6 th year	–	1 (3%)	–
# clinical rotations in pediatric psychology completed prior to applying for internship			
None	–	1 (3%)	–
1-2	–	13 (39%)	9 (45%)
3-4	–	12 (36%)	8 (40%)
5-6	–	2 (6%)	3 (15%)
6+	–	2 (6%)	–
# clinical rotations in child psychology completed prior to applying for internship			

None	–	2 (6%)	1 (5%)
1-2	–	14 (42%)	11 (55%)
3-4	–	9 (27%)	5 (25%)
5-6	–	3 (9%)	3 (15%)
6+	–	2 (6%)	–
Training program distance from nearest children’s hospital			
Less than 15 minutes	–	16 (48%)	8 (40%)
15-30 minutes	–	5 (15%)	7 (35%)
30-45 minutes	–	–	2 (10%)
45-60 minutes	–	4 (12%)	2 (10%)
1-2 hours	–	3 (8%)	–
Over 2 hours	–	2 (6%)	1 (5%)

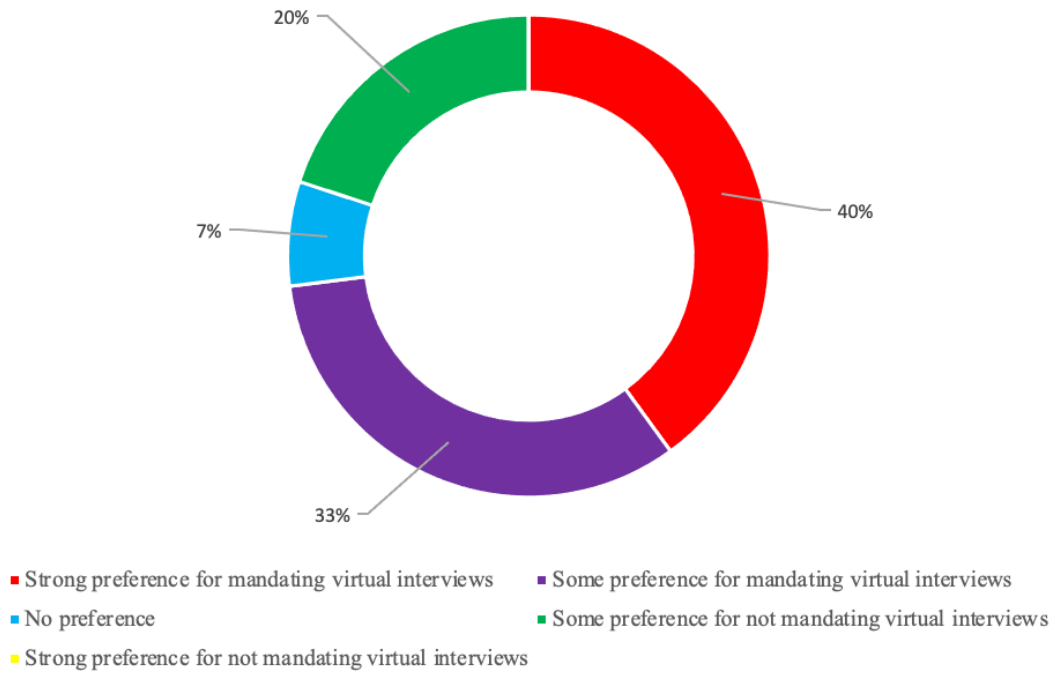
**participants may select more than one option; totals may be greater than 100%.*

^a*n* = 12 graduate program applicants accepted offers to graduate programs and are represented here.

Graduate School Interview

Of the pediatric psychology trainees who were interviewed during the 2021-2022 cycle and completed the survey, most applied to clinical psychology Ph.D. programs. Applicants applied to 11-17 schools and were invited to interview at 2-11 unique programs. A majority of applicants to graduate schools who completed the survey received offers (92%). For additional details on demographic data, see Table 1.

Overall, applicants to pediatric psychology graduate programs were mostly satisfied with the virtual interview format. Common themes regarding applicants’ dislikes about the virtual format included difficulty getting a feel for the faculty, students, and community, as well as “optional” and unstructured interview activities, which felt mandatory unless explicitly stated. Common likes about the virtual format included increased accessibility and ability to interview at more programs from the comfort of home. See Table 3 for the impact of virtual interviews on quality of life. Regarding preferences for future interview cycles, the majority of applicants reported “Strong” or “Some” preference for virtual interviews and few reported “Some” or “Strong” preference for in-person interviews.



Most applicants to graduate programs in pediatric psychology reported “Strong Preference” for required virtual interview formats in future years. Graduate school applicants reported mixed preferences regarding directions around post-interview correspondence (i.e., thank you emails), with the majority reporting no preference, some preferring to be told when *not* to send a thank you, and few preferring to be told when to send a thank you note.

Table 3. *Virtual Interviewing & Impact on Quality of Life Variables: Graduate Applicants*

To what extent did the virtual format... where 1 = not at all, 5 = substantially (n = 17)	Min	Max	Mean	Median	Standard Deviation
Reduce financial burden	1.00	5.00	4.25	5.00	1.18
Reduce stress	1.00	5.00	3.67	4.00	1.49
Improve quality of life	1.00	5.00	3.87	4.00	1.36
Improve accessibility	3.00	5.00	4.36	5.00	0.84
Hinder your ability to connect with faculty members at the site	2.00	5.00	3.00	3.00	1.17
Hinder your ability to connect with trainees at the site	2.00	5.00	2.75	3.00	1.13

Hinder your ability to "get a feel" for the program culture	2.00	5.00	2.73	3.00	1.10
Hinder your ability to "get a feel" for the site	1.00	5.00	2.86	3.00	1.03
Hinder your ability to "get a feel" for the city	2.00	5.00	3.40	3.00	1.18

Most trainees preferred virtual interview days that are either four to six hours long (47%) or six to eight hours long (27%) and limited to either one or two days. The majority stated the optimal start time for virtual interviews was 9:00am EST (44%) or 10:00am EST (29%). The optimal number of faculty interviews was three (60% of respondents). When asked about the optimal ratio of faculty members to students for interviews, respondents expressed a preference for one faculty member to one trainee (74%). Trainees preferred either 30-minute (50%) or 45-minute (25%) interviews with faculty.

