HOW TO ACE THE RESIDENCY INTERVIEW

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The following is a summary of the panelists' comments, arranged by topic, with FAQs.

Most Important: **S M I L E**

A FEW DO's

Number One: Prepare for the interview. Don't get lazy with virtual interviews. Many people are not doing things they should be doing when they appear in person.
Make sure your equipment works. When you choose your background, make it simple.
Observe a professional dress code.
Try to know a lot about the community the hospital serves, because right now the trend in the US is moving towards health care systems not just as shareholders, but as stakeholders in the community. So it's important to know which way the community is going, and to try to understand the spirit of that particular community.

If you are doing an in-person interview, as soon as you come to the main entrance, be polite with everyone and be confident. Everybody is observing you, from the clerkship or program director coordinator through chief residents. But even if you are just doing a walkthrough, be attentive. I have many times seen people on their phones and not paying attention to what the chief residents are saying. Everyone's feedback is very, very important. Do not return for follow up without having been solicited. Many residents come back to say they were just making sure we got their email. You don't have to come to the program director's office to confirm receipt of your email. It's a big red flag.

Pay attention. You are only there for one reason, the interview. You are not there to look at the architecture of the building. Be very, very attentive. Everyone's feedback about you is important, because chief residents, clerks, shipping directors and program coordinators are the program directors' eyes and ears.

If you're in the States, join medical societies to network, come to conferences, show interest in integrating, go a little bit above and beyond. Do research, present at poster sessions when they're available.

Be very careful about questions on fellowship. Fellowships are three years away. Remember that you are being interviewed for medicine.

TELL ME ABOUT YOURSELF

I think the most important thing we would like to hear is what you have done above and beyond the call of duty. What have you done to distinguish yourself from the pack of applicants, any honors, any awards, and also any adversity you have overcome in your life.

When asked about yourself, the idea is to show what I cannot see in the thirty minutes of interview. I would not just talk about the residency program. I would mostly talk, for example, about my family, how I'm a middle child, how my parents were educators, and how it instilled certain qualities in me that helped me to think about medicine early on in my career.

I usually say that I would love to hear how they went through a problem if they had one, because I always like to see how people handle problems; it shows their character. It's nice to see what kind of character people have, because hospitals nowadays in the US are pretty high pressure localities.

For this question, most psychiatry program directors want a more personal answer. For other specialties, it's more about your achievements, what you bring, and how you handled adversity.

We often ask applicants questions about strengths and weaknesses. Most people are good at answering about strengths, and maybe even go a little beyond what we want to hear. How should they answer the weakness question? Tell the truth, because program directors are smart enough to pick up any exaggerations. So be humble. If you are weak in certain things, it's perfectly okay. Say, "Your program will teach me to be more efficient." The program director and the resident are forming a relationship. That's the most important thing.

I really like that idea of being honest and showing vulnerability. Applicants sometimes forget that as they're growing as physicians, they're also vulnerable. If they do mention a weakness, they can talk about how they plan to overcome it, so that the program director is not left wondering what they have done about it so far.

How do you improve your communication?

Practice what you will say. This is very important. You should practice with your friends, family, other physicians at least two or three times before you go to your interview. The main thing you have to prepare is how to sell yourself, how to convince them that you are the right person to

get into the program. You are competing with thousands and thousands of other IMGs. Show your presence and confidence. Make sure you're friendly. Make sure you're smiling. Don't be shy. Be prepared to talk about your research and other activities. Be yourself.

Arrive at least five or ten minutes early, so that you are not rushed. Make sure you can articulate extremely well whatever you have written down in your application or your CV. Memorize your entire application. Be very honest about what you have done. Interviewers can see through your eyes if you have created any stories, if you are not true to yourself.

You are already in the interview room. This means you have done incredibly well. You have come all the way. Just be comfortable

What do you say if you are changing your discipline?

Let's say that back home you did surgery for five years, and now you're applying for medicine. Do not say that you love this new field, because nobody will believe you, even if you do. Simply say that you would like to go into surgery, but since your chances are slim, you would go into medicine, and you have enough energy and vitality and interest to succeed.

Say, I'm very adaptable, I'm very hard working, and I could become a great internist. That sounds good. It's probably true, and we have successful models. I'm sure you know people who have done that. I think that is more believable.

I did general surgery for a year. Like many IMGs, I came here to do general surgery. It was a passion. But I did end up doing family medicine for different personal reasons. There's always a story, and you can be honest about that story. When I interviewed for family medicine, they called the general surgery faculty who gave me recommendations. They just wanted to know what kind of person I was, what kind of resident I was. Was I hard working or not, and did I finish my tasks? That's the story that that you would tell. So do not think that because you had a different specialty back home that this is a red flag or a hurdle.

