The Art and Science of Interviewing  
(or tricks to the ERAS application)

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Objectives

• Understand the role of the interview
• Reflect on how to determine if you would like to work with that candidate (or just socialize) e.g. can this candidate care for my loved one?
• Familiarize yourself with interview Do’s and Don’ts
• Review for the experienced and stimulate the novice
The process....

- Candidates apply to many schools 12-50
- Many ERAS (Electronic Residency Application Service) applications are received
- All are screened
  - MSPE (Medical Student Performance Evaluation) or Dean’s letter – where do they rank in the class?
  - DOM letter: where do they rank amongst IM applicants from that school?
  - IM Clerkship/IM SubIntern grades
  - USMLE scores: are they coachable?
  - Extracurriculars: what could they contribute to program?
- Only 10% are selected to interview; 10% of these match
Know who “we” are (High Value Care)

• Come to Infosession, email to follow if you can’t
• Socially responsible, academic municipal hospital in Boston serving diverse patient population (98% insured state-wide) with a VA experience
  – Triad of education, research and patient care
  – Exceptional Care Without Exception, or The Right Care, no more, no less
• Block schedule (ambulatory distinct from inpt)
• Entirely electronic (Epic experience appreciated!)
• Opt into tracks as PGY2
• Successful matches into subspecialties
The “pre-interview”

• Frequent complaint is “the interviewer did not read my application”
  – Program will try to match interviewee with both a faculty/junior faculty sharing similar birthplace, college, med school, fields of interest (in and out of medicine)
  – Last minute changes occur, we try for Friday distribution prior to interview week (M/W)
  – Look for an underlying theme linking personal statement, work experience, research, or extracurriculars; ask open-ended questions to explain
The **interviewer** should...

- Maintain professional atmosphere in a quiet room, avoid interruptions; turn beeper over
- Limit discussion to issues related to candidacy for residency position
- Ask only for information necessary to make a sound decision
- Use proper terminology: we interview residency “candidates” for further training, in business we interview “applicants” for variable skill sets
Identify Red Flags

- Misdemeanors
- Typographical errors
- Gaps in education (buried in transcript or Dean’s MSPE)
- “Nice, punctual” are not flattering adjectives
  - “Will develop”, “Made strides”, “gaining confidence”
- Special considerations
  - Needs to be in Boston
  - Couples matching, Visa are a tick box
- Information provided on application is subject to questions
Identifying Key Words

- Every school is different, interpret in quartiles or quintiles or sextuples
- MSPE: Outstanding > Superior > Excellent > Very good > Good > Capable
- DOM: “We will be recruiting him/her to stay at our institution”
- Integrity of LOR: From researchers, mentors or family acquaintances; “in my 30 (vs 2) years’ experience”
Guiding Principles for Interview

• Be time sensitive
  – 2 interviews plus tour: 30 minutes limit/interview

• Introductions
  – The applicant may have Google’d you (do they know you more than you know them?)

• Be aware that online Residency Interview Tips on YouTube are popular this time of year

• Always observe
  – Composure, fluidity of thoughts/language
  – Motivation, “fit” at BMC, Talk the talk or walk the walk?
The interviewer should...

• Approach the interview as s/he would a patient encounter
• Ask open-ended questions
• Avoid interrupting the candidate
• Use silence or pauses to encourage the candidate to speak candidly
• Ask the same questions of all candidates regardless of gender or ethnicity
The interviewer should...

- Focus the interview on the candidate’s expressed capabilities and attitudes in relationship to the residency or fellowship appointment
- Avoid stereotyping candidates; use gender neutral terms
- Try to get feel for candidate’s humility, intellectual integrity and willingness to work
- Use nondiscriminatory language to identify special needs (are there any reasons you would not be able to perform expected duties?)
Areas to avoid

• Although questions about social, personal or family issues may put a candidate at ease, one should not ask about age, marital status, pregnancy, family planning, number of children and childcare issues, religion, physical disabilities or race

• Ask questions that the Selection Committee would need to know
Recommended questions

• “Are there any current or foreseeable family obligations or health considerations that might make it difficult to work as a resident at BMC?”  Open ended, can be asked of all candidates

• “Are there any questions I can answer about community life outside the medical center?”  Allows candidates to ask about childcare, etc.
Types of interviews

• Structured
  – Standard panel of questions each candidate must answer
  – Allows us to train and standardize interaction
  – Less spontaneous and more formal
  – May put off candidates
Types of interviews

• Structured
• Semi-structured or unstructured
  – Allows the interviewer to individualize the contact
  – Allows more critical evaluation of weaker candidate; allows more inviting format for stronger candidates
  – Interviewer evaluates interviewee while interviewee is evaluating interviewer
  – Allows the flexibility to scrutinize or recruit the candidate
Types of Interviews

• Individual (standard)
• Panel
  – A panel of interviewers evaluates a single candidate
• Group
  – Interactions with program coordinators
  – Watching interactions during Meet & Greet
  – Feedback from tours
  – Board games for down time
    • IPSC, leadership, assertiveness/passiveness
Establish rapport

- What would you do if not medicine?
- What do you think makes a good resident?
- What do you do to relax (in application)?
- What motivates you?
- What are you looking for in a training program?
- What is important to you?
Ask about past performances

• Tell me about your research project. Why did you choose that hypothesis?
• What areas do you think you can improve on? How have you worked on them in the past?
• Tell me about an interesting or inspirational patient (personal statement) and why.
• Tell me about a challenging patient. What did you learn from it?
Ask about past performance

• At the end of a “good day”, what makes it good?
• How would you like to be remembered by your medical school?
• What was your most challenging goal and how did you achieve it?
• What was your most difficult decision in medical school and what influenced that decision?
Assess interpersonal skills/stress management

