Some people respond to silence during an interview by fidgeting. They brush their hair back, move around in their chair, straighten their clothes, or mutter to themselves. Others try to break the silence by repeating (or worse, contradicting) what they just said. Don't do it. Sit still, be calm, and be quiet—it, too, will end. One way experienced individuals combat periods of silence in interviews is to simply begin counting the time to see how long the period lasts. It will seem like days, but it rarely lasts more than 15 seconds. You should practice this during your mock interviews.

You, too, can occasionally use silence to demonstrate your contemplative side. If an interviewer asks a particularly deep or thoughtful question, you don't have to jump in immediately with an answer, even if you are prepared for it. Wait a few seconds as you "think" it through. Rather than appearing impulsive, you will now seem to be a deep thinker.

— Noninterview Visits —

The noninterview visit is still very rare; essentially, it is the same as a traditional interview visit, but without the interviews. At present, only Brown University, which is unique in many ways, invites students to its campus for optional medical school interviews. These visits are solely to provide applicants with information about the school. During the visit, applicants see the physical plant, the didactic program, and the school's social milieu. Without evaluating the applicant in person, the faculty screens applicants on the basis of their undergraduate performance, MCAT scores, and by using other written materials they feel are important. They then assume that students they admit to their school are acceptable. Their studies, based on medical school and residency performance, show that there appears to be no difference between medical school classes chosen based on interviews and those chosen without interviews.

Two other medical schools have also dabbled with eliminating interviews in the application process. The University of Iowa tried noninterview visits, but returned to the traditional application process in 1996. The Mayo Medical School investigated using structured telephone interviews, since they found that this predicts admission committee decisions better than undergraduate GPAs and MCAT scores. The problem for applicants was that they did not visit the school. (It comes as a very nasty surprise to learn just how cold Rochester, Minnesota, gets in the winter.) Mayo continues to have on-site admission interviews.

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Your Questions

I keep six honest serving men
(They taught me all I know):
Their names are What and Why and When
And How and Where and Who.

— Kipling, *The Elephant's Child*

Judge a person not by his answers,
but by his questions.

— Voltaire

In addition to answering questions, you will need to ask your own. It is important to know not only what questions you want to ask, but also what you are searching for in the replies. You want to hear specific answers, e.g., the percentage of students that have passed the USMLE on the first try, and to observe your interviewers' attitude toward the subjects you raise. Notice as well their attitude toward you as a person and toward students in general. Are they friendly and open? Or haughty and cold? This could make a big difference in how you rank the school.

When you ask your own questions, do so in a courteous, diplomatic manner. More than one applicant has "gone down the tubes" by trying to cross-examine interviewers. Doing so is crass, and demonstrates immaturity. Ask your questions in a way that expresses enthusiasm for a positive answer. Rather than the question "What problems have students had adjusting to the curriculum changes?", you might inquire, "What kind of an impact have curriculum changes had on the students and faculty?" The first is accusatory, the second merely inquisitive. Get your information, but be nice about it.

Ask simple, straightforward, open-ended (requiring something other than a "yes" or "no" answer) questions. Do not ask questions with multiple parts or that are too long to follow easily. If you ask these types of questions, you may not get the information you want; and you will probably make a negative impression on the interviewer.

Know when to ask your questions. Most schools try to give applicants the opportunity to have their questions fully answered. They gain as much, or more, information about you from your questions as they do from your answers to their questions. But, wait until the proper time to ask them. Let the interviewers ask their questions first and wait for them to ask if you have any questions of your own.

Finally, ask the right people the right questions. At the start of your interview day, ask the admission secretary which individuals you will meet and what their positions are within the school. Ask full-time faculty (especially basic science faculty) about changes in the curriculum. Ask clinical faculty about their graduates. Do not ask faculty members about teaching quality or student esprit de corps. These are questions to ask students.

Prepare a typed list of your questions so that you can easily refer to it during your interviews. What are some of the questions you should ask, and what should you look for in the answers? The list below is divided into questions to ask the faculty and those to ask students. You may want to ask both groups some questions, especially question number 21, "Could you give me (show me) an example?"

— The List: To Ask Faculty —

1. *Where are your recent graduates?*

This question is actually a two-parter. The first part asks, "Where are your recent graduates geographically?" Are they only in local residency programs or are they spread throughout the United States? This gives you a realistic perspective about the school's orientation and its reputation among residency programs. The places where recent graduates have obtained training positions reflect the school's reputation and the quality of graduates they have produced.

The second part of the question asks, "What types of residencies do your graduates enter?" Have they primarily gone to community-based primary care residencies, or are they also at academic centers in "difficult-to-match-with" specialties and programs? How many have gone into clinical practice and how many have gone into research? (If more than 10% of any school's graduates are in research, the school is heavily weighted in that direction.)

Ask this question in a general manner. If either part is not answered, follow it up with a more specific question designed to get the missing information. If you cannot get adequate information, simply ask, "May I see a list of residency programs where your recent graduates went?" All schools have these lists, at least for their most recent class; some even post them on the school's website. You then can evaluate the answer at your leisure. Also, find out (from the student records or school's alumni office) if any recent graduate from the school lives near your home; you could gain valuable insight into the school by talking with this individual.

2. *For which special programs is this medical school well-known?*

If you have learned of any special programs the medical school offers, either from their brochure or from talking with students, you may want to ask for more details. You also want to know about any other special programs, some of which may be too new to list in the brochures or on the website, or which have not yet started. These programs will be bonuses of attending this medical school, and the interviewers will generally be thrilled that you asked about them. This allows them to show off their school to its best advantage.

When evaluating the interviewers' answers, remember that programs in which you do not plan to participate (such as an international electives program which won't fit in with caring for your three young children) are of no benefit to you. They may, however, demonstrate the medical school's educational direction, which is very useful to know.

3. *How many courses use Problem-based learning?*

Problem-based learning, or PBL, is the newest wrinkle in medical education. The concept stems from the need to teach physicians to independently solve many clinical problems and to stay current with medical changes throughout their careers. PBL is a logical method of introducing the physician's mindset into the teaching environment. Students receive problems (often clinical cases), which they must then solve (often with a study group) using appropriate resources from diverse sources. The process is similar to the method clinicians use to solve clinical problems on a daily basis. The difficulty with applying this method to basic science courses is that it works best in small groups and requires more faculty. When medical schools' budgets are being decreased, hiring more faculty for teaching becomes very difficult.

