

## Questions to ask when looking at a residency program:

1. What are my desires and abilities?
  - a. At this point, you have chosen a particular field. However, even within a given discipline, there are still many differences to consider. Some differences are general to all specialties. For example, is your desire to work in a small town or a large tertiary care setting? Or are you unsure and do you need to keep your options open? Other differences are specialty specific. If Internal Medicine, are you interested in primary care, hospitalist medicine, or subspecialty fellowship training? If Family Medicine, do you want to practice inpatient medicine, obstetrics, or other procedures?
  - b. Due to accreditation requirements, most residency programs within a given discipline look very similar on paper. How then do you determine which program will best prepare you for the career you desire? Research shows and experience confirms that graduates from a residency program tend to follow in the footsteps of their faculty mentors at that program. A good illustration of this is that of obstetric training in Family Medicine. Consider a Family Medicine residency program in which all of the family medicine faculty perform obstetrics and, in turn, mentor for their residents how to successfully incorporate this into their practice. This program is more likely to produce graduates who themselves go on to practice obstetrics than a Family Medicine residency program in which part or all of the obstetrics training is delegated to obstetrician specialists. The same can be said for training in osteopathic manipulative treatment (OMT). If you desire to incorporate OMT into your primary care practice, you are best served by a training program in which your specialty-specific faculty themselves incorporate OMT into their own practices (the more the better).
  - c. The point is that residency training is no longer just about knowledge and skill acquisition, it's about execution. This is a critical shift from medical school thinking which you need to understand before you pick your residency program. To continue the OMT in primary care example, competency in acute care, chronic disease management, preventive care and OMT is one thing; executing all of these skills within the scope of a 15 to 20 minute patient encounter is something totally different. That's the "art of medicine." Most people can't learn art from a book. They need mentoring. So before you pick a residency program, get specific in your mind about what kind of doctor you want to be (what kind of art you want to produce), and seek out a training location where the faculty are doing that.
  - d. What next:
    - i. Ask yourself, what do I want my practice as an X to look like?  
(X=Otolaryngologist, General Surgeon, Obstetrician, Internist, etc.)
    - ii. Ask the program which you are considering, what does the practice of the faculty look like? Does it match my future desires? (For example, if X=Otolaryngologist, you might want to know the number of head and neck cancer resections performed by the faculty per year or the number of face lifts.)

- iii. Ask the program which you are considering, what do the practices of the graduates from this program look like? Are there graduates whose practice matches my future desires?
2. Where do I want to live?
  - a. Location is a key consideration in picking a residency training location. Unfortunately, for some very competitive specialties, you will have little say where you go. On the other hand, for some specialties the number of possible programs is large and location is a great way to narrow down your choices.
  - b. Location is important for several reasons. One is that residency training is arduous and a given location can ease the pain. For one person, it may be beneficial to live close to a supportive friend or family member. For someone else, it may be important to live close to a large airport. For a single person, they may desire a location with lots of other single people (urban over suburban/rural). Some people care about geography. For example, maybe you like to go surfing to blow off steam, there's no surfing in Cincinnati, so you don't look at programs in Cincinnati. More so than in medical school, residency is a time when you establish lifestyle patterns that will stay with you the rest of your career, and location affects that.
  - c. Location is also important because, inevitably, many physicians settle down close to where they complete their residency training. Why does this happen? Sometimes it's about contacts—you meet someone, you impress them, they impress you, and they offer you a job. Sometimes it's about familiarity—once you learn the local hospital system, the referral patterns, the neighborhoods, etc., it can be hard to pick up and start all over again. Also, family can be a factor. If you're already married, maybe your spouse likes his/her job and your children like their school. If you get married during residency, maybe your spouse doesn't want to leave.
  - d. What next:
    - i. Determine the competitiveness of your chosen specialty. Sources of information include medical faculty and local providers.
    - ii. If possible, if there are sufficient residency spots and you are competitive for those spots, prioritize your research and ultimately your interviews according to location.
3. What is my personality?
  - a. Having been on both sides of the interview table, I can tell you that residency applicants greatly underestimate how important personality is to their success in matching at the program of their choice (not to mention the likelihood of being happy at that program). Personality trumps everything, including grades and board scores, and this is true of every specialty regardless of how competitive. Why is this the case?
  - b. If you choose wisely and do your best, residency training will most likely be one of the most exhilarating and rewarding times in your life. Experienced faculty know this but they also understand that residency training is challenging, stressful, and sometimes painful. (It's all about making you do the things you don't want to do, so that you can become the physicians that you do want to be.) Stress and pain of course bring out the

worst in people. What your worst is under stressful circumstances determines whether you are a delight to train or a chore. Not only is someone who is a delight to train more pleasant to be around, they are also more rewarding to train because less energy is wasted on friction and more learning is accomplished. Importantly, if you are “delightful” with your faculty but miserable with your fellow residents, your patients, or the other staff, this does quickly translate into misery for your faculty as well. The bottom line is that while it is uncommon for “delightful” people to fail in residency training due to poor academic skills, it is all too common for intelligent but otherwise miserable residents to succeed however high their board scores may be.

