

## **Step 6A: Interviewing**

### **There are six tasks to accomplish in fourth year:**

Step 1: Write your CV. Document what you have done thus far.

Step 2: Choose a career. Choose wisely: this decision is for the rest of your life.

Step 3: Schedule your fourth year based upon your career.

Step 4: Write a personal statement

Step 5: Complete ERAS

**Step 6: Interview** and choose a residency.

Step 7: Squeeze the last juice from this orange you call medical school (See Step 3)

Step 8: Clean up details: i.e., take step II of the boards. (See Step 3)

Step 9: The Match

**This chapter will focus upon some general principles useful in the interview process.**

### **I. INTRODUCTION**

A. Interviewing for a residency is nothing like interviewing for medical school. Medical school interviews were about proving why you were a good candidate for being a physician. But now you are a physician; there is no reason to prove this. The focus of the residency interview is proving (in order of importance):

1. You are someone with whom the residency will want to work for the next 3-5 years (do you fit with their team?)
2. You are competent to hold the position
3. You offer long-term advantages to the program and perhaps the department.

B. Your ERAS application will accomplish goal 2 and perhaps 3. The goal of the interview is to make Goal #1 apparent.

C. The other difference from medical school interviews is that now you have options. If a medical school does not fill (which is very unlikely), it loses tuition. No great loss. If a residency does not fill, it is the kiss of death. The residents they do get will have to work that much harder to pick up the slack. That makes angry residents, and angry residents mean death for a program. You are going to match somewhere, and the program knows that. Remember this as you interview: they need you a whole lot more than you know them. The interview is half about evaluating you, but half about you evaluating the program. The program wants to evaluate you, but they are going to spend half (if not more) of the interview visit recruiting you to choose their program. It is to their advantage to create a good impression.

D. The key to a good interview is using the energy the program exerts to recruit you in an effort to show them the wonderful things about you. This chapter will show you how.

## II. What to expect on the interview:

A. Pre-interview sessions (dinners, parties, etc.). Do not believe it when a program tells you these are informal and not part of the interview. They are, and the impression you make here will be your first and most important impression. If you are offered one of these pre-interview dinners or parties, make sure you go. They are not doing this to be nice to you, they are doing it because they want their residents to meet you and begin to formulate an opinion about you. The program is sending you a silent message that the residents' opinions are important in the final match decision, and you do not want a zero when it comes to that.

1. What to do: Be on time, drink alcohol sparsely (if at all), and exit graciously (and early). You are not going to land a spot from your performance here, but you can sure lose one. Talk to the residents, but not about the program. Remember that people make decisions based on people, not numbers or grades. This is your chance to be personable, and you can do this by focusing the conversation on the residents, their lives (what they like to do), and their life in the city.

2. What to look for. See whom the program sends to these events. The quality of the program will come tomorrow; for now, focus on the health and happiness of the residents. This is usually proportional to the number of residents that show up (none= bad sign; a few= better; many happy, jovial residents= excellent). Remember, this is extra time for the residents, so the fact that they want to be there indicates they enjoy each others company, and they are interested in whom may be joining their team. This speaks to resident ownership of the program.

### B. Introductory remarks.

1. There is little vital information here with regards to evaluating you. The only thing you have to do is show up on time and listen (or at least appear to listen). Arrive in the city the day before the interview and make sure you know where the hospital/school (interview location) is in reference to your hotel. If you have to, rent a cab the night before to take you to the hospital. Do not overestimate the effect of traffic, etc. in preventing you from getting to the interview.

2. Here's what to look for:

- a. The program director will present the overview of the program. What is said is not as important as how it said. Look for enthusiasm, optimism, and professionalism. Look for a program that has a mission statement and a program director that has vision. A cynical, disgruntled or bored program director is likely to indicate the same in his program.

- b. The philosophy of the program. See if it fits with your agenda. The important thing is to make sure there is a philosophy. Be wary of the program that has no direction. The residents will usually follow the example of their program director. The opening talk of bad programs will focus on random details (call schedules, parking, benefits, etc.) without a mission statement or a statement for what the residents and the program mean to the department, hospital, or its patients.

- c. Red flags. See below.

