Learning Health Systems: Finding the Right Match (Stephen Weber, MD)

- Objectives: give you information that will highlight for institutions that you understand health systems, and that will give you the knowledge to determine which health system is right for you as a resident

- Safety measures: be at a place that cares deeply about the safety of their patients
  - If you care about safety, check out Hospital Compare from the Medicare website for safety ratings at the hospitals at which you are interviewing
  - Leapfrog ratings are self-reported; U.S. News & World Report cares more about reputation than safety
  - Pretend you are a patient getting surgery at one of the hospitals at which you're interviewing. Seek out patient safety data.

- Value-Based Care: is the health system at which you're interviewing concerned with value-based care?
  - Look at purchasing data and readmissions reductions: did the hospital system earn penalties back? (available on federal websites)
  - This is a surrogate indicator about whether the health system can make system-wide changes that respond to complex environments—signifier of resources, commitment, and follow-through
  - Some systems will be farther along than others due to the states they are in and the amount of financial risk those states are assuming (MA and CA will be farther along; in Chicago, things are less reliable but are moving forward—ask about it!)
  - Ask about ACO’s

- “Systemness”—is the hospital a health system?
  - How many locations are there?
  - What do those locations mean for you as a trainee? What range of experiences do you need to meet your personal goals?
  - With increased pressures on revenue, it may be a red flag if a training hospital is not a part of a health system

- Patient Experience
  - Patient experience can be a surrogate for resident experience
  - Are the patients just “lucky to be at this hospital,” or are they cared for holistically and taken seriously?
  - How engaged are the ancillary staff?
  - You want to see a trend: what does the interaction with the patient experience department look like and how does it interact with residents?
  - Why do people want to work at the health system where you are interviewing?
  - A health system that is committed authentically to the experience of patients should stand out
  - Hospital Compare (on Medicare website) can give you metrics on these numbers

- How do the health system leaders connect with clinicians?
As some systems get larger and business gets tougher, there could be a disconnect between the leadership and the clinicians.

Talk to residents during the lunches and downtime—ask them if they are on hospital committees, whether residents are engaged in system changes, whether the hospitals deliver on promised changes.

If residents/clinicians do not like the answer, do they at least get an honest answer when asking questions of the leadership?

“When the hospitals do initiatives, how do you get to be a part of that? When residents have concerns, how are they addressed?”

**Does the health system invest in innovation and practice?**

- You’ve been practicing in an environment here on campus that rewards innovation.
- It does not just “happen naturally,” regardless of the reputation of the health system—it is an environment that is cultivated.
- Are there dedicated resources to promote innovation? (Ex. Are there biostatisticians around to help with research projects? If you want to build an app, can you connect with technology professionals?)
- “If I had a great idea as a third-year resident, who would I talk to?” You’ll hear about mentorship and resources.
- Even if you don’t want to build an app, let’s say, you want to be in an environment where they are ready for that so residents do not have to “build their own trails”

**Is there an authentic commitment to resiliency and wellness?**

- We are working in a fundamentally difficult field with a lot of change and tension. This impacts how we think about engagement, resilience, and wellness of physicians.
- This is **important**, not only for your training but for the rest of your career.
- Is this the place where I can feel fulfilled, cared for, and cared about?
- How will I be able to see a doctor when I train here?
- UCM’s domains: transparency (access to leadership, being heard); ease of practice (workflow improvements, efficiency, CQI, access to health care for yourself); interdisciplinary care (teamwork, community); wellbeing (personal and professional growth)

**Welcome and Announcements: Student Programs, Financial Aid, Alumni Hosting, Chiefs**

**Financial Aid**

- Take some time to meet with Richard during the year either in person or online to discuss loan repayments, financial planning, and financial literacy.
- If you have any concerns about travel costs, let us know.
- We can help you budget for residency travel—don’t let financial barriers stop you from going on residency interviews.