A few schools, such as Harvard, Hawaii, and Kentucky, have taken the PBL "bull" by the horns and run with it. Most of their courses, both preclinical and clinical, use this teaching method. The majority of schools, though, have applied the method to only a few preclinical courses or to parts of courses. In most cases, they also still rely on standard testing methods to evaluate students, rather than using their contributions in these small-group sessions.

If PBL-type instruction strikes you as useful and is compatible with your learning style, you may want to investigate it further.

4. *How much flexibility is there in the course work and the timing of the courses during the preclinical and clinical years?*

None of us can anticipate all the twists and turns our lives will take. Although you may plan to zip through medical school, family, health, or other reasons may make you slow down or take time off. How flexible is the school? If something untoward happens, do they have policies allowing students to make up lost time without harsh penalties? Will your loans and scholarships remain active even if you must take a decreased course load or a leave of absence? Will your tuition decrease if you take fewer (or no) courses for a period of time?

Or, you may wish to accelerate your medical school experience. Is that possible? Can you go straight through without breaks? Will the school give you any credit for advanced study that you completed before medical school? If so, can you take advanced classes to shorten your route to a medical degree? If you do finish early, will the school allow you to "graduate" early to start your residency training? Again, each school has its own rules, which may change over time. It's best to know them in advance.

5. *What changes do you anticipate in the school's curriculum?*

This is a question to ask a Dean or basic science faculty member. Clinical faculty are often not aware of curriculum changes until well after they have been implemented.

You should expect to hear about such changes. Most U.S. and Canadian medical schools are constantly implementing curriculum changes. In some cases, they have little impact on students—either because they are relatively minor or because the school can't seem to get its act together to structure and fully implement them. In other cases, the curriculum and teaching methods undergo dramatic changes over a short period.

Problem-based learning (PBL) is an example of such a change. (See Question 3, above.) If you learn that the school is going to implement PBL, ask how long they have been working on introducing it into the curriculum, which courses use it, how much of each course is taught in this way, and whether they have adequate facilities and faculty to use this method. Later, ask the students the same questions. Also ask the students how well PBL is working, and how well they think they are learning using this method. You might want to ask similar questions about the use of computers in teaching and testing.

6. *How much of an administrative, legal, and bioethics curriculum is there?*

Although academicians have been slow to recognize it, medicine is also a business—at times a dangerous business. How much training in the administrative and legal aspects of medical practice will you get at this school? Will you acquire at least a basic understanding of managed care and other health care delivery systems? Will you receive in-depth training about the legal pitfalls now so common in medicine, or will this come only after your first malpractice suit?

How about the ethical issues that now pervade medicine and society? Does the school offer a formal bioethics course, or are these topics addressed only when it is convenient or if there is extra time? Although these topics do not fall within the "hard science" component of medicine, they fall into the two, often-neglected, parts of medicine's tripod: Medicine as an art and medicine as a business. Schools that neglect these components do so at their own—and their students'—peril.

7. *How well have students done in their class work?*

Nearly all applicants want to ask this question. The answer you will get, however, is of little help in evaluating the schools. Nearly every medical school has the same percentage of students who get "Honors" and the same percentage who fail their courses. The difference, however, is the criteria schools use to determine these rankings, which are based on their student bodies and their educational expectations.

The question you *should* ask is: How do the school's students do on Step 1 and Step 2 of their licensing examinations (USMLE or COMLEX)? (See Question 14.) This is important, not only as a

measure of the school itself, but also when residency directors assess applicants from many different medical schools. The licensing examination scores are the only "even playing field" on which they can compare applicants. It is also vital when assessing non-U.S./Canadian medical schools. Graduates who cannot pass Steps 1 and 2 of the USMLE, the Clinical Skills Assessment, and the Test of English as a Foreign Language (TOEFL) cannot do a U.S. residency and thus cannot be licensed to practice medicine in the Unites States.

8. *What are the clinical opportunities for students during the preclinical years?*

You will eventually be exposed to the clinical side of medicine, but, if you are like most students, you do not want to wait two more years to start working with patients while you vegetate in the classroom and laboratory. Are there early opportunities to work with clinicians?

The typical answer is that you will begin a physical diagnosis course sometime during your first year. This means that a resident or a "standardized patient" (a patient trained to teach you specific parts of the physical examination) will probably instruct you and a small cohort of your classmates in the basics of taking a history and doing a physical examination. That is fine. However, physical diagnosis is to clinical practice what the crust is to a pizza—it serves as a necessary foundation, but it lacks any zing on its own. Your real question is whether you will have an opportunity, be encouraged, or even be required to actively participate with clinicians while you learn the basic sciences.

This may be a personal bias, but if there was no opportunity for early clinical exposure, I would be reluctant to go to that medical school. I have found that most medical students learn best if they can relate their classroom work to the patients they see in the hospital and clinics. Clinical work also reminds them that patient care is why they are in medical, rather than graduate, school.

9. *What types of clinical sites are used for clerkships? How many students do rotations at other institutions or internationally?*

Medical schools have a variety of clinical settings available for their students, including ambulatory clinics, private preceptors, private hospitals, and rural clinics. Which ones does this school offer? Is there a wide variety of both outpatient and inpatient facilities, and does each offer a large number of electives? Or are all the facilities generally the same, with little chance for electives? Do the types of clinical facilities mimic the medical practice you envision yourself having? (For example, if you think you want to do missionary or travel medicine, you will need to get some clinical experience at remote sites.)

Since you will spend more than half of medical school in clinical settings, this information is very important. Be aware that many older, poorly funded medical school-associated hospitals and clinics do not have enough staff (you do the "scut" work), enough up-to-date working equipment (you make do using available materials), or the necessary variety of clinicians (you must refer interesting patients to other facilities) to provide you with the quality experience you need.

Medical schools in the United States and Canada have an excellent reputation, specifically because of the superb clinical training they provide. Don't shortchange yourself. Investigate the clinical sites that are available at each school.

