



THE UNIVERSITY OF
CHICAGO
UChicago Medicine

Pritzker School
of Medicine

MS4 Class Meeting No. 3: Interviewing for Residency

Monday, Sept. 19, 2022 – 5:00 p.m.

Zoom

Announcements

Pritzker Chiefs

- Graduation speaker poll – Please fill this out! Selection will occur in mid-October

Residency Application Notes

- Complete and submit your ERAS application by the end of the week!
 - o ERAS applications are sent to programs on Sept. 28, but we recommend submitting ahead of this to ensure you don't encounter any technical issues at the deadline and so your USMLE transcript is present when your application is sent.
- Register for the [NRMP](#) (The Main Match) by 1/31/23 to avoid a late registration fee.
 - o This is **required** to participate in the Match.
 - o Once you have registered, add your NRMP ID to your ERAS application in the Personal Information section
- Finalize LORs this week
 - o If you are struggling to get one of your final letter writers to submit their letter, reach out to Dr. Woodruff this week

Interview Database for Residency Application

- If you have not already, consult with your career advisor to use the interview database as you strategize which programs to apply to. The database can filter 4+ years of data to give insight into past results with students of your profile (including by specialty, Step score, MSPE designator, clerkship grades, etc.) – see examples in the presentation slides
- This data comes in part from the **Residency Application Survey**, which will launch at the end of this month. (Look out for an email soon)

Virtual Interview Resources

- [Dr. Lee's virtual interview](#) advice (Video)
- [AAMC Interviewing for Residency Positions](#)
- [AAMC Careers in Medicine Interview Prep](#)
- [AAMC Frequently Asked Interview Questions](#)

Program Directors Panel

UCM Program Directors present:

James Ahn, MD – Emergency Medicine

Deborah Spitz, MD – Psychiatry

Lisa McQueen, MD – Pediatrics

Kevin Roggin, MD – Surgery

Tessa Balach, MD – Orthopaedic Surgery

Julia Simon, MD – OB/GY

John McConville, MD – Internal Medicine

(The following responses are summaries of the responses provided; they are not verbatim answers)

How will your program use the Supplemental ERAS application this year? (If it is a participating program)

Psychiatry – We want to know if someone is a serious applicant. The Supplemental Application helps us understand who is a serious applicant, which is very useful when you get hundreds of applications for a few slots. This will help arrange interview plans.

Pediatrics – We are only using it for this phase. Not used in ranking.

Medicine – We anticipate extending 60-75% of interviews without looking at the supplemental application. For the last 25% or so, we will look at the Supplemental, particularly program signaling, to determine our remaining interviews. Mainly as a tiebreaker.

Surgery – N/A. We use holistic review without looking at Step scores.

Emergency Medicine (EM) – Used to determine interest for interviews, not ranking. (Program signals only)

Orthopaedic Surgery – Ortho applicants have 30 signals. Meaningful experiences section will be a factor as well. Program signals are likely to be a tiebreaker between strong applicants.

How quickly should applicants respond to interview offers?

OB/GYN – The majority of programs are committee to specific guidelines about this. We are only allowed to send out the number of invites as we have slots. We have to give students 48 hours to respond.

Psychiatry – In general, programs are not going to offer more interviews than they have slots. I would recommend responding within at least 72 hours.

Pediatrics – It's actually illegal now for programs to offer more interviews than they have interview slots. What this means is you don't have to be attached to your phone or computer all the time ready to respond instantly. You shouldn't be disadvantaged because you're in a surgery or something.

Ortho – Universal interview offers with 48 hours to review what invitations you have and then 48 hours to respond.

General Surgery – 48 hours to respond before any additional invites go out. Also only sending the number of interview offers as there are interview slots.

Medicine – Try to respond as quickly as you can, within 24 hours is ideal. You don't have to stop what you're doing at the very moment to respond, but try to respond promptly.

How important are Social Events before interviews?

Pediatrics – Those are for you. We aren't trying to get secret information out of those or anything. This is your opportunity to interact with the residents.

Psychiatry – It's very important. You should go. And sometimes we do get information about an applicant from these as far as their interest or their ability to interact with others. This is a part of the interview now because with virtual interviews our opportunities to learn about you are more limited.

Surgery – If you don't show up at the resident social, it's a tremendous disadvantage. It's a tremendous advantage to show up at these and be yourself. It will help you understand if the program is right for you and for the program to get information from you.

EM – They are an advantage for you. We don't get a lot of info from these because we don't have the bandwidth. It's a really great opportunity for you though because you're not going to get better insight than from the residents. A lot of rank list can actually come down to vibes, and you're not really going to get that if you don't go to the socials.

Are there opportunities for in person visits if a student happens to be in the area of a program?

OB/GYN – OB/GYN programs have been strongly discouraged from having any in person events because it takes away the equity of virtual interviews.

