

Patrick Kiessling:

Hey there and welcome to another episode of ENT in a Nutshell. My name is Patrick Kiessling and today we will be discussing applying to ENT residency. Joining me today are two otolaryngology residency program directors who will be providing some insight into the application process as well as how this year will be different from past application cycles. From Mayo Clinic in Rochester, Minnesota, we have Dr. Janalee Stokken and from the University of Michigan in Ann Arbor, Michigan, we have Dr. Marc Thorne. Dr. Stokken and Dr. Thorne, thanks so much for being here today.

Dr. Janalee Stokken:

Thanks for having us.

Dr. Marc Thorne:

Thank you. It's a pleasure to be here.

Patrick Kiessling:

This application cycle is different from others in a lot of ways due to the COVID-19 outbreak. First, away rotations were essentially canceled other than for applicants who don't have a home program. Then virtual interviews became the expected scenario for the coming months and then the e-res deadline was pushed back as well. So I think it's easy for applicants to feel overwhelmed in such unprecedented circumstances, but it's also uncharted territory for program directors too. So we really appreciate any insight that you're able to give us at this stage of everyone's preparations for this coming cycle.

Now, I know that there are a lot of different topics we want to address, so we'll break this conversation down by stage of the application process. So first let's talk about preparing for the application cycle, where many students are at right now. While students are beginning this process, what are some elements of the application that in the midst of all of these changes you will continue to emphasize and that you think are important for applicants to focus on. I guess in less words, what does a successful application look like?

Dr. Janalee Stokken:

I think a successful applicant can look different for many reasons, and this application shouldn't be too much different than prior years. I think in general we look for people who have a strong interest in our field and can show that through good grades, good letters, good scores on their tests, interest by showing they have at least participated in some research activities in our field. There will be some challenges this year as people will have access to less letter writers from across the visiting rotations that they normally do. So I think this year we'll welcome some letters from people that they work a little more closely with at their home programs and potentially letters from other surgical subspecialties or rotations that they participate in due to the deficiency in visiting rotations.

Dr. Marc Thorne:

I think that's a great answer already provided. I will admit that I find this question a bit of a challenge to answer really for two reasons. The first is that I think it's important that programs engage in holistic review of applications for the residency programs. Holistic review is really a mission-aligned process that considers a broad range of factors: experiences, attributes, and academic metrics. This process by definition really requires that the programs consider their goals thoughtfully. Once they define those

goals, then the selection committee can broadly consider the range of factors that they believe best predicts applicant's success within their program at achieving their missions.

The other thing that I think is a challenge is that one of the values of this selection approach is that it kind of reduces inappropriate emphasis on some limited number of factors. And I recognize that this doesn't translate very well into helpful kind of actionable advice for the students that we would certainly very much like to support through an application process that has been, as you alluded to, made even more stressful by all of the challenging circumstances currently.

What I think I can do is kind of give an end of one answer and tell you about how we approach applications. Although it always makes me feel a bit pompous when I say it out loud, but the mission of our training program pulls a phrase from our university's fight song. So as we aim to train the next generation of leaders and best in the field of otolaryngology with leaders really defined fairly broadly. For me personally, that means that I'm looking for applicants who have demonstrated a history of excellent performance in the areas in which they have focused their efforts, looking for those who have taken advantage of the opportunities available to them, which includes a consideration of the concept of distance traveled or those who have been able to kind of do more with less, as well as evidence of intellectual curiosity ideally within our field, but even if you've come to our field late, seeing evidence of intellectual curiosity with the ability to ask and answer interesting questions or to make significant improvements in the systems within which those applicants are interacting.

Patrick Kiessling:

So within the context of this holistic application review, it seems that at least from a medical student perspective, a lot of emphasis in competitive specialties gets placed on step one score. At least for this cycle, this is one of the last years that this score will be available for programs to use when assessing an applicant. Do programs have hard cutoffs for considering applicants, or how do you find this comes into play?

