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The Residency Interview: A Guide for Medical Students

Women Physicians Congress (WPC)

Acknowledgements

The 2003 AMA Women Physicians Congress Governing Council would like to thank the following individuals for their assistance in the development of this resource: Patrice Burgess, MD; Clifford Deal, MD; Jeff Gonzalez, MD; Hillary Johnson, MD; Maurice Sholas, MD; Erin Tracy, MD; and especially Gretchen Green, MD for her immense contribution to its content, the Governing Councils of the AMA Medical Student Section and AMA Resident Fellow Section, for their support of this endeavor; the staff members of many departments and divisions across the AMA, who lent their expertise to the preparation of this document.

Introduction

The American Medical Association Women Physicians Congress (AMA WPC) is a special interest group comprised of physicians and medical students who are advocates for women's health issues and women in medicine professional and life balancing issues. Some of the goals of the AMA WPC include increasing the number of women physicians in leadership roles and strengthening the voice of women in organized medicine. Membership is free and open to all AMA members. Physicians and students who are not AMA members can join the AMA WPC for a limited time.

Women now represent 25% of practicing physicians and 46% of the students enrolled in medical schools¹. The increasing numbers of women in the profession might lead to the assumption that gender discrimination no longer exists. But while the problems have diminished significantly, women in medicine continue to report negative attitudes among some of their colleagues and in some of their institutions. The AMA WPC office, aids women physicians and medical students by developing products and services to address these issues. This online AMA members-only resource is one of those products.

Both men and women medical students report anxiety and confusion when faced with interviews for residency placement. Women medical students reported that they had difficulty with their residency training interviews when asked questions dealing with gender. Some women reported that they were never asked gender-based questions, but many more reported being asked questions about their marriages and plans for childbearing. Men and women respondents alike said they were often asked questions which they found to be vague or provocative.

It became clear that the interview process is stressful for all medical students, and that medical schools seldom coach their students in how to approach residency placement. The AMA WPC Governing Council feels that providing a guide for the residency interview would be responsive to the needs of all medical students, and should include a special section for women on gender-based questions.

This guide will not help you decide how to pick a specialty or how to interview specifically in the different specialties. Nor does it suggest how to plan your electives. Rather, it is an overview of the interviewing process, intended as a guide to start your thinking about

what you will encounter. For more information about other aspects of the Match process refer to the “Recommended Resources” section at the end of this guide.

Coming and Going

Getting Started

After you complete your third year of medical school, make sure you familiarize yourself with the Electronic Residency Application Service (ERAS) which can be found on the Association of American Medical College’s Web site <http://www.aamc.org>. Submit your ERAS application by early to mid September to more rather than fewer residency programs. You can always eliminate programs later but you cannot apply to more programs once the deadline has passed. Write your personal statement during the summer between your third and fourth years of medical school. Your personal statement should reflect your personal interests in a medical specialty and should not be used to address controversial issues. Allow plenty of time to gather feedback from your mentors, advisors and others. Before you hit the SUBMIT button, print out your application and proofread it carefully. You will receive your invitation for an interview via e-mail. Make sure you manage your e-mail box to ensure you have enough memory space to receive messages (or upgrade your e-mail service for more memory at an additional cost.)

Before You Interview

Most programs interview by invitation only. Respond quickly to ensure your interview slot. If you are extremely interested in a program, consider doing a visiting elective there early in your fourth year. Some visiting electives are competitive so you will need to apply mid way through your third year of medical school. Keep in mind your performance during the visiting elective could work against you so weigh this option carefully.

As a rule of thumb, program directors would like to be finished with their interviews before February so they can attend to the administrative details in order to meet the National Resident Matching Program (NRMP) deadlines. In general, the National Residency Match Program (NRMP) accepts lists of preferred candidates from programs and preference lists from applicants, from January through February (for exact dates, check the NRMP web site <http://www.nrmp.org>.) It might be a good idea to set up your interviews between October and January. We found no anecdotal evidence to suggest that it was better from a selection perspective to interview early, late, or in the middle. It is a good idea, however, to get a few interviews under your belt before you go to the ones that you regard as the most important. It is reasonable to expect that after a dozen interviews you will be battle-weary. Therefore, scheduling your most prized interviews in the middle might promote the best results. If you can help it, consider the weather, time of year and the region of the country that you are traveling. Getting in and out of New England or the Midwest in December or January can be difficult to say the least.