10. *How many students are involved in required or voluntary community service?*

Some medical schools have outreach programs for the aged, the poor, new immigrants, or children. These programs allow students to get excellent clinical experience while working within the local community, so find out if they exist. The type and extent of, and support for, these programs also gives you insight into how the school regards its community—and vice versa. (Some schools allow students to begin these patient-contact experiences in the first year.)

11. *How does the school deal with students who are exposed to infectious diseases? Is disability insurance provided?*

Medical schools have become more aware of the dangers to medical students from infectious diseases. (Before the antibiotic era, it was not unusual for medical students or young house officers to die from contagious diseases such as tuberculosis.) Today each school has policies for dealing with medical students who acquire or who are exposed to serious infectious diseases. Some schools provide free

immunizations, prophylactic medications, and disability insurance, while others believe that students can fend for themselves. For example, nearly all M.D.-granting U.S. medical schools require students to have health insurance, and about half require disability insurance.

Every medical student should be immunized against hepatitis B, tested for TB, and have their Rubella titer checked (necessary for obstetric work). Ask if the school pays for these. Of course, *you* don't plan to acquire a serious infectious disease or to be stuck by a needle that may be HIV- or hepatitis C-positive. However, for the sake of argument, what if something does happen? Will this school help you out? For peace of mind, find out before you need to know.

12. *What research opportunities are available?*

Some applicants may envision careers in academia or research. If you are one of them, look for a school that can provide you with the resources and guidance to do research.

Start with the question "On what research projects are current medical students working?" That will give you a range of interests and the levels of activity. Are faculty mentors available? Is funding for student projects easily obtained, or will you have to scrounge for it? Is research barely tolerated, or actively encouraged? How fairly have students been treated when working with faculty members on research projects in the past? (Have the students done the work and been given secondary, or no, credit?)

Also find out about facilities and time available to do research. Does the institution provide facilities? Can you take a leave of absence to pursue research or a research-oriented degree? In addition, if you do research and it is accepted for presentation at a national meeting, will the school pay for you to go? Will they give you the necessary time off? Ask now to avoid disappointment later.

13. *What types of student evaluations are used? How often are they given?*

Frequent feedback is essential for medical students' mental health, as well as to insure their best performance. At one time, a well-known medical school had no required examinations until the end of the second year, when students took the first part of the licensing examination. The suicide rate soared. This was because many of the students, rather than being calmed by their instructor's assurances that they were learning more than enough to pass the examination, were scared witless that they could not possibly know enough.

Much of a medical school's curriculum is "open-ended," meaning that there is no real limit to the knowledge encompassed within a subject area. An individual could study anatomy and biochemistry his entire career without knowing all there is to learn about the subjects. Yet, medical students must take a national examination covering all the subject areas they study. They do best if they get repeated feedback by taking examinations similar to the licensing examinations in each area. This pertains not only to the preclinical, but also to the clinical years.

Unfortunately, the tests most medical schools administer have not yet caught up with the changes the USMLE has made in its examination format. The new format contains many questions that integrate diverse subject areas, reflecting the way clinicians actually apply the basic science and clinical knowledge they have learned. These types of questions can be difficult to formulate, especially if faculty from different disciplines must work together to do so. More importantly for medical students, these questions can be difficult to answer if you first experience them when taking the licensing examinations. Therefore, it is useful to know if the school has changed its testing methods, including offering computerized tests, to mimic those used on the national exams.

You also want to know whether students get feedback during clinical rotations, or only after finishing each specialty's clinical work and taking the course's written test. The latter suggests sloppy teaching methods. As an applicant, you may ask to see a sample set of evaluations for a student's clinical rotation. Be careful, however. The evaluation and teaching methods usually vary among departments, even within the same school. In addition, although they are not supposed to vary within the rotation sites, they often do.

14. *How have your graduates done on the USMLE or COMLEX? How does the school assist students who do not pass?*

The primary goal of a medical school education is to prepare you to practice medicine. An important milepost in your career is passing the medical licensing examination (USMLE for M.D.'s or D.O.'s, and COMLEX for D.O.'s only), often referred to as "The Boards." (At many schools, passing individual parts of this examination is required before students can advance to their next academic year or graduate. Both exams have three parts, the first two of which are usually taken while in medical school.) Your score on "The Boards" may well determine the type and site of the residency you can obtain, so doing well is important. How have students from this school done on their licensing exams? How many passed on the first try? This can be asked tactfully, as in "How many students had to take their Boards more than once?" (Some schools have had failure rates of 10% or more above the national average on USMLE Step 1.) Also ask if there are programs to prepare students for these exams, as well as any special programs to help those who don't do well (fail) on their first attempt.

Some of the faculty interviewing you should know this information or could easily obtain it from the Dean of Students. If not, call, visit or write to the Dean of Students yourself. Be sure to say that you are interested because you are applying to the school. Although information on specific students is, of course, confidential, the cumulative data should be available to all applicants. If it isn't, there may be a problem.

15. *What does the student honor code cover? What is the policy on family (parental) leave? What is the policy on infections in medical students?*

If you are interested in a medical school's specific policies, determine how best to ask about them. You want to know about the honor code? Great question! This suggests, correctly or incorrectly, not only that you are aware of the profession's ethical norms, but also that you understand how medical schools operate. Interviewers are usually impressed that anyone even thinks to ask this question. Follow up by asking how well the code operates, and whether students are involved in its associated arbitration process.

Twenty-five years ago, just asking about a family or parental (at that time called "maternity") leave policy would have doomed an applicant's chances of getting into medical school. Today, parental leave policies are probably among the safest ones to discuss. Pregnancy among medical students and their partners is no longer a rare event, and most interviewers expect any married or engaged applicant to ask about these policies.

Asking about infections among medical students, however, may be near the "taboo zone." Simply asking this question suggests that you have a personal problem with which the school probably does not want to deal. While the Americans with Disabilities Act of 1990 supposedly prevents discrimination toward applicants with infectious diseases, few schools will accept applicants who could cost them money (increased premiums on health insurance policies) or adverse publicity, or subject them to legal actions from patients or other health care workers.