Dr. Marc Thorne:

Well, I think you're right in that the emphasis on step one scores, probably both for programs and applicants, has traditionally been high in competitive specialties such as ours. I'll start with a broader statement about the implications of step scores, which kind of says that there is generally a lack of predictive ability for clinical performance based on step one scores. And so the stress that both the students place on performance on these tests as well as the weight that they're given in considering applications are probably significantly higher than they should be. Even further, my chair likes to quote that there's some evidence of a possible negative correlation among those with the very highest scores and that if you score at the extreme high end, clinical performance may actually not be quite as strong. Although in full disclosure, I've not asked him to provide references or to fact check him on that.

I do think this is a challenging situation for applicants in that I do suspect that there are programs that use cutoffs. However, those cutoffs are not typically available to the applicant and therefore it makes it difficult for them both to gauge their competitiveness overall, as well as their likelihood of being selected for an interview at any given program. For us, again, giving that end of one answer, we don't utilize any cutoff and don't tend to weight the step one scores very highly. The only thing that they are fairly effective at predicting is difficulty with future standardized test scores. And then again, only at kind of the extreme of performance.

Dr. Janalee Stokken:

I agree with that answer. We as well are not using the step one score this year for hard cutoffs. We additionally have found that those scores don't correlate with anything but future test taking and don't, by any means, change our ability to see a good applicant. The step one score this year I think will be eliminated from our decision making process all together and the system that we have in place, as mentioned earlier, will look at applicants as a whole, looking at all the things they have to contribute to our program rather than just the score.

Patrick Kiessling:

What are some other nonacademic features of an application that may stand out as important to you?

Dr. Janalee Stokken:

Sure. I think anything that an applicant can show they're passionate about, whether it's research or a hobby or some other aspect of their life that they've found to be important to them that can really go a long way in their personal statement, in the interview, or in their application. During our review, as I mentioned earlier, we look at this application from a systematic standpoint where we try to be objective to who gets an interview. And there's a sheet that we will fill out and has room for comments. And so on a review of an application, if there's someone who has a strong interest in something and shows passion, hard work, dedication to that hobby or interest, we'll make note of that and that will definitely play into who we ask to come visit our program.

Dr. Marc Thorne:

Well, I suspect that Dr. Stokken have said it better than I, but I would echo those same comments. I think we'd like to look for applicants who have demonstrated a sustained and significant commitment to some area. And I also, I guess, take that one step further, especially in the personal statement. I find it most compelling when applicants can identify those personal statements or qualities that have allowed them to be successful in the past that have tapped into their passions and also into where they see themselves going in their academic career. And then how the training, either in our program or more broadly in otolaryngology, will take advantage of those qualities, will tap into those passions and will allow them to continue to enjoy the same levels of success that they've had previously.

Patrick Kiessling:

When we consider letter writers, are there any must haves or is this pretty flexible? For example, are all programs expecting letters from the home program chair or the program director? And as Dr. Stokken mentioned, what are thoughts about having non-ENTs write letters of recommendation?

Dr. Marc Thorne:

I think that's a great question, especially for this year where there will be more limited away rotations and therefore more limited access to potential letter writers. In general, what I would advise applicants is that they really want letters from those who can speak to their positive attributes based upon personal experiences that they've had with the applicant. And so those letters will typically be able to convey the most information and therefore have the best chance of increasing your competitiveness in terms of the application and match cycle. This year, especially, I think will mean more letters from non otolaryngologists, especially again those that you have spent significant time with or have had meaningful relationships with.

My experience is that most applicants will go through the cycle with letters from their chair, although by no means is this universal. I do think there is some value in terms of name recognition as

selection committees review letters of recommendation, partially perhaps because it gives a little bit of a framework against which to judge what is written in each of those letters as each letter writer tends to have a somewhat personal style. I guess what this maybe translates to in terms of advice is that students should seek out opportunities to interact and have experiences with those faculty members in their institutions that have those kind of more recognizable names or are in those positions of authority.