The below table of pre-interview day materials or activities is sorted in descending order by the number of applicants who found the item "Extremely Helpful."

Table 4. *Reported Usefulness of Pre-Interview Activities & Materials: Graduate Applicants*

Pre-Interview Activities (n = 17)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Personalized interview schedule with meeting links	--	--	--	2	14	--
Name / contact information for a staff member if experience technical difficulties	--	1	1	1	13	--
General interview schedule	--	2	1	5	9	--
Electronic meeting invites (e.g., Outlook invites)	--	--	--	2	9	--
Access to electronic training manual, brochure, or website	--	--	4	4	9	--
Sent e-gift card to purchase food	--	--	--	1	8	--
Mailed site swag (e.g., pens, school supplies) or food	1	1	1	1	8	--

Open houses or informational sessions before or after the interview date	1	1	1	4	8	--
Pre-recorded videos of psychology services at site	--	--	6	3	6	--
Pre-recorded videos of training site	--	--	4	6	5	--
Social events before or after the interview day	1	--	6	3	5	--
Meeting with “interview buddy” or current grad student before interview day	--	2	2	4	5	--
Pre-recorded videos of city	1	3	2	6	3	--
Short practice run-through of video platform with staff member	1	--	3	1	1	--
Mailed paper versions of training manuals or brochures	2	1	3	1	1	--

The following table is sorted in descending order by the number of trainees who found each of the interview day activities or approaches “Extremely Helpful.”

Table 5. *Reported Usefulness of Interview Day Activities & Materials: Graduate Applicants*

Interview Day Activities (n = 17)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Presentation on program structure, available rotations, research opportunities	--	--	--	2	13	--
Discussion of diversity, inclusion, advocacy efforts	--	--	--	4	11	--
Individual interviews (1 trainee / 1 faculty member)	--	1	--	3	11	--

Meetings with current trainees	--	--	1	3	10	1
Meeting with potential research lab members	--	--	1	1	10	2
Overview of interview day schedule	--	--	2	4	9	--
Faculty member introductions	--	--	1	4	9	1
Unstructured time to meet with graduate student trainees	2	1	--	3	7	2
Presentation on geographic location / city	1	1	1	6	6	--
Individual interviews with the director of clinical training (DCT)	--	1	2	3	6	3
Pre-recorded tours of psychology services at site	--	1	1	6	5	2
Pre-recorded tours of training site	--	1	1	6	5	2
Trainee group interviews (multiple trainees)	--	1	2	4	4	4
Photos of psychology services at site	1	1	5	2	4	1
Unstructured time to meet with faculty members of your choosing	2	1	3	1	4	4
Photos of general training site	1	1	6	2	3	1
Pre-recorded videos giving overview of each rotation	1	--	2	2	3	7
Current graduate student research presentations	1	--	5	3	3	3
Faculty group interviews (1 trainee / multiple faculty members)	1	1	--	1	3	9
Applicant introductions	2	--	5	4	3	1

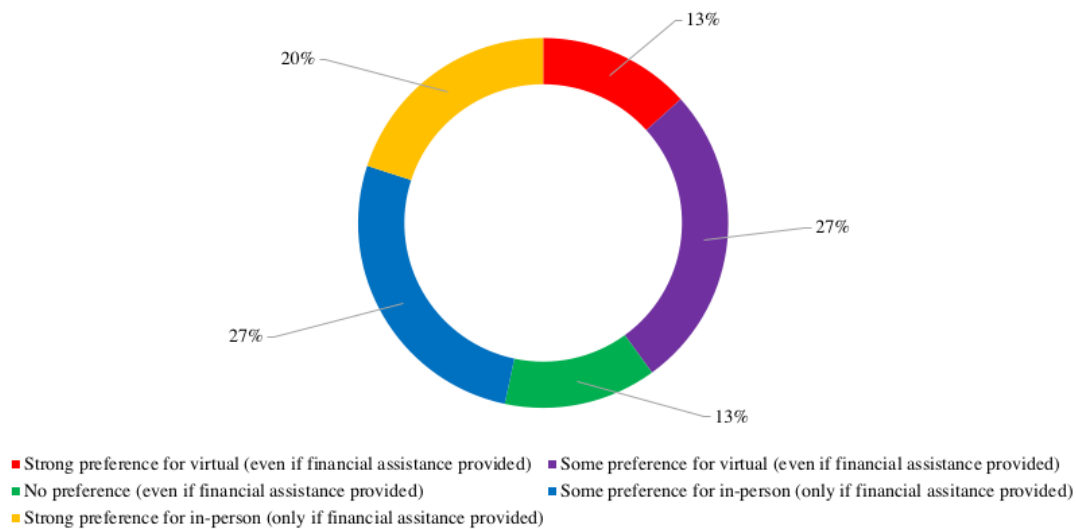
The following table is sorted in descending order and reports trainees' preferences on types of breaks during the virtual interview day.

Table 6. *Interview Day Break Time Preferences: Graduate Applicants*

Types of Breaks (<i>n</i> = 17)	<i>n</i> (%)
Lunch break without any interview activity	14 (19%)
15-minute breaks between events	11 (15%)
10-minute breaks between events	11 (15%)
Lunch break with interview activity that you can passively attend and keep your camera off	9 (12%)
60-minute break for lunch	8 (11%)
A minimum of 1 break every 2 hours	8 (11%)
30-minute breaks between events	6 (8%)
30-minute break for lunch	4 (5%)
5-minute breaks between events	1 (1%)
A minimum of 1 break per hour	1 (1%)
Over 30-minute breaks between events	1 (1%)
A minimum of 1 break every 3 hours	0 (0%)
Lunch break with interview activity that requires participation and your camera on	0 (0%)

Graduate student applicants reported on their preferences for in-person or virtual interviews generally, and again assuming that financial assistance is provided. Most applicants had at least some preference for virtual interviews given no pandemic (73%, some or strong preference for a virtual format). However, the results varied more when applicants were asked to report whether they preferred virtual interviews when financial assistance for traveling, including housing and airfare, is provided. Only 40% of applicants either had a “Strong Preference” or