Psychiatry – Most program directors are not going to meet with you. You can go see a hospital, but PDs are going to try to maintain equity.

IM – I would advise not reaching out to PDs to try to arrange an opportunity to meet or visit in person. It is certainly not mandatory if anything in person is offered.

Attire & Manner

EM – Treat it like an in person interview. You could risk it and wear shorts on the bottom and business on the top, but treat it like a normal interview.

Pediatrics – Test out your Zoom set up before your interview – camera angle, background, lighting, etc. – with someone else to get a sense what it is like from someone else's perspective.

Psych – Occasionally things go wrong on Zoom, and it is not a disaster. The people who you are interviewing with know things happen sometimes and will work with you to fix things. Don't be late though. That's not a tech issue.

Surgery – Formal, business attire. Be mindful of your background and what is visible. Be engaged during talks, with your camera on.

What are some of your favorite questions to ask applicants?

Pediatrics – “What is the hardest job you’ve ever had?” Gives you the chance to talk about something outside medicine – this gives programs a chance to get to know you.

Ortho – Questions that give you the chance to be self-reflective. Example-based questions are useful for this.

IM – I like to ask about a failure, but I don’t want to hear about a mistake from medical school that puts you in a good light and wasn’t a real mistake. Be OK with owning your failures. Talk about how you have reflected and learned from that. I get annoyed when it’s an answer that just puts the applicant in a good light.

Psychiatry – I tend to ask an applicant to describe a relationship they had with a patient in which something shifted. I am curious to hear if they will talk about if something got better with the patient or if they will talk about the relationship.

OB/GYN – I like to ask applicants what they are most proud of. Your CVs are so thick so it’s hard to know what is most important, so this is a chance to talk about something you really care about. A pet peeve is when people tell me their biggest challenge was their third year of medical school when they were in clinic. That’s disheartening to hear from a future clinician.

General Surgery – I just like to find out why they applied to U of C and where they see themselves in the future. And then I ask if they have questions for me.

EM – I like to ask what they would add to the culture at U of C. That kind of tells me what you know about us and who we are. Also, someone somewhere is going to ask you some version of “What’s your deal?” and you should have an answer ready that explains who you are, why you applied to that program, why you want or need to be there.

What is a good example of a failure to describe if asked that question?

Medicine – On any clinical team there has been a failure or mistake. If you have been a part of that, it’s OK to talk about that and reflect on why the mistake occurred and how you’ve adjusted what you do.

What are bad questions to ask your interviewer?

General surgery – Not having any questions for them is a failure. I also don’t like the “What changes do you anticipate?” question because it’s just about who is leaving or other things we can’t really know.

Psychiatry – I like when applicants ask things like “What are you most proud of about your program?”

Pediatrics – The questions you could ask *anyone* are not the best questions to ask. Think about what you really care about and what you are looking for. This is why you shouldn’t schedule your dream program first – as you have more of these interviews you start to understand more what you are looking for, what various cultures are like, and what the personalities of programs are. So don’t make it generic, and make it something you care about.

Are politics, religion, and mental health still topics to avoid in residency interviews?

Pediatrics – This is a very personal decision. If you know there is something very important to you and will be a big part of your life every day, you will want to know how a program treats that or responds to that or if they are hostile to that.

Psychiatry – If there is anything in your application that needs to be explained, that should be addressed in your interview (like a long stretch of time off or some kind of red flag). I don't think we talk a lot about politics, but a lot of applicants will have politic organizations on their application, so it's fair game.

OB/GYN – Abortion care is very much fair play, and I would encourage you to ask about that if it is something that is important to you. After the *Dobbs* decision, it really is a matter of state law now, and many programs won't have as many people applying to them anymore because they can't provide abortion care. But I would encourage you to trust that the medical education people on the back end are working really hard to make sure their residents are getting all the training they need, whether through exchange programs or some other means.

Surgery – The interviewer should not be asking about these things, but it's fair for the candidate to bring them up.

How would you elicit if someone you admire and want to train under is leaving a program?

Psychiatry – Someone could be caught off guard by this or may have information they cannot share because they know it only privately. It can put the interviewer in an awkward position.

Surgery – I would encourage applicants not to base their interest in a program on one person.

Medicine – I would avoid asking questions about this. You should be focused on the program and why you want to be there, not a single person you want to work with.

Pediatrics – It is a different situation if you are a physician scientist and there is a specific person whose lab you want to be in.

How do I respond to illegal questions? (such as where else you are applying, health, or plans to have a family during residency)

Pediatrics – First of all, you should tell Dr. Woodruff afterward. I want to know if someone in my program is asking inappropriate questions, and he will tell me that. In the moment, try to handle it as gracefully as possible, whether it is just declining to answer or saying you are not really sure yet what your answer would be.

EM – It's OK to say "I don't know if I am allowed to answer that question" and then report it up the chain.