Dr. Janalee Stokken:

Yeah. I have to admit that that's a fantastic answer that was just provided. I don't have a lot to add other than we really agree that a letter that shows you've worked with the person who's writing the letter is much more beneficial than one that you get just because you feel like you need to have it in your application.

Patrick Kiessling:

And what is your advice for applicants without home programs, especially during this cycle?

Dr. Janalee Stokken:

Yeah, this is particularly important this year. In general, I would recommend that any applicant without a home program seek out one or two other programs where they can gain experience and work with people one on one to get those letters. As we all know, this year that is being allowed for people without home programs. So I hope that everyone can find a place to make these connections work on research projects and get to know at least one ENT program in the country. On top of that, I know there are several programs who are offering virtual experiences, us included.

We will be offering an interaction where residents who have applied to do a virtual rotation here can still experience some of our lectures. They themselves will be able to provide a lecture that will let us get to know them to some extent. We also have an extensive online library of interactive podcasts and surgical videos and learning material that people are welcome to look at and review. And lastly, if you have a program in particular that you really have an interest in, I encourage you to reach out to that program director or the program coordinator and see if they can put you in touch with someone in that program who can help you learn more about the city, the facilities and the interactions that the group has prior to you submitting your application.

Dr. Marc Thorne:

I would like to express that although there are clear challenges for applicants applying from medical schools without a home otolaryngology program, those challenges are by no means insurmountable. As Dr. Stokken mentioned, the expectation is that programs would allow for away rotations for applicants without a home program. And so seeking out those programs, especially those closer to you regionally, would be the first step to take in order to both gain additional exposure, but also to gain additional access to mentors in the field and those that can help become your advocates as you navigate the application process.

Similarly, we are looking and I expect that many programs will be looking to try to replace certain aspects that applicants would traditionally have taken advantage of with away rotations. And there are really, I think, several of those. The away rotations allow applicants to learn more about programs. And so we are, at Michigan, putting together what we are calling a virtual sub internship, but really is an opportunity for us to provide information to applicants about what our program is like so that they can determine whether our program kind of fits their needs and their desires for training.

We're also looking into, and I may shamelessly steal some of those ideas from Dr. Stokken in terms of providing an experience for those applicants who had applied to do away rotations for us in terms of giving them a platform to interact more with our residents and with our faculty so that we can then get to know them better and have a better understanding of who they are as people and as applicants.

Patrick Kiessling:

And for our last question for the preparing for the application cycle section of the interview, if students are designed to take a research year, usually this occurs between third and fourth year for many applicants, but not all. What are you looking for from these applicants?

Dr. Marc Thorne:

I suppose my first advice to applicants looking to potentially take a year off or do a research here is to think very carefully about the reasons that they're doing it. If having a year dedicated to research will significantly build skills that you are confident you will want in your career and if they will significantly allow you to meet the goals that you have for your career, then by all means go ahead and pursue that opportunity. But if research is not something that you see yourself doing as part of your career, then I'd strongly consider you to kind of reconsider the plan and to move forward with the application cycle this year.

Certainly I can speak for myself, but I also think for other program directors in that, we are here, we are looking to bring in the next generation of otolaryngologists in this upcoming match cycle and we will do everything that we can to help you be as successful as we all learn together and navigate a process with virtual interviews and other changes that we haven't used in the past. So in general, for applicants that do elect to take an additional year, either for a research or a degree experience, what I'm looking for is that they take advantage of that year and use it to the best of their ability so that they are productive during that time, that they are building skills and abilities that they then are able to articulate how they will use both during their training, but more importantly, throughout their career.

Patrick Kiessling:

All right. Moving on to the interview process, obviously this year will be quite different with virtual interviews now being a new experience for all of us. From what you can predict about the process now, what sorts of things do you think you'll be looking for in a virtual interview and how do you recommend applicants prepare for these?