C. Rounds or Conferences. Once again, it is unlikely that this has much to do with you. Be attentive, and if invited to participate in the conversation, do so as you feel comfortable. Do not try to make an impression. Knowing the answer to difficult pimp question is unlikely to score you points; looking

ridiculous if you are wrong may cost you big. Remember that your decision will likely hinge on the people of the program, not the details of how the day is constructed or how rounds operate. This is a sample in time, and neither good nor bad conferences are likely to represent the reality of the program. What is important is how the residents interact with each other. Good signs include:

1. The residents are making the patient care decisions; they are not merely following around taking orders from the attending.
2. The residents look happy and interested in their jobs.
3. The residents respect each other and their patients. A lack of either suggests that they too have been subjected to some previous abuse or disrespect.
4. The residents appear sharp. They don't have to get all of the questions right, but they should appear as if the lights are on and they are interested in learning. Wrong guesses should be close.
5. You can also gain a sense of the program's educational mission here. Rounds and conferences should focus on solving problems and empowering the residents/students to do the same the next time a similar patient is admitted. They should not be a jeopardy-knock off where each team member competes for who has the most arcane piece of knowledge. They should focus on methods of diagnosis and treatment, not on who knows the most details about a disease.

D. Other speeches. These may come before or after the interview sessions. These usually include dignitaries such as the dean, department chairman, hospital chiefs or the chief residents. As with the program director, mark them for their sincerity and enthusiasm for the residents and the program, not for their rhetoric.

E. The interview sessions. See below.

F. The tour. Little to be gained here, but note the general condition of the facilities. The quality of a program has nothing to do with the marble in the front lobby or the latte machine in the cafeteria. In fact, it may speak to the opposite. Hospitals are like churches: never attend a church that is planning on building a new gymnasium: the priorities are a bit off (Also never attend a church that has comfortable pews, for obvious reasons). All of the money put into the marble floor could have been spent on underserved patients. The important features are how the patient-care areas. If a hospital cannot afford standard-of-care beds and equipment, they are unlikely to be able to afford appropriate nursing and ancillary support services. Remember that optimal patient care is between the doctor and the patient, not the computer or lab and the patient. That said, if there are not sufficient resources to allow the doctor to do his job, patient care will suffer. Note also the proximity of the hospitals to each other. Multiple hospitals positioned far from each other are likely to fragment the program. They will make attendance at program conferences more challenging, and will distance you from other residents. The biggest red flags, however, are not seeing patients in the hospital and not being offered a tour. Both speak to something being hidden from you.

### **III. What to do during the interview**

A. Know your CV. You are who you are; do not be worried about what you have not done (research, grades, etc), focus on what you have done. Your interviewer has been given your ERAS application before hand; if there is a glaring deficit in your application, it is likely that it would have been detected by now (i.e., you would not have been offered the interview). The fact that you have an

interview means that any deficits have likely been dismissed in lieu of your strengths that have landed you the interview. In any event, there is no sense pointing it out unless you are asked about it, and there is nothing you can do to change your application at this point (it's not like you can publish an article during your interview), so do not worry about it. Stay with what has brought you this far. Your strategy is not to apologize for what you do not have, but to keep turning the focus of the interview upon what you do have: your strengths. Remember that your self-confidence is what will take you home; keep the interview focused on your strengths, and your self-confidence will rise to the occasion.

B. Portray strength and confidence. Sit up straight, and where possible maintain eye contact with your interviewer. There will be moments during the interview when an emphatic response is required: you must make eye contact during these moments. Whenever you begin a sentence with "I want...", "I hope to..." "I believe..." make eye contact. Personal moments need sincerity to be powerful. Eye contact will highlight your sincerity, as it is hard to lie while looking someone in the eye. If you are uncomfortable maintaining eye contact do the following two preparations:

1. Practice your interview while looking into a mirror. If you can maintain eye contact with yourself, you can do it with anyone.
2. Identify three points about yourself that are the most valuable to communicate as part of your interview. These will likely include why you chose your career, what you want from your residency program, and what you want to do with your life. Practice them. When the interview turns to these moments, make eye contact with the interviewer. Even if the rest of the interview is sans-eye contact, you will be fine.

