

## **Step 6: Choosing a Residency**

### **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 how to write your curriculum vitae (CV).**

Choosing a program is like buying a car: not every program will have every feature; and some features you will value more than others. Every residency program is a perfect match for someone: your task is not to take responsibility for ranking the quality of all residency programs, but instead to choose the one that speaks to you.

Know this as you read this chapter: you are not the first person to develop an Excel spreadsheet with programs listed in columns and variables listed in rows, with the hope that some objective score can be calculated to tell you which program is for you. I won't deter you from building such a spreadsheet, but in the end the spreadsheet will go in the trash like every other medical student's spreadsheet. You will make your decision based upon by the people you meet; everything else will serve as a justification for that decision. There will be no substitute for your gut feeling about this one. But gut feelings do not come as a vision in a dream; they evolve as you go through the process of thinking about the strengths and weaknesses of each residency program. For this reason, I have listed a few things to think about as you go on the interview trail. Chapter 96 gives you some features of a great residency, the most of important of which being the patients for whom you will care; these will not be repeated here.

### **I. THE SHORT PROGRAM: COMPULSARIES**

There are some criteria that every program must fulfill; if it does not, you should simply walk away. The short program will not make the decision for you, but if the program cannot fulfill these standards, there is no chance of it advancing to the medal round.

### A. Accreditation

The program should be in good standing with the RRC and ACGME. Probation does not mean that the program is not worth considering, but it does send an alert that you should look carefully at why the program is on probation and what they are doing to correct the problem. An additional red-flag is a program that is in denial of the problem that put them on probation (i.e., “We got put on probation for excessive work hours. But that rule is ridiculous, residency is about working hard!”).

### B. Academic vs Non-academic

If you are interested in an academic career, you need to train at an academic center. Even quasi-academic programs (i.e., hospitals not at a medical school but have medical students rotate through the hospital) may under-serve your needs. See section V below.

### C. Did the program fill in the match last year?

Program’s will have off years, and it is possible that a program did not fill because of a down recruiting year and poor luck in the match. Consistent inability to fill, however, is a harbinger of bad things.

D. Board pass rate/ resident completion rate. Everyone talks a good game about what they do for their pass their boards after completing the program, something is definitely wrong. This can be dismissed if you get a sense that the program is changing to correct the problem; but if you do not, beware.

## II. VERY IMPORTANT FEATURES OF A GREAT PROGRAM

A. Are the residents happy? There is a reason for why unhappy residents are unhappy. The specific reason is unimportant; unhappy residents are a marker of something seriously wrong. Don’t waste your time trying to find the specific reason; just walk away. A close corollary to this is how the hospital, department and program administration sees the residents. Are they workers or colleagues. Workers are referred to as numbers (“We have five residents at this hospital. We have thirty residents who do the ICU each year.”) Colleagues are referred to by name. (“I’m going to have you talk to Jim. He just finished the ICU.”) Look for the program director and chairman to refer to residents by name, and you will have your answer.

B. What type of patients will you care for? A residency should train you as good human as well as a good physician. Intrinsic to being a good human is appreciating and respecting the diversity of people. The program should offer you a chance to care for a diversity of patients with **different socioeconomic, ethnic, and cultural backgrounds**. It is also important that the program give you a **spectrum of disease types**. Reading about lupus never substitutes for caring for a patient with lupus. Beware referral centers that only offer you previously-diagnosed disease. An important part of every medical field is making a diagnosis, and unless you are regularly put in the position to do so by caring for patients with **undiagnosed disease**, your development as a physician will be mediocre. The great programs also offer a **diversity of severity of disease**. You should see some patients with rheumatic fever, some with early valve disease, and some with severe valve disease. This will teach you how diseases progress and the consequences of that progression. Again, case conferences that speculate on how bad things might have become are no substitute for seeing it happen. Finally, it is

important that you have a mix of private and non-private patients. You cannot learn medicine by taking orders from a private physician all of the time: you have to be in the position to make decisions. You have to become comfortable with the uncomfot that comes with putting yourself on the line for the decisions you make. Responsibility is a learned virtue.

