

THE ART OF THE MEDICAL SCHOOL INTERVIEW

I. GOALS

A. Your Main Goal

Your main goal in the interview is to communicate your enthusiasm for and commitment to a medical career and the reasons you have for that commitment.

B. Your Secondary Goals

You also want to:

1. Present your past in a coherent, positive, progressive, and therefore usable way.
2. Connect with the interviewers through eye contact, appropriate expressions, thoughtful questions, and responsiveness to cues about what interests them.
3. Demonstrate your awareness of current issues in medicine and health care.
4. Show your maturity by looking professional, arriving on time, researching the medical school, and respecting the difficult task of the admissions committee.

II. TWO PERSPECTIVES ON THE INTERVIEW SETTING

A. The Interviewers' Perspective

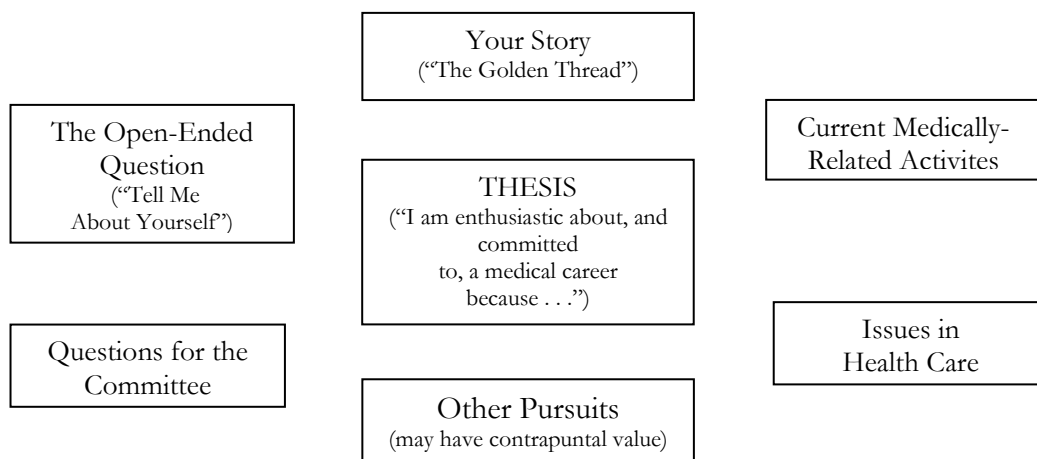
1. The interviewers have had the chance to examine – and be duly impressed by – your official achievements. It follows that they are now interested in getting to know things about you that *can't* be communicated on a c.v. The mere facts of your education or work history, however glowing and exceptional, are no longer of paramount concern to them.
2. On the other hand, what they *do* want to discover is the individual behind the sterling credentials. They want to gauge your enthusiasm, commitment, and sense of balance. They want to see if you can connect with them in a human way. In short, they are trying to gauge whether you are the sort of person who would make for a reliable and stimulating colleague at some point down the road.
3. The interviewers quite naturally believe that they have valuable things to offer: a limited number of tickets to next year's class. They would prefer to hand them out to students who definitely want them and will make good use of them – and they hope to use the interview setting to figure out who those students are. There may

be many aspects of your character that would fascinate them in other circumstances; in the context of the interview, however, they are primarily interested in your desire and capacity to be a doctor.

B. The Informed Applicant's Perspective

1. The interview is a performance in which you are presenting an edited, focused version of yourself – one in which everything you say backs up your motivation to go to medical school. Like all performances, this one is likely to succeed only through preparation.
2. You are not obliged to disclose all of the wonderful complexities of your personality and all of the twists and turns of your past. You may emphasize, rather, only those things that you wish your interlocutors to remember, and barely touch upon those that you don't.
3. Although the interviewers are framing the questions, you are always at least partly in control of the content of the interview. You may honor a given question by being responsive in a general sense, then deftly bringing your answer around to the point that you need to get across.
4. You have cultivated your self-awareness through a detailed process of self-examination and reflection. You have come equipped with your thesis and your story, your anecdotes and your questions. You know that the basic tools of communication in the interview are images, points of connection, and humor – not information or data.

III. BE PREPARED



IV. THESIS

A. Defining the Thesis

Be prepared with - and emotionally centered in - a one-sentence statement that *explains why you are drawn to the medical profession*. This is your thesis. It's the main idea you want to get across. Ideally, your thesis will:

1. show that you are likely to thrive as a doctor;
2. allow you to speak with the glow of sincere enthusiasm;
3. grow out of your own, *independent* reflection about your life experiences to date; and
4. draw on *at least two major themes* in your personality, one of which is your desire to treat the sick through the practice of medicine

In short, the thesis demonstrates self-awareness and purposefulness. It derives from your life experiences as you have integrated them in a thoughtful and considered way.