What is the process of selecting candidates to interview, and what is evaluated during the interview process?

My institution, Brooklyn Hospital, is a community hospital. We have a university affiliated residency training program, and we have ninety residents. Every year we recruit thirty-eight residents. We are also a clinical campus for St. George's University. In all, we get about 5,000 candidates. We have a selection committee, and we narrow this panel to 250 selected candidates. We break them into different categories: US graduates, international medical graduates from offshore Caribbean medical schools (most of them are US citizens, and they have done clinical partnerships in US hospitals, so in a way they have an advantage), and international medical graduates who are non-citizens. Most of this last group are not US residents, and many of them need a J-1 visa. We must also account for more underrepresented minorities to be included in the program, i.e. Blacks, Latinos and native Americans. These candidates are in high demand, and there are many more opportunities for them.

Every program uses their own evaluation tool, and this is the tool we utilize to score our candidates. We use the ACGME core competencies: medical knowledge, patient care, professionalism, practice based learning, improvement (which is your knowledge of evidence-based practice and self-directed learning). Most of the candidates we interview fall in the

category of satisfactory. Actually, once you've been called for an interview, our acceptance rate is about 65%, so the fact that you have been called for an interview gives you an exceedingly good chance of being selected. If you are ranked in the top one hundred, there is a 100% chance of getting into the residency program.

How well prepared are you? ACGME has identified fourteen trustable professional activities, and we put a lot of emphasis on the medical student performance evaluation, the Dean's letter. We look for any gaps in education, any remediation, any repetition, and your GPA, the class GPA, and also your class standing, how you compare with your peers.

Medical questions will be asked, and I'll look at those entrustable professional activities based on ACGME guidelines. These are some of the activities that a resident should be able to perform on day one of the training program. Some of the common questions asked is that they may be presented with lab abnormalities, or you may be asked to describe a case report. You might be tested on your knowledge about evidence based medicine, and also how well you collaborate with other team members, because interdisciplinary care is very, very important. You may be asked to describe a clinical situation which requires urgent evaluation and management, and how you will obtain informed consent for a procedure. You should be well prepared to handle some of these questions which are frequently asked during the interview process. Also, it's very important for the candidate to express genuine interest in the program. The more you know about the program the better off you are.

I see the interview as one of three different categories: (1) pre interview preparation (2) what happens in the interview, and (3) post interview. In pre interview preparation, especially in the digital age where we do a lot of interviews virtually, make sure your Internet is working well, especially if you're in a different country. Make sure all the settings that you want are in place. Make sure you have whatever you want to share with the interview team. Check your background. Avoid any kind of religious or political affiliations as much as you can. That done, the other thing you want to do is practice with a few of your friends. Nowadays there are so many IMG resources available where you can practice an interview, and if you know someone who is a PG, who recently started a residency, you can always talk with them, or try to do a mock interview with them, because it's very important to know your weaknesses more than your strengths. Weaknesses are what you can work on and improve. It's important that your answers should not sound as if they are rehearsed. Your thought process should flow and this can be done with practice.

If you're doing an in person interview, the same thing. Make sure you arrive on the early side. Have your clothes pressed.

The interview is like speed dating. I want to know, am I going to like you? Am I going to want to hear from you at three o'clock in the morning? Will you be able to articulate to me? Will you be able to speak to the parents and to the patients? I'm looking at eye contact, at how you dress, at how you carry yourself. I look for honesty and genuineness. How do you address family? Are you going to be a problem child during the residency? Because we're all den mothers. If you're an internal medicine program director, it's like having twelve or sixteen or sixty children. So I'm looking at personality, at flexibility. I'm looking at the ability to withstand stress, because it is an extremely stressful time. I want to know that you can stay up 24 hours and not complain. We're looking for a strong back. Unfortunately, as an IMG, you need to be better than everybody else.

What is the pass rate we consider?

The benchmark is 80% or more. Program Directors are very cognizant of all these things. They would like to recruit people who are high performance and have done well in the exams. Class standing is also important. Where do you stand?

How important are letters of recommendation?

The medical student performance evaluation, also known as the dean's letter, is very important as a holistic view of the candidate's performance. But there should be no conflict of interest, and the person who writes the reference letter should attest to your medical knowledge, clinical competence, and professionalism. The letter should answer how you will interact with patients. How well do you treat them? With respect, dignity and empathy? We like to see personality, initiative, motivation, self directed learning. We would like to see some superlative performance, so the reference letter should clearly state that you are in a top fifty percent tier, you are excellent, superior. Just saying good is not good enough, because most of the candidates on average are rated satisfactory.

