

## CHAPTER 12

### Interviewing for Anesthesiology Program

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#### General Info

The goal of the interview is for you to find the program that fits you best and for the programs to find the best candidates for them. It is thus a two-way street. It is important for you to show who you truly are during the interview process. You must be your own advocate, as no one will do that for you.

#### Scheduling

Most programs begin to send out invitations in October while others wait until your school sends out its Dean's letters on November 1. Your contact information should be easily available and accurate. Be sure to check your email after sending out the ERAS application as programs may invite you for an interview right away.

You should submit your application by early October and reference letters by the middle of October, but no later than after the Dean's letter is received. The interview season generally begins in November and ends in early February. Departments may interview four to 20 candidates at a time, any day of the week (except around the holidays), and perhaps one Saturday per month. Sometimes arrangements outside of these guidelines can also be made under certain circumstances.

Don't visit your most desirable program first or even second, as there is a learning curve to the interview process. Try, however, to make it somewhere between the second and fifth interview. This way you will be able to compare it against other programs you visit later. It is hard to maintain enthusiasm through a long interview season. Avoid scheduling more than one interview per day or on a day when you will be post-call.

How many interviews are enough? Clearly, this depends on many factors. For anesthesiology, we suggest most applicants will not need to go to more than 10 interviews. The specialty has gone through several cycles. However, the current popularity of anesthesiology seems to be on the rise, so increasing numbers of interviews may be prudent in coming years.

#### Preparation

Preparation for your interview starts as early as preparing your personal statement, as it is a key feature of the application and serves as an introduction to you. It should be an interesting piece of reading with personal stories and should address why you are a good match for that particular residency. Don't focus the entire essay on why you want to become an anesthesiologist, but rather what qualities and qualifications you possess that will make you a good one. You may want to look back at evaluations from previous rotations and try to pick out three to four consistent qualities that you can put in the essay as positive character traits. Also, make sure to include any research experience in the essay. Be prepared to answer questions about your personal statement and the information within it. Be prepared to discuss hobbies and extracurricular interests as well. You may want to review your personal statement and CV the night before an interview to have what you wrote fresh in your thoughts.

Another important preparatory step is to do extensive research on each program before you interview. The program's website is a good starting point. Look to see if the faculty are of national or international recognition, and look at the educational programs offered.

Prepare a set of questions before the interview. This will allow you to make comparisons between and within programs. Do not put off asking these questions even if you feel they were answered in the initial introductory talk at the department. Also, do not be afraid to ask the same questions of several people in the program to get a true reflection of what the program offers. Be prepared to answer questions about yourself as well as questions about the field.

Arrive on time. Dress professionally and, more importantly, behave professionally. Remember to be courteous. If the program has provided accommodations or dinner, thank the program director and chairperson as soon as you walk in and greet them.

#### The Interview Day

A sample day may resemble the following: Interview session begins at 9 a.m. A faculty member interviews candidates for approximately 30 minutes. There are usually three to four interviews. Group interviews are also common. A catered lunch for the candidates, faculty and current residents is often provided, followed by a tour of the institution conducted by the current chief resident or an available senior resident. Pay attention during the tour so that you can ask pertinent questions later. On the interview trail, talk to other students and ask them what they think about the programs where you are interviewing.

Allow the interviewer to make an opening statement. During the interview, take notes. This creates a good impression and allows you to recall facts later when you fill out your final

match list. It is critical that you make eye contact. Smile, be cheerful, and don't let the conversation drag. That's also why it is good to have prepared questions. Expect the first few minutes to be "chitter-chatter," but if this continues for too long, feel free to break that. Know what the chair and the program director do clinically. For example, if the program director is the head of OB-GYN anesthesia, make note of this so that you can make a better connection with him or her. Being familiar with the chairperson's, programs director's, and interviewer's major publications and research interests also scores points for you. This information is usually accessible on the department website or by doing a simple search on the Internet. Asking a question specific to your interviewer shows that you are willing to put in a little extra work and generally gives the message that you are really interested in the program. This also helps you to stand out in the interviewer's mind when the candidates are discussed. They will likely become your advocate to have you ranked as highly as possible on the departmental match list. When the conversation is appropriate, feel free to slip in some of your major accomplishments. Make sure you do not dominate the interview with questions; they also want to ask you questions. The balance should be 50/50.

The interview is the most heavily weighted portion of the application. The interviewer will judge whether or not you are compatible with the program. They will be assessing whether you are a hard worker, committed to the field, professional, compassionate and whether you get along well with other people. You may be asked strange questions! This is to assess whether you can think on your feet and deal with awkward situations. This is very important in anesthesiology as the operating room is a very fluid and challenging environment and things may rapidly become "life or death." A good anesthesiologist will remain calm and know how to think on his or her feet. Thus do not be put off by such questions. Often the answer is not critical, but showing you are able to think and formulate an answer is essential.

### Questions to Ask

Important questions to ask include those that gain information regarding the department's educational philosophy and objectives, didactic programs, clinical exposure, and research opportunities for residents.

Where have previous graduates gone? Are they enjoying the kinds of careers (or continuing their education) in a way that you hope to enjoy yours? How do residents perform on the board examinations? What are the weaknesses of the program? What are the strengths? What changes are you expecting to see in the field? What changes are you expecting to see in your department in general, as well as in response to these changes? If you want answers to questions such as how many hours a day/week/month will I have to work, how many sick days can I take, etc., ask for a copy of the

department's policies, or save them for a more informal setting, such as during lunch with residents. Questions you do not want to ask include: How many hours can I moonlight, questions regarding rank order (it is also forbidden for the program to ask you about rank order), or questions that may appear to be condescending.