**Alumni Association (MBSAA)**

- Residency Interview Hosting: alumni can host you when you travel to their city for interviews.
- HOST: Helping Our Students Travel
• Fill out the form on our website to help us match you with an alumnus/a who can host you when you travel to interview
• For the past 4 years, we have matched 75% of the request we’ve received
• Fill out one request per interview
• Try to give us 3 weeks' notice
• Bring a small ($10) hostess gift, take a selfie (tag #PritzkerHOST and send it to Jennifer Dettloff or Jamie Munson) and send them a thank-you note!
• Remember the UChicago Discount Program for savings on car rentals and hotels too

• Pritzker Chiefs
  • Congratulations on submitting ERAS!
  • Registration for Morning Report starts tomorrow (Feb. 11-15, March 4-8). There can be 8 people for each session. Let us know if you can be flexible with your timing.
  • Senior Skit: we have a date reserved at The Revival and will do a variety show. Low stress! Very chill! No pressure!
  • Apple picking on October 13
  • Physician mental health and suicide panel sometime in October—keep an eye out for emails

INTERVIEWING FOR RESIDENCY PANEL DISCUSSION

Have you begun sending out invitations?
• Dr. McConville: Pritzker students should have been invited. We do a series of waves; we have 4,000 applications to go through and we do read them! Today or tomorrow, the next wave of invitations will go out. We’ll wait for the MSPEs on 10/1 and then 8-10 days after that, another wave will go out. If you are at a top 10 school and an AOA student, most places will not wait for the MSPE, but most applicants will hear in mid-October.
• Dr. Babcock: All Pritzker students have been invited! We have over 1,400 applications that we’ve divided up and invitations will go out on October 9. For EM in general, programs will usually send out invitations the second week of October on a rolling basis.
• Dr. Dade: You will get an invitation soon. We have 900 applications for 7 spots, so we have a lot to get through. We wait for the MSPE on October 1 and will send out batches after that date.
• Dr. McQueen: We are still reading applications and we will invite all Pritzker students soon! We have 2,000 to look at. The MSPE takes a top role in figuring that out.
• Dr. Hogg: We get about 600 applications for 7 spots. We are in the middle of the process now; Dr. Roggin goes through the first wave and then we send out subsequent waves in a rolling fashion.
• Dr. Woodruff: Every program has their own process, so there is a fair amount of variability well into October and November for some specialties.
Accepting Interviews: How quickly should you respond?

- **Dr. Dade:** Try to get back to a program as quickly as possible. OB-Gyn may not have as many dates as other specialties, so it’s important to accept as quickly as possible (within an hour).

- **Dr. Babcock:** We use automated software (Interview Broker); the sooner you respond, the better choice you have for a date. If you do not get the slot you want, sign up for a slot anyway because there is a lot of movement and you may be able to change it.

- **Dr. McQueen:** In IM, the PD community is trying to adopt standard language when we extend invitations, so we’re trying to not offer more interview opportunities than we have spots available. Occasionally it happens, but we are aiming to avoid that. We are trying to send out invitations in the afternoon so you can do patient care in the morning. Try to lock down a slot within 24 hours.

- **Dr. Hogg:** If you don’t get the slot you want, don’t get upset at the program coordinator—they will share that information with everyone!

- **Dr. Woodruff:** This is not the moment to narrow down your programs: for now, accept all offers that come your way, and if you end up with too many you can start to decline. Don’t be picky now.
  
  - BE NICE TO THE PROGRAM COORDINATOR. They are the gatekeepers of the program. Also, if you are professional and cordial with everyone involved in the team, that shows your integrity. PDs will remove people from their rank list if the coordinators tell them an applicant was rude to them. Also—try not to be too high-maintenance!

- **Dr. McQueen:** Within 24-48 hours you should confirm an interview, because then we will send out a second wave when spots do not always fill.

Social Events: Some interview offers will include optional social events (dinner or cocktails). How important are those events to go to?

- **Dr. Dade:** These events are very important. They help you get to know the residents and see how they interact with each other. Skipping those events is not a great idea, at least in OB-Gyn. Don’t have too many cocktails though! Maintain your professionalism.

- **Dr. Hogg:** This is a great opportunity to make resident connections. The chief residents meet applicants there and are vocal when PDs are making rank lists.

- **Dr. McConville:** In IM, you’ll have a good sense of the program from Morning Report and dinner with the housestaff. Make every effort to be at those sessions.