C. Patient volume. There should be enough patient volume to make the training worthwhile, but not so much that it puts patients at risk or compromises your ability to think and learn. Slow call days are the dream of the intern, but not of the first year attending. Far better to have high volume now when you have the opportunity to make mistakes while you have supervisors to keep your patients from dying, then to make them during your first year out of residency (because you saw too few patients in residency) when you are all alone. The volume should also not be excessive. Each specialty's RRC has limits on new admits and service size; ask the residents about these limits. If they laugh, you have your answer. If they boast about easy it is, walk away. Nobody pays good money to go to a basketball camp where you don't play basketball; you should have just stayed home.

D. Supervision by other residents and attendings. The most important feature of a program is that the residents make decisions, but they should not be put in the precarious position of doing so without guidance. There is no point in starting from scratch: the residency should have adequate supervision so that you can prosper from your supervisor's experience. The key question is to ask the resident who is on call with them, how often the attending physicians round with the team, and who is in the OR/delivery room when they operate.

E. House-staff Quality. Don't become enamored with impressive faculty: the really impressive faculty are so good that they have protected time that keeps them away from the wards (so that they can be with their research). Most of your education will come from patients, and after that, your other residents. The four important questions to discern the quality of the residents are:

1. Where were the house-officers trained?
2. Where do the residents go after finishing the residency?
3. What types of careers to they choose?
4. How do they behave on rounds/conferences? (See chapter 96).

F. Professional habits. Once again, every program will have great rhetoric, but the truth resides in the actions of the residents. Their actions, and not their words, will tell you if they are willing to put in the time to become great physicians. Look for the following:

1. Do they sit down at the end of the day and review the past twelve hours and plan for the next day?
2. Do they self-assess and seek for areas they could improve their abilities?
3. Do they admit mistakes? Are they honest or are they self-agrandizing?
4. Do they teach? Caring for other people is not an attribute that you turn on and off when it is convenient. Residents that teach are interested in the welfare of others greater than themselves, and this gives you an idea of how they are with their patients.

G. What do you get to do and when do you get to do it? You will learn more in one day of internship than one year of medical school. Why? Because you are actively doing something, not standing around shadowing someone. This does not apply to programs where you continue to stand around for a year. Programs that are dominated by private physician services are the worst, since private physicians are unlikely to give you the latitude of learning by doing that teaching physicians will

provide. Ask if you scrub/operate as an intern? Do interns do procedures? Will you have your own panel of clinic patients?

H. Mission Statement. See chapter 96. The program should have a mission statement. If at the end of the interview you do not have a sense of what the mission statement is, the program is free-floating. It could head south as easy as it could head north. It's current position is meaningless. In some way or another, the mission statement should be about patients.

### **III. IMPORTANT FEATURES OF A GREAT PROGRAM**

These attributes are important, but not as crucial to the above criteria.

A. Character of the hospitals. Chapter 96 addresses the importance (or lack thereof) of the quality of the facilities. Two other considerations are the number of hospitals in the program, their proximity to each other and the diversity of patients that are seen as a function of these different hospitals. Learning different systems of health care delivery is important because you have no idea the type of hospital in which you will ultimately practice. The best way to learn this is to be exposed to different systems of care.

B. The schedule of rotations. The specific schedule is unimportant; it will be hard for you to assess the importance of doing three VA ward months if you do not know the quality of the VA ward month. It could be either good or bad, and you will not be able to tell. It is important that you have elective and ambulatory time, however, as both of these provide time to catch up on sleep and reading. Look carefully, however, and make sure this "elective time" is not burdened with jeopardy and nightfloat. Both of these mercenary assignments mean work with little education. Regardless of your feelings about clinic, it is important that you learn how to work efficiently in an ambulatory setting. You should also have the opportunity to see some ICU and ER time, but not to the exclusion of the rest of the program's rotations.

C. Ancillary services. This borders on unimportant, since having to do a few of your own blood draws is not such a bad thing. You should not have to serve as a patient transport or routinely be woken up or pulled from conferences to draw blood, however.

D. Curriculum. It is just to the doctor to have a vast field of patients for whom to care as it is to the explorer to have a vast ocean to explore. But both require a guide. You need to know the science that goes behind the diagnosis and management of your patients, and the list of topics in which you should demonstrate competency before you are done with your training. You shouldn't have to discern this list yourself; the program should provide you with a defined curriculum. If you do not see something on paper, you can assume that no one care enough to prospectively plan the curriculum.

