NYACP Webinar: Residency Application and Interview Skills Q & A

1. To how many programs should I apply?

It is suggested that you apply to 16-20 programs. Around 10 years ago if you applied to 8 programs, the probability of not matching was less than 3%. However, the number of programs you should apply to has increased because no one can match outside of the Match anymore.

1. How do I know which programs are best for me? What should I look for?

This is a tough question because so much of this depends on the individual applicant. It matters whether you are tied via geography to a significant other, whether you’re couples matching, and where your support groups are. Having a base support is so important. If you have a specific interest in a topic and you are tied to a specific combined program then that will dominate your strategy. Think about where you want to be in 5 or 10 years and choose the programs that will get you there.

1. How many letters of recommendation do I need for a categorical, primary care, research track, or other track? How valuable is a letter of recommendation from a physician in a specialty that is not the one you are applying, but related?

In general, you need 4 letters in addition to the MSPE/Dean’s letter. There is the Chair Letter and 3 additional letters. In addition to the Chair’s letter, we recommend that **at least** one letter from the Department of Medicine. The other 2 letters can be from anyone who can strongly advocate on the applicant’s behalf, including those outside of internal medicine.

The number of letters is pretty much the same for the tracks, but the types of letters depend on the tracks. If you are applying to a research track, it is important to get a letter from someone that is very involved in research. For a primary care track, find someone who can advocate on your behalf regarding your performance in the ambulatory care setting.

1. Who should I ask for letters? Should it be the renowned research scientist, the senior clinician, or the junior faculty I’ve gotten to know in the ambulatory care clinic?

Choose the individual who can advocate for you and who knows you well. The most powerful letters describe observations. For example, if someone worked with a student and wrote that he is a very nice gentleman who asks thoughtful questions, it is not as impactful as a description of the student’s encounter with patients and the effect it had on the patient’s family when the student delivered a basket of home-grown tomatoes. The latter speaks to the student’s character regardless of the author, and therefore makes that author a better advocate for the student.

1. What makes a good personal statement?

The personal statement rarely makes an application, but has the potential to break one. The key to a personal statement is to make it personal. You should know yourself and your ability to write a story. Some students may be incredibly articulate Nobel-author winning writers, which has some added value. However, the vast majority of students should write a reflective story about their experiences, their interest, how they came to medicine, how their experiences and interests have led to their career choice and shaped their paths. The personal statement is an opportunity to provide a window into your world. We look at the personal statement as a part of the interview process.

It is also a way to judge your ability to communicate on paper because in medicine we communicate on paper often. If you can do it succinctly and communicate your thoughts in a manner that is articulate and well-received, that gives us a sense that you can communicate effectively and efficiently.

This may vary depending on preference, but if the space provided is one page, then your statement should not be longer than one page. Some program directors feel very strongly about that. Have someone read it, have someone check it for spelling, have someone check it for grammar, and read it in front of a mirror because that is a great exercise for hearing how it plays out.

1. Should I perform an away elective?

In terms of away rotations, Internal Medicine is not like Emergency Medicine where everything depends on an audition elective. Most program directors do not view it as an important part – they might not even know a student has done an away rotation. Away rotations are more useful for students to get an idea of what the culture is like at a program they may be interested in. It is a wonderful way for the student to audition the program or the institution.

1. How do I obtain a Departmental Letter of Recommendation?

(Not answered)

Additional Questions from Students

1. How do program directors weigh Step 1 and Step 2 performance alongside preclinical/clerkship grades and other criteria? Can one “make up” for poor or average performance in the other?

*If you have already been granted an interview:*

If you are talking about this in the context of actually being interviewed, it means that the program has essentially looked past that piece otherwise you probably wouldn’t have been granted the interview. It is not necessary to dwell on that but it is important to focus on the positives. Individuals interviewing sometimes feel compelled to discuss an area on their transcript or their Step scores that they may not have done well in, but if a program offers you the interview they have looked past that. There is a first cut pass based on objective measures within the application, but the interview process is to see if our interests match, if we can help accelerate your development, and if you can bring something to our institution. Be prepared should someone ask you to highlight the positives that you would bring to the program.