Research the program as much as possible before you go so that you are interviewing that program, rather than doing a generic interview. You might check to see if any graduates of your medical school are there, and if so, consider getting in touch with them prior to your interview or while you are there interviewing. Survey your school’s recent

Match Lists to see where people are and contact them for insight prior to your interview. Check with the applicable department at your medical school and ask if they have interview notes from previous students who interviewed at various residency programs. Know the latest developments in the specialty that you're interested in, including what types of people the specialty is looking for. Specialties often have different features - leadership, community involvement, research, or clinical abilities.

Review your application, personal statement and curriculum vitae and ready yourself to discuss anything that you've mentioned on them, including any research that you've done. Prepare a list of questions that you want to have answered during your stay. You can even take your notes into the interview; you don't have to memorize them. Bring a nicely printed copy of your curriculum vitae and publications. It was suggested by one of our contributing editors to obtain inexpensive but professional looking business cards to add to your self-presentation. You can even print business cards on your computer. For a polished look, consider bringing a leather notebook or folder to hold your notes, curriculum vitae and business cards.

Some students find it helpful to make prior arrangements for housing in residents' quarters. At the same time, check to see if you can schedule an interview on a day when you can attend morning rounds or a teaching conference. If you have time, stay an extra day to talk with current residents. Time and again, our contributing editors reported the value of the information gained from current residents.

Couples Match

Married couples can enroll individually in the Match and indicate in the NRMP R3 System that they want to be in the Match as part of a couple. The NRMP allows couples to form pairs of choices on their primary rank order lists, which are then considered in rank order in the Match. The couple will match to the most preferred pair of programs on the rank order lists where each partner has been offered a position. Statistically, couples fair just as well as individuals in the Match. In 2003, there were 515 couples and 93.9% of those couples were matched. In the same year, 93% of individual applicants were matched.²

Couples can be matched into a combination of programs suited to their personal needs. In creating pairs of programs, couples can mix specialties, program types (preliminary or transitional, categorical, and advanced), and geographic locations. The partners can be matched into positions in the same institution or in different institutions. For examples please visit http://www.nrmp.org/res_match/special_part/ind_app/couples.html.

Note: Partners listed as a couple are treated by the matching algorithm solely as a couple. If they do not obtain a match as a couple, the system will not run their lists separately to find a possible match for each individual.

Shared and Part-time Residencies Options

Shared and part-time residency options are available for many residency programs. A shared residency is when two residents share one residency position. A part-time residency is sometimes called a reduced schedule residency program and may involve

working shorter days or weeks, reduced call or other alternative scheduling. Two sources of information for programs that offer these options are the *GMED Companion: An Insider's Guide to Selecting a Residency Program* and *FREIDA Online*, a database of over 7,800 graduate medical education programs.

If you are interested in exploring shared or part-time residency options, the following tips may be useful as you begin your search for a program. These ideas were adapted from an article appearing in the *Journal of the American Medical Women's Association*, Vol. 47, No.5, September/October, 1992 p.139 by Elizabeth A. Rider, MD, MSW.

- Learn as much as you can about shared and part-time residency options and be clear as to what you want and why. Think about how it might work with the hospitals you plan on approaching.
- During your interview, discuss the idea of doing a shared/part-time residency because they may have been approached by others interested in doing the same.
- Discuss the advantages you see in this option and how it could be advantageous to both the hospital and you.
- If you do not know of a prospective partner for a shared residency position, propose that you join the residency program as an "extra half", which would give the program more flexibility.
- If you have an advisor or mentor that has been helpful during medical school ask if they would be willing to contact hospitals on your behalf to support your proposal for a part-time or shared residency program.
- When you start negotiating, know the specifics about your schedule, compensation and benefits. Find out if residents who elect to do a part-time or shared residency, have full benefits, a prorated compensation plan and how vacation time is allotted (i.e. one-half for each partner).