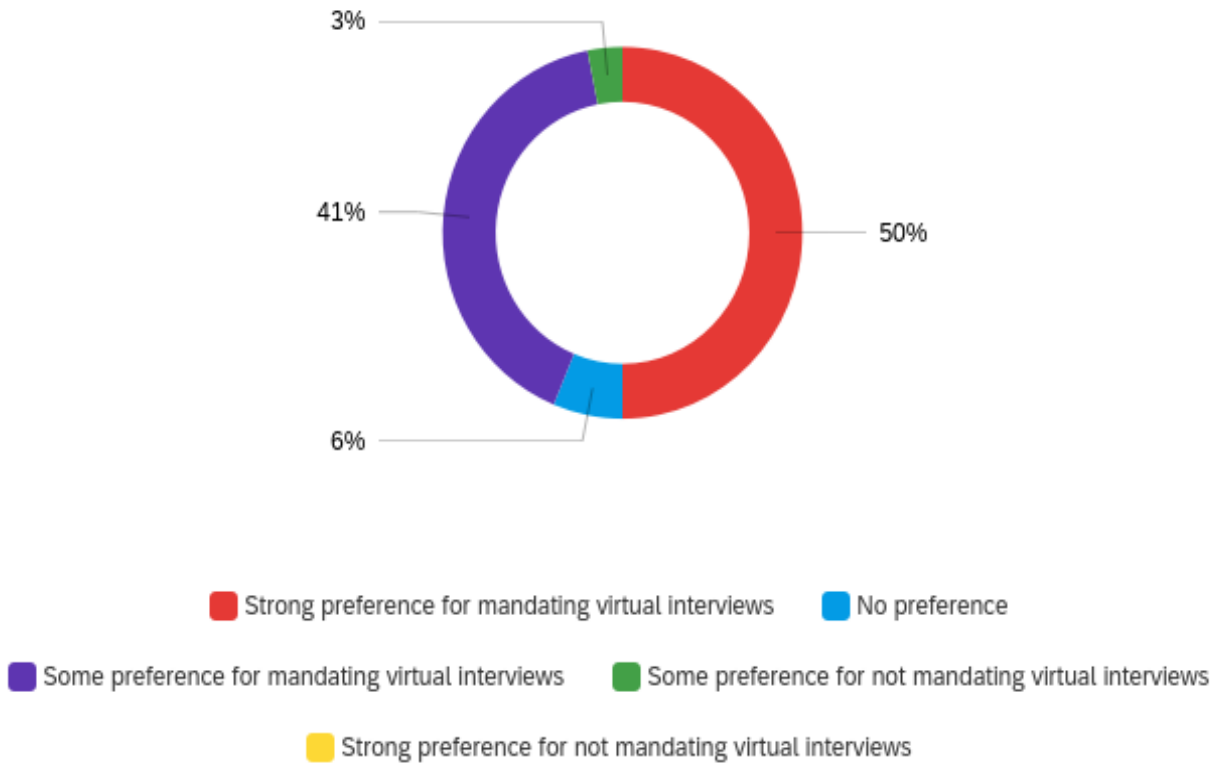
“Some Preference” for virtual interviews when financial assistance is provided. The graph below summarizes the responses.



Pre-Doctoral Internship Interviews

Thirty-three of the pediatric psychology trainees that completed the survey applied for pre-doctoral internships during the 2021-2022 cycle. One trainee did not complete every item on the internship survey. Of these applicants, 78% completed their training through a Ph.D. program and 22% from a PsyD program. Prior to starting doctoral training, 22% of applicants completed a terminal master's degree. During their doctoral training, applicants completed an average of 2.7 clinical rotations in pediatric psychology (range 0-6). For additional demographic data, see Table 1. On average, trainees submitted 15.9 internship applications (range: 11-31) and received invitations from 10.1 sites (range: 4-18). All of the pre-doctoral internship applicants that completed the survey matched. Twenty-nine applicants matched in Phase 1 and three applicants matched in Phase 2. The majority of applicants matched at their first ranked site (range:1-12, $M = 1.7$)

Overall, applicants were “Mostly” (64%) or “Extremely” (33%) satisfied with the virtual format, with one trainee (3%) endorsing being only “Somewhat” satisfied with the virtual interview format. Most pre-doctoral applicants felt positively about continuing to conduct virtual interviews during non-pandemic years, with 69% endorsing a “Strong Preference” and 22% endorsing “Some Preference” for virtual interviews. As shown in the figure below, applicants primarily expressed a “Strong Preference” (50%) or “Some Preference (41%) for mandating virtual interviews in future years; two trainees (6%) expressed “No Preference,” and one trainee (3%) endorsed “Some Preference” for not mandating virtual interviews in the future. If sites were to offer both in-person and virtual interviews, applicants indicated that they would be “Extremely Concerned” (50%) or “Mostly Concerned” (31%) that a program would view them negatively for choosing to interview virtually rather than in-person.



Common qualitative themes regarding applicants’ dislikes about the virtual format included difficulty getting a feel for the culture of a site and its surroundings, fatigue from long hours on a screen coupled with insufficient breaks, technological difficulties, and inconsistency across sites which made it difficult to compare programs. Common qualitative themes regarding likes about the virtual format included increased accessibility, decreased financial burden, and enhanced flexibility to attend a great number of interviews. The table below summarizes the impact of virtual interviews on quality of life.

Table 7. *Virtual Interviewing & Impact on Quality of Life Variables: Internship Applicants*

To what extent did the virtual format... where 1 = not at all, 5 = substantially (n = 32)	Min	Max	Mean	Median	Standard Deviation
Reduce financial burden	4.00	5.00	4.97	5.00	0.17
Reduce stress	2.00	5.00	4.16	4.00	0.87
Improve quality of life	1.00	5.00	4.35	5.00	0.97
Improve accessibility	3.00	5.00	4.91	5.00	0.94

Hinder your ability to connect with faculty members at the site	1.00	4.00	1.91	2.00	0.88
Hinder your ability to connect with trainees at the site	1.00	4.00	1.97	2.00	0.77
Hinder your ability to "get a feel" for the program culture	1.00	5.00	2.09	2.00	0.88
Hinder your ability to "get a feel" for the site	1.00	5.00	2.03	2.00	0.95
Hinder your ability to "get a feel" for the city	1.00	5.00	3.09	3.00	1.10

Applicants found certain activities and materials to be particularly helpful prior to the virtual interviews. The following table is sorted in descending order based on which activities pre-doctoral applicants found most helpful.