C. Listen more than you talk. Everyone is most impressed about someone who allows them (the interviewer) to talk about themselves. The more the interviewer talks, the better impression you are making. Do not waste time in the interview trying to collect data about the program. This is best done from talking with the residents.

D. Learn to shake hands. To avoid being caught in the weak grip, use this technique. Maximally abduct your thumb. Position your hand so that the palm is facing the floor as you extend your hand to shake hands. Do not close your fingers until you feel the web of the interviewer's hand (between the thumb and your first finger) hit the web of yours. Do not give the fake handshake with the extended hand followed by the hair brush back. It's not funny. Practice.

#### **IV. Questions you might be asked**

A. Most questions have an ulterior motive that has nothing to do with the answer requested. The content of the answer is never as important as the way in which you say it. The interviewer has requested your personal presence to see who you are, not to hear what you have done (See body language). In almost all cases, the qualities they want to see are confidence, insight, sincerity, self-awareness, and interpersonal skills. Focus on how you answer the question, not what the answer is. Each answer should have the same three components:

1. A confident response.
2. Lead your answer to one of your strengths.
3. After you have answered the question, always spin it back to the program in a way that allows the interviewer to comment on one of the program's strengths that happens to coincide with your strengths. This will make you look like a perfect match for the program.

B. After several iterations of this, the interview will take on a life of its own. Your interviewer will be completely focused upon the positive attributes of his program, and these attributes (because you have directed him to talk about them) will magically appear to coincide with your strengths.

C. *Question 1: Tell me about yourself.* It doesn't matter what you say, as long as the answer is confident. They already know everything about you that matters to them: it is all in your ERAS application. This question is designed to assess your self-awareness and to see what matters to you. If you do not have a pre-planned answer to this question (whatever it might be) you have shown a lack of self-awareness and insight. Also, do not be ordinary. A bad example, "I grew up in Oklahoma and then decided to go to college to study biology. I was then accepted into medical school where I have... blah, blah, blah, blah, blah." A better example, "Well it's interesting. I went to medical school thinking I would be a surgeon. While I still respect that profession, it was the bedside care of my internal medicine patients that really inspired me. I have enjoyed the role the internist plays in the longitudinal care of his patients. Etc. I get the sense that bedside medicine is still a strong feature of your program. Is that been your experience here?" The answer focuses on an attribute or value (interpersonal skills) that is important to you, not upon a biographical list of facts.

D. *Question 2: What do you want to do with your career?* Again, the answer is unimportant, but having an answer is. There is a balance here: if you are too specific, you run the risk of appearing dogmatic and rigid; if you are too vague, you will appear aimless and without focus. The key is to appear as if you have thought about this before, and you are already acting to help make your final decision. If you have made a final decision, you want to show that there is some reason for why you have chosen what you have. This is a prime opportunity for inserting one of your strengths. In answering the question, lead with one of your strengths. For example, "I have liked elements of everything I have done, but I have particularly enjoyed cardiology and pulmonology. Both careers provide an opportunity to work with your hands, while still relying upon a strong understanding the physiology of disease. While I am not as good at memorizing things as other people, I am pretty good with these skills, so I think that might be a good fit." The other variants to this question are, "What is your seven year plan?" or "What do you see yourself doing seven years from now?" It doesn't matter what your plan might be, as long as you have a plan. A good answer comes quick (showing that you have thought about this) and begins with, "In seven years I have to have accomplished the following..." or "In seven years I want to have established myself in a practice doing... etc., etc." Then spin the question back to the interviewer. "What do most of your residents go on to do after residency?"

E. *Question 3: If you are interviewing at an academic program, and the interviewer asks you about your career interests in academic vis a vis private practice, always reply that you have an interest in academic medicine.* This is not entirely a lie: over three years you may develop an interest in academic medicine, even if you do not have one now. Academic centers have a mission to perpetuate academics; it is understandable that they want to invest their training resources in people who may turn around and perpetuate the mission.