16. *How many students dropped out of school recently?*

With 400 or more students at most medical schools at any given time, some of them will inevitably leave school before graduating. This occurs for many reasons. Many take leaves of absence due to family or personal crises, expecting to return. Some transfer to other schools. A few decide that a medical career is just not for them. (For example, Michael Crichton, the well-known author, described how a faculty mentor kept encouraging him to stay in school, although he had already determined that he was not cut out to be a physician.) This information is not, however, what you are after. You are asking whether any students have left because they failed academically. This happens at every school, but how did this school's faculty try to help the student before he or she was forced to leave? Are there tutoring programs for those in academic "hot water"? Of course, *you* won't need these services. But it is nice to know that they are there if a friend of yours does.

17. *How does your mentor/adviser system function? Who are the advisers—faculty members, other students, or both?*

As mentioned elsewhere in this book, medical students do best if they have mentors. The definition of "adviser" varies widely among medical schools. While each medical school has a system to supply advisers and most medical students utilize these individuals (with varying intensity and success), it is useful to know in advance what the school offers. Do they assign individuals who will see you as a faceless number and "rubber stamp" your forms, or individuals who will help you over rough spots and offer career advice?

18. *What kinds of academic, personal, financial, and career counseling are available to students? Does the school offer any of these services to spouses and dependents/children? What support services or organizations are there for ethnic minorities and women?*

If the medical school has none of these services available, it indicates that they (1) have little regard for your future welfare and (2) have little understanding of what their mission as a school really entails. In either case, you've been warned.

Most students must finance their medical education with a complex arrangement of scholarships, loans, and grants. Even those who don't must balance personal and school finances. Personal financial management is not usually taught in the premed curricula, and the "school of hard knocks" is a terrible place to learn the ropes. Many medical schools offer special programs on personal financial management and provide counseling for students if they face personal or financial difficulties. Financial aid offices often provide assistance with personal finances, including evening courses on basic financial management. If these are available, they may save you many anguished hours trying to salvage your credit rating or making ends meet.

Schools with a large number of minority students often have special advisers and support groups for them. Women students also may have their own faculty- or student-run support groups, although these do not receive as much funding as those for minorities.

All schools help their students to find residency positions. What has this school done for its recent graduates? With the increasing difficulty of locating positions in some fields (e.g., general surgery, emergency medicine, orthopedic surgery), it is important to learn how much effort the staff expends on helping its students. Some schools hold seminars to educate students about the entire process, some provide specialty-specific counseling, and some even provide students with a copy of *Iserson's Getting Into A Residency: A Guide For Medical Students,* 6th ed. (Sorry about the plug, but I'm proud of this book's contribution to medical education. See *Annotated Bibliography*.) Some schools also use the faculty's contacts to advocate with residency programs for their students.

19. *How stable are the current tuition and fees? If they aren't fixed, at what rate will they increase?*

You will be paying a lot of money in tuition and fees (unless you go the Uniform School for Health Sciences). Fairness dictates that schools tell you how much they think these costs will increase over the next four years. Many schools plan tuition and fee increases that far ahead, so they can provide you with this information. Ask now so you won't have an unpleasant surprise halfway through medical school.

20. *What impact has health care reform had on this school's teaching and patient care?*

Far from an idle question, the past decade saw the most devastating and grievous insult to medical student education in this century. Medicare rules and punitive actions (fining a number of medical schools tens of millions of dollars each) have made most university teaching hospitals seriously restrict what medical students can do clinically. For example, third- and fourth-year medical students on their clinical rotations routinely wrote histories, physicals, progress notes, and orders in their patients' charts that were later countersigned by their supervising physicians; in most cases, they can no longer do that. The encroachment of managed care organizations has siphoned off many patients from teaching hospitals, their teaching services, and their clinics. How does this medical school ensure that medical

students will continue to get a quality medical education and graduate with a good fund of clinical knowledge and skills? Or do they adhere to the "European" system of making students wait until after graduation to learn clinical medicine?

21. *Could you give me (show me) an example?*

This is one of the most important questions you can ask during interviews. Ask it to supplement information you get from faculty and students.

While trying to ascertain whether you and a medical school are compatible, you need to have specific information, not unsubstantiated statements. "Our students' on-call schedule is very benign," says the interviewer. "Could you show me the current students' night-call schedule for your service?" you ask. After you see the schedule, you will know if it really is as easy as he claims it is. Don't forget that the interviewer's interpretation of what "benign" means could be very different from your own interpretation. (If, as in some schools, the students don't stay all night, find out when they leave and when they must return.)

Many questions lend themselves to confirmation or explanation. Asking for examples is a safe, pleasant, and enlightening way to get further information about important points.

You can never ask this question too often.

— The List: To Ask Medical Students —

22. Tell me about the library, student housing, and extracurricular facilities.

The library is the bellwether of an institution's educational commitment. Is it stocked with useful and up-to-date materials, equipped with a sufficient number of modern computers with links to other medical resources, staffed with knowledgeable and helpful people, and open long (or all) hours? Note that many medical students need the library not only for its resources, but also for its tranquillity. Those who live in noisy surroundings need it as a place to study, and many medical libraries provide special rooms for group study. If so, the school has done its job.

Do you plan to live on your own, or would you like the option of a school-sponsored dorm or other housing? Many schools provide low-cost housing alternatives, generally in close proximity to the school. Given the time (and financial) pressures of the first and second years, these options can look very good.

Since, despite your best intentions, you really cannot study 24 hours a day, you may be interested in free or low-cost recreational facilities. If they are located near the school, they can provide an enormous boost to your mental and physical well-being, as well to the camaraderie among classmates.

23. What computer facilities are available to students? Are they integrated into the curriculum/learning?

Our new century is computerized and the medical field is no exception, although it currently lags behind other segments of society in its use of computers. All physicians will need to be computer literate, using information systems as readily as they do their stethoscopes. Does the school provide access to computers and use them for teaching? Are computer labs or specialists available to students? How about special computer courses? It's no longer enough to know how to take a medical history and do a physical examination. You also need to know how to access computerized medical records, lab results, bedside nurses' notes, clinic schedules, library materials, databases, and, eventually, billing records.