Table 8. *Reported Usefulness of Pre-Interview Activities & Materials: Internship Applicants*

Pre-Interview Activities (n = 32)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Personalized interview schedule with meeting links	--	--	--	2	30	--
Name / contact information for a staff member if experience technical difficulties	--	1	--	2	27	2
General interview schedule	--	--	1	7	24	--
Access to electronic training manual, brochure, or website	--	--	--	5	27	--
Electronic meeting invites (e.g., Outlook invites)	1	2	2	4	23	--
Pre-recorded videos of training site	1	1	10	11	9	--
Pre-recorded videos of psychology services at site	1	1	7	14	16	2
Sent e-gift card to purchase food	1	1	3	--	9	18

Mailed site swag (e.g., pens, school supplies) or food	3	2	7	3	6	11
Open houses or informational sessions before or after the interview date	6	3	11	4	4	4
Pre-recorded videos of city	3	3	11	6	6	3
Short practice run-through of video platform with staff member	4	5	7	2	1	13
Mailed paper versions of training manuals or brochures	5	4	7	3	1	11

Applicants found certain activities and materials to be particularly helpful on interview day. The following table is sorted in descending order based on which activities pre-doctoral applicants found most helpful.

Table 9. *Reported Usefulness of Interview Day Activities & Materials: Internship Applicants*

Interview Day Activities (n = 32)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Meetings with current trainees	--	--	--	4	28	--
Individual interviews (1 trainee / 1 faculty member)	--	--	1	29	2	--
Discussion of diversity, inclusion, advocacy efforts	--	--	5	8	19	--
(Presentation on program structure, available rotations, research opportunities	--	--	1	2	29	--
Overview of interview day schedule	--	1	4	8	19	--
Faculty member introductions	--	1	7	10	14	--
Pre-recorded videos giving overview of each rotation	--	2	10	8	8	4

Meetings with potential research lab members	--	--	3	3	7	19
Pre-recorded tours of training site	--	4	1	11	15	1
Presentation on geographic location / city	--	1	12	12	6	1
Individual interviews with the director of clinical training (DCT)	--	1	2	13	13	3
Pre-recorded tours of psychology services at site	1	2	4	10	12	3
Photos of psychology services at site	1	4	4	13	9	1
Photos of general training site	--	2	4	17	9	--
Faculty group interviews (1 trainee / multiple faculty members)	1	3	9	15	2	2
Unstructured time to meet with faculty members of your choosing	1	9	4	11	4	5
Trainee group interviews (multiple trainees)	7	7	4	3	0	11
Applicant introductions	12	5	7	6	2	--

The majority of trainees preferred virtual interviews that lasted one day (91%) for 4-6 hours (50%), 2-4 hours (26%), or 6-8 hours (19%). The preferred interview start times were between 9-10am EST, and the preferred interview end times were between 3-4pm EST. Trainees also preferred to have three or four faculty interviews lasting 30-45 minutes. The majority preferred 10-min breaks between interviewing events, as well as a lunch break with no interview activities. Most trainees would like to be told when not to send a thank you email (59%) or when to send a thank you email (31%).

Table 10. *Interview Day Break Time Preferences: Internship Applicants*

Types of Breaks (<i>n</i> = 32)	<i>n</i> (%)
10-minute breaks between events	22 (69%)

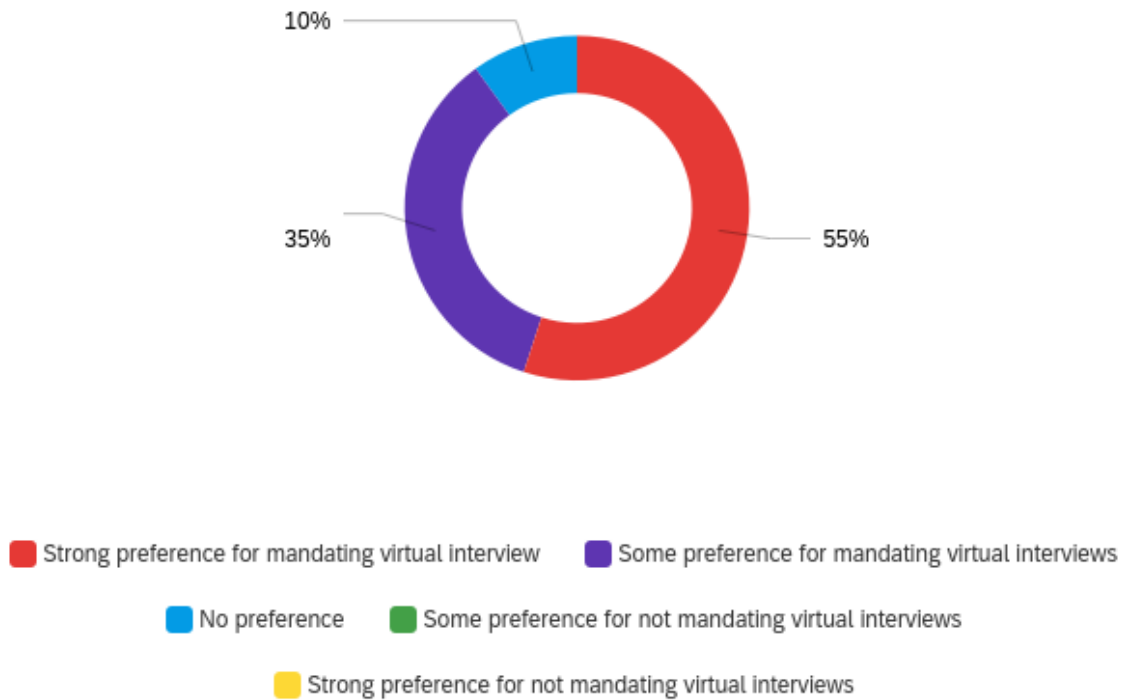
Lunch break with interview activity that you can passively attend and keep your camera off	20 (63%)
Lunch break without any interview activity	25 (78%)
15-minute breaks between events	16 (50%)
30-minute break for lunch	13 (40%)
A minimum of 1 break every 2 hours	12 (43%)
60-minute break for lunch	9 (28%)
A minimum of 1 break per hour	7 (32%)
5-minute breaks between events	9 (28%)
30-minute breaks between events	7 (32%)
Over 30-minute breaks between events	--
Lunch break with interview activity that requires participation and your camera on	1 (3%)
A minimum of 1 break every 3 hours	3 (9%)