F. *Question 4: If you are asked about a specific weakness in your application ("It doesn't appear that you have done much research."), turn it in your favor.* The real reason for the question is to see your response, not to hear your answer. A confident, self-assured answer (whatever it is) is far superior to an apology. A good response: "I spent most of medical school learning the fundamentals of medicine

and getting the most from my clinical years. I think good research ideas are born from a careful observation of clinical disease and keeping up with the medical literature. My hope is that this foundation when combined with good mentorship will enable me to do meaningful research as part of my residency. What type of mentorship and research opportunities do your residents have as part of their training? ” When it comes to research, the program does not care what you have done in the past, they care what you will do for them. Past research experience is important only to the extent that it portends that you will be successful in research in the future. The above answer does three things: 1) It shows that your lack of research is not a function of disinterest or laziness, 2) It shows that you have some insight into what research requires, and 3) It shows you have a desire to do research with them. That is all that they care to know.

G. *Question 5: “What are your weaknesses?”* Do not try to create a clever pseudo-weakness (“I tend to care too much for my patients”) and above all do not point out a real weakness (“I am frequently late for rounds.”) Immediately change the question from “weakness” to “an area that I would most like to improve.” Medicine requires many skills, and everyone has strong and weak points. Craft your answer so that you show insight into this feature of medicine, and then discuss an area in which you would like to improve. Solidify the answer by giving some evidence that this is not the first time you have considered this, and you are actively working to strengthen yourself in this area. A good response, “Each physician, like a decathlete, has his strong and weak events. Over the last year I have focused upon improving my physical examination skills. I have hooked up with a great mentor and seen extra patients on the wards, which has started to really make a difference in my proficiency. I understand the patients you see have a diverse range of diseases. Do your residents see many physical examination abnormalities as part of their service?” The implicit message is that you have insight into your strengths and weaknesses, and because of this insight and your motivation, the weakness will not be weak for long.

H. *Question 6: “Describe a patient you have cared for?”* It doesn’t matter what you answer, but you should have an answer prepared for this. Do not make it up, because you may get questions about the details. Always choose a case that you have been involved in: the purpose is not to hear a fascinating case, but to see your involvement in the case. If you did something great to save the patient, give credit to the team, not to yourself. “... then we stuck a needle in the chest and drained the pericardial fluid. It was a great moment for the team.”

I. *Question 7: “What has been the most important moment in your medical school experience?”* This question is focusing on your interpretation of the moment in an effort to gain insight into you; the actual moment is irrelevant. Whatever the moment, avoid describing your mistakes, avoid self-aggrandizement, and avoid being over-dramatic. Focus on moments in which teamwork led to a good outcome, followed by a question about the strength of teamwork in the program at which you are interviewing.

J. *Question 8: How is your medical school?* It’s great, even if it isn’t. This question is designed to see if you are a complainer. Second reply: “Your medical school has a great reputation, how are things here?”

K. *Question 9: What do you like to do outside of medicine?* Be honest. Your greatest risk here is insincerity. If you claim to be a huge jazz fan, be prepared for questions about jazz. If you are asked about Miles Davis, and you draw a blank: you will look like a fraud. Knowing jazz wins you no

points; appearing as a fraud loses it all. Be honest, but think ahead. Are there features of your avocation that have made you a better physician? For example, your participation on the rugby team may have taught you teamwork, or your practice of the violin may have taught you discipline. If you can, spin the answer to highlight one of the skills important to your profession. Be subtle; don't make it look as if the only reason you have fun is to get ahead in medicine. For example, "I like to play the violin." Talk about it awhile, then "It's interesting... I think playing the violin has actually made me more disciplined in my studies, too." As before, spin the conversation back to the interviewer (and the program or the city). "Do any of your residents play instruments?" or "Does this city have opportunities for people who like to do \_\_\_(your avocation)\_\_\_?"

**Note that each sample response above answers the question, and then quickly turns the conversation back to the interviewer. The more he talks, the better you look.**

**Never apologize for what is not part of your application. Focus the interview on what you have done or what you intend to do.**

#### **V. Questions for you to ask.**

A. Stay focused on selling yourself. Your secondary goal is to collect data on the program. Most of the program's information can be acquired by paying attention to the presentations, collecting handouts, and talking from talking with the residents, who are likely to give you the real scoop anyway. Spend most of your time spinning the questions such that you highlight your strengths. Your general strategy is to subtly note one of your developing strengths/interests and then to ask if the program has opportunities to further develop that talent.