Somewhat beyond the call of duty, some schools also provide students with PDAs to use for class work. Others require them to purchase their own. Many, especially those associated with universities, also provide students with e-mail addresses—essential for communication with classmates, professors, mentors, and, eventually, residency programs.

24. Is there a note-taking service? If so, is it university- or student-run?

Note-taking services can be a wonderful boon to many medical students. However, there are differences in the way each service calculates the charges and in the finished products. So, if this service

interests you, find out the details. Aside from the cost, begin by finding out how the service runs. Do faculty members provide the "notes" or, at least, correct those taken by students? If not, errors often creep into them—a major flaw in any such service. If taken by students, are the notes transcribed from lecture tapes or from notes taken during the class? In the latter case, note-takers can miss significant material. Do one or two excellent note-takers do the work, or does the job rotate among participants? As you know from viewing fellow students' notes, this latter method is not optimal, but it is usually cheaper. Some note-taking services also provide copies of old exams to use for studying. These can often be very helpful. One caveat, of course: Many students do much better when they take their own notes and use them for studying. If you are one of these, only use a note-taking service as a supplement.

25. Do students regularly have an opportunity to formally evaluate the faculty? What recent changes has the school made due to this feedback?

This question really asks, "How important is the educational mission?" Feedback on the faculty's performance is an essential part of all education. If the school is serious about educating medical students, it will have a good evaluation system. Virtually all schools, however, will say that they have an evaluation system, since their licensing body requires it. What tells you that they are serious about these evaluations is if they can recite substantive changes that have been made based on these evaluations. That means that they not only have the system, but also value their students' opinions.

26. What contact will I have with the clinical faculty?

The material that the school sent to you said that they have hundreds (or thousands, in some cases) of clinical faculty members. Did they happen to mention how often you will have contact with *any* of them? The faculty can only help you if you have direct contact with them. If faculty members hide in their offices or labs rather than attend in the clinics, wards, emergency departments, or operating rooms, they might as well not be there. Many of those listed as faculty may be on clinical services with which students have little or no contact, such as radiation oncology or nuclear medicine. Others may be located at remote sites where students don't go.

So the questions that you should ask are "How often are the faculty members present?" and "How often do students find that faculty input is not available when they want it?" You might want to specifically ask "How available are they on nights and weekends?" Of course, as a student, you will usually be taught by residents. Nevertheless, you will also want input from the faculty, who are supposedly in that position because of their knowledge and experience. Do members of this school's clinical faculty teach students on a regular basis?

27. Is a car necessary to get to clinical rotations or to decent housing? Is parking a problem?

Do you need or want another hassle in your life? Cars eat up money and cause unexpected difficulties when they break down, but offer you greater mobility than you might otherwise have. If a medical school is in a large city with excellent public transportation, you may be able to survive without a car—at least for the first two years. Your classes will generally be held on a regular schedule and any outside clinical work will normally be in the school's vicinity.

When you get on your clinical rotations, however, you will work bizarre schedules and will often be "farmed out" to many different hospitals, sometimes in other cities. Will you need a car then? If you won't (as in Chicago, New York, or Washington, DC), you may be able to save a lot of money and aggravation.

Finally, how about parking? Is it difficult to find (or expensive) at the medical school, hospital, and other clinical sites? If you drive to your medical school interview, you may get a taste of what the parking is like. Is this the norm for students, or just for visitors?

28. What support staff are available?

Medical students commonly feel overworked during clinical rotations because there are too few people to perform what are typically nonphysician tasks. You owe it to yourself to find out how much scutwork the school's medical students typically perform.

Who starts routine IV lines, draws blood, and does clerical work? Who pushes patients to x-ray or to radiation oncology for treatments? Does the institution provide an adequate level of nursing and ancillary support?

The opposite situation applies at some schools, and this can be even more dangerous to a student's education. If nurses or special technicians start most of the IVs, put in most of the catheters and naso-gastric tubes, or draw most blood samples, students miss out on valuable opportunities to learn procedures they will perform throughout their careers. While some students may complain that they do these procedures so often "they can do them in their sleep," that is exactly when you will have to do most procedures during residency—so you had better know how to do them very well.

While faculty may be able to tell you about some of the available clinical support, ask the students and residents for the real answers. Don't complain after the fact. Find out in advance.

29. *What is the call schedule on third-year rotations?*

In general, the third year is when you will have your first real contact with the clinical side of medicine—including working nights and weekends. It is a very stressful time, second only to internship. (For most students, their excitement in learning new procedures, seeing new clinical environments, and the fact that they have finally found their way to clinical medicine outweighs the stress.)

Third-year schedules can affect your learning in two ways. The first is by providing too little time for learning. Students on some services work such long hours that they do not have enough time to read and absorb new information. In good clinical settings, however, the practical knowledge and skills they obtain make up for this. In addition, even though the hours may be long, most clinical rotations have "down times," during which the student's clinical duties are light or nonexistent. Those are fine opportunities to read (or to waste time).

The second way third-year schedules can affect your learning is by providing too much free time. This rarely occurs, but it can have an adverse effect on your clinical proficiency, such as when students do not spend the night with their hospital-based teams. While this may sound great, the result is that residents and faculty view students as frivolous attachments to the clinical team, since they are not around when their help is most needed. In addition, since students gain so much clinical experience after normal hours when fewer people remain in the hospital, they lose important educational opportunities by not being there.

At most schools, your fourth-year schedule will be your responsibility and will depend almost entirely on the rotations you select. Therefore, you should ask about the third-year rather than the fourth-year schedule.

30. *What is the patient population I will see?*

Patients (their numbers, ages, the nature of their diseases, and who cares for them in what settings) are the basic element of all medical training programs. The school's hospital and clinic rotations must provide an adequate number of patient encounters for a thorough education.

Find out about the patient population served and the distribution of disease processes. Some teaching hospitals have an overabundance of a few types of disease processes, such as penetrating trauma, tertiary oncology, or AIDS. A skewed distribution does not provide adequate training for students who will eventually serve a more diverse population with more common diseases. Today, as physicians deliver more medical care in outpatient settings, students should also see patients in the clinics and outpatient surgeries.