*If you are pre-interview:*

Truthfulness and sincerity are important. If there is a story that is relevant to your performance on Step 1 that can come through in your personal statement, then it is important to put it there.

1. Regarding the measures for the pre-interview, how do program directors weigh Step 1 vs. Step 2 vs. Clinical grades vs. Pre-clinical grades? Can good clinical grades make up for average/poor preclinical grades?

There is a lot of conversation in our community about the value of setting Step score cut offs. The unfortunate consequence of how the ACGME is accrediting programs is that programs are using Step cut-offs to screen out people. The clerkship grades, in general, speak to your potential as a resident within each program. The sum of your academic work to date, including pre-clerkship, clerkship, and acting internship/Sub-I all play into various formulas that are important to the program.

Programs receive thousands of applications, for a small number of categorical and preliminary positions. It is a near impossible task to look through 5000+ applications without having a filter in place to pare that number down. Does that mean we might lose the diamond in the rough? Absolutely and it is unfortunate, but without enough resources to be able to cull 5800 applications, we must use objective criteria.

Oftentimes Step 2 may not be available and this is where the individualized advisor meetings are paramount. How you performed on Step 1 and how you performed in your clerkship are going to be very important in whether or not you receive advice to take Step 2 at an earlier or later date.

Remember that you are not alone. There are plenty of students who feel their scores are not good. It is important to talk to your school advisor. Ask them if there was a student last year in a similar position, and ask where they applied. Every year there are subsets of students who are AOA and will interview at very competitive programs. It is probably unrealistic for you to expect an interview, but there are plenty of programs that are going to be a good match for you. If you choose good programs that match you and your profile, then matching should not be a problem. The good thing about residency is that it is a time to make a fresh start. It is going to impact which types of programs you’re going to match in but the best thing about the Match is that it tries to match both sides well – the type of program for the student and the type of student for the program.

1. Are there any specific considerations/things students should be aware of when applying for an IM program, with the plan to pursue a fellowship afterwards? E.g. What should a student who is interested in a future GI fellowship consider when evaluating IM residency programs?

While many of us have an idea of the career paths we will take, the data show that we change our minds very often. With that in mind, one of the first things you should consider when interested in fellowship is whether a training program offers clinical experiences that will that that is the right field for you.

#1: Clinical experiences

As an example for someone interested in GI, ask if the institution has an appropriate mix of GI cases to be involved in. For hepatology specific GI, are there opportunities to participate in hepatology care?

#2 Mentorship:

Are there opportunities to develop robust mentorships with the faculty members in a chosen field? Looking at the data and career pathways, mentorship is extremely important.

#3 Research:

For some of the more competitive subspecialties like GI, research plays a very important role.

#4 Fellowship Match Lists:

This is the least important because so much goes into why residents choose fellowship programs so it is hard to make assessments based on the match list. However, we the list is easily available.

1. Can you list one “must do” to make ourselves good candidates for an IM residency? What can we be doing for our MS1, MS2, and MS3 years?

Years 1 and 2 are important for self-exploration. Get involved in the internal medicine interest group and shadow physicians in the outpatient realm. The pre-clinical years are for cementing your interest. Get involved with volunteer opportunities and leadership. As you move into your clerkship years, the importance of performance on clerkships plays a role, but it is also important to have a continued interest in volunteer activities and move from participation to a leadership role.

1. What are definite “Don’t dos” and red flags during interviews? What have you seen interviewing candidates that we should avoid accidently doing while interviewing?

Every point of contact with a program should be considered part of the interview. If a person who is frustrated with scheduling a particular interview day is rude on the phone and gives everyone a hard time, by the time they show up on the interview day, that decision has already been made. There are oftentimes social programs the night before an interview which is also part of the interview, so don’t be fooled. This is first and foremost a job interview, so put your best foot forward.

On the other hand, it is a wonderful opportunity to interview the program at every point of contact as well. Who is answering the phone and how are they treating you? How is the social event the night before, how did the residents behave, and did it fit with who you are?