B. Examples of Problematic and Improved Thesis Statements

1. NOT SO GOOD: "I want to be a doctor because I really love to educate patients about illness." Problematic, because (a) there's only one theme here – patient education; and (b) you are not asking for a job in a public health agency.

BETTER: "I consider myself very lucky because I am getting the chance to pursue my dream of being a doctor. It's the perfect choice for me because I enjoy teaching people how to be healthy, but I also want the chance to deal compassionately with the consequences of ignorance and bad luck."

2. NOT SO GOOD: "I want to be a doctor because I'm excited about recent discoveries in complexity theory." Problematic, because (a) there's only one theme here – a passion for scientific discovery; and (b) you are not going out for a doctoral degree in neuroscience research.

BETTER: "I'm the kind of person who's always learning – about the world and about myself. And what I've discovered is that while I'm absolutely passionate about new developments in science, I also want to experience how those developments play out in the lives of actual patients. That's why medicine is the perfect choice for me. It will allow me to learn at different points in the spectrum of knowledge, from laboratory research all the way through to street-level application."

3. NOT SO GOOD: "I am an artist. For me medicine is all about the beauty of the human body." Problematic, because (a) there's only one theme here – your love of beauty; and (b) you're not applying to be Court Painter to the King of Spain.

BETTER: "I have always been fascinated by the sensitivity of the human body – how it is affected by, how it bears the traces of its environment. The more I've pursued my interest in medicine, the more I see that it gives me the perfect way to explore that link. I'm interested in the big picture of environmental health, and also in the little micro-decisions patients make that ultimately affect their health."

V. STORY

A. The Significance of Your Story

You have a singular strength as a Postbac applicant: your story. Unlike many students who are applying right out of college, you have had the chance to encounter the world as a grown-up. Whether you struggled or flourished in your previous endeavors, whether you felt appreciated or invisible, whether you gained friends or lost them scarcely matters. What counts is that you have thrown yourself against certain obdurate facts – facts carefully hidden from the young – and that you have derived your present clarity of purpose from these experiences. You know who you are because you have forged your self-understanding in the crucible of adult life. *Your story is a priceless asset.* Use it to your advantage!

B. Elements of a Good Story

To be successful, your story should:

1. show, in a clear and focused way, the unfolding of your commitment to medicine (“the Golden Thread”);
2. emphasize what you were thinking and feeling as you made your various decisions (rather than the dry bones of your biography);
3. establish that you have reflected on all of your activities and have derived something of value from each of them; and
4. maintain your listeners’ attention by deploying moments of surprise, revelation, or reversal.

C. Developing Your Story

1. Think of your story as your chance to present your character in action. Don’t dwell on other people, or on the details of the schools, jobs, or industries that you have come to know. Focus instead on your own realizations and your own decisions.
2. Your story will consist of episodes. Each episode contains a dramatic moment – a break in your routine – when you came to understand something important about yourself or about the world. *Focus on the dramatic moment; discard the routine.*
3. Drama is always relative to context. To make a gripping tale of your progress to the here-and-now, there is no need for heroic actions, near-death experiences, or religious epiphanies.
4. Taken together, your episodes should show your development, over time, of the self-awareness and moral commitment that underlie your present determination to enter the medical field.

D. Examples of Good Episodes

1. “I was working as a buyer in the fashion industry. Once I used up a whole day fighting with the supplier over the placement of a button. I went home and said to myself, ‘Is this how I want to spend my life?’” (It’s not a complete story, because it doesn’t yet answer the question “Why medicine,” but it’s a good episode.)

2. “I was focused on becoming a biomechanical engineer and I got an internship in a lab helping to design computer models for the various stresses on artificial limbs. One day we visited the orthopedic wing of a hospital and I saw a surgeon fix a broken humerus just by wrenching the arm back the way it should be. I realized at that moment that engineering would never be enough. I wanted to have the doctor’s special privilege of coming right up to patients, of touching them in order to heal them.”

VI. CURRENT (OR RECENT) ACTIVITIES

You also need to come prepared to talk about your current (or recent) activities in the medical field.