Surgery – It can get tricky around program interest. It's OK to say you are very interested in a program and for them to say they are very interested in you. But no one should try to find out where you plan to rank their program.

Any feedback on backgrounds for virtual interviews?

Ortho – Make sure your background is neat and tidy. Some software won't allow you to use a virtual background, so this is important.

Psychiatry – If you can avoid something like having a bed in the background, do so.

EM – Yes, avoid doing it in your bedroom if you can, but if that's what you have it's OK. We understand some people might live in a studio apartment or something. Just make sure it's neat and tidy.

What are red flags to look for during interviews?

- If a program won't let you meet with their residents.
- If the residents are grumpy or negative about their program.

What are pet peeves during interview season?

Surgery – Hoarding interview slots and then canceling. Be fair to your peers and only schedule the interviews you need or will do. If you have interviews that you don't need or at programs you won't attend, cancel them with as much notice as possible.

Psychiatry – Cancelling at the last minute in the absence of a special circumstance or emergency. This is really poor form.

Pediatrics – Applicants that are really distracted during interviews. Be present, as hard as it is. People can tell when you are disengaged.

EM – Disinterest. Resist the opportunities to be distracted, particularly by messages on your screens.

Surgery – Avoid prepared speeches or scripts or statements. We can tell and word gets around within a program if you say it to multiple interviewers.

What is an appropriate window to cancel an interview?

Dr. Woodruff: As early as possible, but cancelling within two weeks can be a real problem.

OB/GYN – We understand things happen in the COVID era, but definitely cancelling within two weeks without there being an emergency is bad form.

IM – If you have no real intent to go to a program (such as if your significant other can't move there), cancel those interviews. If you hit the number of recommended interviews, don't continue scheduling interviews because you want to have an impressive interview season. Only interview at programs you really would go to. Also, it is a huge deal to forget and miss an interview. You may not get another chance. Be very, very organized with your schedule.

Surgery – If you need to cancel within two weeks of the interview, contact the program director. Don't just cancel in the scheduling system. Also, if you forget an interview, it's a huge problem. You need to be meticulously organized.

Should you cancel an interview if you are sick?

EM – If it’s going to be really distracting for you or the interviewer, yes. But if it’s something that won’t impact your performance, it’s OK to keep the interview because it is virtual.

What is an appropriate way to express interest in a city?

OB/GYN – It’s totally fair to share things like having family in the city or area. But don’t be arrogant. I had someone once ask me to sell them on Chicago, and that was really annoying.

Is it OK to talk about a partner needing to be in a particular city?

Psychiatry – Yes. Absolutely.

Pediatrics – Yes. We care about you being happy outside of our program. But also be able to talk about why you are interested in that program, not just the city it is in.

Advice from 2021: Be cautious only talking up a city and not the program with which you are interviewing. This can be a pet peeve for some programs

Are thank you emails encourage or acceptable? What about telling a program they are your top choice?

Pediatrics – We appreciate this and understand some people really feel like they have to send a thank you note, but I know some programs say not to. Don’t cut and paste your thank you emails! It happens that the wrong program ends up being in a thank you email. That will make a program lose interest. Hand written mail is not really useful anymore because it will take a while.

Psychiatry – There’s not always a lot we can say back to thank you notes. I can’t say we are going to rank you a certain way, and I’m not going to ask more questions. I would usually just reply with a ‘Thank you, it was nice to meet you,’ so thank you notes are not really essential.

EM – Mostly there’s no need to bother with these. The most we do is respond and say thanks. If you have a legitimate question, reach out, but thank you notes are not necessary.

Surgery – I usually tell people not to send thank you notes. Written notes are out. What matters to a program director is if you are writing to say their program is your No. 1. That’s important. I have been burned, but I do believe when people say this. If you want to be here, you should write an email saying such.

Ortho – An applicant’s note indicating they will rank us No. 1 has no impact on rank list. We rank after back-to-back-to-back interview days, so these kinds of notes are not able to impact our decisions.

Pediatrics – The “I am ranking you very highly” email is worthless. Don’t send it. If it’s not an email to say they are No. 1, it’s not worthy anyone’s time.

IM – No thank you notes. Most programs will tell you their policy or preference on this. I do agree you should send *one* email telling a program they are your No.1 – should only be a few lines long. And I agree you can’t fool a program with any wordsmithing or creative language – it’s either No. 1 or nothing.

Should I send updates (such as publications or new activities) to programs later in the season?

Unanimous no!

Other thoughts

OB/GYN – Be nice and polite to EVERYONE you interact with, especially administrative staff. If you treat someone poorly, programs will most likely find out and it will impact how they think about you.

Additional advice from last year's Program Director Panel

- When asked about your experience in medical school or college, AVOID speaking badly of any program. PDs may worry you will speak badly of their programs. Questions like “What changes would you make if you were the Dean of your medical school?” can be trap questions.

- Also don't speak poorly of OTHER institutions