What to Wear and Take With You

Today's residency directors don't expect you to arrive at your interview in scrubs to demonstrate your devotion to your profession. A residency interview is like a job interview and the propriety of your dress reflects a sense of being in touch with the world. Your choice of a residency, and their choice of a candidate to whom they can entrust patients, is serious business. For men and women, business attire in conservative colors are serious clothes and are appropriate for interviews. Failure to wear professional looking clothes might not cost you a placement, but it can distract the interviewer. You may have sterling credentials, but if you wear pink flamingo earrings or a neon-colored tie, the interviewer has to get past the playful attire in order to get down to business with you. Business schools impart lots of information to their graduates about how to dress for job interviews; medical schools do not. Don't be fooled. Although you may not be going for a job in banking, you are interviewing for a professional position. Another helpful tip is to make sure you purchase or pack outfits that are slightly loose-fitting. During the interview trail, you may experience unexpected weight-gain from restaurant meals and traveling. Please wear COMFORTABLE shoes for those endless hospital tours.

In addition to your outfit, run through the other possibilities that may arise while you're away. For example, it could rain, so take an umbrella. A contributing editor reported

that she tripped on her way to an interview and ripped her stockings; she recommends that women take an extra pair to avoid self consciousness at the interview. It is easy to spill something on a shirt or tie as well as rip a seam. Pack stain removing wipes for unforeseen spills/stains.

Additional travel tips:

- Enroll in frequent-flier programs – you may as well benefit from all this.
- Arrive early in the day to avoid travel delays.
- Carry the phone number of the interviewer with you at all times. You never know when you may need to call if you are delayed.
- Many programs automatically organize a dinner out with the current residents and may not inform you until you have already made your travel plans. Be sure to ask about this dinner before you book your flight. Make sure you arrive early in the day rather than in the evening so you don't miss dinner.
- In your carry-on baggage, pack your interview files. One file folder for each interview with all of your notes, invitation letter, directions and travel itinerary.
- When booking your hotel accommodations, ask if they have an interviewing discount. Ask for a quiet room, not on the first floor and away from the ice-machine and elevator. Many hotel chains give frequent-flier points, make sure you ask about this.

Make the First Minute Count

Students often go into the interview room very nervous. Most adjust quickly, but wish they could avoid the early jitters. If this applies to you, read on.

- Be on time.
- Eat and/or drink something beforehand in case you are not offered anything to eat or drink.
- If caffeine makes you jittery, only consume a small amount prior to your interview.
- Turn your beeper and cell phone to silent.
- Get full names (including spellings) of the interviewers from the departmental secretary so that you know who you're seeing.
- Check to make sure there isn't food between your teeth.
- Take a breath mint prior to your interview.
- Look the interviewer(s) directly in the eyes.
- Greet them by name and offer your hand for a firm handshake.
- Let everyone else sit down first before you take a seat.
- If you're offered coffee or tea, but you're pretty shaky, refuse it.
- Take a deep breath and proceed.

During the Interview

Choosing your residency is a major decision that you will have to make after very brief contact with people who will be your close associates for a long time. Keep track of your feelings about the interview to assess how suitable the fit is between you and the program. Direct each question to the appropriate interviewer (i.e. program funding to the director and call schedules to the residents). Consider which questions are appropriate for the interview, and which are for a less formal setting. Order your priorities; the beginning of the interview may not be the most propitious moment to ask about

compensation, benefits and call schedules. Although they are legitimate questions, bad timing or asking the wrong people could make your interviewers uncomfortable about your values. You can ask a current resident some of these questions. In addition, questions that challenge or confront interviewers can be alienating; nuances such as tone and word choice are important. "What is wrong with your program?" is more difficult to answer than "What are some of the difficulties that I might find here?" Investigate each year of residency; people often direct their interviews to the first year. If you have a group interview, make yourself visible enough to be remembered. Don't try to buddy up with faculty by telling each of them that you want to go into their specialty. They might compare notes later and discover that you said the same thing to several people.

After the Interview

Go back to your room and immediately write down your impressions of the interview. After a few interviews, you will tend to start forgetting what happened where. Don't rank a program you feel uncomfortable working for. If you're going to interview at many programs, it's a good idea to prepare a checklist, in advance, of the factors that are particularly important to you that you can use for all your interviews. At the end of the process you can then use a consistent rating system to help sort out your decision. Include something from the interview in your hand-written thank you note to the interviewer(s). Make sure everyone you interviewed or communicated with, not just the Program Director, receives a hand-written thank you note. While the interview is fresh in your mind, write your thank you notes on the plane ride afterwards.