The activities themselves are not necessarily all that interesting to the interviewer. It’s how you present them that counts. For each activity you should be able to:

- A. Provide a one-sentence summary of the activity and your role in it (“This past summer, I gathered data on AIDS patients in Harlem for a study on the efficacy of a new system that sends text messages to people to remind them to take their medications”).
- B. Illustrate your role with focusing on one specific image, encounter, or exchange of dialogue (“And what I found surprising was that the messages sometimes had a counterproductive effect. I spoke to one patient, whose name was Luis, who told me why he would never do his drug therapy if he received a reminder from us. His parole officer was texting him twice a week to learn his whereabouts. So his associations with his cell phone were purely negative”).
- C. Connect the anecdote to your thesis (“The experience has consolidated my interest in delivering medicine to underserved populations. I really love the challenge of treating people whose whole frame of reference is so different from my own. It forces me to think hard about the essence of what I am trying to accomplish and to use my imagination to make it happen”).

VII. THE OPEN-ENDED QUESTION

A. Importance of the Open-Ended Question

Since the interviewers don’t yet know you as an individual, they are counting on you to fill them in. They can’t anticipate what kind of person you may be or what really animates you from day to day. *It is up to you to tell them.* From this truth follows the importance of the open-ended question. Whenever they say, “Tell us a little about yourself,” or “What led you to that decision,” they are posing the questions, “Who are you really?” and “What passion, what drive, what curiosity, distinguishes you as a human being and propels you on the arduous quest to become a healer?”

B. Profiting from the Opportunity

Your job, therefore, is to welcome any open-ended questions as a precious opportunity to share something personal – precisely what, depends on how much of your interview agenda you have accomplished so far.

1. If the interview starts with an open-ended question (“Why don’t we begin by asking you to tell us about your interest in medicine?”), this is the moment to launch into your thesis. (“Well, I’m lucky to have discovered a field that let allow me to bring together my passions – for gleaning truths from complex sets of data and for improving individual lives. My work in informatics has shown me how computers can bring order to seeming chaos, and I am very excited about harnessing that power in clinical research. But I also love to connect with people one by one, to get to know them in all of their individuality, to help them face the subjective challenges of being sick. Medicine will let me do both these things, and that’s why I’m so eager to get started with my training.”)
2. If the interview has moved past the opening stages, and you have already articulated your thesis, you can still turn open-ended questions to good account. Each such question gives you another chance to articulate your motivations; to tell the story of your evolution into an aspiring physician; to recount how a recent clinical encounter deepened your commitment to the profession; or to back up your thesis in some other, carefully thought-out way.

C. Seizing the Initiative

Unimaginative inquiry on the part of the interviewers (“When did this happen?”; “Who supervised you?”) risks trapping you in the snare of dry fact (“November,” “Dr. Jones”). You may do the committee a favor by discerning, within their questions, an opening for a richer, more revelatory response (“I’m so glad you asked. It was Dr. Jones who supervised me. She’s the leading authority at the hospital on dual-diagnosis patients. And she taught me something valuable: never look at problems in isolation. It’s never just schizophrenia plus alcoholism, or just manic depression plus agoraphobia. There’s always a unifying pathology. Her approach made so much sense that it started me thinking about psychiatry as a career option”).

VIII. ISSUES IN HEALTH CARE

A. Be prepared to talk in some detail about a topic in contemporary health care. Should the opportunity arise, use it to:

1. reinforce your thesis (“As I mentioned already, it was my brother’s kidney transplant that showed me the power of medicine to transform lives. Since then, I’ve become fascinated by the whole question of how transplants are organized – who gets put on the recipient list and how they are ranked”); and
2. highlight your capacity to appreciate the wisdom of both sides of a challenging issue (“I have been reading about a new system, pioneered in Israel; you move up on the recipient list if one of your friends or relatives agrees to donate a kidney to someone else who is a suitable match. I can certainly see the virtue of this approach, as it

makes more organs available for transplant. But I worry also about how it might penalize patients who lack the right connections – immigrants, prisoners, refugees, and other outsiders. Of course no method is perfect, and the new system may be the best one available, but I believe that a lot of thought needs to go into any protocol that gives a preference to one group of patients over another, equally deserving group”).

B. In addition, you want to be prepared to show that you are keeping up, if only in a general way, with the key debates of the moment in the health care field (e.g., the Supreme Court decision on the constitutionality of mandatory health insurance, the rise of opium-derived painkillers for home use and the addictions this has prompted).