In terms of the day of the interview, there is always a student who is very interested in whether the ICU call during their second year is every 3rd night or every 4th night, and what it says about you is that you are focusing on the impact on *you*. Try to instead be the student who has done research on the program, knows the mission student, and asks questions about how you can contribute to their program.

Lastly, turn your cell phone off. There is nothing worse than someone who is sitting in a group or on a tour who is texting and on their device.

1. How frank can an applicant be on an interview day about schedule flexibility, pay, and maternity leave?

I would suggest looking on the website for that information instead of being a student who asks directly on the interview day. It does not come off well. Do you want to be the student who focuses on how much work they have to do or do you want to be someone who is contributing to their mission?

1. What should you do if you can’t find the answers to those online?

During the interview day, there is invariably a lunch with residents. Again, it might not be ideal to be the one who asks those questions. If they are inappropriate, you probably should not ask. However, if you listen in on other conversations, you might get a feel for how much support the program gives the residents, and whether that is aligned with what you are interested in.

1. When interviewing for a program and seeing if it’s a good fit, one of the things we look for is a support structure. For example, the housing that the institution provides, the mentorship opportunities mentioned earlier. How does one go about looking for those things at an institution? Is that something we can find online ahead of time, those benefits, those support structure systems, or is that something we can only ask during an interview?

Many times those points would be found by just doing a review of the program on their website. There is nothing wrong with asking questions about physician burn out and physician well-being. You can ask questions of the program that give you a sense of their thought process. It is wonderful when students ask questions that really let me know that they have a pulse of what is going on in healthcare, extending beyond just the interview and the program. Those types of discussions will open up the answers to the types of questions that the applicant had without them having to directly ask.

1. How valuable is a letter of recommendation from a physician in a specialty that is not the one you are applying, but related? Are recommendation letters specifically from IM/subspecialty physicians weighted higher than those from other medical fields?

(Answered in previous question)

1. At times in interviews, questions are brought up that perhaps can be inappropriate or ones the applicant is not comfortable answering (e.g. about marriage, children, other programs strengths/weaknesses etc.). How do you recommend applicants respond in these situations/perhaps deflect the interview question?

It seems to be a relatively uncommon scenario in this day and age. You are interviewing the program during interview day as well and if that is the type of question that they ask, that says a lot about the program. Be 100% honest and sincere. If you feel very uncomfortable with answering the question, then I think you should say so.

Many of those types of questions are not allowed per the NRMP. Understand that the question should not have been asked because the NRMP doesn’t allow for that type of interview. It gives you a window into the type of program. This is a two-way street. It is not just programs interviewing you, but you are also interviewing the programs.

1. How should students prepare for ethical questions? Is there a correct answer or are interviewers just assessing the thought process?

Yes, there are unethical answers to questions. However, if someone is posing an ethical question during an interview process, they are just trying to investigate what your approach is for the question. How do you weigh the risks/benefits? Is there a basis for ethical tenant in your thought process? They are not actually looking at what your answer is but your thought process in coming to that conclusion.

1. Does research play a big role in the selection of students that will apply for residency?

It depends on the program that the individual is applying for. The analytical skills gained in research are important. If you are applying for a research track, then research is important. If you are applying for categorical or primary care, it is probably less important unless the aims of the program are geared toward training researchers. If you want to be a researcher, then you should be looking at programs where their aim is training researchers.

Remember that if you include research on application, you should be able to speak on that topic with some authority otherwise you have turned that into a negative.

1. Could each of you highlight for us how your institution has changed the way that it does some training in the past 5-10 years to now as our healthcare system continues to change.

Syracuse: our program has expanded in terms of the number of housestaff. We have enhanced educational opportunities in the inpatient and outpatient realm. We’ve reformatted the structure of the training away from the traditional format of a 4 week service where you may go 1-2 times for a half day of clinic. We’ve tried as best as we can to make the ambulatory piece a very important part of the training experience. We’ve moved to a block system where there’s a dedicate block of time that you spend in the inpatient arena and a dedicated block of time you spent at the outpatient arena.

NYU: We’re doing the same exact things in that we’ve moved to block scheduling which is both advantageous to the students well-being and patient care and the educational experience. We are striving to move many of our clinical experiences to the outpatient arena, recognizing the tremendous value and opportunity there, but that also the majority of our graduates practice outpatient medicine and we want to prepare them for that.