31. *On what medical school committees (e.g., curriculum, admissions) do students have representation?*

You may want to ask this question even if you have no plans to become active in your medical school's politics. Student representation, especially if it includes voting and other rights of full committee members, shows a school's commitment to medical student input and involvement. If students currently going through the curriculum don't have a ready conduit to the curriculum committee, for example, it demonstrates that the faculty (or at least the school's administration) wants a barrier between students and teachers. Do medical students have a significant voice in determining and changing school policy? If they do, there is probably more of collegial relationship between the faculty and the students. If not, the student body can become frustrated from banging their heads against the proverbial brick walls to get changes made in the school's education and management.

32. *Do the students socialize as a group?*

Group socialization demonstrates one element of esprit de corps. Social events help to relieve stress and cement personal friendships that can last a lifetime. Are social events classwide or institutionwide? You may also want to ask about the ratio of married to single students (in the current first-year class or the institution), how many students have children, and how often the social events involve spouses, significant others, or children. Does there seem to be any particular area of special interest among the students and faculty, or do their interests vary?

Is socializing related to educational activities, such as journal clubs? Or are there separate events, such as volleyball games or picnics? Note that if the activities are student-organized, they may vary considerably from year to year.

— Confirm Questionable Points —

A number of the questions that you raise may be critical. Which questions these are will depend, in part, upon your own "Must/Want" Analysis. Even though the questions are important, you may not get straight answers to some of them. This may be because no one you ask knows the answer. For example, in October no one may really know how many of the faculty will still be on-site next July. However, you may be getting the runaround for other, more nefarious reasons. If you ask a faculty interviewer about how much interaction the faculty has with students and she hems and haws, then you will need to search elsewhere for the real story. This is where the technique of crosschecking facts comes into play.

Whenever you have some doubt about the answer to an important question, repeat the question to another interviewer. Better yet, if it is appropriate, ask a student. In fact, if the issue is extremely important to you, ask everyone you talk to the same question. But be sure not to do so within earshot of others you have already asked or will ask that same question; it will be taken as a sign that you doubt their honesty, which, of course, you do. Remember that the school is trying to sell its product to you at the same time that you are selling yourself to it. Not all salesmen are honest. *Caveat emptor!*

— What Not to Ask —

There are specific questions that you must not ask during an interview, even though the answers are important. These questions involve two areas: vacation and competition. Let's discuss them individually, so you will know what information to get from *appropriate* sources.

If you don't think that *vacation* is important, wait until you have been up most of every night for a week studying for finals or Board exams. At that point, dreaming about an upcoming vacation may be all that keeps you going. Most students have 8 to 12 weeks of vacation between their first and second years, with an equivalent amount during their third and fourth years, although they have more choice as to when they schedule this time off. Usually, the school specifies the amount of vacation time in their material for applicants. If you don't have the information, either ask for a typical student's schedule (which will include vacation) or ask a noninterviewer student. Don't ask an official interviewer, since inquiring about vacation time during any interview is akin to asking whether you will actually have to do any work in medical school. While everyone understands that vacation—even a student's vacation—is important, interviewers assume that during the interview you will concentrate on the great educational experience that the school offers, rather than your time off.

Who is your *competition*? It doesn't matter! Asking about other applicants will serve no purpose and can only direct an interviewer's attention away from you. The key, as has been stressed throughout this book, is to put your own best efforts before the admission committee and let them select you based upon what they see. Forget the others. Concentrate on selling yourself.

— What Not to Do —

Just as there are certain questions that you should avoid, there are certain things that you should not do during the interview. The items below are attitudes or actions that will evoke negative responses from interviewers.

Show Discouragement

Be upbeat! This is your time to shine. One poor interview should not influence the rest of your visit. Remember that the interviewer may not have thought it was a poor interview at all. Looking "down in the dumps" will destroy any positive effect that your interview could possibly have made.

Stand up straight. *SMILE*—it won't break your face. If you cannot find the courage to smile through some adversity now, you are really going to be in trouble when you get into medical school and residency.

Disparage Other Schools, Faculty, or Applicants

You might very well be asked about the other schools that you have visited. The question could be phrased as "Tell me about the poorest schools that you have visited." Although this may be tempting—you may have interviewed at some places you really didn't like—back up a minute to redirect the question. Say that you are not in a position to determine which schools are poor, but there may be some that do not seem to meet your needs. Then you can describe specific aspects of schools that you feel did not fully meet your expectations. However, go easy. If you really berate a school that you have visited, the interviewer might wonder what you will say about his or her school when you go elsewhere.

It should go without saying that you should not say anything derogatory about faculty at another institution. Academic medicine is rather close-knit; there is a good chance that the person you describe will be well-known to the interviewer.

Falsify Background

Although it may appear that you could say almost anything about your background during the interview and get away with it, you do so only at great risk. The first danger is that your lies will immediately be discovered.

Not many years ago, an applicant was eloquently describing his activities in the Emergency Medical System. He stated that he frequently responded to calls even while in school. It was quite an impressive achievement. Yet, as he went on with his story, it became obvious to the interviewer that he was being less than honest. As the applicant described activities on the opposite side of the country, it just so happened that the interviewer was also from that area and noticed major factual errors in the story. A call to the student's adviser later confirmed his deceit.

The second danger is even worse. If information that you provide when you apply for any position, including that of medical student, is later found to be false, it is grounds for immediate dismissal. Thus, giving fraudulent information puts you in jeopardy throughout medical school. Stick to the truth. Make it appear as favorable as possible, but keep it honest.

> **A number of years ago, a Dean of Admissions at a U.S. medical school was talking with the premed adviser at a large university. The premed adviser was lauding the attributes of a particular student. The Dean replied that she hoped that this student was not the same (bad) caliber as a current student they had from that school, whose name the premed adviser recognized. After a moment of silence, the premed adviser said he would get back to the Dean—he had something to check. When he called back, he related that the medical student in question, now in his seventh year (having failed and repeated the first, second, and third years and who was now only weeks away from graduation), had never graduated from their school, much less gotten the glowing reference letters the student had submitted. After an investigation by officials, including the FBI, the student was dismissed, along with a number of individuals at other medical schools who had also used fraudulent application credentials.**

Use Inappropriate Humor

There is a place for humor in interviews. One medical student said,

> **I'm always ready with a joke. So when I was asked by an interviewer if I knew any good ones, I said, "Sure. A horse walks into a bar and sits down. The bartender says to the horse, 'Hey, what's with the long face?' I'm sure that swung it for me." [After asking that question, the interviewer got what he deserved.]**

While jokes can be stupid, they should not be offensive. Even if an interviewer laughs after you tell an off-color, sexist, or racist joke, you almost certainly will have lowered yourself in his or her eyes. In fact, a large number of administrators consider off-color or inappropriate humor to be the major breach of etiquette in the classroom and workplace. If you have an uncontrollable urge to tell these types of jokes, at least keep them out of the interview.