Post-Doctoral Fellowship Interviews

Twenty of the pediatric psychology trainees that completed the survey applied for post-doctoral fellowships during the 2021-2022 cycle. On average, they submitted 6.4 applications (range: 1 - 15) and received 5.7 interview invitations (range: 1 - 14). All of the post-doctoral fellowship applicants that completed the survey accepted an offer. Applicants primarily attended Ph.D. programs (80%) for clinical psychology (95%). Their doctoral program track or concentration included pediatric psychology (40%), child psychology (30%), and health psychology (15%); twenty percent of applicants attended a generalist program. Refer to Table 1 for additional demographic data and Table 2 for data on their doctoral training programs.

Overall, applicants were “Mostly” (65%) or “Extremely” (30%) satisfied with the virtual interview format, with one trainee (5%) endorsing being “A Little” satisfied with the virtual interview format. Most post-doctoral applicants felt positively about continuing to conduct virtual interviews during non-pandemic years, with 60% endorsing a “Strong Preference” and

30% endorsing “Some Preference” for virtual interviews. As shown in the figure below, applicants primarily expressed a “Strong Preference” (55%) or “Some Preference” for mandating virtual interviews in future years; two trainees (10%) expressed “No Preference” and no applicants endorsed a preference for not mandating virtual interviews in the future. If sites offered both in-person and virtual interviews, applicants were “Extremely Concerned” (60%) or “Mostly Concerned” (20%) that a program would view them negatively for choosing to interview virtually rather than visit the site in-person.



Overall, the below table suggests that the virtual format substantially reduced financial burdens and improved accessibility for post-doctoral applicants.

Table 11. *Virtual Interviewing & Impact on Quality of Life Variables: Post-Doctoral Applicants*

To what extent did the virtual format... where 1 = not at all, 5 = substantially (n = 20)	Min	Max	Mean	Median	Standard Deviation
Reduce financial burden	3.00	5.00	4.80	5.00	0.51
Reduce stress	2.00	5.00	3.95	4.50	1.16
Improve quality of life	3.00	5.00	4.30	4.50	0.78

Improve accessibility	3.00	5.00	4.75	5.00	0.54
Hinder your ability to connect with faculty members at the site	1.00	5.00	2.35	2.00	1.11
Hinder your ability to connect with trainees at the site	1.00	4.00	1.90	2.00	0.89
Hinder your ability to "get a feel" for the program culture	1.00	5.00	2.40	2.00	1.11
Hinder your ability to "get a feel" for the site	1.00	5.00	2.35	2.00	1.01
Hinder your ability to "get a feel" for the city	1.00	5.00	2.90	3.00	1.30

Applicants found certain activities and materials to be particularly helpful prior to the virtual interviews. The following table is sorted in descending order based on which activities post-doctoral applicants found most helpful.

Table 12. *Reported Usefulness of Pre-Interview Activities & Materials: Post-Doctoral Applicants*

Pre-Interview Activities (n = 20)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Name / contact information for a staff member if experience technical difficulties	--	1	--	1	17	1
Personalized interview schedule with meeting links	--	1	--	--	16	3
Access to electronic training manual, brochure, or website	--	1	1	2	15	1
General interview schedule	--	--	1	5	13	1
Electronic meeting invites (e.g., Outlook invites)	--	1	--	3	13	3
Mailed site swag (e.g., pens, school supplies) or food	--	3	1	3	9	4

Sent e-gift card to purchase food	1	--	1	1	9	8
Pre-recorded videos of training site	--	1	2	8	6	3
Pre-recorded videos of psychology services at site	--	1	2	6	5	6
Pre-recorded videos of city	1	4	2	5	4	4
Mailed paper versions of training manuals or brochures	3	2	3	1	4	7
Short practice run-through of video platform with staff member	3	5	--	3	2	7
Open houses or informational sessions before or after the interview date	--	4	6	2	2	6

The below table is sorted in descending order based on the number of applicants who found each of the following interview day activities or materials “Extremely Helpful.”

Table 13. *Reported Usefulness of Interview Day Activities & Materials: Post-Doctoral Applicants*

Interview Day Activities (n = 20)	Not at all helpful	A little helpful	Somewhat helpful	Mostly helpful	Extremely helpful	Not applicable
Presentation on program structure, available rotations, research opportunities	--	--	--	2	17	1
Discussion of diversity, inclusion, advocacy efforts	--	--	1	1	17	2
Individual interviews (1 trainee / 1 faculty member)	--	--	--	4	16	--
Meetings with current trainees	--	--	--	3	16	1

Faculty member introductions	--	--	2	2	15	1
Overview of interview day schedule	--	1	1	3	14	1
Presentation on geographic location/city	--	1	4	6	9	--
Pre-recorded tours of training site	--	2	--	7	8	3
Faculty group interviews (1 trainee / multiple faculty members)	--	1	4	4	7	4
Photos of psychology services at site	--	3	2	6	5	4
Individual interviews with the director of clinical training (DCT)	--	--	3	5	5	7
Meetings with potential research lab members	--	1	--	2	5	12
Photos of general training site	--	1	5	8	4	2
Applicant introductions	3	2	5	4	4	2
Pre-recorded videos giving overview of each rotation	1	--	2	6	3	8
Unstructured time to meet with graduate student trainees	2	--	2	2	3	9
Unstructured time to meet with faculty members of your choosing	1	4	2	2	2	9
Trainee group interviews (multiple trainees)	5	1	5	2	--	7

The majority of trainees preferred virtual interviews that lasted 1 day (86%) for 2-4 hours (54%) or 4-6 hours (42%). Most preferred having a designated day for the interview with an assigned interview schedule (74%) instead of individually scheduling interviews with interviewers to occur throughout the week based on shared availability. The preferred interview start times were between 9-10am EST, and the preferred interview end times were between 2-4pm EST. Trainees also preferred to have three or four faculty interviews lasting 30-45 minutes.