- What kind of person has been difficult to work with, and how did you deal with it?
- What do you think constitutes teamwork?
- Describe an unpleasant or stressful situation in medical school and how you dealt with it.
- What gets you going, what keeps you going?
- What will be your biggest challenge as resident?
- What barriers would keep you from coming to our program?
Assess character and personality

• What single quality distinguishes you from other candidates? What should I know about you to help us decide if you were a good candidate for our program?
• How have you changed over the past 4 years?
• What in your life are you most proud of?
• What do you like to read?
• Describe your weaknesses
• What are your goals during residency?
Clarify understanding

• What are your 10 year goals? Your 3-5 year goals?
• How would you describe the ideal physician?
• Who is your role model? Whom do you emulate inside or outside of medicine?
• What 4th year electives are you taking and why?
• What will you like most/least during residency?
• How would you change your medical school curriculum? What are its strengths?
Clarify understanding

- What are your reservations about IM residency or our program specifically?
- Tell me what interested you about our program today.
- Can I clarify anything you heard or saw today?
Challenging questions

• Ask candidates to tell you how they do something at which they are adept (e.g. cooking a dish, golf swing, jigsaw puzzle). See how well they convey information

• (Ask riddles/brain teasers)

• (Present challenging clinical cases)
Review notes and finalize impressions

• Standard interview sheet
  – Objective grades/scores
  – Letters of references (MSPE, DOM, others)
  – Extracurriculars and level achieved
    • Volunteerism
    • School activism/civic duties
    • Research
  – Interview x 2
  – Exit interview
Review notes and finalize impressions

- Quickly jot down feelings and impressions
- Document concerns (Red Flags)
- Document the context and who initiated if sensitive topics discussed
- Document items for discussion by Selection Committee
  - VIP candidates, current residents’ friends/opinions
  - Need to be in Boston, Visa issues if not already documented
Post-Interview Communications

• A national headache
• Communication with candidates after the interview regarding their competitiveness should be forwarded to the Program Office.
• Thank you’s are being discouraged; you can respond to the interviewee that you enjoyed talking to them and you wish them professional success; bcc program office.
Why review interview process?

• Helps add your voice to our candidates’ application
• Struggling residents had evidence of struggles recognized in the application process
• We will endorse a candidate’s application if we feel we can support him/her
• Your interviewees are seeing all these questions on the internet, YouTube so be prepared!
Present concepts

• The Behavioral Interview
  – Behavioral interviews are based on the premise that a person's past performance at “work” is the best predictor of future performance
  – Interviewer asks how candidate acts and reacts in certain circumstances; how one handles a situation rather than just gathering information
    • Give specific "real life" examples of how candidates behaved in situations relating to the questions
    • Give an example of a goal you achieved and tell me how you achieved it
Future directions

• Multiple Mini-Interviews
  – Started at McMaster University with 6-10 timed stations through which applicants rotate
  – Each station has a scenario, task or question
  – Medical schools seek to admit individuals who will make not only excellent students, but ultimately become outstanding physicians. The best physicians are those who are not simply repositories of information; they are ethical, caring professionals and excellent communicators.
  – The MMI was created as a potentially more effective means of assessing qualities that lie outside the realm of grades and test scores
MMI

• Standard interview questions may not reveal an individual’s communication skills, problem-solving abilities, level of professionalism or other skills important for the practice of medicine.

• The MMI approach uses a series of stations to assess specific skills and qualities and assigns the same interviewer to rate all applicants at a station in order to address some of the weaknesses of the standard interview format.

• Used at the medical school level, technique is filtering into residency programs.
MMI stations

• *Ethical dilemmas or questions about policy or social issues.*
  – The instructions describe a situation and then ask the candidate to discuss the ethical or other issues involved.
  – The interviewer may follow up with questions designed to probe the applicant’s response.
  – Obamacare supports care for all over care for the individual. Discuss.
MMI stations

• *Standard interview questions.*
  – An MMI may include one or more stations with traditional interview questions such as “Why did you apply to this school?” or “Describe an obstacle that you have overcome.”

• *A task requiring teamwork.*
  – Since the ability to work as part of a team is essential to medicine, some stations involve two applicants working together to complete a task.
MMI stations

• *Essay writing.*
  – Some schools include an essay component as part of the interview process so a station may involve responding to a prompt in writing.
  – This station may be longer than the others to allow for the applicant to formulate and write the response

• *A rest station.*
  – An interview takes a lot of energy, since the applicant is “on” the whole time and being presented with challenging tasks at every station.
  – Many MMIs include a rest station. The applicant can clear their mind and get ready for the next station.
MMI stations

• *Interactions with an actor.*
  – At these stations, the applicant is provided with a scenario involving an individual who is played by an actor.
  – The applicant may need to give the individual bad news, confront the person about a problem or gather information e.g. catching a friend cheating
  – An observer present in the room will rate the applicant based on his or her interaction with the actor
Does applicant personality influence multiple mini-interview performance and medical school acceptance offers? (UC Davis)

• Looked at 5 traits in 444 applicants in 2010-11 (agreeableness, conscientiousness, extraversion, neuroticism, openness) undergoing MMI

• Extraversion was associated with MMI performance, whereas both extraversion and agreeableness were associated with acceptance offers.

• Adoption of the MMI may affect diversity in medical student personalities, with potential implications for students' professional growth, specialty distribution, and patient care.

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Motivational Interviewing

• “...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”
• MI is a particular kind of conversation about change (counseling, therapy, consultation, method of communication)
• The style of MI is calm and focuses on drawing out motivation to change from the interviewee rather than trying to force the interviewee to make positive changes
• Used in addiction patient encounters
• Used in mentoring/coaching to change behaviors