

Critical Interviewing Skills for the Match

Despite what medical students may hear, there are no standard answers that will impress residency program directors during interviews. In at least general surgery programs, this may be because few programs use standardized questions (Kim, Gilbert, Suh, Miller, and Eggerstedt, 2016). This reality can make a successful interview something of a moving target, placing greater pressure on students as they prepare.

Common advice consists of telling students to be themselves, and avoid saying what they believe the program director and other residents want to hear. This is reasonable, however does not encompass all a candidate needs to know when preparing to interview. How something is said is as important as what is said during an interview. Anticipating the kind of questions posed, and responding appropriately, requires knowledge of interview techniques and rationale. In addition to sharing pertinent information, candidates must display emotional intelligence, self-control, and an understanding of the interviewer's priorities. Finally, the more obvious, tangible aspects of a successful interview include appropriate dress, body language, and courtesy.

Interviewers employ two methods of questioning: behavioral and situational. Many believe that the strongest predictor of future behavior is past behavior. Behavioral questions require candidates to reflect on past situations and provide personality-specific answers. Because the intense training of residency provides the foundation for improved decision-making, the purpose of these questions in a residency interview is twofold: to determine how a candidate decided what actions to take, and how, in retrospect, they view those decisions. Many times an

interviewer will ask, “What did you learn from that experience?” Sometimes, however, they will not, and candidates should be prepared to share that information without prompting.

Examples of behavioral interview questions during a residency interview include:

“What can you share about the most challenging case you’ve seen?”

“Can you describe a time when you had to deal with conflict?”

“Where have you sought help in the past when you needed it?”

Situational questions, generally, seek to determine a candidate’s level of acumen. The interviewer will ask what a candidate thinks they would do in a given situation, focusing on a potential problem to be solved. Answers to such questions demonstrate the ability of a candidate to apply critical thinking and established knowledge to a problem. Situational questions are recognized as “what ifs,” and reveal a candidate’s ability to identify a solution on the spot. They also reveal traits involving people and organizational (e.g., prioritizing and workflow) skills.

Sample situational questions include:

“What would you do if you saw inappropriate behavior by your colleagues?”

“What would need to happen during a shift for you to feel as though the day was a success?”

Whether or not a question is focused on the past or future, candidates must be prepared to answer thoughtfully and truthfully. Most interviewers will employ both methods of interview questions. Some, whether advisable or not, ask surprising questions. One resident reported being asked what was in the trunk of her car, another stated the interviewer inquired what three items would be saved in the event of a house fire. These are examples of questions which truly have no right or wrong answer - their purpose is to examine how quickly, and effectively, an

applicant can think and communicate. (The trunk contained a spare tire and beach gear; a cat, laptop, and cellphone were saved from the flames.)

Although the literature indicates a great variability amongst interview approaches (Perrich, Siegel, & Chertoff, 2011), it is advantageous to practice introspection in advance of the meeting. While anticipating the content of questions is often viewed as most important - websites with sample questions abound - it is just as critical for medical students to self-monitor their delivery. The stress and nervousness accompanying the residency application process can have noticeable, unfortunate effects on personality. When presenting for an interview, some overcompensate with bravado, while others become more introverted and struggle to provide meaningful answers. The line between arrogance and confidence, nervousness and anxious, must be respected in order to not only leave a strong impression, but to ensure the interviewee's personality is evident.

Hojat, et. al (2009) reported on the decline of empathy experienced by third year medical students. Emotional intelligence is recognized as a key factor in patient satisfaction, and must be demonstrated during the interview. Candidates may be asked about their biggest concerns about the future, what they have heard about dealing with difficult patients, etc. In these instances, it is most helpful to recall why medicine was appealing in the first place. This was not, ostensibly, because of an interest in science; a career in a laboratory would suffice, were that the case. It was more likely the opportunity to care for others during a time of great need, and help patients heal through the application of scientific knowledge and skill.

An exploration of critical interviewing skills would not be complete without mention of appropriate attire, body language, and standard courtesy. Candidates will be evaluated on these

criteria as highly as any other aspect of the interview. Professional clothes and minimal jewelry are expected, and shined shoes are a must. Some programs are more relaxed than others, but it is best to err on the side of formality. For men, this means neckties and well-trimmed facial hair. For women, skirts that end at the knee are most appropriate. Due to potential sensitivities, it is not advisable to wear perfume or cologne.

The saying, “A person who is nice to you, but not nice to the waiter, is not a nice person,” has been attributed to numerous sources. No matter who said it, most people see the truth in it, and the sentiment is quite applicable to interviews. Medical students should know they are being evaluated by everyone associated with the program as well as anyone they meet. This includes administrative assistants, program coordinators, and those at the nurses’ station, among others. Everyone will form an opinion about a candidate’s professionalism, and everyone may be invited to share that opinion. Examples of inappropriate behavior include ignoring administrative staff or failing to say “thank you” for their involvement, making remarks about anyone’s appearance, slumping in one’s chair, chewing gum, and having a cell phone ringing during the interview. Although the environment may be friendly and program staff want candidates to feel comfortable, it remains a professional situation at all times.

Directors seek residents who will be an asset to the program as well as benefit from it as much as possible. Their priorities during the interview are to assess personality as well as acumen, proclivities as well as ambitions. Medical students are best prepared when they perform a strong self-assessment prior to the interview, examining how their demeanor appears to others, and the specific experiences they have had that will contribute to a strong residency.

References

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