Commonly Asked Questions

Interviewers routinely ask certain questions of applicants, and for some of them you will have ready answers. Some interviewees report that they found some questions appropriate; others they felt to be off-limits, though frequently asked. Ranked among the most difficult to answer were vague, open-ended or very general questions. Interviewees reported anxiety about questions like, "Tell me about yourself", or "What do you want to know about the program?", and yet those were the kinds of questions they faced repeatedly. Another common question was about personal weaknesses. As one respondent said, "You should pick something that doesn't expose some horrible shortcoming such as, "I'm a perfectionist, I trust people too much." You certainly can't respond, "I'm insensitive, cruel and lazy!"

If you are prepared to answer the following list of questions, you should be ready for many of the questions you will face. Practice your answers with someone you trust (a mentor, advisor or attending physician). Rehearse using sound-bites to avoid sounding like you are rambling.

- Why did you choose this specialty?
- Why are you interested in this program?
- What are your goals? Tell me about yourself?
- What did you do before medicine? (To an older student)
- Why should we pick you?

What are your strengths?
What are your weaknesses?
Where else have you applied?
Are you interested in academic or in clinical medicine?
Do you want to do research?
What was the most interesting case that you have been involved in?
Present a case that you handled during medical school.
Do you plan to do a fellowship?
What could you offer this program?
How do you rank in your class?
Will you do abortions?
Do you see any problems managing a professional and a personal life?
Are you prepared for the rigors of residency?
What questions do you have?
Where will you rank us? - This question violates match regulations, however they could still ask you in order to size you up. Proceed with caution. You could say "I really like what I have experienced so far but I am not sure of my ranking as of today." If that program is your first choice, you can decide to say that "You are ranked very highly." The key is not to give them information that could be used to exclude you from their program. You also could say "This question is inappropriate and it violates match regulations and I do not wish to answer it." Keep in mind, this could alienate your interviewer so use your judgment when answering this question.

Uncommonly Asked Questions

Beyond the routine questions, there are others that are more difficult, unusual, or even strange: inquiries that may not seem to pertain to your future as a physician. You cannot prepare for all the questions you hear about through the grapevine. Nor can you prepare for all the remote possibilities that you conjure up in your head.

Questions that are unexpected often fall under the general category of getting to know you. It's a good idea to spend some time on personal reflection before you start the interviewing process; give some thought to who you are in the world both as a physician and as a person, what you like and dislike, why you're in medicine and what you want out of your residency program.

If you are asked something that seems pretty off-beat, it is probably best to assume that you are being judged on your grace under pressure as much as on the substance of your answer, some program directors think the way to test your smarts in the face of a medical emergency is to put you into a crisis in your interview.

Remember, not all interviewers are equally skilled. You can correct some of the problems you encounter by keeping the interview focused. When questions are asked that don't seem germane to the interview, you may tend to over-answer hoping to hit on something your interviewer wants. So if you're asked a question about whether there are any physicians in your family, you needn't give a monosyllabic yes or no, but don't do your family tree, either. Rambling in an interview robs you and the interviewer of the opportunity to exchange the information you both need.

The following is a list of some uncommonly asked questions as reported by students.

Are you religious?

What is the one event you are proudest of in your life?

What do you plan to do after residency?

What are your hobbies?

What do you think about house staff unionization?

How would you redesign the health care system?

Why did you get (a certain) low grade?

How will you feel about taking orders from a younger person? (To an older student)

How will you deal with the possibility of being sued?

How do you feel about women in (a particular specialty)?

What was your most difficult situation in medical school?

What was the last book you read that wasn't a medical book?

What do you think of socialized medicine?

If there were four positions and three were filled by women, would you take the last one?
(To a man)

Handling Gender-Based Questions

Although these are no longer common, questions about marital status and plans for a family might be asked of applicants during residency interviews. The law prohibits discrimination on the basis of gender (including pregnancy and childbirth); race; religion; national origin³, age⁴, and disability.⁵ If you are asked questions pertaining to any of these subjects, you are not required to answer them. If a program is particularly flagrant in its pursuit of these questions, you may contact the Federal Equal Employment Opportunity Commission (EEOC) or the state agency that handles discrimination claims. In addition, if you feel that the answers to any of these questions have cost you a job on the basis of a protected characteristic, and that you were at least as qualified (or more qualified) than the person who got the job, you may file a charge of discrimination with the EEOC or the appropriate state agency.