If you want to ask about information stated in the program brochure/catalogue or detailed during the interview day information session you can state it as such, "I know it is in here or that it was mentioned earlier, but what is your opinion on x, y and z?" As mentioned above, such questions are encouraged, as they will demonstrate consistency of the response.

If you have the chance to speak candidly to residents only, ask questions you really want to know. How is the learning environment? Do you see enough cases of this or that? How do the residents do on the in-training exam and on the American Board of Anesthesiologists' certification exam? Do you feel the chairperson really cares about you as a resident? Is there mentorship and support for your ideas? Could I stay on as faculty? Do the residents really get along this well all the time? Questions about call schedule, vacation time and financial compensation should be asked casually. Probe to see how happy the residents are. Is the department aware of how the residents feel? If the department is aware of an issue that the residents are having and is up front about it, this would be optimal as it shows the faculty are in-touch with their residents.

When you meet the residents, ask yourself if these are people you would feel comfortable with as friends.

### Finishing the Interview

At the end of the interview day, it may be helpful to ask yourself what you thought about the overall organization of the day. This may be a good indication of how well organized and receptive the department and program are to their residents, medical students, etc.

Before you leave, make sure you have the names of people you have spoken to, particularly those who interviewed you, the program director, coordinator, and one or two of the residents. Get addresses and telephone numbers when possible, in case you want to follow up with a letter or a telephone call. The easiest way of doing this is by asking people for their business cards. It is always polite to send a thank you letter within a week. In late January, send an email to the program director asking them a question or two. This demonstrates interest and reminds them of who you are.

Written notes will be of immense help three months from now when you compile your rank order list. When you get home, review your notes. Make more notes. Keep a running rank order list as you interview in various places. If additional questions come up, call back a faculty member or resident. This will give you additional information and serve to communicate your interest.

A return visit is nice for programs you are very interested in. Although you cannot ask directly about your ranking, many programs will send letters showing interest in late January. For example, some programs send out letters to the top 30 to 40 applicants on their rank list. Don't forget to continue to interact with your advisor at your home institution.

### References:

1. <http://anes.anesthes.sunysb.edu/Residency/Education.html>
2. [www.emra.org](http://www.emra.org); Med Student Survival Guide, Chapter 13
3. <http://www.ama-assn.org/ama/pub/category/7475.html#Anesthesiology>
4. <http://www.umassmed.edu/anes/residency/interview.cfm>
5. First Aid for the Match; Le, Bhushan



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## CHAPTER 13

### Osteopathic Student Guide to Applying to Anesthesiology Residency

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Osteopathic students are in a unique situation as they apply for anesthesiology residency. Important considerations must be made before beginning the process. One of the issues of prime importance is deciding between osteopathic or allopathic anesthesiology residencies. This is a difficult decision and is based on multiple factors including geographic location, size of residency desired, career plans, separate residency match programs, board certification, approval of allopathic internship and residency, licensing exams, and relating with separate professional organizations. All of which can be daunting but well worth the effort.

Geographic location is an important decision based on family, cost of living, or metropolitan versus rural location. There are 11 osteopathic anesthesiology programs located in seven states, including California, Florida, Missouri, Michigan, Ohio, Oklahoma and Pennsylvania.<sup>1</sup> As there are 23 osteopathic schools (soon to be 29) with approximately 3,000 graduates per year, this leaves relatively few osteopathic anesthesiology residencies to

meet the demand by osteopathic students.<sup>1,2</sup> It is a challenging dilemma for osteopathic students when looking for an osteopathic anesthesiology residency because of the limited geographic locations and the limited number of positions at each site. Due to the small number of osteopathic anesthesiology slots, it is likely that an interested applicant seeking an osteopathic anesthesiology residency may not be granted the opportunity nor be willing to relocate for such an opportunity. There are 129 allopathic anesthesiology programs that exist throughout the United States today, in every state but Hawaii, Alaska, Idaho, Rhode Island, Wyoming, Delaware, Montana and South Dakota.<sup>3</sup>

Size of anesthesiology residency is important to many osteopathic student applicants. The benefits of small and large programs must be weighed. The largest osteopathic anesthesiology programs have a total of 12 residents compared to allopathic programs that can carry over 100 anesthesiology residents.<sup>1,3</sup> Possible benefits of training at a smaller osteopathic or allopathic program include greater personal attention by instructors, greater investment in each resident as a reflection of the program, greater emphasis on private practice anesthesiology, and the programs are usually community hospital-based. Potential benefits of larger allopathic programs include larger number of faculty, a greater emphasis on didactics, exposure in training to a vast diversity of pathology accompanied by a higher complexity of clinical cases, more research opportunities, and less need to move to affiliated hospitals to gain subspecialty training.

The data to support what the typical D.O. does after osteopathic anesthesiology residency versus allopathic anesthesiology residency is difficult to gather (academic versus private practice). In general, it is assumed he or she would follow the trend of M.D. residents and enter into private practice at a greater rate. It is important for the osteopathic student to know in general for an osteopathic physician to become a program director or director of medical education at an osteopathic