Albany: We have also changed to a block format of an X+Y because of the separation and duality of medicine with hospitalists and ambulatory care. We’ve also switched to an active learning program from lectures – we don’t do lectures anymore. We perform Team Based Learning every Friday with all the residents and we supplement that with some case based conferences at noon to work on clinical reasoning. We’re looking to expand our program as the center expands. We’ve also added a simulation curriculum where the residents rotate through on a standard basis 3 times a year doing various ACS protocols or practicing procedures that they need for future certification.

1. Is it harder to match as an IMG?

Yes. I do believe if you look by the numbers, the programs favor students who have trained in the U.S. and Canada. This is just the reality of the numbers over the last few years that we review.

1. How many programs should a US IMG apply to?

A very competitive applicant regardless of where they have schooled is a very competitive applicant. It is hard to give answers to questions that should be individualized, but for the average US IMG, it is probably important to apply to closer to 24-30 programs if the average for US medical students is 16.

I would also point out that the number of applications does not necessarily have to be the same as the number of interviews.

1. Are Canadian students who trained at US institutions at a disadvantage relative to US citizens how trained in the US?

No, the country of origin does not play a role in the quality of that student or the ability of that student to get a wonderful education in each of our institutions.

However, specific to Canada, Health Canada has made it a little bit more difficult for citizens to secure residency in the United States. So it is becoming a bit more difficult for Canadians.

1. As an IMG with a low Step 1 score, will I have the ability to match into a program?

When we talk about what makes a competitive applicant, it is really “How have you done in your schooling?” It is not necessary as important where you schooled. If you are an IMG who did not do well on Step 1 it would be the same type of advice we would provide for a US graduate who did not do well on Step 1. If you are an IMG v USG, the IMG is probably at a slight disadvantage right at the start but if they are able to have a very strong resume otherwise, they are probably going to make themselves a very competitive applicant.

1. What does it mean to be a Categorical program versus Primary Care or Combined?

For all the programs – Categorical, Primary Care, and Combined – you become Board eligible in the broad specialty of internal medicine, which many people feel is a gateway for Cardiology, Gastroenterology, Rheumatology, Infectious Disease, etc.

Primary Care focuses more on the outpatient setting, a little more on population health and the preventative care that is required for populations.

The combined programs are the categorical field plus another field such as Psychiatry, Emergency medicine, or Anesthesia. Med-Peds and the combined programs oftentimes allow for training in both in less time than if you trained in each individually. For example, Med-Peds would be 4 years rather than an Internal Medicine residency of 3 years with a Pediatric residency of 3 years.

1. Do these require continued dual boarding if we decide to change careers later?

Certainly for Med-Peds they have to do their re-certification every 10 years for both pediatrics and medicine. The other combines may also do that. However, if you’re going into surgery, you most likely will not need to keep up your board for medicine or whatever you did your preliminary in unless you want to practice in that field.

1. For students applying to two different specialties, do you recommend writing two personal statements catering to each specialty or one general personal statement?

It is important that the personal statement is catered to the specialty that you have an interest in pursuing. For students who are applying to a preliminary program in medicine for a subspecialty that requires it, their personal statement about how they are going to be the best dermatologist in the world. In this case, you probably want to add in or change something in your personal statement to talk about your philosophy on why a medicine preliminary year is necessary. It should be personal and truthful about who you are and why you decided to apply to this program.

1. Are personal statements customized for each program or generally for the specialty we’re applying to?

Customize it for the specialty you are applying to. We do not expect people to write 16-24 personal statements. That would be an onerous burden going through this process.

Unanswered questions on the list:

IMG percentage

Which programs are IMG friendly?

Does the committee give preference to graduates with advanced medical training or degrees?

Do residency programs take into consideration an applicant's ties to the school's area (eg family)?

How do I strengthen my application after a poor step 2 performance?

Y does NYU IM res. program not consider FMGs e good Step Scores & strong research experience as potential candidates?

What so I answer interview questions. What are some questions to expect?

What makes a successful applicant?