Dr. Janalee Stokken:

Yes, the virtual interview this year is uncharted territory for all of us. In general I think we will be looking for similar things that we have been looking for in the past with the interview process, and obviously there's room for us to be creative with this. When we do face to face interviews, we often take the opportunity to look for surgical skills in our applicants, ask questions and get to know our applicants and showcase our hospital or our city so that people know what life would be like if they were to become residents at our program. This year we will have to do some things to make that a little easier to do online. And this may include videos of each other and our city to showcase some of the things that we think are important. I would hope that many programs will be providing more information along these lines and I think some of that has already been published.

So the best thing I could recommend for applicants to do on top of their normal preparation is to seek out this information and watch it and get to know the program as best as possible before the

virtual interview. On the day of the virtual interview, we will likely perform similar two or three on one interviews with applicants in a Zoom type setting. And we often look for things that we've talked about already today. Things that people are passionate about, ask applicants about their research, and the things that they find that will be of interest to them in their residency training and in their career.

Another thing I can't stress enough about the interview is to get to know the programs, attendings or the physicians that work there as it really shows you have an interest in that program and what they have to offer. And whenever we see an applicant who's interested in us, we tend to take the extra time to find interest in them.

Dr. Marc Thorne:

Again, I think those are great answers. I think that from the applicant's perspective, preparation for virtual interviews would not look all that different from preparation for in-person interviews. The few pieces of advice I suppose I would give are to, one, recognize that every interaction that you have with a program is part of the evaluation process. And so even though it should go without saying you should be kind and professional in all of your interactions, not only with the faculty with whom you're interviewing but with the program coordinators and others with whom you come into contact.

Another piece of advice is to practice. Like many things, interviewing is a practice skill and there's probably some aspects of interviewing virtually or remotely that are also a practice skill. And so, find a faculty in your program who might be willing to do a practice interview with you. If you can't do that, find a friend or a loved one who would be willing to sit on the other end of a Zoom call and ask you some questions and have you answer them. I think just going through that process can sometimes be helpful and make you feel more at ease in that kind of an environment when it comes time to interview.

And then perhaps finally from that standpoint, just be yourself. That's what interviews are often used for is for programs to get a sense of who the applicants are as a person and to get an understanding potentially of how their personality, how their interaction style fits within the personality or the style of the program. There are probably a few things that are kind of specific to a virtual or remote interview in that you want to spend some time to make sure that you have the appropriate software and that it is connecting appropriately. You can think a little bit about ideal lighting so that you show up in a way on the Zoom interview or other virtual video format so that the folks who are interacting with you can see you and can get a sense of those nonverbal interactions that come during conversations that will be important.

Patrick Kiessling:

And as Dr. Stokken mentioned a bit earlier, some students are already worried about getting a feel for the area at the hospital and the culture of a program without being there in person. You mentioned a couple of things, but how do you recommend that they seek out this information in other formats?

Dr. Marc Thorne:

I think there's a few things that applicants can do. I would expect that most programs in their interview day will identify or provide some opportunities for the applicants to interact with the residents in a less formal kind of setting. For our applicants, I will typically joke that I can provide the kind of 10,000 foot view of our program and how I think it works and how I think it should be. And then when they talk to the residents, they can learn how it actually works and how it actually is. So having time to talk with the residents is certainly a key factor, I think, for the applicants. I think for the programs, we have to be very thoughtful about how we're going to try to accomplish this.

As Dr. Stokken mentioned, I think many institutions will be investing some resources in terms of how can we provide video tours or other things that give a better sense of what life is like in our communities. And so that applicants can get that information. This hopefully should be provided to the applicants rather than something that they actively need to seek out. I do think that there may be opportunities for applicants in terms of performing what are so called kind of second visits, or after the interview going and visiting a town or a program. I mention this with significant reservations though because I would really hate to see applicants feel like this is something that they need to do in order to be considered or to be considered more highly by any given program. But I think there may be aspects that could be valuable for the applicant in terms of really just getting a better feel of what a program looks like.

