

# **ACEING YOUR EMERGENCY MEDICINE INTERVIEWS**

By Francis DeRoos, MD  
University of Pennsylvania  
EM Residency Director

You are about to participate in one of the most fascinating and tiring processes; "the Match." This is an amazing fusion of your medical school academic record, your personality and personal achievements, your commitment in an emergency medicine career, and variables you have little or no control over. In order to best prepare for this, it's vital to understand the procedure and how to best maximize your opportunity to train at the program you'll be happiest at. Emergency medicine is a competitive specialty, for all the reasons you're interested in it, and our ranks are filling with some of the best and brightest. This makes it particularly stressful because of the quality of the candidate and makes it even more important to present yourself as well as possible.

I think the overall process of matching in emergency medicine consists of three parts:

1. "Building a solid foundation"--your medical school performance
  - Academic commitment, boards
  - Extracurricular -- service, administration, research, personal
  - Understand the specialty -- EMIG
2. "Selling the product"--putting together your ERAS application
  - Personal statement, CV
  - Who to get letters from
  - Away rotations
  - The other side of the process--what the program does with your application.
3. "Closing the deal"--the interview process
  - Evaluating EM programs
  - Setting up your interview calendar
  - Interview day

Previous meetings have covered the first 2 points and this presentation will focus on the 3rd part of the overall process.

Before you get on a plane and fly to an unknown city and meet a dizzying number of wonderful people with similar interests, it's important to do some ground work, so your interview day consists not only of letting people get to know you but also of "filling in the blanks" about that program. Probably the best thing that's happened to the residency match process has been the Internet. It's allowed for the development of ERAS (much easier than the "old way") and easy access to volumes of specific program information. The best place to start your search is at the SAEM Residency Catalog (<http://www.saem.org/rescat/contents.htm>). This not only provides standard information such as location, contacts, curriculum, and length of training, but it has specific links to many programs' individual web sites. The specific links may be biased or possibly incomplete but will probably highlight the program's real strengths. However, the only way to really assess a program is in person. This should be done before, during, and possibly even after your interview day.

Below is a list of some areas that are important to focus on. Keep in mind that much of this assessment must be in the context of your personal career and educational goals and how that program may prepare you for that journey.

## **Program Evaluation**

### 1. ED Experience

Patient population - acuity, population diversity, clinical variety, pediatrics, trauma.  
Procedure competence, resuscitations, progressive responsibility.  
Teaching - does it happen?, who does it?, students.  
Relationship with other housestaff.  
Ancillary support.

### 2. Curriculum

#### a. Rotations

EM experiences - how much, where, variety (community vs. "real world")  
Quality of off-service rotations.  
Unique or "high value" requirements - ex. ultrasound, toxicology.  
Electives - diverse opportunities.

#### b. Didactics

5 hrs/wk required.  
Lectures - Variety! Mixture of faculty, resident formal presentations, case discussions, interactive sessions, workshops.  
Board preparation - oral and written.

### 3. Faculty

Quality  
Diversity of interests/training  
Professional involvement/success  
Academic interests similar to yours  
Relationship with residents.

### 4. Resident wellness

Do they seem happy? - attitude, energy, camaraderie  
Involved in interview process  
Scheduling/workload  
Supports  
Benefits - money for educational resources, meetings, research projects.

### 5. Residency program

Track record  
RRC accreditation  
Departmental status - most important in big university setting.  
Overall institution reputation - you'll be working with and learning from the other services.  
Financial stability.  
Leadership - program director, chairman/director.

### 6. Research

Does it really happen there?  
Faculty productivity

## Interests

Will you learn how to read/critique literature - journal club, other didactics.

### 7. Location

You can live anywhere for 3 or 4 years in order to get the best training that will be the basis for your professional career.

Your family /significant other.

Costs.

"Escapes" - recreation, entertainment, cultural outlets.

### 8. Duration of training - 3 vs. 4 year program.

There is no doubt that you can get great training at a program regardless of the years of training and the reverse is also true. The real question you need to ask yourself is whether or not there is value in that extra year of training. Do you have more elective time or flexibility, do you have unique required rotations and how long are they? Does this extra time just consist of more EM shifts? I can tell you that I did not even consider this a factor when I applied. I just wanted to train at the best program for me.

## Interviews

### 1. Scheduling your interview

"When is the best time to interview?"