XI. COMMON MISTAKES

A. Treating the interview as a test with right and wrong answers.

The interviewers want to see you as an adult, a future colleague, not as a dutiful and timorous student. The interview is your chance to put yourself forward in that light. Show how well you have taken charge of your own life through your purposefulness, persistence, and clarity over the past years. Articulate a clear vision of your future which you have formulated for yourself and which draws upon your mature self-awareness.

B. Reciting your resume; giving naked information about yourself that the interviewer already knows or should know.

The facts of your biography have relatively little meaning. It's how you lived them and what you learned from them that matter.

C. Working out your reasons for wanting to go to medical school at the interview.

The time to prepare is beforehand.

D. Viewing the interview as a logical argument, in which you set out to prove that you are one of the best candidates for the medical school opening.

Instead of thinking “persuasion,” think “connection.” You want the interviewers to know you and appreciate the qualities that you will bring to the medical profession.

E. Alluding to your expensive degrees, academic honors, prestigious awards, publication credits, or other badges of superiority.

Let your intelligence speak for itself in the thoughtfulness and articulateness of your answers.

F. Failing to integrate your collateral interests into your presentation of yourself, especially if these suggest a balanced outlook on life (yoga, music, hiking).

You want to seem focused but well-rounded.

- G. Working off a check-list of supposedly desirable qualities: commitment to helping the poor, willingness to do work for free (unless you really have these qualities and they are central to your motivation to be a doctor).

It's very hard to fool anybody when you're emphasizing the obvious.

- H. Speaking ill of any job, school, boss, colleague, hospital, or profession.

Even though your criticisms may be perfectly justified, they suggest you are stuck in the past. Find some good thing you can say about the person or experience and stop there.

- I. Memorizing lines.

Know the thesis you want to get across, as well as the stories, anecdotes, images, and questions that support that thesis.

- J. Taking political positions.

Show that you are conversant with the complexity of any political issue on the table. Acknowledge that there may be some truth on all sides, and express your interest in exploring the subject further as you continue your studies. If you absolutely must express a view, state it as an inclination, a hypothesis, subject to further investigation and reflection on your part.

- K. Talking about how caring and compassionate you are.

Your caring nature, like your intelligence, should emerge from the stories you tell.

- L. Explaining how you discovered your interest in medicine from your parents, wife, husband, boyfriend, girlfriend, roommate, or chat room buddy.

Present yourself as the decisive agent in your own life. You have had experiences, made decisions, reflected on your past, and learned from it. Keep boyfriends, girlfriends, and parents out of the conversation, unless they are absolutely necessary.

- M. Apologizing for some apparent weakness in your record.

Never apologize! If one of the interviewers brings up an apparent weak point in your record, do not deny it, but immediately discuss how you successfully applied the lessons of that experience in a subsequent endeavor.

- N. Being rigid about the specialization you wish you pursue.

It's great to have a professional interest, but you want to balance it with a sense of openness to the new influences and new experiences that medical school will offer. Express your interest in a specialization as a tentative choice, based on what you know about yourself right now; but also re-affirm your eagerness to continue exploring new possibilities in the medical field.

- O. Talking about a patient without giving the outcome.

Be sure to demonstrate your commitment to patient care by describing the end result of any treatment in which you were involved. If you don't know the outcome, because, e.g., the patient was

transferred to another hospital, explain what happened and briefly allude to your efforts to find out what became of him or her.

X. AFFIRMATIONS FOR THE ENLIGHTENED APPLICANT

- A. “The fact that I have been called in for an interview proves that the members of the admissions committee are already predisposed to like me. They believe that I am qualified and prepared and would be a worthy student at their institution. My goal for today is simply to *confirm and solidify the favorable impression that they already have.*”
- B. “It *looks like* I am competing with many other students for a seat in this medical school – but appearances are deceiving. *I am not competing at all.* My talents, commitments, values, and experiences are different from those of every other applicant. My job is not to be *better than* anyone else, because all comparisons of unique individuals are spurious. My job, rather, is to be *most fully myself.*”
- C. “If I present my motivations to enter the medical profession as authentically and enthusiastically as possible, then I will have done everything that I can do. I don’t know, and I can’t know, what precise collection of qualities this particular school is looking for in a candidate. So I *won’t try to control the committee’s decision.* Instead I *will try to connect with them* so that I can make their own (very challenging) job that much easier.”
- D. “If I am destined to be a doctor, then I will be a doctor. This particular interview is just a detail, just a loop in the road that will take me from here to there. *The long process of becoming is what’s important.* This one interview is not, in the scheme of things, all that consequential.”