For me personally, I did my residency training at Michigan before leaving for fellowship and then coming back for a faculty position. I had never before set foot in the state of Michigan prior to my interview day and probably never saw myself living in Michigan. And so having had the opportunity to come and visit it myself was certainly important for us, for both my wife and I, to determine whether this was a place that we could see ourselves for our training.

Dr. Janalee Stokken:

Yeah. In addition to the things I had mentioned earlier, we do hope to have many opportunities for applicants to interact with the residents virtually. I also know most of our residents have been very open to having communication outside of a webinar or email to those who are very interested. I anticipate there'll be open lines of communication between applicants in our group this year. I also was going to mention the idea of a second look which we agree is something we don't want people to think is necessary to match in our program. We hope that there aren't rules in place to limit those opportunities for them.

Patrick Kiessling:

And so, moving on to the period that occurs after interviews and creating a rank list, how is post-interview communication viewed in terms of what are your thoughts on thank you letters or requests for more information?

Dr. Janalee Stokken:

This is a topic where I think the important thing to communicate is what the goal of the communication is. I definitely think programs would like applicants to communicate back if they have any questions or concerns or things that weren't answered during their interview process and those are very well received and welcomed by the program coordinators or any of the people they interview with. I think routine thank you letters that are just sent because applicants think they're needed are not necessarily necessary. And I personally don't feel like I need a bunch of thank you letters just out of habit or out of necessity. We do like to hear from applicants who are interested and help guide them in any way that they need.

Dr. Marc Thorne:

Again I would echo, I think, many of those sentiments. Certainly applicants should always feel free to reach out to programs when they have questions or when they would like more information or some clarity around some aspect of the program that may be important for them in terms of choosing where they would like to do their training. Having said that, in general I'd like to see there be clear rules and actually less opportunities for interaction post-interview. Again, maybe thinking that this year would be

a significant exception to that, but I generally find that post-interview communication is stressful for the applicant and really not particularly value added for either the applicant or the program.

What I will typically tell applicants on our interview day is that I do not want them to send thank you letters. That their taking the time, the financial resources to come and visit us is thank you enough. And that I recognize how busy they are, both with their interview and application cycle but also in terms of trying to do the very significant work of being a medical student during that time. And so, I would prefer them not communicate with us. And then that would also just make it easier for me not to engage in any communication that could be sort of potentially seen as insincere or manipulative in terms of information about whether we were particularly impressed with any applicant, and we are impressed with really all of the applicants that come and meet with us. So I think in general applicants should not feel that they need to communicate with the programs.

Patrick Kiessling:

Within that same vein of post interview communication, we all understand that there are very well delineated match rules. Is it smart to declare to your top program that they are your number one as long as you don't expect them to provide you with an answer back about your status on the list or how do you see that sort of communication following interviews?

Dr. Marc Thorne:

It's certainly not required. I think there may be advantages for an applicant if they do have a clearly identified number one program. Certainly it gives me a warm and fuzzy feeling when applicants reach out and let me know where we stand on their rank list. Having said that, by that time I have typically already completed our rank list and it has no impact in terms of where you would end up. And so it again helps me feel warm and fuzzy and to feel like I've done a good job in terms of conveying the strengths of our program.

But it doesn't have an impact for us and I suspect that is true for many programs. But it may have an impact. It certainly is, I think, to program's advantage to some extent to have applicants who are most interested in that program, although the match will generally make that happen, certainly in the applicants advantage. The one thing that would be important to note is that that communication certainly should be honest. You should not be sending communication to more than one program about the fact that they are your number one program.

Dr. Janalee Stokken:

I agree. We tend to form our rank list here as a group. The entire interview committee will get together to make this list and most of the communication that happens does occur after that point. And I agree, it makes me feel warm and fuzzy as well to know that people we like also like us, but by no means we do not expect it. And it does not change the list order for our program.

Patrick Kiessling:

And in the midst of this application cycle being a unique one, do you think that programs will have a bias towards students that they already know, specifically from their own home programs?