- c. So what does this have to do with picking a residency program? It is interesting to consider what characteristics make for a delightful resident. Intrinsic factors such as your outlook on life, how much you smile, your endurance, your patience, your work ethic, and your emotional IQ all play a role. However, extrinsic factors also play a significant role. Specifically, you will be more “delightful” if you work in a comfortable environment for you together with colleagues with whom you have things in common. Truly, you need to interview each residency program as much as they need to interview you. You are the best judge of how well you will fit in and, importantly, the program you choose wants you to fit in. It’s better for everyone if you do. Case in point, a certain medical student from Texas matched at a prestigious residency program in the Pacific Northwest. She was intelligent, attractive, personable, accomplished and overall a great pick for any program. She loved the location actually, but she quickly found that she had little in common with fellow residents, she “hated it there,” she thought everyone there was “weird,” and she transferred to a different, “less prestigious” program after one year where she thrived. The question to pose is, “Should she have anticipated the problems she encountered?” Maybe.
- d. How do you determine the personality of a residency program? One tool is the program website. Photos can be misleading but faculty and resident bios are informative. (In the example above, the residents at that program certainly came across as eccentric according to their posted bios. Obviously, the program leadership had an agenda to attract an eclectic, ambitious group of physicians which would be attractive to some applicants but not to others.) Conversation with current residents and faculty before, during, or after the formal interview is another good source of information. The single best approach is to spend one to four weeks at the program as an elective rotation. Yes, it is possible to torpedo your chances at that program if you have a bad event. For example, the classic sob story is that “you get along great with everyone” but somehow offend the receptionist so they don’t rank you on Match Day. Usually, if that happens, it’s a blessing in disguise—it’s better to find out that the receptionist has a personality disorder before you move and buy a house. More often than not, away rotations are a great benefit to you. You learn about the program first hand, and, as a bonus, you broaden your horizons about different approaches to training, which can only help you make better decisions with your match list.

- e. As a final note, some programs are not likely to rank you unless you rotate there for some period of time. This is often true for highly competitive programs. This is a fair question to ask of a residency—just call up and ask, “Do you ever rank candidates who have not rotated there? How likely is that?”
- f. What next:
  - i. Assess your personality honestly.
    1. Ask yourself what kind of first impression you make. Review your medical rotation evaluations for comments about personality. There should be some positive comments like “Delightful student” or “Hard worker.” If there are negative comments or an absence of positive comments, consider some kind of counseling or life-coaching. For example, track down the faculty-person-of-the-year at your medical school and request an appointment to talk about strategies. Much about first impressions relates to self awareness and communication skills which most certainly can be improved.
    2. Ask yourself what kind of people you work with best. Do you love variety or do you like consistency (and is the answer the same when you are under stress)? Are you a religious person? Do you like to go out and party after a hard week? Do like to spend time with your family after a hard week? Do you thrive under the gun (the traumatic Socratic) or does that break you down? Do you prefer serious discussions after work or light-hearted banter? Are you a Trekkie? Do you like to bake? Etc.
    3. In your mind, no such question should be off-limits as you think about the best fit for you. The above questions are just examples. They are not mutually exclusive and no single question tells the whole story. During residency training, you have to work together with others in order to succeed, which is somewhat different than medical school. The more pleasant the teamwork and the more affirming are your relationships during residency, the more “delightful” you will be and the better you will learn. It’s a win-win situation.
  - ii. Assess the personality of each program you consider. Sometimes you have a gut feeling you are a good fit. Sometimes there’s a single extraordinary person at the program with whom you really click but that’s enough to overcome other concerns (one strong mentor makes all the difference). Maybe you like the faculty but not the residents you meet at your interview—ask for names of other residents who you can talk with on the phone. Maybe you love the residents you meet but don’t click with the faculty—call up one of the residents you got along with and ask direct questions about this. You should never be negative but you can certainly ask things like, “Tell me about Dr. Adams. He seemed very interesting. What are his strong points or weak points as an attending? What about that clown nose anyway? That’s really something...”

- iii. Schedule away rotations at programs that interest you. This is for your benefit and likely to increase your chances of matching at any program where you are a good fit. In addition to always doing your best, do be careful not to offend anyone by considering these rules: be on time and stay late (you are on an away rotation which could determine much about your future—it's time to give 110%), smile often, be respectful to everyone *especially* non-physician staff, do not use profanity, never criticize anyone *especially* any patient, dress professionally (men should wear neckties unless someone in leadership such as the program director or director of medical education tells you specifically to "Take that off"), do not under any circumstances use illegal drugs during the rotation, be extremely careful regarding alcoholic beverages even when going out with a group of residents—do not under any circumstances drink alcohol to the point of inebriation, be guarded about tobacco use, be guarded about discussing private issues such as pregnancy plans (training programs have no right to ask you about your religion, sexual orientation, pregnancy plans or other personal issues that do not have bearing on your qualifications as an applicant), and, above all, be enthusiastic--"Yes, I would be happy to!" is a "delightful" response to just about everything.

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(3/25/2011)