The majority preferred 10-min breaks between interviewing events, as well as a lunch break with no interview activities. Most trainees would like to be told when not to send a thank you email (46%) or when to send a thank you email (32%).

Table 14. *Interview Day Break Time Preferences: Post-Doctoral Applicants*

Types of Breaks (<i>n</i> = 20)	<i>n</i> (%)
Lunch break without any interview activity	15 (18%)
10-minute breaks between events	14 (16%)
Lunch break with interview activity that you can passively attend and keep your camera off	11 (13%)
15-minute breaks between events	8 (9%)
5-minute breaks between events	7 (8%)
A minimum of 1 break per hour	7 (8%)
30-minute break for lunch	6 (7%)
A minimum of 1 break every 2 hours	6 (7%)
60-minute break for lunch	6 (7%)
30-minute breaks between events	2 (2%)
Over 30-minute breaks between events	2 (2%)
A minimum of 1 break every 3 hours	2 (2%)
Lunch break with interview activity that requires participation and your camera on	1 (1%)

Application Outcomes Across Training Levels

Graduate School Applicants Outcomes and Decision-Making

As further described in Table 2, of the 24 graduate school applicants, 12 (50%) received and accepted an offer. Nine (75%) accepted offers to Ph.D. programs, and three (25%) accepted offers to Psy.D. programs, all of which were in clinical psychology. Those accepting graduate school offers rated themselves as “mostly” ($n = 2$; 17%) or “extremely” ($n = 10$; 83%) satisfied with the program they will be attending. Factors most impacting the decision to accept their graduate program offer included interest in faculty mentor research ($M = 4.58$, $SD = 0.67$), interest in clinical training opportunities ($M = 4.50$, $SD = 0.52$), program accreditation ($M = 4.42$, $SD = 1.24$), department environment ($M = 4.09$, $SD = 1.14$), and program reported and demonstrated commitment to diversity, equity, and inclusion ($M = 4.08$, $SD = 0.90$). See full details in Table 15.

Table 15. *Factors impacting graduate school applicants’ decisions to accept or not accept a graduate program offer*

Factors impacting decision to accept or not accept a graduate program offer:	Not at all impactful	A little impactful	Somewhat impactful	A good bit impactful	Extremely impactful	Mean (SD)
Interest in potential faculty mentor’s research	--	--	1	3	8	4.58 (0.67)
Interest in clinical training opportunities	--	--	--	6	6	4.50 (0.52)
Program accreditation (e.g., APA, NASP, PCSAS)	1	--	1	1	9	4.42 (1.24)
Department environment (e.g., relationships between faculty, staff, and/or students)	--	2	--	4	5	4.09 (1.14)
<i>Reported</i> commitment to diversity, equity, and inclusion	--	--	4	3	5	4.08 (0.90)
<i>Demonstrated</i> commitment to diversity, equity, and inclusion	--	--	4	3	5	4.08 (0.90)
Geographical location	--	2	2	6	2	3.67 (0.99)
Department facilities and resources (e.g., office spaces for students, available supplies or software for clinical and research work)	1	2	2	4	3	3.50 (1.31)
Program reputation or ranking	--	2	5	2	3	3.50 (1.09)
Stipend amount or financial aid options	3	--	2	5	2	3.25 (1.49)
Duration of the program/average time to degree	2	1	4	3	2	3.17 (1.34)

Benefits (e.g., health insurance)	2	1	5	3	1	3.00 (1.21)
Size of training faculty	3	2	2	3	2	2.92 (1.51)
Impact of location/move on partners and/or family	3	1	3	4	1	2.92 (1.38)
Additional perks/benefits (e.g., relocation stipend)	4	2	3	2	1	2.50 (1.38)
Size of potential cohort	3	4	4	1	--	2.25 (0.97)

Note. Table sorted by items in descending order of impact on decision-making.

Pre-Doctoral Internship Applicants Outcomes and Decision-Making

As detailed in Table 2, 100% of the 33 internship applicants reported matching, 91% ($n = 29$) in Phase 1, 9% ($n = 3$) in Phase 2. Most applicants matched at their top site ($n = 24$; 75%) and indicated being “mostly” ($n = 4$; 13%) or “extremely” ($n = 26$; 84%) satisfied with their match. Factors most impacting site ranking decisions included interest in availability of *confirmed* training opportunities ($M = 4.90$, $SD = 0.30$), program accreditation ($M = 4.81$, $SD = 0.48$), interest in availability of *potential* training opportunities ($M = 4.48$, $SD = 0.63$), sites’ *demonstrated* commitment to diversity, equity, and inclusion ($M = 4.42$, $SD = 0.72$), and department environment ($M = 4.39$, $SD = 0.76$). See full details in Table 16.

Table 16. *Factors impacting internship applicants’ site ranking decisions*

Factors impacting internship site ranking decisions:	Not at all impactful	A little impactful	Somewhat impactful	A good bit impactful	Extremely impactful	Mean (SD)
Interest in clinical training opportunities, including: <i>Confirmed</i> availability of training opportunities of interest (e.g., all interns guaranteed experience in desired rotations)	--	--	--	3	28	4.90 (0.30)
Program accreditation (e.g., APA, CPA)	--	--	1	4	26	4.81 (0.48)
Interest in clinical training opportunities, including: <i>Potential</i> availability of training opportunities of interest (e.g., interns rank rotations and may or may not receive)	--	--	2	12	17	4.48 (0.63)
<i>Demonstrated</i> commitment to diversity, equity, and inclusion	--	--	4	10	17	4.42 (0.72)