As already noted, the law prohibits discrimination in hiring decisions on the basis of gender. It may be a violation of the law for an interviewer to ask certain questions of only certain candidates (i.e. women), or to use the answers to such questions to choose among candidates on the basis of a protected characteristic, such as gender.

Federal law also prohibits discrimination against pregnant employees.⁶ The federal Pregnancy Discrimination Act (1978) (PDA) requires that an employer treat pregnant employees in the same way as those who aren't pregnant but who have similar ability or inability to work. There is no provision in the PDA for a specific amount of time off for maternity leave, but pregnant women are entitled to the same unpaid or paid sick leave that the employer regularly offers for disability leave. In addition, residency programs covered by the federal Family and Medical Leave Act (1993) must grant eligible employees up to 12 weeks of unpaid leave during any 12-month period for, among other things, the birth and/or care of the employee's newborn child. Most residency programs have maternity leave policies; however federal and state laws sometimes go unobserved. Be judicious in your choice of a program, women who become pregnant can find themselves in residency programs that are not prepared to meet their needs

either while pregnant or after the birth of the child. Consider asking another female resident in the program privately about how the maternity leave policy is implemented.

This is merely an overview of the law and your rights as an applicant. Note that various states also may have their own laws that address these same issues. If you are asked questions that may be perceived as discriminatory, there are ways of handling such questions without losing either your integrity or your cool.

There are women who go through all their interviews without ever fielding questions specific to gender, but those who do report a range of emotional responses. One woman reported that "Since I was pregnant, I was frequently asked how I expected to manage a career and family. I think this question is illegal, but I understood why it was asked, as I would be expected to function optimally during my first year and not be distracted by child-care arrangements, etc. I was as honest as I could be and tried to anticipate what the situation will be like come July 1." Another said, "Personal questions like, 'Don't you want to have a family?' and 'How will that affect your professional career?' were the most difficult. I felt like saying 'None of your business.' Instead, I just said that I had not made any plans along those lines at this time." Another reported that she was angry about personal questions until she encountered one program director who asked the men he was interviewing the same questions. She felt this interviewer was merely being curious and attempting to get to know her rather than excluding her on the basis of her sex.

Most medical students feel under a great deal of pressure when faced with residency interviews. A flat out, "I don't have to answer that," or "Is my hiring contingent upon the answer to that question?" are understandable, but potentially alienating responses.

Many women either answered personal questions directly or gave answers that they felt the interviewer wanted to hear:

"No, I'm not planning to have children."

"I would like to have a family but right now I don't plan to get pregnant until my residency is complete."

"I told them that at this point in my life my residency was the most important thing to me and I could not tell them with any certainty what the future held. I emphasized that I finish what I start."

"I told them that I didn't plan to let my personal life, married or otherwise, interfere with my professional performance."

"I frankly stated my spouse's intention to travel with me and indicated plans to wait a few years for children."

"I explained that I thought a balance between career and family could be maintained with a supportive spouse."

If you feel that personal questions are fine and you want to let the program know of your intentions not to have children in the training years, then the preceding answers are suitable. They become problematic only if they're not true; if you enter into a residency

program with a director who feels misled because you answered a militant "no way" during your interview but became pregnant during your training.

Whether or not you intend to become pregnant during residency, you may want to use personal questions as an opportunity to investigate the attitudes of the program toward women, pregnancy during training, or unforeseen events such as illness or family emergency. The following is an example of a response that would enlarge the discussion:

"I'm glad that you asked that question. It gives me an opportunity to ask you how the program handles unplanned events. What if a woman becomes pregnant? Or what if a resident gets hepatitis? What provisions are there for these types of matters?"

An approach like this can open a dialogue between you and the interviewer and afford you the opportunity to ask about coverage and staffing, benefits, and most important, how the attitudes of the program reflect (or don't reflect) your own. In a wider context your question can elicit information about the working conditions of the program, which affect all residents.

One last option for handling questions about family plans is to respond by citing research about women who do become pregnant during residency. When asked if you will upset the program by taking too much time off during pregnancy, you could answer like this:

"I plan to work during pregnancy. You may have seen a survey of female faculty members at Mount Sinai Medical Center, in which only one quarter of the respondents was absent from residency training at any time during pregnancy".

