

## **The Medical Interview**

#1 Tip – Be prepared as it will sharpen your confidence, and decrease stress

-Practice Interviewing

-Mock interview: Ask a co-resident, fellow, advisor, or Dr. C

-Prepare for the interview like you would a real interview

-Consider bringing your portfolio, and dressing for the occasion

**-BE ON TIME!**

-Know yourself

-Make a list of your top strengths, goals, values, accomplishments and abilities

-Think of 3 cases that you could talk about in detail and on the fly

-They should be personal, and reflect you as a person

-Ideas:

-1 emotional case where you were close with the patient

-1 complex medical case that really interested you

-1 case where you did something wrong, that you learned from the experience

-You can then mold these cases to whatever the interviewers ask you

-What do you want the program to know about you? What makes you a candidate/ makes you unique?

-Anything you put on ERAS/ CV is fair game. Make sure you know the ins and outs of every point.

-Know the Program/ Employer

-Visit the program/ employer's website.

-Try to discern what makes the program/ employer unique. What is their mission statement?

-What is the culture of the program/ employer? Are they a good fit for you?

-If you receive an interviewer list prior to the interview, make sure you look up each interviewer, including any research on pubmed.

-For example: If the interviewer specialized in prostate cancer, and you have prostate cancer research, know your research thoroughly as they will ask you about it!

-They will ask you "Do you have any questions?" Make sure to have stock questions ready, even if by the end of the interview all of your questions have been answered.

-Looking the part

-First impression means more than you realize

-Conservative, tasteful, neat, and comfortable

-Men – Suit (Navy/ Gray, no pinstripe). White or pale blue shirt. Solid/ Stripe/ Small pattern tie.

-Make sure facial hair and hair (if you have any!) is neatly combed

-Women – Suit – Skirt or Pants are acceptable (Navy/ Gray, solid colors). White or cream top. Simple/ Comfortable shoes.

-Thank the program coordinator/ Interviewer

-Don't use your cell phone or computer

-Be social, and interact with the other applicants and fellows

## Example Questions for the Program/ Employer

### -Fellowship:

- Success of graduates – Where do they go?
- Specific research opportunities
- Teaching opportunities
- Quality of life for current residents? Are they happy?
- Come up with a list to ask the current fellows as well.
  - Would you pick this program again?
  - What are your plans for when you finish?
  - Are the faculty supportive?
  - Do the fellows socialize as a group?
- Questions NOT to ask – Salary/ Benefits/ Vacation/ Competition/ Maternity Leave
- Example questions you may be asked
  - Why this specialty?
  - Do you have any questions? (Always have questions...)
  - Strengths and weaknesses
  - Why this program?
  - Tell me about your CV?
  - Where else have you interviewed? (It's ok to be honest, most of the time they want to give you advice on a program they may or may not know about)
  - Where do you see yourself in 5 years? (Be careful with your answer to this, especially if you are interviewing at an academic program, but you want private practice)
  - What makes you special? (Think of a characteristic that summates you "Motivated" "creative" "Hard-working" are examples)
- Questions they should NOT ask – Children/ Married/ Family/ Age/ "If we offer could offer this position to you today, would you accept?"
- It's okay to talk about your family in the interview, but they should not initiate
- Always send a thank you, whether it be via email or hand-written

### -Employer:

- Questions to ask
  - Primary Care:*
    - How many clinic sessions is considered full time?
    - What degree of admin support is there?
    - Would I have my own medical assistant or do we share? What's the ratio?
    - Are there social workers?
    - Are there on site lab services? Imaging?
    - Who are the sub specialists?
    - How is the relationship with sub specialists? Do you frequently get consult notes back or is this a challenge?
    - How many clinic sessions per week is full time? (\*Ideally don't take more than 8 sessions per week, unless administrative support is good)

- How long are clinic sessions?
- How long is each patient visit? Follow up vs physicals (15 minutes for follow up and 30 minutes for physical is typical, sometimes 20/40)
- Who controls double-booked patients? Does the physician?
- Is there a ramping up of the number of patients seen when starting with the practice or does one immediately start at full capacity?
- Are there inpatient responsibilities?
- What is the demographic of patients you see? Has the ACA changed your patient population, if at all?
- What are the opportunities or requirements for administrative responsibilities during non-clinic time?
- What is the philosophy around quality improvement at the practice? How is the practice evolving?
- Are there opportunities for CME internally or do physicians seek CME outside of the practice? Is there money for reimbursement or time given away from work to attend CME?
- Do you take on medical students/residents?
- What is your EMR? What is the feedback on the system? What is the feedback you get on the general workflow of the practice?
- What is the call schedule?
- Is there EMR access at home?
- What is the patient philosophy of the practice (ie. evidence based vs if patients ask for tests/antibiotics/etc, the request is typically granted)
- Are there other providers I can speak to regarding their experience?
- \*\*Why was this spot created? Why are you hiring? (meaning, did someone leave the practice? If so, why did they leave? can I speak with him/her? Or is the practice expanding so you can take on more pts?)
- Will I take on a new patient panel or inherit the panel from another provider?
- How are urgent care visits dealt with? Are they seen by the primary care provider (in double booked slots) or is there another provider that focuses on urgent care visits?

*-Hospitalist:*

- How many shifts is considered full-time?
- How are the shifts arranged? (i.e. 7 on – 7 off or a different schedule)
- How are nights covered and/or how many night shifts are expected per month? Are there nocturnists?
- What are the hours of the shift? Is there a set sign in time and sign out time or flexible?
- How many weekends per month?
- What is the patient cap? What is the average daily census per provider?
- How is the support staff? (i.e. social work, secretary)
- Is there an EMR? Is there remote access?

- How are patients distributed (i.e., in the morning, throughout the day)? Is there a triage function who decides or is there an algorithm?
- What is the call schedule? How many calls per month?
- What is the typical daily work flow?
- Are there any subspecialty services missing from the hospital?
- Are the specialty services easy to consult? Are they easy to work with?
- Is there CME money available?
- Do you work with medical students or residents?
- Do you work with mid-levels? If so, do they work independently or under the supervision of the attending physician?
- Are there committee responsibilities?
- How are time off requests handled? How often are requests denied?
- Is there much turnover in the group? Why do people leave the group?
- Is there a backup system? How are provider emergencies handled?
- What is the patient population that you see (i.e., payor mix, indigent population, etc)?
- Is moonlighting allowed? Are there opportunities to moonlight?
- How are admissions handled and does medicine have a right of refusal?
- What is the relationship between hospitalists and outpatient providers? Do outpatient PCPs have admitting privileges or are all medicine patients under a hospitalist?
- Do the hospitalists cover medicine consults? If so, how is the workload for med consult distributed?
- Does this hospital receive outside hospital transfers? If so, what are the expectations for accepting or denying patients who request transfer?
- What is the relationship between the hospital and skilled nursing facilities, rehabs, acute rehab, etc.? Are there preferred facilities? How is the communication back and forth? Do hospitalists round at these facilities?
- Is the ICU open or closed? Who runs codes?
- What acute care services are available and during what times (i.e., is there a 24h cath lab, stroke protocols, rapid response teams, trauma, 24 anesthesia)?
- Is there an academic appointment? If so, what is the promotion track?