Department environment (e.g., relationships between faculty, staff, and interns, interdisciplinary teams)	--	--	5	9	17	4.39 (0.76)
Potential postdoctoral training opportunities	1	3	2	10	15	4.13 (1.12)
Style of supervision during internship (e.g., developmental model, junior colleague model)	--	1	9	6	15	4.13 (0.96)
<i>Reported</i> commitment to diversity, equity, and inclusion	--	2	5	13	11	4.06 (0.89)
Geographical location	1	3	4	10	13	4.00 (1.13)
Impact of location/move on partners and/or family	4	--	5	7	15	3.94 (1.37)
Program reputation or ranking	--	2	12	6	11	3.84 (1.00)
Expected work hours /week	2	2	8	9	10	3.74 (1.18)
Benefits (e.g., health insurance)	1	8	5	10	7	3.45 (1.21)
Department facilities and resources (e.g., office spaces for interns, available supplies or software for clinical and research work)	1	6	11	11	2	3.23 (0.96)
Stipend amount or financial aid options	2	6	12	8	3	3.13 (1.06)
Expectation to engage in research (e.g., required, protected time)	3	7	10	6	5	3.10 (1.22)
Size of training faculty	4	9	8	5	5	2.94 (1.29)
Opportunity to engage in research, if desired (e.g., not required, not protected time)	5	8	9	5	4	2.84 (1.27)
Amount of paid time off (e.g., sick days, professional days, vacation days)	4	7	13	5	2	2.81 (1.08)
Additional perks/benefits (e.g., relocation stipend, food allowance, conference travel reimbursement)	4	7	12	7	1	2.81 (1.05)
Size of potential cohort	7	8	7	7	2	2.65 (1.25)

Amount of maternity, paternity, family and medical leave (FMLA)	14	12	3	1	1	1.81 (0.98)
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Note. Table sorted by items in descending order of impact on decision-making.

Post-Doctoral Fellowship Applicants Outcomes and Decision-Making

All of the 20 post-doctoral fellowship applicants reported receiving an offer for a post-doctoral fellowship position. Factors most impacting site ranking decisions included interest in availability of *confirmed* training opportunities ($M = 4.65$, $SD = 0.57$), sites' *demonstrated* commitment to diversity, equity, and inclusion ($M = 4.15$, $SD = 1.19$), geographic location ($M = 4.00$, $SD = 1.10$), interest in availability of *potential* training opportunities ($M = 3.95$, $SD = 0.97$), and benefits ($M = 3.85$, $SD = 0.85$), and expected work hours per week ($M = 3.85$, $SD = 0.96$). See full details in Table 17.

Table 17. Factors impacting post-doctoral fellowship applicants' site ranking decisions

Factors impacting decision to accept or not accept a fellowship offer:	Not at all impactful	A little impactful	Somewhat impactful	A good bit impactful	Extremely impactful	Mean (SD)
Interest in training opportunities, including: <i>Confirmed</i> availability of training opportunities of interest	--	2	4	7	7	4.65 (0.57)
<i>Demonstrated</i> commitment to diversity, equity, and inclusion	1	1	4	2	12	4.15 (1.19)
Geographical location	1	0	6	4	9	4.00 (1.10)
Interest in clinical training opportunities, including: <i>Potential</i> availability of training opportunities of interest (e.g., interns rank rotations and may or may not receive)	--	2	4	7	7	3.95 (0.97)
Expected work hours /week	0	2	5	7	6	3.85 (0.96)
Benefits (e.g., health insurance)	--	1	6	8	5	3.85 (0.85)
Impact of location/move on partners and/or family	2	1	3	7	7	3.80 (1.25)
Potential faculty positions following post-doctoral training	--	4	3	6	7	3.80 (1.12)

Department environment (e.g., relationships between faculty, staff, and interns, interdisciplinary teams)	--	4	2	8	6	3.80 (1.08)
<i>Reported</i> commitment to diversity, equity, and inclusion	2	1	5	5	7	3.70 (1.27)
Program reputation or ranking	1	2	2	12	3	3.70 (1.00)
Program accreditation (e.g., APA, CPA)	6	--	2	1	11	3.55 (1.77)
Additional perks/benefits (e.g., relocation stipend, food allowance, conference travel reimbursement)	2	1	4	10	3	3.55 (1.12)
Opportunity to engage in research, if desired (e.g., not required, not protected time)	1	4	4	6	5	3.50 (1.20)
Expectation to engage in research (e.g., required, protected time)	2	3	4	6	5	3.45 (1.28)
Amount of paid time off (e.g., sick days, professional days, vacation days)	1	4	5	7	3	3.35 (1.11)
Stipend amount or financial aid options	2	5	4	5	4	3.20 (1.29)
Style of supervision during internship (e.g., developmental model, junior colleague model)	1	5	6	6	2	3.15 (1.06)
Size of training faculty	2	6	2	8	2	3.10 (1.22)
Department facilities and resources (e.g., office spaces for interns, available supplies or software for clinical and research work)	3	3	6	5	3	3.10 (1.06)
Size of potential cohort	4	2	7	5	2	2.95 (1.24)
Amount of maternity, paternity, family and medical leave (FMLA)	10	4	2	2	2	2.10 (1.37)
Program's participation in the Uniform Notification Date	13	3	1	2	1	1.75 (1.22)

Note. Table sorted by items in descending order of impact on decision-making.

Costs & Benefits of Virtual Interviewing: Qualitative Feedback

Qualitative feedback suggests that there are both costs and benefits of the virtual interview process. However, trainees explicitly stated the benefits far outweigh the costs. Across all training levels, applicants identified the following benefits 1) increased accessibility and safety, 2) reduced financial burden, 3) increased ease, 4) increased insight into the organization of training programs, and 5) reduced environmental impact. Trainees described virtual interviews as increasing accessibility and their perception of safety. The reduced exposure to illness while traveling during the ongoing pandemic was important to trainees, especially those who are immunocompromised or who have family members at greater risk. The financial benefits cannot be overstated. One internship applicant noted, “By having virtual interviews I was able to apply to sites I would have otherwise not been able to due to the expensive[ness] of getting to those sites. It allowed me to only focus on whether a site fit for me rather than if I could manage a long drive or give up something to afford a flight.” This sentiment was also shared by a graduate school applicant, who stated “The lack of financial burden and minimal time burden was extremely beneficial for me. I would not have been able to attend all my interviews if they were held in-person this year, which would have substantially influenced my success this cycle.” The reduced travel costs increased accessibility for trainees from lower financial backgrounds. Virtual interviews also allowed some trainees to continue working and earning income during the interview season. Given the expected financial stress of moving in the near future, these cost savings were even more meaningful.

Trainees broadly experienced increased ease due to virtual interviews. The scheduling flexibility was helpful with reducing disruptions to their current work responsibilities and did not require as much paid time off. Virtual interviews were also less disruptive to trainees’ daily routines and allowed them to attend to other life responsibilities as needed. They appreciated facing a stressful day from the comfort of their own home, experiencing restful sleep in their home environment, having their social support system nearby, and being able to be fully “off” during breaks. The virtual interview process also granted applicants a unique perspective on the organization of training programs, which some interpreted as indicative of the sites’ functioning in general or how much they value training. Applicants appreciated the ability to network with other trainees and faculty members. Lastly, trainees described the reduced air travel pollution as being more environmentally conscious.