B. Above all, do not be average in the questions you ask. Average, tired questions make you look like an average, tired applicant. Bad examples:

1. What are your program's strengths and weaknesses.
2. What are you doing to stay within the ACGME work-hours regulations.
3. Are your residents happy?
4. Do you expect any big changes in the program?

Yawn.....

C. You are not going to get straight answers anyway, so why ask? Ask original questions that the interviewer is likely to find fun to answer. Remember, the better the interviewer feels about himself, the better he will feel about you. If he has fun, you are a fun applicant. If he seems interested in his diatribes, you are an interesting applicant. If he feels depressed or bored, you are a depressed, boring applicant. For example, instead of "What are the strengths of Tulane," try "What do you like about Tulane?" The topic of the question is the program in both cases, but the focus of the second question is the personal thoughts of the person with whom you are interviewing. Remember that everyone finds an interviewee more likeable if most of the interview is the interviewer talking about himself.

D. Do not try to impress them with your homework on the program: impress them with your homework on you. "I see that you have a new \$5 million dollar renovation of the cancer center." Ho

hum. Instead, “I have done some work on an oncology research project, do you think the new oncology center will be open by the time I finish my residency?”

E. Whatever the question, keep turning the conversation back to the interviewer. The more he talks, the better you will appear. People like to hear themselves talk, and this gives you valuable time to formulate answers to their questions. Discover what they value, and re-direct your responses about yourself to highlight those components of your package that coincide with what they value.

## VI. RED FLAGS

The secondary goal of your interview is to collect information on the program. Remember this fundamental rule as you do: the success of any enterprise is in its people. Curriculum, call schedules, and salaries can change in a moment’s notice. The faculty and residents that make up the program, however, are unlike to change as quickly. With greater ACGME/RRC oversight of residency training, most residencies are more or less the same when it comes to the individual rotations. The details of a program are only important to the extent that they reveal the attitudes and character of the people that are a part of the program. **FOCUS ON THE PEOPLE:** This is how you will ultimately make your decision, anyway, as that is how most people make most of the decisions in their life (hence the reason advertisements make use of likeable celebrities)..

A. An absence of residents. If you see no residents as part of your visit is either because the program does not want you to see them, or the program does not care enough to have them be a part of their recruitment decisions. Either way, it isn’t good.

B. Constant excuses. “Do-able” and “...but people survive it.” are not good signs. Success should be the rule, not the exception. Blaming is also not good, “If the hospital would give us more money, we could get this done.”

C. Probation. There are programs on probation that successfully turn the corner, and they definitely would not be able to do so without quality applicants like you believing in the program. Do not dismiss the program, but find out why the program is on probation and what they are doing to correct it. Most importantly, assess the program leadership’s attitude about the probation. If they freely admit the deficits and embrace their efforts to improve it, you are probably ok. If they feel persecuted, real change is unlikely to result in your tenure there.

D. Failure to show hard endpoints. Every program will talk about the merits of their curriculum and training, but the proof is in the pudding. Do the residents graduate the program, do they get the fellowships they want, and do they pass their boards? Programs that are successful in these endeavors are likely to offer the information before you ask. If they do not, try to acquire

E. Work hours. Each residency is required to maintain the following work hours:

1. No more than 80 hours per week, averaged over a four-week month.
2. One day off per week
3. No more than 30 hours on per shift.
4. At least 8 hours between shifts.

## VII. Body language.

- A. Act happy and enthusiastic. Make the decision as to whether you want this program later. For now, act as if this is the place you want to be. Your body language will follow.
- B. Be honest in all of your responses, even this silly ones. If someone asks you if you like bird watching, tell them no if you do not. Being an avid ornithologist will get you no points; getting caught in a lie will cost you big points. Remember that your interviewers are physicians, and as such they are trained to spot subtle changes in body language that indicates insincerity. Remember also that it is how you answer the question, not the answer itself, that is the object of evaluation. Answer truthfully all the time, and your body language will convey comfort and poise.
- C. Dress conservatively. This is not the time to make a fashion statement: it will win you no points with the conservative audience with whom you are interviewing. The best interview suit is the one that is not noticed. Loud, colorful ties or revealing outfits are a hazard. Even if it does not offend someone, it puts you at risk for feeling uncomfortable enough to take a hit in your self-confidence. Remember that ties and shoes are the most important part of the interview suit. Polish your shoes; find a nice tie that has no discernable objects on it (i.e., no Pooh-bears, dolphins, or little Viagra pills).
- D. Learn to maintain eye contact. If you must, practice the interview in front a mirror. Practice your response to the above questions while looking yourself in the eye. You do not have to maintain eye contact during the whole interview, but you must hit eye contact during responses to questions that are require sincerity.
- E. Turn your cell phone off. The rest of the world will do fine without you for a few hours.