- **Dr. McQueen:** These events are more “unedited.” After a while, many programs on the trail will sound the same to you, but these social events are where people let their guard down and you can get a sense of the culture.

- **Dr. Babcock:** I agree! Our events do not have faculty so applicants can be candid with the residents. Know that every person you meet at a program has an impact on our rank list—from coordinators to interns to chief residents.
Wardrobe tips

- **Dr. Hogg**: Surgery is very conservative; wear a suit and turn your phones off.
- **Dr. Dade**: Go for conservative business attire.
- **Dr. McQueen**: You never know who you’ll meet who has an opinion, so why give them license to have an opinion about what you’re wearing? Play it safe and stand out in other ways.
- **Dr. Babcock**: For women, watch the height of your heels because you’ll be walking a lot and may be outside. Make sure you have everything on your carry-on luggage: baggage does sometimes get lost! Have extra clothing if you’re going on numerous interviews.
  - We put all luggage in a room so everything from roller bags to backpacks is fine with us.
- **Dr. McConville**: Getting a nice portfolio pad from the bookstore is helpful for taking notes.
- **Dr. Poston**: Have a sense of priority once you start getting interviews. You may get more interviews than you can go on, so make sure to release those extra interviews back to the program so other applicants can take them.
- **Dr. Lee**: Be thoughtful about the number of interview slots you are holding and talk to your CA if you are having trouble managing your schedule.

Cancellation Etiquette

- **Dr. McQueen**: As soon as you know. The worst you could do is cancel the night before.
  - Your first interview should probably not be your first choice; over time, you’ll get a better sense of what you are looking for in a program and early on you will not have that knowledge. You may also have first-time jitters.
- **Dr. Babcock**: Lump your perceived top programs in the middle if you can. If you can’t, don’t worry about it: we matched someone from every single interview day last year.
  - Do NOT no-show. If you do, that means something bad happened to you. We have called medical schools about that because we are worried. That worry can turn into anger when they find out you are completely fine.
- **Dr. Woodruff**: As a PD, when we get within 2 weeks of an interview, there had better be a good reason for you to cancel that interview.
- **Dr. Dade**: PDs across the country talk to each other. Your actions at one program or canceling one interview might be heard across the country by other PD colleagues.

At what point do you reach out to "dream" programs you have not heard from?

- **Dr. McConville**: It’s meaningful if the request comes from someone I know. You’d better be willing to spend $700 on a flight tomorrow to get here if someone puts in a good word for you and we offer you an interview.
- **Dr. Babcock**: Ensure your email makes sense: WHY is our program so compelling to you?
What are you looking for in the applicant when you meet them in person? What does the ideal candidate look like?

- **Dr. McQueen**: Someone who is passionate about something will stand out, no matter what that is if it’s basic science or our institution. We also look for applicants who get along with each other so we like to see how you interact with other applicants. We can teach you medicine, but we cannot teach you how to be a good person, so we look for indicators of that.

- **Dr. Babcock**: All of your achievements have gotten you the interview; the interview itself is about fit for program and what we can provide for your career growth. We want to give you the best training we can. Even if people don't know much about Chicago, they might say, "I don't know much about this city but I'm interested in urban engagement and that's why I'm interviewing here."
  - You might be impressed with a place that you didn’t think you’d be impressed by, so keep your eyes and ears open!

- **Dr. Dade**: Be an honest person and be yourself, because you want to match at a place that fits you.

- **Dr. Hogg**: Be articulate and organized: clinical goals, educational goals, etc. Who do we want to talk to in the middle of the night during a stressful call? Someone who is organized and put together.

- **Dr. McConville**: I look for past performance as an indicator of future success. I also look for someone who is going to come to UCM and be excited about the opportunities here. How will UChicago help you get to where you want to go? I want to know that. How do we fit into your view of the next 5-10 years of your career? I want to hear that we are a good fit for you because of x, y, and z.

**Faux Pas**

- **Dr. Bielski**: Don’t throw your home program under the bus. I usually ask people what they like about their home program, and some people will be negative about it. If applicants are negative about their home program, they may take a negative attitude to any program or just be a negative person in general.