This is a common and probably overrated question. I think the key is to be rested, focused, and prepared. What date to do it on is much less pertinent. I do think that the first few are often the most difficult because of nerves, information overload, etc... so plan a few "warm-ups" before you go to your favorites.

Communication with the program coordinator is key. Don't be rude or pushy, and get back to them in a timely manner. If you have been fortunate enough to have been offered or scheduled too many interviews, and you are going to cancel a few, do it early so those spots can be filled by other medical students. If, by the end of November, you still have not heard from a program that you're really interested in, it might help to send a short, polite email to the program director and coordinator explaining your interest. Don't be offended if you do not get a response. We get a lot of emails/letters like this but I don't think it hurts and it may very well help.

Remember it's a small world of academic emergency medicine and the program directors meet together twice a year...we talk.

### 2. Preparation.

Before you visit a program, it's probably helpful to study their web site again. Often there will be faculty pictures posted so you know whom you are meeting with and seeing. I have a great memory of sharing idle, small talk about a new pair of magnifying glasses with a really nice faculty member while waiting for an interview. That person was Dr. Peter Rosen (of textbook fame) and after I found out, I was mortified because I had no idea who he was. You can also find out about personal and research interests of the faculty.

### 3. A "typical" interview day.

Try to participate in any "extracurricular events" that you are invited to. These are often the evening before or the evening of the interview. You should think of this as an important part of the process. You will get a real sense of the residents, their personalities and a much more real perspective of the training. Also, if you're really interested in the program, spending an evening or returning another day will really give you great insight into the program.

A typical interview day consists of a welcome, a teaching conference of some sort, a program, location overview, interviews with faculty and sometimes residents, informal lunch, tour of facilities. Many of the curriculum and other administrative questions can be answered during the program overview section. The tour, lunch, and between interviews are more informal and are ideal for talking to residents. Definitely go out of your way to talk with some of the residents if time is not specifically provided for this. Their insights are invaluable.

Finally, don't just ask a question for the sake of asking it. If you don't have a specific question and an interviewer asks if you have any just reply something like "Thank you for the offer but no, all my questions have been answered so far. If one comes up, I'll be certain to ask."

#### 4. Fatal mistakes

Don't be a "no show" - may hurt your chances not only at that program but others.

Don't fall asleep

Don't over or under dress (we embrace individuals, but still...)

Be polite to everyone - including secretaries, the coordinator and the residents

Don't be something you're not

Don't be negative.

#### 5. Following up

Many candidates now send a very generic/standard "thank you card" shortly after the interview. I personally think that this is a waste of paper. Much more powerful is to identify your top 2 or 3 programs when you are done with interviewing and send them a very specific letter explaining this. Do not be deceitful and tell a program that they are your first choice when they are not. Remember academic EM is a very tight knit group and we will talk, particularly about things like that.

I also think that it's a great idea to revisit your top few choices if you have the time, energy, and finances, and spend an evening in the ED. You'll really get a much better feel for the program and you'll be indirectly expressing your genuine interest.

#### 6. What are the programs doing during this time?

While you are sorting through this mountain of information on the programs they are doing the same. Often programs will have a scoring system that incorporates your academic record, your letters of recommendation, and your interview day "scores." This is not any easy process but it is meant to make the process as fair as possible. This is also when programs may call letter writers for clarification or the "the real story" on candidates so keep communicating with your advisors and letter writers. A simple email or thank you card to them letting them know how you are doing and what programs you really liked would be appropriate. A huge opportunity is missed if one of your letter of recommendation writers gets an inquiry phone call or just happens to be speaking with a faculty member from your #1 program, and they have no idea whether you like that program or not.

### **Conclusion**

Please remember that matching in emergency medicine is far too competitive and difficult for you to become emotionally invested in a particular program. It's just not worth it! Many programs rank candidates based on academic achievement and other objective criteria so your desire or "need" to train at a particular program is not factored in. Now that doesn't mean you shouldn't let them know how much you like that program, but simply that it may not influence anything. I'm certain every year some students feel personally hurt by some program because they did not match there, particularly if it's their own institution or they rotated there. Remember this is not personal, it's just reality.

Now all this is not meant to discourage you but rather to let you know the realities of the process. On a positive note, you should all know that U of Penn students have been very successful in matching at excellent EM programs, and I expect that tradition to continue. Remember you are completing training in an outstanding medical school that has prepared you well for residency and this fact is not lost on program directors. In addition, I truly believe, the vast majority of EM programs provide excellent training so it's hard to go wrong. The trick is simply ending up at the one that's best for you.