## VIII. Other questions

- A. Should I bring another CV? Only if you have a dramatic change to the CV you submitted on ERAS. A new publication in a major journal might be one such example. A new community service activity is not.
- B. Should I have a second look? There is only one reason to return for a second look visit: you want a second look at the program to see if it fits you. This will not increase the program's affinity for you.
- C. Should I send a thank you card? It doesn't hurt, but it is also unlikely to help much. If you elect to send thank you cards, remember these points:
1. Hand-write the card. Emails and printed letters smack of mass-mailings and hence insincerity.
  2. Follow this formula. Be sincere in what you include; even in print, insincerity is obvious. Be brief; it is the sentiment that counts.
    - a. Thank the program director for your visit to (insert the program name).
    - b. Note what you especially liked about the program.
    - c. Re-iterate how this program feature meets with your career goals (be brief).
    - d. Indicate your interest in the program (see #3 below).
    - e. Indicate your willingness to talk further as the interview season draws to a close.

3. There are three types of cards. Choose which type you will send before you begin writing. In all cases, address the card to the program director (Dr. Wiese) as opposed to the title (Dear Program Director). If you are going to do this, do it right. Hand-write the card, do not send a form letter.

a. You were unimpressed by the program, but you still want to keep in on your list. Do the first two parts of the card as usual; for the third part indicate that many of the features of their program meet with your career goals. (i.e., “Your program’s patient population is what I am looking for in my goal of caring for the underserved). In essence, this is just a restatement of the first two parts, without showing your interest/disinterest in the program. End with the fourth section.

b. You were impressed, but it is not definitely your number one choice yet. Do the first two sections as normal. In the third section, indicate that their program will be “at the top of your rank list.”

c. You were very impressed and this is the program you want to attend. NBME rules prevent you or the program from extending offers prior to the match. Do not appear desperate in your response, but intimate your position by saying, “Your program is an exact fit for what I want to further my career. I hope to be a part of your team.” End as usual. Do not write this card unless you are confident this is true. Program directors talk with each other, and you do not want to risk appearing insincere in telling every program that you want to be a part of their team.

D. Should I make a phone call? In most cases, no. If the program director has personally offered to receive your call and you are sure that you want to attend there, make the call. Otherwise, do not.

E. Should I ask someone else to make a phone call? When it comes time to submit your list, and you have decided on a number one choice, ask the program director at your school if he would contact your chosen program director by email or telephone. Only make this request for one school; again, do not be insincere, and do not risk rubbing your program director in the wrong way by wasting his time. Remember, program directors talk. If you do not have a good relationship with your school’s program director, do not ask her to make the call.

F. Do not be a stalker. One card is sufficient. Frequent calls, emails, etc. make you sound desperate. As a rule, only two communications with the program: one after the interview, and another at the end of January (or November for early match residencies).

IX. Second look visits. Do not be compelled to make a second look visit to programs. Your second visit is unlikely to improve your chances at gaining acceptance, and you may run the risk of making a blunder that hurts it. It is also not worth the money and time. The only good reason to schedule a second look visit is for you to evaluate the program. That said, the focus of your second look visit (if you choose to do so) should be to see the day-to-day activities of the program outside of the pomp and circumstance of the interview day. To schedule a second look visit:

1. Contact the program director and tell them you would like to round with one of the teams. In a matter of fact fashion, tell her that you are interested in the program and you would like to see more of the day-to-day operation. Do not create the impression that you have already secured a position and you want to evaluate the program further. While this may be true, it is a turn-off to the program.
2. Find a day that does not coincide with other interview dates.

3. Do not overstay your welcome. Do not request another interview time with the program director.