- **Dr. Babcock**: People are not supposed to ask you where you’ve applied. It’s illegal. But if you choose to answer that, do not tell them that you’ve interviewed somewhere and there were things you did not like about it. A big pet peeve of mine is when someone pulls their phone out. Be careful with your phones—excuse yourself if you must check it. It makes you look disinterested when you use your phone.

- **Dr. Hogg**: In surgery, don’t go to a mandatory research program and talk about how you do not want to do research.

- **Dr. McQueen**: It’s important to know the programs you’re applying to. If we ask, “What do you want to know from me?” and you ask about information you can just get on the website, that does not play well. Get names correct and do not write sloppy emails.
• **Dr. Poston:** Know about yourself and why you did the things you wrote about on your application. Know what you learned from each experience you listed on ERAS because it will make you look mature, reflective, and thoughtful.

**What is your favorite question to ask applicants during an interview?**

• **Dr. Woodruff:** You will certainly be asked, "What can I tell you about my program?"

• **Dr. Bielski:** We are not trying to trick you—if we ask you about something, be passionate about it. If you write down that you love to read, have an answer for “What’s your favorite book?” I like to ask, “What’s the hardest job you’ve ever had?” I may ask this year, “If you had to pick a movie character who most resembles you, who would it be?”

• **Dr. McConville:** Anything is free game to ask about if it’s on your application; I enjoy having fun conversations even if they’re not about medicine. I often ask people if they have ever made a mistake—and I want to hear about a real error. I will not hold it against you; I want to know if you have learned from it and grown from it.

• **Dr. Dade:** I look for things on your application that stand out and ask you about them. We see your scores and grades; we’d rather see what your personality is like when we talk to you in person.

• **Dr. Babcock:** I will look at your hobbies and ask you about them. If I ask you what your favorite podcast is because you listed “podcasts” as a hobby, you’d better know what your favorite podcast is! I’m looking for people who are genuine and good conversationalists. I want to see their passions.

• **Dr. McQueen:** Know yourself well. If you have not had a ton of publications, don’t make something up to make yourself sound better—maybe you have done other things instead that would be great to hear about that you prioritized more.

• **Dr. Hogg:** I try to find things that are similar between me and an applicant and ask about experiences that might be common ground. “What are your top 3 priorities in choosing a residency to go to? How does our program rank among those priorities?”

• **Dr. Lee:** “Who is your role model?” “What challenges have you overcome?” Also, put your phone away and on silent! Try to focus. Give people personal space. Don’t use too much slang either; stay professional.

**What are good questions for students to ask of interviewers?**

• **Dr. Babcock:** Don’t ask me how many weeks of vacation you’ll get as a resident. I appreciate the opportunity to talk about my program and how it can help you reach your goals. “Tell me more about XYZ highlight of your program.”
• **Dr. Bielski:** “What brought you to this institution and what keeps you here?” You can ask that of residents too—what drew them to this program?

• **Dr. McConville:** Don’t ask, “What changes do you anticipate?” If there are changes, I’ll tell you that when I tell you about the program. I do like, “Now that you have been PD for 8 years, what are you most proud of? What is the biggest challenge you are addressing right now in your program?” We’re all trying to balance service and education so this is a fair question.
  - If there is a Pritzker alumnus/a at the institution where you are interviewing, seek them out and get their advice. They will give you unfiltered perspectives.

• **Dr. McQueen:** Any question you really want to know about. Don’t just go down a list of questions; make it more conversational and not formulaic or part of a checklist you might have. Ask questions that show you are paying attention.

• **Dr. Dade:** Base your questions off of conversations you have had throughout the day; not about vacation time or rotations, things you can easily find out. “Who are you looking for in a candidate?” is a decent program.

• **Dr. Hogg:** Don’t say, “I don’t have any questions that haven’t already been answered.” You might get different answers to the same question from different people. Ask them about their residents and give them a chance to talk about their team.

• **Dr. Poston:** My favorite question to get and answer is “It seems like the residents here are really terrific. What are the most important characteristics that make them successful here?” People like to talk about themselves and their program so give them the opportunity.