Dr. Janalee Stokken:

Yeah. This is an interesting question. My guess is that this stems from some social media posts or maybe data that has come from the last few interview cycles where people have matched places that they're

either from or have done visiting rotations on. I think the word bias is a hard one to swallow as we like people that we know. We want to see the best for them and support them in any way possible. So I don't think we would be biased to them. We will look at the applicants in the same way as we always have; with the same objective process that we have always used, and then support our students in the goals that they have for either matching with us or at other locations around the country.

Dr. Marc Thorne:

Similarly, I don't know that there will be any significant change or bias towards students that programs already know. I do think that programs have in the past and will continue to take advantage of the knowledge about the applicants that they know well in terms of whether those applicants would be a good fit or not for their training program. I do think one thing that will be different is that many programs will know fewer students. And so I think for most applicants they'll be considered against a group where the programs have more similar amounts of information about each of the applicants rather than a larger group of applicants with whom they have additional experiences and additional knowledge.

Patrick Kiessling:

When it comes time to creating a rank list, applicants are often told to listen to their gut or think about what would be the best fit for them. What sort of advice can you provide to applicants regarding this significant task?

Dr. Marc Thorne:

Well, I think in general that is good advice. When it comes to making really complex decisions, I think the human brain doesn't do a really great job in terms of being able to list out every single factor that is kind of most important. And then being able to write out a formula or use some other method like a pro con list that will produce their very best choice. Certainly, and maybe I should just speak for myself, but that's not how I found my spouse. And so I think similarly for trying to find the program that feels kind of most right for you.

What I think applicants should do is to really think about those attributes of programs that will best fit where they are looking to go in their career and to gain as much knowledge as they can about how each program fits those attributes that they think will be most important for their future careers, pull all of that knowledge in. But then once you pull all of that knowledge in, let your brain kind of just percolate in that information. And as they say, listen to your gut and I think your gut, or more accurately your sort of neuronal connections, will come up with the best answer for you.

Dr. Janalee Stokken:

Yeah, I agree. I think back to when I was doing this process, and you will likely have a spreadsheet or notes or something that compares all the different attributes of the different programs, and it will become slightly overwhelming as you'll like something better at one place than another. And the go with your gut is exactly like Dr. Thorne said, it's your brain's way of sorting that out without a formula. So largely that's the advice I give people as well. In the end, you want to become a good surgeon, you want to go into academic medicine, you want to go into private practice. Those different things may help you find your best fit. But I think the go with your gut is a good way to go.

Marc Thorne:

Similarly, when I was going through the process and had my spreadsheet and had the different attributes listed, what I found that I ended up doing was adjusting my scoring for each of the attributes until it fit with what my gut was telling me anyway. So I think even if you aren't trying to use this advice, your brain will often make you do it anyway.

Patrick Kiessling:

Moving on to some of our last questions for looking at the application cycle in general, how do you handle couples match or what sorts of advice do you have for applicants that are a little bit daunted by that process? Is there any sort of connotation considered with applicants who are trying to couples match or just what sort of advice do you have for them in general?

Dr. Janalee Stokken:

I have to say that when I see an applicant who is couples matching, I don't look at them in any way different than an applicant who is not couples matching. We occasionally have communication with the other department with whom the couple is trying to match with and may decide not to interview someone if the couple is not going to get an interview in that department. But I would say largely we still give the opportunity to people and don't consider their couple in any way as there are people who choose to try to match here or somewhere close to here even if their couple doesn't match here. So I would say there is no connotation to that in any way and we try to support people as best we can.

Dr. Marc Thorne:

Well, I was hoping to steal some good ideas that Dr. Stokken had because in truth, I either haven't been very clever or taken the time to be very thoughtful about it. But I often don't realize that applicants are couples matching until after we've kind of gone through our process, which in many respects I think actually is a good thing. For us, similarly, the couples match status really doesn't have any significant impact. I think there are though some advantages for applicants to alert programs that they are couples matching.