We look for evaluations, any awards, any honors, anything you have done to stand out.

Do not do bogus rotations where you are exploited by physicians who take you in their office where you do scut work, and then write you a letter. My fellow program directors here may not agree with me, but I will tell you in frankness, I never read a recommendation letter, because they never say anything I want to know. It's nice to have one or two letters, but don't sweat it.

Be aware. You may be misled into third rate bogus experiences that charge tons of money. There are people who would ask students how many recommendation letters they want, and it will cost $700 per letter. This is obscene. It should not happen. When we get these letters, that candidate is automatically out.

What about experiences?

We look for candidates with US hospital based hands on experiences. Many international medical graduates may not be recent graduates, so the program director is always interested in what they have done prior to coming to a residency training program. The most important thing we look for is if they are in touch with patient care, because keeping in touch with clinical medicine and engagement in political medicine is important. A lot of program directors put lots of emphasis on professionalism. Also if you have done meaningful research, whether you were the first author or you are the primary investigator, and if you played a key role in writing the manuscript. In addition, volunteer work should be meaningful.

Negative experiences?

Usually you are asked to explain any adversity you have encountered in your life. And how did you overcome it?

Regarding failures in life, it's important to fail, because those are the things which teach you more than your successes. So It's okay to fail. But you have to fail well, and you should be able to explain the reasons, what happened and what learning experiences you gained.

Whatever has happened in the past has happened. So it's just like you're starting something new. Just prepare for the interview, and be confident about yourself.

IMPROPER QUESTIONS

We know there are certain questions interviewers are not allowed to ask, such as sexual orientation, family, marriage, children. For example, how many children are you planning to have? We've had occasions where people have been asked these questions. As international medical graduates, we are a bit more worried and reluctant to say that this is not an appropriate question, lest we offend them.

We have a list of questions that should not be asked. I would first prepare the interviewing faculty. We get folks who interview to sign before they actually ask questions. We cannot ask about religious or political affiliations, sexual orientation, etc.

But if somebody asks that kind of question, one we feel is too personal, how do we respond?

It depends on how bad of a question it is versus if somebody asks how many children you have. That is something that’s probably okay to answer versus somebody who asks me about my sexual orientation. Then I think, most importantly, I'm a human being. So I would just say I don't think I’m able to answer that question, I’m not comfortable answering this question. It's a personal preference. I don't think anybody would be offended with that. And if they're offended, they might be kicked off the selection panel. Also remember that if you bring anything up in your personal statement or in your CV, or while you're being interviewed, it does allow the interviewer to lean in and ask more questions. If you want to avoid personal questions, you should avoid them from the beginning.

PSYCHIATRY INTERVIEWS

Psychiatry interviews tend to be a little different in comparison with internal medicine and other specialties. In our program, we get around 1,400 applications for eight spots. We interview close to 80 people, so it's approximately a one to twelve ratio. I can guarantee that we like good scores, but of course that is not everything for us. We want the person to be interesting and engaging. If we are spending the next four years together in one residency program, we don't want to be around people who are, for lack of a better word, boring.

We have psychologists, clinical social workers and different people interviewing the candidate when they come for a psychiatric interview. Speak clearly. Speak slowly. Be concise. You don't need to rush. Don't feel anxious. The thirty minutes you have are your thirty minutes, so try to engage the interviewer as much as you can. Follow their leads and go in the direction they want you to go.

Also most important throughout is your thought process. Don't try to be interesting for the sake of being interesting. Be honest. If there are some hobbies that you want to talk about, make sure they are hobbies that you actually do. Don't mention something because it sounds interesting, because the interviewer may have the same hobby, and then it just becomes a very uncomfortable conversation for the next thirty minutes.

Go through your CV and application. Sometimes during an interview, when we ask folks about some research work they did, they're not able to give us a coherent answer.

During this whole process, show passion; be passionate all throughout this journey. It's a marathon, not a sprint, so find some relaxing activities for yourself, try to stay healthy. Go to the gym, maybe run, hydrate yourself, build relationships. You might build lifelong relationships that can be important because they will help you get through many of these phases.

ACADEMIC PAPERS

Academic papers help us know how passionate somebody is about psychiatry. The way we can gauge that is by seeing if they have publications or any kind of conference talks specifically in psychiatry. If a Caribbean grad, we try to see if they have electives in psychiatry or not. For international medical graduates, we see if they have any US clinical experience in this category.