• **Dr. Lee:** Do your research on the program and try to know whom you are talking to—but don’t be too creepy about it! Just enough to be interested and engaged.

• **Dr. Woodruff:** Often, the very first question an interviewer will ask will be, “What questions do you have about our program?” You may be put on the spot first thing on the interview.

**How do you respond when someone asks an "illegal" question? (Illegal by NRMP or federal definitions.)**

  **Where else are you applying?**
  **Where else did you do away rotations?**
  **Are you planning on starting a family during residency?**
  **Are you married?**

• **Dr. Bielski:** They may not mean it maliciously. You can respond, “Oh, I don’t think we are supposed to discuss that.” If someone is asking you about family planning, you can say, “I don’t usually talk about this during interviews.”

• **Dr. McQueen:** "I keep my personal life and professional life separate." Sometimes it's not out of spite but someone has just forgotten the rules or did not know them. Reflect: was this a one-off interviewer with non-malicious intent or is it a signal of a hospital’s culture? In that case, you can go back to your Career Advisor here, who can then call the PD at that place and notify them. Most PDs would want to know if this is happening with their faculty interviewers.
Location, Location, Location: Is it reasonable for candidates to discuss where they want to be during an interview?

- **Dr. McConville**: Don’t just say, “I want to be in LA because my family is here.” Lead with something about the program: “I want to be at UCLA because of XYZ. In addition, my family is here.”
- **Dr. Babcock**: If you’ve lived your whole life in the Midwest and want to leave, make sure you tell people that (in different words). Say, “I would be thrilled to move to San Francisco and join your program” or something.
- **Dr. Bielski**: We cannot ask about your partner, but if you bring up that your partner has to be in a certain city, you can tell us about that.

What is appropriate post-interview communication?

- **Dr. Bielski**: If you’ve done an away rotation, send an email right before interview season to that program reiterating that you enjoyed your time at our program and are still interested. You do not need to gush, though. Write to the people with whom you worked.
- **Dr. Dade**: Thank-you notes are not expected. Some people still write them and we’re not offended by them, but they’re not necessary.
- **Dr. Babcock**: Emails are fine.
- **Dr. McQueen**: Don’t be the high-maintenance applicant; don’t come back for a second look (which creates more work), don’t write an email in paragraph form asking more questions. Do not worry about thank-you notes; if you must write one, don’t be sloppy or creepy. Be professional. It’s a nice gesture if someone does something special that day, if someone really helps you out in an extenuating circumstance.
- **Dr. McConville**: IM discourages post-interview communication. It’s too much.

Do you tell a program you are ranking them #1?

- **Dr. Hogg**: Don’t say that if it isn’t true. Some fields are small, so do not tell multiple programs they are your #1.
- **Dr. McConville**: If you must do a post-interview communication, tell ONE program they are #1. It can be 2 lines long.
- **Dr. McQueen**: Do NOT say “I am ranking you very highly,” because then we know we are not your first choice.

If you have updates from later on in the season, like a publication or conference abstract, how do you update your programs?

- **Dr. Babcock**: If you make the first cut, you’re on an even playing field and we’re just trying to figure out who fits our program best. If you publish an article in *JAMA*, it’s not going to change your fit for our program.
- **Dr. Bielski**: Do not update them. It won’t move you up 10 spots or anything like that. Also, do not pass out manuscripts to people during interview day.
BONUS TRANSCRIPT: Q&A FROM PREVIOUS YEARS

What irritates you during interview season?

- **Dr. McQueen**: Even though Pediatricians are seen as “the friendly ones”, I dislike it when people are too casual (ie. Sending me cartoons or emoticons). Every encounter should be professional.
- **Dr. Babcock**: People who are too demanding with accommodations, correspondences, and changes can get annoying. One or two correspondences are fine, but an extensive 3-month dialogue during interview season is inappropriate.
- **Dr. Park**: I am taken aback when applicants email me directly asking for an interview. That is inappropriate. However, if you do want to stick out, you need a faculty mentor to reach out on your behalf. Same if you are couples’ matching: if your partner has not gotten a match, have a faculty member reach out on their behalf.
- **Dr. Bielski**: I dislike it when people do not know their application fully. When people cannot describe their research or experiences, it reflects negatively. You should be able to talk about what you’ve done. If you say you like reading books, I may ask what book they would recommend; answering, “Oh, I haven’t had time to read a book in three years” is not an appropriate answer. When I ask a question and applicants ask, “Why are you asking that?”, that is inappropriate.
- **Dr. McConville**: I also dislike it when people do not know their research. You should know why you asked the question, how you conducted it, and how it’s moved forward.