What I will do once we've elected to interview an applicant who is couples matching is certainly when they alert me, and even if they haven't my program coordinator will help us kind of determine who on our list is couples matching. And then I will reach out to my colleagues in those programs with really kind of an FYI of, we are planning to interview this applicant and we think they are a good fit for our training program. They're couples matching with applicant so-and-so and wanted to let you know in case that allows you to provide them some extra consideration in terms of review of their application.

Patrick Kiessling:

Do you have any advice for applicants who did not match the first time around such as this past year, or what sorts of things do you recommend for people who are applying for a second time?

Dr. Marc Thorne:

I think this is sometimes a challenging situation, probably more challenging than it deserves to be given the competitiveness of our specialty. I think there are times where our interview and application process leaves very well-qualified applicants without a match in any given year, and navigating that process again can sometimes be even more difficult. I suppose my answer harkens back a little bit to the question about whether or not to take a year off in that for applicants who are planning to reapply, my advice is to determine both where they want to be with their career and then try to identify opportunities that will kind of help them get there.

And so if they elect to take a year off for academic time, then make sure that they identify experiences that fit with really where they want to go with their career. So, if they have a strong interest in clinical research, then find mentors who do that kind of work and start to gain valuable experience and expertise doing that kind of work. If they have strong interest in basic research, then do the same. If they have a strong interest in global health, then find a mentor or an opportunity that will help kind of build upon that so that they can build that story about where they are going with their career as they enter the application cycle for the next year. In general, I do think it's important that the applicants kind of acknowledge and address their challenge of having not matched and how that fits into both what they're doing now and where they're heading for their career.

Dr. Janalee Stokken:

Yeah. I agree with Dr. Thorne's advice. It is a very challenging thing for applicants who are very likely qualified to be residents in an ENT program the first go around as this is a competitive field. I think the advice I would give people is to, one, do something to try to figure out why you didn't match. Sometimes it's not easy to see, but if you talk with one of your mentors or maybe the program director at a program you rotated at, you might be able to get some hints on where you can improve.

The next bit of advice I would give is do something meaningful with that time. If that is doing a general surgery or another intern year or a prelim year, work really hard and get great letters and make sure that something is different with your application the next go around. A lot can be said about a very strong letter that shows you are an outstanding intern, could do general surgery like a pro. Or if you're doing research, have a great research mentor write you a letter and show that you could be very productive in that research year that you took.

The other bit of advice I might say is be yourself, practice interviewing. The next time you go to programs and show off who you are, they're trying to see what makes you you, and sometimes that can be very intimidating and your nerves can make you not the person you want to show. And so, like was mentioned earlier, practice and being comfortable with that process can really go a long way.

Dr. Marc Thorne:

And I might just add onto that. I think if you do a general surgery or a prelim year, then take it upon yourself to talk to your program director and look into the opportunities to potentially rotate as an intern on otolaryngology so that you can do exactly as Dr. Stokken said, really demonstrate your ability to do the work of being a resident in otolaryngology. I think the challenge for program directors and for selection committees is that really the best predictor of future performance in any given job is past performance in a very similar job. The great majority of applicants to our specialty are coming out of medical school and by definition then have not worked as physicians in the past. And so having the opportunity to kind of demonstrate your ability, your competence in that clinical environment can also be a significant positive.

Patrick Kiessling:

Are there any important things that applicants should prioritize when looking at programs? In other words, from your standpoint, what are the things that they should be looking for when trying to find the best training?

Dr. Janalee Stokken:

I honestly think this is a very personal question. People learn in different ways and grow in different ways. I think the different programs will provide different opportunities for becoming the best surgeon

that you can. I think the better you know yourself maybe the better you will be able to decide what will provide the best training. But in the end, do you want a good knowledge of ENT, you want to have the most surgical cases and experiences that you can gather so that you feel comfortable going onto the next step, whether that's fellowship or a private practice.