Sometimes applications and CVs inflate the clinical work, whether in US experience or in the home country. If you are not the first or second author, be honest about it. Honesty is very, very important. The interviewer can look into your eyes. They know that this level of work cannot be done during observership or when you are just helping out in data collection for research. Try not to inflate your scholarly activities or your clinical experience.

OLDER GRADUATES

What is old? There's a lot of disheartening information out there. What would you recommend for them?

I look at what they have done after graduation. If they graduated and then went into a solo practice in a small town back home without any academic exposure, that candidate may be great but is not for me. But if they did some post-graduate work and they continue to do something meaningful in a meaningful place, that is what I am looking for.

Some of the best residents I have had are those who spent two or three years doing some meaningful work in different parts of the world. So I'm not biased against them. But I would like to know what they did after graduation. The rumor is that there are filters that filter them out after five years. It is a fact. There are filters, but the reason for the filter is simple: when you get 7,000 applications and you have seventeen slots, what do you do?

There are a lot of concerns about graduates who graduated years ago. There are some myths and misconceptions that someone who is older may not work as hard, may not seek supervision and may be insubordinate. I think they are more knowledgeable, but at the same time they may not take orders from immediate seniors who may be younger. So there are issues, but I don't think one can do a broad brushstroke and say older graduates are lazy and don't work. Unfortunately, all these assumptions are made, and some people who have not been actively engaged in clinical medicine may be rusty and may have forgotten medicine.

These filters somewhat suggest age discrimination. I think our goal in medicine is to find the best qualified candidate to take care of members of our community. We should try to do our best to get our hospitals to lift those filters.

I think Dr. Mehta is in the best position to get this message of discrimination across to different societies. Some filters are reasonable, based on our own mission and vision of the program, e.g. if it's a research oriented program, we want to create that filter. But these other filters with scores, with age, with year of graduation, they actually come under the umbrella of DEI. And if we are focusing on diversity, equity, and inclusion, they really need to be addressed.

When we admit students into medical school in the US, we actually praise them for non traditional pathways and for bringing different experiences. But somehow we hold this against candidates when they're applying for residency. I have noticed that in the surgical specialties, the year of graduation may not be as much of a negative marker, because those are hard to get into. So if someone's already a surgeon and they come here, they may actually have the upper hand. But in medicine, filters are necessary because of the number of applications. If we can create a system where we reduce the number of applications, that would be one way to remove filters.

CLINICAL EXPERIENCE

Due to the pandemic, a lot of IMGs have not been able to get US clinical experience. Many are trying to do observerships, and even that's becoming very difficult. How should they address that?

Bricks and mortar are not the only way clinical care is being provided, and virtual care and remote patient monitoring are now avenues the IMG can try. You can do remote data analytics work. You can get involved in research. There are opportunities where you can provide care working from home.

Many people rotate through my practice, a free standing birthing center. Many people out there have ambulatory surgery centers. These are in between an office and a hospital. Having experience in something that's an Article 28 facility will look good on a letter of recommendation. My friends who have ambulatory surgery centers allow them to observe in orthopedics. This gives you something a little bit closer to a clinical experience, although it may not be as hands on as you would like.

What if someone is applying to your program, and they've had no clinical experience in the US at all?

I tell them that residency is the place where I'm supposed to train them. It is my job for four years to train them in all that I want them to know.

Once the interview is done, what do programs expect from the applicants? Do they expect an email, a phone call, a card? If they don't send one, how does that affect them? Is it okay to send it twice?

I don’t expect anything particularly specific. But I do expect a thank you letter on plain white paper, or an email, not a Hallmark card. Touchy feely things annoy me considerably. If they don't send anything, it has no implication for my selection.

It doesn't add any value, because you get inundated with so many emails, and it may not even be looked at.

An email is fine. But if you don't send anything we would never hold it against you. Also, there is a fine line between saying thank you and being creepy. Make sure not to overdo things like sending the same person an email every day or sending chocolates and things like that. At the same time, you can always write a nice thank you email if the program really resonated with you. It's important to remember that from the program’s point of view, we are equally excited to get good residents. So if we find somebody we like, whether they send a thank you email or not, within two or three weeks we will reach out. If nobody reaches out, that probably means you have been put in the second group.

If you connected with someone during your visit, you can send them a more personal email, and they can convey your message to the program director. It doesn't always have to be sent to the program director or the program coordinator.

How do you tackle behavioral questions?

Behavioral is all about your personality, honesty and integrity. What we usually do is we have three questions that we ask in general to see what kind of behaviors you can expect. But again, as somebody mentioned before, this is a lot like speed dating. A few of our questions are prepared by psychologists. We show them a picture and ask them to interpret it in whatever way they can. This gives us an insight into how they think about things, because the same stimulus can elicit different reactions from different people.