There is a whole body of literature in medical journals about pregnancy during residency (see the "Recommended Resources" section at the end of this document.) Many of the articles report that staff attitudes toward the pregnant resident were determined to be an important factor in her ability to handle residency and pregnancy at the same time.

Each specialty board has its own requirements for the number of weeks that must be worked each year in order for residents to be eligible for certification. In one study, board certification was not affected for 90% of the women; the other 10% worked to make up missed time.^{7 8} It is important to note that the time off allowed by the specialty board may conflict with the time off allowance of the residency program.

Women can and do complete residencies with little or no disruption to their training, despite the fact that a woman's prime childbearing years coincide with the normal course of residency training. With women comprising 46% of students enrolled in medical school in 2001, the issues of accommodating pregnancy and maternity are likely to become increasingly visible in coming years. The potential changes will benefit men as well as women.

Questions to Ask During the Interview

Everyone who interviews for a residency has different priorities and ideas about what they want in a placement. Therefore, no one can give you a precise list of questions to

cover everything you need to know. In addition, different specialties demand different questions be asked. However, it is important to develop a set of questions. First, it is imperative that you glean the information that you need to assess the program. As one contributing editor said, "You're interviewing them just as much as they're interviewing you." Second, it is a handy emergency procedure in the event that you run into an interviewer who wants you to direct the interview. The following is a list of questions for which you may want to develop answers, broken down into categories which may also be useful as a guideline for developing your own questions. Carefully review the program's Web site, print materials and anything they send you. Don't ask too many questions that are already covered in the literature on that program.

Education

What is the philosophy of the program?
Who are the faculty?
What kind of curriculum is offered?
How many hospitals participate in the program? Is a paper, thesis or publication required during training?
What kind of time is allotted to accomplish it?
Is there time and funding for conferences and meetings?
To what extent do residents manage patients?
To what extent do residents supervise medical students?
What is the patient mix?
Do residents perform surgery?
Is the program changing, and why?
What do residents here like most and least?
What are the research opportunities?
What are the clinical opportunities?
What are the teaching opportunities?
What is the scope of experience I can expect?
What is the program like (in the subspecialty I'm interested in)?
Where are the graduates of the program now?
How much elective time is there and how is it used?
How long has the Chair been here?
What percentage of graduates enters fellowships?
How is the training divided?
What are the weaknesses of the program?
Do residents have time to read?
How available are the attendings (including nights and weekends)?
What were the results of the last accreditation visit?
Are there any joint residency activities?

Benefits

If the program offers shared or part-time residencies - What is the process for a shared or part-time residency?
What is the compensation?
Do you have life insurance?
Do you have health insurance? Do you have health insurance for dependents?

Do you have disability insurance?
What do they cover?
What is your meal plan?
What kind of vacation time do you offer?
Do you have sick days?
Do you have maternity leave?
Do you have parking on the premises?

Lifestyles

What is the mix of married and unmarried residents?
How many women vs. how many men?
What is the racial and ethnic mix of the residents?
Do the residents socialize as a group?
What are the group's interests?

Quality of Life

How many residents are there?
What is the call schedule like?
Do you have night float call arrangement?
How many hours per week are residents typically expected to work in the hospital?
How many days off per week do residents typically have?
What happens if someone is sick?
Characterize faculty-resident relationships.
What is the relationship between this program and other specialties?
Has any house staff left prematurely, and why?
What do you expect of your house staff?
Is the community receptive to women physicians?
Is the community receptive of ethnic minority physicians?
Is there a house staff grievance process?
How are complaints handled?
What is the parental leave policy?

Competitiveness of Program

What do you look for in a candidate?
How many people do you rank?
How do your residents perform on boards?
What is the accreditation status of the program, and when is the next site visit?
There are other questions that you probably won't ask in the interview but will want to investigate on your own.

Where is it?

Do you like the city/town?
Do you like the fact that it's rural, or in a suburb?
What is the community like?
Are there conveniently located services for ethnic minorities? (e.g. barber/hair salon, grocery stores, restaurants)

What is the climate like?
What kind of transportation is available?
What is the access to theater, movies, sporting facilities, the great outdoors?
What are the financial implications of living here?