E. Are there medical students? Medical students buoy-up a residency because students ask the questions that no one else wants to ask, but know that they need to be answered. There is no competence like that that comes from being able to teach a topic. Students will define the envelope of your competence, and this will make you acutely aware of your incompetence, which is the first step to becoming great.

F. How does the program treat its patients? Chapter 96 addresses work hours. An unintended, unsavory bi-product of these rules are frequent patient hand-offs and shift work. You learn to be a physician by being a physician. However you slice it, it means assuming longitudinal care of a patient (to the end of their hospital stay or their life). If you are admitting patients just to pass them off to another shift doctor, you will miss this valuable lesson. You will also lose a few patients, since dropping the baton is proportional to the number of times it is handed off.

#### **IV. UNIMPORTANT FEATURES OF A GREAT PROGRAM**

- A. Pay. The average intern will work 3520 hours a year. A program that pays \$40,000 a year pays at \$11.36 an hour; a program that pays \$38,000 a year pays at \$10.80 an hour. The distinction is hardly important to outweigh the criteria above. Besides, you'll be making six figures in a few years.
- B. Moonlighting. Moonlighting is discouraged at the best programs because it is education that always gets hurt when resident's moonlight since tired residents never stay around in the afternoon to teach students or you. Having it as an option during elective months in your third year is a plus, but not worth weighing into your decision.
- C. Parking. Come on!
- D. Call rooms. Just because you stayed at a Holiday Inn last night does not mean you are a good physician. Same with the call rooms. You shouldn't have to compete with other animals and insects, but past that, the call rooms mean nothing.

#### **V. GENERAL CONSIDERATIONS: Community vs Academic training programs.**

A. Community programs offer the advantage of seeing real-world practice. There is no esoteric lab-exploration for random, rare diseases. You will learn to be cost and time efficient in a community program. You will also learn how to bill. The rigor of the program is likely to be less, and it will be more comfortable. If you are looking for a career in private practice, especially if you want to practice in the area in which you train, this is a good option for you. Networking in the private-practice community is excellent. You will miss out on some of the advantages of academic training (see below).

B. Academic programs are a must if you are even considering a career in academic medicine. If you are going to be successful in academics, you need an academic mentor; you will only find these mentors at academic programs. Despite what the community program says, it will be very difficult to get back into the academic game (in fellowship or otherwise) once you step out of academic training. You will have to put up with some of the academic cogitation that goes with the territory (you will hear a lot about pheochromocytomas, but will never see one), and the academic world is a bit artificial when it comes to billing and cost-effective care. The patient-mix may also not represent true prevalence of disease, since most academic centers are referral centers. The up-side is that you will see a greater diversity of disease, the down-side is that you may leave the program thinking that rare diseases are actually common. The rigor is much greater, and this may be an advantage even to the physician who counts on a private-practice career. The overall quality of academic programs is also better, though there are some good community-based programs.

#### **VI. GENERAL CONSIDERATIONS: SHOULD I STAY OR SHOULD I GO?**

Your home program will likely want you to stay on as a resident. Why? Because for better or worse, you are a known commodity. A bird in the hand, as they say. There are some advantages for staying at your home school, not the least of which is avoiding the expense and emotional trauma of moving, and that the program to you too is a known commodity. The most compelling reason, however, is that after seeing all other programs on your list, you think that this program is for you. Do not be afraid of leaving the nest, however, as there are great things waiting for you elsewhere as well. The advantage to leaving is that you will learn a new set of approaches to the same problems. Dogma is the death of the scientist, and so the physician, because it stifles creative thought. Seeing that other methods to the same problems result in similar or better success strikes to the heart of destroying dogma, and will broaden your horizon to thinking creatively. It is also healthy to see a different population of patients, as this too augments your development as a person and thus as a physician. You are taking a risk by leaving your school and going elsewhere, but if you believe there is a program that is better than yours (or even roughly the same) have the courage to set out for greener pastures.

