

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