Drink Coffee, Smoke, Chew Gum, or Bite Nails

Four activities that you must not indulge in during an interview are drinking coffee, smoking, chewing gum, or biting your nails. You may be offered coffee by each interviewer. They mean well. However, do they also offer you a bathroom break in the middle of the interview? No! If you are concentrating on a full bladder instead of the interviewer's questions, you could end up in deep trouble.

There are four problems with smoking. The first is that it is unlikely that your interviewer smokes, since the habit is now rare among physicians and medical students. The second is that smoking looks bad during an interview. So, even if you are addicted, hold out until the interview is over—or you have left the school for the day. The smell that lingers on your clothes and breath if you smoke will not endear you to nonsmoking interviewers. Third, interviewers may be biased against hiring smokers. As of yet, no medical school has gone public with an explicit ban on accepting smokers, but it is likely that it would be legal. There is no protection under current civil rights legislation for smokers. This makes it legal for an interviewer to ask whether you are a smoker. Note, of course, that if they inquire, it can only be a (un-Lucky?) strike against you. Fourth, an old ploy, used to put an applicant in an awkward position, is to suggest that you smoke and then have no ashtray available. You can avoid this (rare) problem by not smoking.

Chewing gum is absolutely out. It evokes a fatuous, sophomoric image that will destroy everything that you have worked so hard to achieve. If blowing bubbles is your "thing," hold out until you leave the hospital. No one is physiologically addicted to chewing gum (except, perhaps, nicotine gums—use patches during interviews). One stick of gum at the wrong time can cancel your chance for a medical school slot that you really want.

Finally, even though you are nervous and your common response is to bite your nails (or fidget in your chair or play with things on the interviewer's desk), restrain yourself when at medical schools. It signals your neuroses to interviewers. To clinicians, it also demonstrates potentially dangerous, infection-producing behavior.

— Steering the Interview —

As you will see in the next chapter, it is often possible to steer an interview in a direction that is beneficial to you. You can mold your answers to interviewers' questions in such a way as to bring out your most favorable points. However, this must be done subtly. Some interviewers may view your pushing an interview in a specific direction as being impudent. This, of course, would be counterproductive. So, if you can, steer the interview in a beneficial direction—but do it so gently that the interviewer does not notice.

— Why Interviews Fail—

There are six main reasons why interviews fail.

The first is due to the applicant's *arrogance* or *cockiness*. You may be "hot stuff," having come from a high-powered undergraduate school where you achieved stellar grades, whipped the MCAT, and acquired research and clinical experience. So what! Unbelievably, there are plenty of others just like you who are being interviewed. The interviewer won't be impressed, since he or she was probably a

FIGURE 24.1
Guidelines for Effective Listening

- Demonstrate attentiveness.
- Listen for "what" and "why" questions.
- Listen for key issues.
- Keep your mind from drifting.
- Repeat the interviewer's message.
- Do not interrupt the interviewer.
- Ask clarifying questions.
- Identify the interviewer's feelings and attitudes.
- Do not let "trigger words" like "foolish," "immature," etc., provoke an emotional response.
- Do not waste time evaluating the interviewer.

similar "star" when applying to medical school. Those factors got you this far. The point during interviews is to see if you are personable and have the qualities we desire (but don't necessarily achieve) in the physician population. Eat a little humble pie before you begin your interviews. Think of how exalted you will feel if you don't get accepted. Save the strutting for your friends and family (most of whom also won't be too impressed).

The second reason interviews fail is due to *inadequate preparation* on the applicant's part. While this book helps you to prepare for the medical school interview, in the end, it is up to you to know about the medical field, the school, the faculty, your own ambitions and desires, and the questions that interviewers will probably ask. It takes hard work on your part to get ready for interviews, but, in the end, it is worth it.

The third reason that interviews fail is because the *applicant does not listen to the interviewer's questions*. This results in miscommunication, distorting the messages coming in and going out. It often happens when you let your mind wander during an interview—and it spells disaster. Remember that an interview is a battle of wits. If your thoughts stray, you lose!

Since many medical school interviews are conducted in busy offices, clinical settings, or even hallways, you may have to concentrate very hard on the interview to avoid the ever-present distractions, sometimes justifiably called "interview blockers" (Figure 23.2). This can be difficult, but your experience studying in noisy dorms and libraries should help you to concentrate on the task at hand. Moreover, don't just listen to the question; *listen to how the question is asked*. Many times an interviewer will give the astute listener clues to the answer he or she expects to hear. Figure 24.1, *Guidelines for Effective Listening*, should help you out.

Occasionally, your mind may go blank during an interview. It's okay. Just apologize to the interviewer and simply ask for a moment to think about the question or, second best, ask the interviewer to repeat the question. As Sam Donaldson, the television newsman, says, "Even the pros get tongue-tied."

One caveat. If you have carefully read the questions and answers in Chapter 25, you may be planning how to answer what you think will be the next question. Or, you may be analyzing how you might interact during your classes and clinical rotations with the faculty and students you have met. Stop! Turn off that mental audiotape and concentrate on what the interviewer is saying. By now, you should be able to answer questions without rehearsing, and there will be plenty of time later to analyze your visit.

If you really listen, and you still cannot understand what an interviewer is looking for, ask for clarification. This might also work (once) if you miss a question completely—but it would be unwise to use it repeatedly. Remember that the most ego-gratifying thing you can do for interviewers is to listen to them.