Give us an example of an applicant who came across so well during their interview that put them into your “must-have” group.

- **Dr. Babcock**: They were engaged and confident and could speak to what they wanted in a program.
- **Dr. McQueen**: The folks who can relate authentically with their fellow applicants stand out as team players and not people who want to be at the top.
- **Dr. Bielski**: I enjoy applicants with whom I can have a nice conversation: they listen to my questions, and they don’t think about “Well, what does Bob want to hear?” They are genuine and seem like a “real person”.
  - **Side note**: Our program (Ortho) has 3-4 stations where a candidate goes into a room with 2 attendings and 1 resident. Sometimes we have a theme, and sometimes it’s free-form. At Northwestern, I once walked into a room with 9 attendings: you have to be prepared for anything.
  - **Dr. McQueen**: Take interviews with residents seriously.
- **Dr. McConville**: Be authentic. Don’t worry about the “right” answer: give your answer.
- **Dr. Park**: People who seem comfortable in their own skin are the ones who stand out. If you got the interview, you should be confident that you are a good candidate, so ease into that feeling.
How to respond to "What can I tell you about my program?"

- **Dr. McQueen**: Think about which questions you really have and make them specific to the program (and not about scheduling or things that are already on the website). We got a lot of questions about the trauma center for adults and those were really interesting to answer.

- **Dr. Babcock**: Your questions might not be about the program but about the community, and that's fine too. Logistics questions are not really for faculty.

- **Dr. Dade**: Asking about call schedule and vacations is not really appropriate for faculty, but you can ask about our Family Planning Program, or other facets of our training. Be prepared to answer, "Did anything surprise you today about our program?"

- **Dr. Bielski**: If you have info from residents, you can say, "I was discussing X with your residents and they seem to enjoy it. Do you think that will change? Or what is the philosophy behind that?" Make it positive.

- **Dr. McConville**: Start with one of your interests and see how it ties into the program. "I was really involved in Maria Shelter volunteering when I was at Pritzker; how does that tie into XYZ program here?" If you know the faculty member has been there a long time, you can ask, "What has kept you here throughout the years?" Or if not, "Why did you choose to come here?" You can verify what they say with what the residents say.

**Is it weird to apply to a program now, after September 15?**

- **Dr. Humphrey**: No, it's not too late. Cast that very wide net.

- **Dr. Babcock**: Lots of places wait for the MSPE. Also, we haven't started looking at our applications yet so I wouldn't know if you applied on 9/15 or today.

- **Dr. Woodruff**: We are going to be following your progress as long as you keep updating your interview survey. Timelines vary by specialty, so we can't give you one date where you should "start worrying," but we will communicate with you if we feel we need to change your strategy. This is all a statistical gamble and we are trying to play the odds in making the best guesses. Every program has a different way of going about application season, and we cannot necessarily tell where their processes are at this point in time.

**Second looks**

- **Dr. McQueen**: Interview season is very busy for programs, and second looks are a lot of work to coordinate. There should be an important reason to have them, and I have not yet seen an important reason in second look applicants.

- **Dr. Blanchard**: Do not do second looks. It does not necessarily help your application and can only hurt you. Even be careful in emails after and do not come off as too casual. Shine on interview day and let that be the end of it.

- **Q: Some programs say on their website they encourage second looks. What about those?**
  
  - If a program sends that signal, pay attention to that and take that opportunity. If a program reaches out to you, say yes and be responsive!

- **Dr. McConville**: No.

- **Dr. Babcock**: It has such a high risk of hurting you, so do not do it.