We also ask about conflict resolution, which is a very common question. We sometimes ask them to give us an example of a conflict and how they addressed it. Or we might ask, if you happen to disagree with your attending on the floor about a certain medication or a treatment plan, how do you attempt to resolve it? This is very indicative of the behavior we will see when they are on the floors.

PLAN B – ALTERNATE PATHWAYS

You need to decide if your goal is that you must train in the US, or is your goal to be a certain kind of physician. If you want to be a surgeon, then you want to be a surgeon. But if you want to come to the US, you must think of different pathways.

The Match is a numbers game. It is not your fault if you don't get a residency position. And it is not the end of the world. You must have a plan B which includes careers outside residency, such as industry. Many, many candidates have no plan. B. They spend enormous sums of money, time and energy, and they don't get any yield.

In general psychiatry there are many alternate pathways, because sixty of our fellowship positions tend to not be filled. So there are different ways you can get into psych fellowships, even before you start your residency. We have so many other alternative pathways in psychiatry, given the underserved nature of the specialty. So please have a plan B.

Another different pathway is an MBA. Actually, I report to an MBA in the hospital.

About nine years ago, Essen Med (itavas@essenmed.com) launched a primary care pathway for people who could not get into residency. They can become nurse practitioners by doing an accelerated NP work study program where they can support their families as well as continue the path. It's been an amazing success. And I've seen a few of them actually enter residency after our program. We also started a non-accredited geriatrics program to help people get better credentials, and I know that SUNY Downstate Nephrology has a lot of IMGs who graduate as fellows, and then they decide if they should apply for a residency.

Many university hospitals give IMGs a J-1 visa to become a resident scholar. This is an alternative pathway. Some of our own residents have gone through this pathway, and if they can get a solid reference letter from the university hospital, remarking on their good work ethic, initiative and motivation, it makes it a lot easier for them to get into a training program. Other

alternative pathways are some of the fellowship training programs that do not attract enough applicants, such as geriatrics medicine and sleep medicine.

When you're creating an alternate pathway, definitely keep behavioral health or psychiatry in the loop. The expertise is so scarce, and there are always staffing issues.

THOUGHTS FOR THE FUTURE

People who previously trained deserve a fifth pathway. Can we create another fifth pathway? It is something to think about or to consider; also, creating our own residency. There's nothing that prevents us from going to medically underserved areas and creating a residency. It's always about GME funding, but if you don't accept GME money, you can create your own residency.

So much talent from all over the world is being wasted. We are talking about training nurses to do geriatrics, that there are not enough pediatricians. What about all these IMGs driving Ubers? There has to be another pathway for them to help health care.

One of the things we're struggling with is that we also have many US seniors who don't match. So I think there is a lot of concern right now, and a push for CMS to increase the number of residency spots. I'm not sure that will be the complete answer. It's both IMGs and US seniors who are struggling with this. You go to med school, you do all this stuff, and it doesn't matter which country you're from, you end up not being able to train the way you want to.

REMEMBER

All of us are judged by two things in life. One is appearance, and the other is speech. How can I say such a thing? True, you cannot change your God-given appearance, but you don't have to make it worse. Speech is very important. I come from India where English is taught in grade school. So when I first came here fifty years ago, I assumed and believed that I spoke the best King's English. But very few people understood me. I recommend that you listen to television news anchors.

There may be issues in communicating spoken English, and difficulties understanding what the patient is saying and in how you interact with other health care providers.

Program directors want to recruit candidates who will be happy with the residency training program, and will not complain about it. The hospital's priority is its reputation and its financial sustainability. A lot depends on patient experience and patient satisfaction, and the residents are in front when it comes to delivering that, so it's very, very important that the candidates who are recruited are able to provide high patient satisfaction and high patient experience. Therefore the importance of interpersonal communication skills: how well they can explain things to patients and to family members.

We always ask candidates what they have done beyond the call of duty. Do they have initiative? Do they have motivation? Do they have resilience? Do they have perseverance?

Professional attitude is very important. Candidates should have a good work ethic, and they should be able to deliver high quality patient care and to improve patient satisfaction.

When you are in this residency struggle, this path of trying to get into a residency, it might feel like the biggest hurdle in your life. But once you pass through it and you look back, it always looks like a small blip in your career. So problems always seem much bigger when you are in the midst of them, and you can only connect the dots backwards.

Everybody on this panel was able to make it, and I am pretty sure that you all will make it as well.