If you are asked a question that you just don't know how to answer, be honest and say so. Perhaps you can say, "I'll have to think about that. Can we come back to it later?" Normally, the interviewer will oblige. It is then your responsibility to return to the question before the end of the interview. At that point, if you still cannot come up with an answer, say that you will continue to think about it and get back to the interviewer by letter. Then, in your thank-you letter (which is much more impressive than an e-mail note), give that interviewer an answer to his or her question. In these cases, honesty (and thoughtfulness in later responding by letter), rather than bluffing your way through an answer, may be your ticket to success.

A fourth reason for interview failures is that interviewers may get annoyed by *answers to questions that were not asked*. Here, you are treading the fine line between guiding the interview and destroying it. For example, answering a question about your spare-time activities with a description of your undergraduate awards makes you sound like a politician: They routinely give answers that have no relation at all to the questions that they were asked. Rather, talk about the rock band you organized or the Internet bulletin board you established. These both answer the question and highlight your initiative and talents.

Similar applicant behavior that interviewers detest includes answering questions with questions, telling jokes to change the subject, and answering with gibberish. Like reporters, good interviewers will simply repeat their original question until they get a straight answer. In addition, because interviewers are human, many factors can influence their behavior, and answers that might work one day may not work on another (see Figure 24.2).

The fifth way to wreck your interview is to *ramble*, providing superfluous information. Interviewers are easily bored—not surprising given the number of applicants they often must see in one day. If you have a lot of information to impart in answer to a specific question, tell the interviewer the main points, and then ask if he or she would like you to continue. For example, if you are asked to describe your most interesting volunteer experience, give the highlights in several sentences and then ask if the interviewer would like to know more. Since you are watching the interviewer while you answer, you may note nonverbal cues indicating that you have said enough. In general, keep your answers brief, to the point, and interesting.

The sixth reason interviews fail is that the applicant inadvertently gives *warning signals* to the interviewer that there may be an unstable personality lurking behind a deceptive smile. Trained interviewers seek specific warning signs (Figure 24.3). Very few faculty interviewers are sophisticated enough in the techniques of employment interviewing to consciously recognize these signs. Being good clinicians, though, they unconsciously assimilate clues and will give the applicant a poor rating. It would be a good idea to review the warning signs and make certain that you do not demonstrate any unintentionally.

Interview Disasters

Interviewers see some unusual behavior during medical school interviews. (They understand that premeds are strange, but there are limits.) In general, interviewers eliminate applicants from consideration if they demonstrate arrogance, superficiality, egocentrism, over- or under-confidence, or incompetence.

FIGURE 24.2
Factors Influencing an Interviewer's Behavior

- Age & Stage in Life Cycle
- Cultural Background
- Interests
- Prior Experiences
- Goals/Aspirations
- Successes/Failures
- Mood
- Personality

FIGURE 24.3

Warning Signs for Interviewers

- Inconsistent answers during the interview
- Inconsistencies between what is said in the interview and past performance
- Abrasiveness or any other personality quirk that makes the interviewer uncomfortable
- Evasiveness
- A pattern of unhappiness in former jobs
- Blaming others for all the applicant's problems
- Dullness when responding to questions
- A pattern of taking advantage of, or of deceiving, other people

Adapted from: Perham JC. Spotting bad apples: the warning signals. *Dun's Business Month*. October 1986, pp. 54-56.

Life, however, is often stranger than fiction, and so are some interviews. An applicant's behavior often reveals her true nature. Below are some unusual, but real, interview moments.

- One applicant remained standing when offered a chair, so that he could maintain his "superior" position.
- On her arrival, one applicant put her overstuffed briefcase on the interviewer's already-full desk.
- Another applicant left the dry cleaning tag on his jacket, saying that he wanted to demonstrate just how neat and clean he was.
- Yet another arrived with his long hair tucked under his collar, thinking that no one would notice.
- When told to take his time answering questions, an applicant began writing out the answers before speaking.
- One applicant described his recent divorce—blow-by-blow.
- Another contradicted everything the interviewer said.
- After sneezing, one applicant asked for a tissue, and then another. She had neglected to bring any, although she had a cold.
- One applicant finished all the interviewer's sentences for her.
- Another suggested that he had friends in the administration who would get him admitted to the school.
- As the interviewer described the school's important features, one applicant yawned widely and stared at his watch.
- When an interviewer received a telephone call, the applicant sulked, taking it as a personal affront.
- In one instance, an applicant's mother called and asked that the interviewer strongly consider her son.
- Another brought his five children and the family cat to the interview.
- At the end of the interview, one applicant simply asked, "How did I do, Coach?"

Hopefully, you won't make any of these errors. Just think, if this is how other applicants behave, you don't have much to worry about. Of course, most applicants to medical school are smart enough to avoid such crass behavior.

FIGURE 24.4

Key Personality Traits Interviewers Seek

sonal	**Professional**
• Enthusiasm	• Reliability
• Motivation/Initiative	• Honesty/Integrity
• Communication Skills	• Pride
• Chemistry	• Dedication
• Energy	• Analytical Skills
• Determination	• Listening Skills
• Confidence	
• Humility	

— Evaluation of Applicants —

Nearly half of all medical schools simply have the interviewer rate the applicant using a narrative statement, without any formal rating scale. The balance use Likert-type scales with numbers or adjectives (1=poor to 5=excellent) to describe either end of the scale. A few schools have behavioral descriptions (e.g., works in medical area 20 hours per week) as their guide. Figure 24.5 is a typical interviewer rating form.

When, as is usual, there is more than one interviewer, the admission committee gives a final "interview score" at nearly half the schools. At another one-third, there is an automatic arithmetic addition or averaging of the scores. At the remaining schools, the interviewers reach a consensus by discussing the applicant interviews with each other.

— Sell Yourself —

The bottom line during an interview is that you must sell yourself. At the same time, you also need to elicit information. To have the best chance of being accepted by the schools that interest you, you must do a good job of showing your own wares. Interviewers look for specific attributes in applicants (Figure 24.4). When talking with individuals at each school, keep these attributes in mind. Remember that interviewers rate these elements in the applicants they interview. Although every school has a different rating form for interviewers to complete, the essential items will always be the same.

It is your job to demonstrate how closely you resemble the interviewer's ideal candidate by exhibiting the sought-after traits. Remember, if you don't sell yourself, no one else will do it for you!