Applicants identified the following costs of the virtual interview process: 1) problematic scheduling, 2) difficulties getting a feel of the culture or physical setting, 3) technical glitches, and 4) missing information. Trainees described some sites as having inconvenient interview day schedules, including starting too early, being too long, or not having breaks. Applicants experienced “Zoom fatigue” on longer interview days. As a result, they recommended that sites use interview time more efficiently (e.g., limiting introductions, reducing duplication of information available online, not having more than 30 minutes for unstructured Q&As). Post-doctoral applicants expressed having difficulties rescheduling interviews while balancing internship responsibilities.

Trainees described challenges getting a feel for the culture, site, hospital, and city during virtual interviews. Part of this was due to not being physically present and having limited opportunities for informal interactions. Applicants acknowledged that many sites used creative methods to provide this information. They particularly appreciated photos or videos of trainee specific workspaces, the physical layout of the site, information about the climate and culture of the city and surrounding community, and opportunities for one-on-one conversations with current trainees. However, multiple trainees expressed that events labeled “non-mandatory” or “informal” felt mandatory to them. One internship applicant stated, “Unstructured ‘networking’ or ‘coffee hours’ were the most challenging due in part to facilities and regions having different virtual meeting norms and ways of interacting. These were higher stress moments in otherwise mostly pleasant interviews.” A few applicants reported feeling less connected and perceived meetings with less structure as being more awkward. For example, a graduate school applicant requested that sites, “plan activities for social events so we can see the social cohesion of the program/lab [because] unplanned social time turns into everybody staring at each other on a Zoom screen.” Some trainees planned to take an in-person trip after the interview day to better evaluate fit.

As with any virtual event, technology glitches happened on occasion. Although faculty were understanding of the technical difficulties, applicants felt that glitches negatively impacted interview quality. There were several domains that applicants felt were missing from the virtual interview day. At the graduate school level, applicants wanted more opportunities to interact one-on-one with current trainees. At the internship level, applicants had differing views about the value of introductions among interviewees. Some felt it became more anxiety-provoking to hear their qualifications; however, others wanted more interactions to connect among applicants given they are likely “future colleagues.” At the postdoctoral level, applicants reported some sites did not provide much information about the site or day-to-day responsibilities of the position. They also missed opportunities for interactions within the department and with faculty members who were not directly involved in interviews.

Future Directions

Based on feedback from pediatric psychology trainee applicants, several actions should be taken to further improve the application and interviewing process, as well as improve training programs overall. Across trainee levels, applicants noted significant benefits for virtual interviewing, including reduced financial and time burden associated with travel and increased access and equity, thus it is overwhelmingly supported that training programs continue universal virtual interviewing experiences for pediatric psychology trainees across levels. Applicants also reported the need for consistency in structure and information across sites, including providing interview day schedules ahead of time, providing breaks during interview days, reducing interview day length when possible (e.g., reducing redundancy of unstructured question and answer times), and providing prompt communication regarding receipt of interviews. Applicants noted that non-mandatory events often felt mandatory, which lengthened virtual interviewing

days. Thus, sites should take care to plan interview days that make most effective use of the actual interviewing day while prioritizing providing information that applicants may not readily glean from online materials (e.g., photos or a tour of facilities and lab/workspaces, small informal group conversations with current interns).

Further, applicants provided information related to program factors which were particularly impactful in their decision-making, thus informing program directors and training programs as to the priorities of pediatric psychology trainees while providing potential directions for programmatic improvements. These varied across training levels, such that graduate program applicants noted the importance of faculty mentor research fit, clinical training opportunities, department environment, and program accreditation, while internship applicants reported the most impact for *confirmed* availability of clinical training opportunities, program accreditation, and *potential* availability of training opportunities. Among internship sites, this highlights the importance of sites providing information to applicants specifically distinguishing those opportunities that are confirmed available to all interns versus those that may only be potentially available (e.g., interns rank rotations but may or may not receive their top choice), as applicants may be looking to fill specific training gaps in the internship year. Post-doctoral fellowship applicants similarly noted the impact of *confirmed* and *potential* availability of training opportunities and *demonstrated* commitment to diversity, equity, and inclusion, while also noting the impact of geographical location on their decisions to accept or not accept a fellowship offer.

Across training levels, almost all applicants reported that *demonstrated* commitment to diversity, equity, and inclusion by programs was at least somewhat impactful in their decision-making, and *demonstrated* commitment had a greater impact than merely *reported* commitment by programs. As such, programs should note the specific importance to applicants of demonstrating commitment to diversity, equity, and inclusion through tangible initiatives and clear training experiences within the community and across marginalized identities, including race, gender, sexual orientation, and ability status. This is consistent with qualitative feedback provided by applicants as to factors impacting their satisfaction with their current training programs and ways that programs could be improved, including desiring greater and more specific discussion about what training and advocacy efforts and opportunities are available within the program (e.g., beyond university or hospital-wide stances on DEI), the advantages of fee waivers or financial assistance for reducing financial burden of applications and interviews, and continuing GRE waivers for graduate applicants, all of which align with applicant desires to see demonstrated, tangible commitment to diversity, equity, and inclusion in the field. Applicants also suggested that programs specifically address or diminish the perceived need for applicants to send thank-you emails following interviews when unnecessary and provide prompt communication to applicants when not receiving interviews. Greater transparency regarding expected trainee working hours, billable expectations, and details about health insurance and paid time off or family/medical leave were also noted as areas for improvement, as trainees may feel uncomfortable explicitly asking questions about these topics, but they are important factors

for quality of life and are reported to be at least somewhat impactful in decision-making for the majority of applicants.

The past two application and interview cycles have been successful in reducing stress and burden for pediatric psychology trainees across training levels while still allowing trainees to make informed decisions about their training experiences. As such, efforts should be taken to continue increasing the effectiveness of virtual interviewing and program structures to meet the needs of trainees while simultaneously moving the field of psychology towards a more equitable training experience.