If you're looking to be an academics, you want great opportunities to publish and different programs will have different opportunities for research funding and mentorship for research. If you're interested in things like global health, you definitely might seek out a program that has those opportunities over others. And so in the end, I think you really need to know what you want to do with your life and your career and use that to go back and look at the programs and what they had to offer in each of those realms.

Dr. Marc Thorne:

Well, I think that, again, a great answer, and I've been looking for an opportunity to potentially disagree with Dr. Stokken and I may have found one tiny sliver, but the first thing I would say is I absolutely agree with the idea of really thinking about where it is you want to go in your career and then thinking about the attributes of the program that will help you get there. Another thing along those lines is to look at what the graduates of a program are doing. If none of those graduates are doing the kind of things that you want to do, it doesn't mean that that program couldn't be a good fit for you, but it probably makes it a little bit less likely if you're going to have to take a path that is very different from what others have done in that training program.

And then I do have a pet sort of answer for this that will be, again, I think, slight disagreement with Dr. Stokken because she had mentioned having a program where you do the most operative cases. I'll share that every year since I became program director, I interview or I survey our applicants who have come for their interview. And one of the things that I ask them is to kind of rate the aspects of a training program that they weigh most heavily as they consider their rank list.

What I find is that every year really consistently I ask about eight or nine factors, one of which is the kind of clinical surgical experience and another one is the clinical non-surgical experience. So your experience seeing patients in clinic and those kinds of things. The surgical experience is almost universally rated at the very, very top. And the experience outside of the operating room is almost universally rated just above the kind of social event in terms of how applicants are considering their rank list.

I think it's important to point out and I always struggle with this as I am kind of selling our program to applicants is that both of those aspects are really important. Not only your surgical training but your clinical training. I think that applicants, they've been in clinics, they've seen patients, so it's much easier to see how you can become an even more competent clinician outside of the operating room, but they've generally had very limited experiences to operate. And so, it feels that much more important to really consider surgical volume.

But the caveat I would say is that surgical volume, it's important. Certainly you don't want to be missing on key experiences or opportunities. But you also actually don't want your surgical volume to be so high so that you don't have the opportunity to participate in the kind of medical decision making and the kind of medical treatments that we provide for otolaryngology patients. You don't want it to be so high that you can't take advantage of the academic opportunities, whether those are in sort of traditional research building, fund of knowledge or in patient safety and quality or in global health. And so I think thinking explicitly about how programs kind of balance, providing both that operative experience and those clinical experiences can be very important.

Dr. Janalee Stokken:

I will, of course, agree to that. Surgical cases shouldn't take precedent over a well-rounded training.

Patrick Kiessling:

Well, before we wrap things up, is there anything else that you wanted to make sure to mention or any final advice that you would like to provide the applicants during this cycle in particular?

Dr. Marc Thorne:

Well, I think I may have said it earlier, but I think it's important for all of the medical students interested in our specialty to know that we as program directors, we're here, that we are engaged and ready to help you navigate this process, even though it will look differently than it has in previous years, that we understand how stressful the process is even in the best of times, and that the current events have compounded that stress for you. But that we're here, our programs are ready to accept you. And so I hope that applicants will plan to complete their applications, plan to come through the process because we're ready to accept this next generation of leading otolaryngologists.

Dr. Janalee Stokken:

Yeah. I agree with Dr. Thorne. I think everyone's a little nervous from both sides this year and I hope those applicants out here listening to this or out on social media, I'd just like to reassure them that we're doing everything we can to make sure they get an experience and we're excited to meet them, even if it's virtual, and try not to be nervous. It's nerve wracking either way, but we'll get through this.

Patrick Kiessling:

Well again, thank you so much to both Dr. Stokken from the Mayo Clinic and Dr. Thorne from the University of Michigan for taking the time to talk with us today about applying to ENT residency. We really, really appreciate it. The team behind ENT in a Nutshell also encourages the listeners to check out headmirror.com for more information and resources for medical students, residents, and faculty. Thanks for listening and we'll see you next time.