The Hospital

How are the individual call rooms?
What are the meals like?
What is the library like?
Can you easily photocopy articles you need?
Where are the lockers?
Do men and women have equal facilities?
Are there fitness facilities?
Do you conduct patient surveys? If so, what are the most recent results?

Final Thoughts

Most program directors interview many more candidates than they will choose. One director reported interviewing 280 students one year for 20 places - an enormous amount of work in an already busy schedule. Elaborating on the grueling process, another director stated that, "Most residency directors are looking to have a good conversation." They are also looking for a candidate who will result, in time, in the best possible colleague. That puts a lot of the onus on you. It means taking the responsibility for making the interview a good exchange.

A note about the group dinners you will be invited to attend. Some of the current residents of the program as well as your fellow interviewees for the residency program may be invited to share a meal together. Watch out! Do not bad mouth another program, interviewer, or specialty. It's a small world and someone in the program could be highly offended. Keep in mind when you hear good, or more likely, bad information about other programs or program directors, this information is subjective and the person saying it could be baiting you. The person saying bad things about another program could also be saying it so you don't rank that program highly so he or she has a better chance to be matched to it. Just be careful about what you say and what you hear.

Try to make contact with a current resident in the programs you are ranking highly. Try to select someone who is congruent (gender, ethnicity, age, marital status etc.) with you. This way you can get the real story about the residency program and the area. As one current resident put it "If you can't live without sushi at 3 a.m. you need to find out before you submit your ranking if that town has a sushi bar open at 3 a.m." It may sound trivial but you need to find the right fit to ensure your success and have a life outside of your residency.

Remember this publication is just one resource, you may decide not to take all of the advice: you'll find it harder to make an individual impression if you sound like you've memorized a list. It is not the intention of this guide to short-circuit your individuality. Use what you have read as a guideline, or as a way of collecting information on the interview process; then make your mark. Good luck!

¹ American Medical Association Physician Characteristics and Distribution in the US 2003-2004 edition

² National Resident Matching Program 2003 Match Data

³ Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e et seq.

⁴ Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621 et seq.

⁵ The Rehabilitation Act of 1973, 29 U.S.C. §§ 701 et seq.; Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 et seq.

⁶ Section 701(k) of Title VII of Civil Rights Act of 1964, 42 U.S.C. § 2000e(k).

⁷ Sayres M, et al: Pregnancy During Residency. *New England Journal of Medicine* 1986, 314(7): 418-23.

⁸ There are other studies and surveys of women physicians and pregnancy. Two examples are: The Mount Sinai School of Medicine study which showed that 48% of women physicians included thought that their pregnancy had little or no effect whatsoever on their co-workers; and the Sheth, Freedman, Arak study of pregnant radiological residents which revealed that 93.2% of program directors of radiological residencies who answered the questionnaire would agree to some schedule changes to avoid exposure of a pregnant resident to radiation.

Recommended Resources

This list is provided for informational purposes only and does not indicate an endorsement by the American Medical Association and its Women Physicians Congress.

AMA Resident and Fellow Section: Transitioning to Residency
<http://www.ama-assn.org/ama/pub/category/194.html>

AMA Medical Student Section: Residency
<http://www.ama-assn.org/ama/pub/category/5030.html>

AMA Minority Affairs Consortium (MAC): Residency Programs - An Inside Look
<http://www.ama-assn.org/ama/pub/category/7475.html>

American Association of Medical Colleges: Electronic Residency Application Service
<http://www.aamc.org/audienceeras.htm>

American Medical Association Press, *GMED Companion: An Insider's Guide to Selecting a Residency Program 2002-2003*

Emergency Medicine Residency Guide
<http://www.emra.org/index.cfm?page=209>

FREIDA (Fellowship and Residency Electronic Interactive Database)
<http://www.ama-assn.org/ama/pub/category/2997.html>

Insuring the integrity of the National Residency Match Program

http://www.nrmp.org/res_match/about_res/ensuring.html

MedFools: Residency Interviews

<http://www.medfools.com/match/interviews.html>

MDTool: Guide to the Match and ERAS

<http://www.mdtool.com/match.html>

National Residency Matching Program – Couples Match

http://www.nrmp.org/res_match/special_part/ind_app/couples.html

Resident Web

<http://www.residentweb.com>

US Equal Opportunity Commission

<http://eeoc.gov/>

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