**VII. GETTING ADVICE.** As Jean-Paul Sartre noted, people who seek advice already know the answer to their questions. The answer is in whom they ask the questions. If you want to know if you should go on a two-week vacation, the answer is in who you ask: If you ask a travel agent, the answer in your heart is yes. If you ask your boss, the answer is no. When you ask for advice, expect the answer you will get and pay attention to who you are asking, for the answer may be in that observation alone. That said, here are a few tips for soliciting advice:

- A. Ask objective people for answers to objective questions. Ask subjective advice for answers to subjective questions. If you want to know the greatest rock and roll band of all time, survey the crowd. If you want to know the atomic number of zinc, do not survey the crowd. While this is a subjective decision, you want the advice to be as objective as possible. Ask objective people.
- B. Be careful in asking advice from family and friends. Even though they care for you, they care for themselves too. It will be impossible for them to divorce their strong desire to have you close to them.
- C. Be careful asking any lay audience. Some programs have great name recognition; this does not mean that the specific residency to which you are applying holds that same reputation. On the flip side, there are programs that have great reputations within the medical circle, but sound like junior colleges to the lay public: i.e., University of California San Francisco, Texas Southwestern.
- D. Exercise caution in asking individual faculty members. Programs can shift in quality in a matter of years; what used to be a great program (or a bad program) may have changed 180° since the faculty member was in residency.
- E. Residents and fellows are a reasonable source of advice, because they were involved in the process not too long ago. Beware, however. Programs may have shifted in the interim, and the resident may have an ax to grind with a program that did not accept him.
- F. Do not take the advice of your student colleagues. They are too wrapped-up in finding the best program for them to worry about what is best for you.
- G. The single best people to ask are the program director at your school for the residency-type to which you are applying and your dean of students. Both know the shift in quality that is occurring, the trajectory (up or down) of programs around the country, the personality of each program, and where past graduates similar to you have prospered. While they may have a vested interest in keeping you at home, they also have a vested interest in you going somewhere where you will be happy. If

you leave happy and prosper elsewhere, you are likely to advise students at that location to interview at your home school.

## VIII. FINDING MORE INFORMATION

There are many websites that give commentary on the quality of programs, though none are as good as the combination of your program director/dean of students advice and your impression following the interview. The websites do not know you, so it will be difficult to give commentary on what is best for you. Further, the websites are full of strangers giving random, unsolicited advice; half of their comments are true. Are you going to trust this decision to someone in a chat room? Feel free to browse, and if you find something concerning (i.e., "I hear the program is about to be put on probation!") call the program director and ask. Most of this commentary is crap. Good web-sites include the AMSA site and individual program's websites.

## IX. MAKING THE DECISION

So after getting all of the information, you will have to make a decision. There are three important rules to follow:

A. First, do not self-select yourself out of a program. Rank the program you like the best at the top, even if you think they do not want you. See Step 9 for how the match works. The match gives priority to the applicant's preference (the computer will continue to try to match you at your first choice program until that program is full). You lose nothing by aiming high.

B. Second, choose the program for you, not for someone else. Some students will rank program A because it will impress their friends, family and mentors on match day, even though they hated program A. Don't do this. You have to live with your program for the next three to seven years of your life. Your friends and family will not be with you on the day-to-day activities of those five to seven years. Choose the program at which you will be most happy, regardless of what everyone else thinks. If you hated program A,

C. Make the social decision first. You go to work, but you come home. You can always come home to a happy home and social life and compensate for a bad day at work. It is not healthy to go to work to escape an unhappy home/social life. Your patients need you as a good person more than your family needs you as a prestigious doctor. Wherever you are, you will be better if you are happy. If there are circumstances that require you to be at one city or program (i.e., close to family if you have small children, or near a dying family member) then choose that city or program. The caveat is that this assumes that you have two programs that are of reasonable equality. Do not choose a low quality residency program just because it is in Bora Bora. Also be careful choosing a program because of a girlfriend or boyfriend if it means sacrificing quality. Relationships break-up with greater frequency than careers, and the quickest way to break-up both is to load the guilt (and subsequent resentment) of having sacrificed your career for the other person. Couples match with caution.

D. And again, choose the program that is best for you. Reputation is compelling, as is the vision of how much pride you will have on match day when you announce that you are going to the House of God. At the end of that day, however, and for the next three to seven years of your life, you will be

alone with your decision. The people in the audience at match day will not be there with you. Make it a decision you can live with for the rest of your life.

E. Do not beat yourself up over this decision. It is likely that your anguish is over choosing between two to four top programs. You could do a whole lot worse than having a great program happen to you (Regardless of whether it is ranked 1, 2, 3 or 4). Remember also that when two things are so close as to be indistinguishable from each other (like a photo finish at the horse races) they are essentially the same. At that point, let God (or whoever) choose.