**Supplemental Materials**

Number of Tables: 6

Number of Figures: 2

**TABLES**

Supplemental Materials Table-1: Number of Canadian adult neurology programs or non-neurology programs applied to per medical student during the 2020-2021 match cycle.

|  |  |  |
| --- | --- | --- |
| **Number of programs per person** | **Non-neurology programs**  | **Adult neurology programs** |
| 0-1 | 7/31 (22.6%) | 2/31 (6.5%) |
| 3-5 | 11/31 (35.5%) | 2/31 (6.5%) |
| 6-8 | 6/31 (19.4%) | 3/31 (9.7%) |
| 9-11 | 2/31 (6.5%) | 13/31 (41.9%) |
| 12 or more | 5/31 (16.1%) | 11/31 (35.5%) |

Supplemental Materials Table-2: Number of Canadian pediatric neurology programs applied to per medical student during the 2020-2021 match cycle.

|  |  |
| --- | --- |
| **Number of programs per person** | **Pediatric neurology programs** |
| 0-1 | 26/31 (83.9%) |
| 2-3 | 1/31 (3.2%) |
| 4-5 | 1/31 (3.2%) |
| 6-7 | 3/31 (9.7%)  |

Supplemental Materials Table-3: Average ranking scores of pre-interview modalities compared to each other after conversion to percentage scale (1-100). Evaluation of each intervention is presented as the mean ± standard deviation.

|  |  |  |
| --- | --- | --- |
|  | Medical Students | Residency Programs |
| Social Media | 62.9 ± 26.3 | 63.8 ± 27.4 |
| Web-based Platforms | 60.1 ± 27.5 | 57.4 ± 27.6 |
| Small Group Information Sessions | 45.1 ± 24.6 | 52.1 ± 31.3 |
| Large Group Information Sessions | 62.3 ± 25.1 | 66.0 ± 25.5 |
| One-on-one Meetings | 52.9 ± 31.2 | 74.7 ± 26.4 |
| Teaching Sessions | 71.3 ± 32.1 | 68.5 ± 28.0 |

Supplemental Materials Table-4: Average ranking scores of interview period modalities compared to each other after conversion to percentage scale (1-100). Evaluation of each intervention is presented as the mean ± standard deviation.

|  |  |  |
| --- | --- | --- |
|  | Medical Students | Residency Programs |
| Interview | 52.3 ± 26.3 | 65.4 ± 29.4 |
| Information session | 63.3 ± 25.7 | 63.2 ± 29.5 |
| Virtual hospital tour | 78.6 ± 32.9 | 63.5 ± 31.7 |
| Virtual social | 60.3 ± 22.9 | 67.0 ± 24.0 |

Supplemental Materials Table-5: Description of virtual socials hosted by institutions during the 2020-2021 match cycle.

|  |  |
| --- | --- |
| **Applications/ Programs used** | **Description** |
| Wonder | “rooftop” social where people choose an avatar and walk around the “roof” to chat with other candidates and residents from the program |
| Kumospace | Combination video chat and video games  |
| Zoom  | Breakout rooms for question and answer Breakout rooms for small group interactionsVirtual trivia  |
| Microsoft Teams | Information session  |
| DoorDash | Gift cards for evening “happy hour” social |
| UberEats  | Gift cards for food/ drinks |
| Gather/ Town  | Video-calling space that lets multiple people hold separate conversations in parallel, walking in and out of those conversations |

Supplemental Materials Table-6. Feedback from medical students and residency program stakeholders in terms of what could have improved the match experience this year. Numbers in brackets represent the number of respondents who gave the same feedback.

|  |  |  |
| --- | --- | --- |
| **Category** | **Medical Student Feedback** | **Residency Program Feedback** |
| **Pre-Interview Period**  | * Invitations to more AHD/ teaching sessions
* Invitation to grand rounds – only one school I interviewed at actually invited the candidates to grand rounds
* Virtual information sessions offered by all programs before the CaRMS interview process
* Being able to do in-person visiting electives (5)
* Virtual elective opportunities in the form of case-based learning or virtual clinics
* Programs collaborating on an apples-to-apples comparison (i.e. responding to a survey about varying features of residency [call, academic half days, what the culture is like, top 3-7 reasons residents would recommend the program, description of day-to-day experience on service])
* Opportunity to meet other residents virtually outside of a residency social
 | * Availability of elective scheduling
* Visiting electives would have been helpful to see how people would fit in (3)
* Dedicated country-wide medical student teaching sessions
* Better use of websites earlier in the CaRMS cycle
* More information sessions with fewer people
* More exposure to applicants from other schools before the interview process – challenging to assess what it’s like to work with applicants from other schools when they were not able to do electives
* Developing more ways for candidates to get to know the program
 |
| **Interview Period**  | * Program X’s [social] was fun, but it would have been better to mingle more with residents and not just in one group
* Social events with activities (not just more information sessions)
* Socials were difficult because they were virtual
* Use of better platforms for social activities
* Some virtual information sessions were scheduled on days during which students were on call or had other academic duties. It would have been great if sessions were recorded and made available to all interested students.
* Difficult to get to know other applicants well, since most of the socials are aimed at trying to get to know the programs (2)
* More communication between schools to arrange socials that don’t overlap dates
* Additional virtual hospital tours (2)
* Having a CaRMS buddy from each program would be helpful to ask more questions beyond just the group sessions (2)
* More opportunities to talk one on 1 with residents
* More time getting to know staff in the program
* Do not use social media platform Kumospace (2)
* More information sessions and socials in pediatric neurology
 | * If it had been in person (5)
* Difficult to get to know participants virtually – potentially more one on one time (even if virtual) with the candidates
* Not having programs overlap interview days – with candidates attending more than one meeting in a day, it was the most reshuffling of interviews I have ever experienced. Trying to factor in multiple times zones national and internationally, added more stress. Programs shouldn’t be allowed to overlap when scheduling CaRMS interview days
* Familiarity with Zoom before the interview period
* Training on virtual interviews for Zoom
* More time for interviews
* More socials and food were provided to the interviewees
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**FIGURES**

Supplemental Materials Figure 1. Weeks of home and away neurology electives completed, stratified by the onset of the COVID-19 pandemic in March 2020: A) represents before March 2020 and B) represents after March 2020.

Supplemental Materials Figure 2. Number of virtual neurology (adult or pediatric) interviews attended per medical student during the 2020-2021 match cycle.