

JRIG Internal Medicine Residency Program Director Q&A

1. How important is research to the application? How much research is “enough” to get into an IM residency? (papers, presentations, posters, etc.)

Bello – Not an absolute requirement for a student to have research experience to get into a competitive residency program. But it can potentially round out the application and give an idea of the students’ interest and their path leading up to applying. Overall, it is not a barrier if you haven’t done research. One instance where it might help is if the student is interested in a competitive subspecialty (GI, cardiology, critical care) and it can put them ahead of the game for fellowship applications. In this case, they should demonstrate research interest in that specific subspecialty. Undergraduate, gap year and medical school research is ideal since it may be hard to start research as an IM resident.

Ikeda – It depends on what the end game is. For primary care, it’s likely okay to not have done research. For competitive subspecialties such as GI, hematology-oncology, cardiology, pulmonary critical care, or rheumatology, research would be helpful.

2. What else is emphasized in the application besides research?

Ikeda – It depends on the residency program. UH values people with strong clinical skills. This is shown through good performance on clinical clerkships (especially those related to medicine) and letters of recommendation. LORs don’t necessarily have to be from famous, big-name people. We would rather see a strong, meaningful, and personal LOR with specific examples.

3. How much do you value full manuscripts vs presentations/posters/abstracts? What about unpublished work? Do you factor these in differently when determining publication productivity? Is there a difference in value for types of publications (case reports, retrospective chart reviews, clinical trials, meta-analysis)?

Bello – If research is meaningful for the student and they can take home lessons about what the research involves, it is considered valuable. The UH IM residency program won’t make the decision of whether to take someone or not based on the kind of research they did. There are other types of scholarly activity such as on quality improvement and public health investigation projects (i.e. improving the quality of patient care or the quality at the hospital and public health levels) that are appreciated in addition to other research activities. Understanding study design, the role of review committees to protect human subjects, statistics, and more are valuable lessons gained

Ikeda – Any type of scholarly activity is valuable. Students tend to start off with case reports, posters, or podium presentations, and it is not necessarily looked at negatively to have an abstract that didn’t make it to a full manuscript.

Watai – It is a lot easier to start research now (during medical school) than while in residency.

4. Do I have to do research specifically in IM? What kind of research do you recommend? What if I decide to change to IM in my third and fourth year of medical school?

Research in other specialties is just as valuable. At the medical student level, we are not necessarily looking at subspecialty specific projects. We understand that interests evolve overtime. It is perfectly fine to change your mind.

5. How do I find research mentors? How do I get involved in a research project?

Watai – One of the best ways to find mentors is through residents and attendings you meet on the wards. You can ask people you're working with if they know anyone in the field you are interested in. You can also ask department chairs to point you in the direction of PIs doing research in specific topics.

Ikeda – You can offer to do case reports for patients that you come across on clinical rotations. Department chairs are a good place to start because they meet with all the faculty once a year and discuss the different research projects they are involved in. If you are interested in a specific subspecialty, you can reach out to the department leaders such as Dr. Masaki for geriatrics or Dr. Banerjee for cardiology.

6. Do you recommend I take dedicated time off? (year, summer, etc.)

Watai + Ikeda – You don't need to take time off to do research, only if your end career goal is to be heavily involved in research/academia.

Ikeda – If you do take time off, we would like to know what you did during that time and if you were productive.

7. What does the IM Hawaii's residency program emphasize compared to other residency programs in the country?

Ikeda – UH is a university-affiliated but community-based program. We like to see applicants who want to be a part of this community and plan to give back to this community. On applications, we look for community service projects (i.e. HOME project), commitment to Hawaii, and desire to practice here long term. We also like to see people involved in teaching/academic medicine. In addition to this, we want applicants to be team players, good people, and willing to help whenever necessary. Scores are not the most important.

Bello – Some of the intangibles that are difficult to measure in an application (requires us to “read between the lines”) are teamwork, integrity, hard-working, and able to communicate effectively with patients, colleagues, patient's families, and other health professionals. These traits might not be written down on an application but could be captured in an interview or LOR. Residency selection committee ask a set of strategic questions surrounding ethical problem solving that can help to evaluate these traits and interview behaviors. Team and leadership skills can be captured in clerkship evaluations.

8. How many away-rotations should I do and why?

Ikeda – Don't necessarily need to do away rotation unless you have specific goals or if you want to make an impression at a specific program you want to go to. If there's a clinical program that we don't have in Hawaii, it could be helpful to do an away rotation there.

9. As a medical student, a lot of people struggle to fit research into their schedule. Do you have any tips on how to best manage that?

Bello – This is based on the individual. Initially, you might have to devote a larger block of time to get a project started. But after that, it might be easier to parcel out time throughout your medical school curriculum. It's all about time management and having the determination to stick to it.

Ikeda – Planning and time management. A lot of this has to do with the role of the mentor. It is important to pair with an experienced mentor.

10. Now that Step 1 is pass/fail, what is emphasized for residency selection?

We are looking at the big picture of the application (emphasis on Step 2 scores, clinical performance, and personal LORs). Some people don't take tests well but are amazing clinicians.

11. What do you recommend for applicants that are interested in a specific subspecialty?

Bello – Be honest in your application. If you know what your path is, then say it. We are looking to put out the best clinicians and prioritize clinical skills. We care about how you communicate with patients and how you do diagnostic testing,

Ikeda – While we want to increase the number of primary care physicians, that doesn't mean we'll turn away someone interested in a subspecialty. It's also perfectly fine to say you're undecided.

12. Is there an "expiration date" for starting a case report for a patient after they've been discharged?

Including the patient's clinical course after hospitalization can be helpful, so it is not too late. If you are in outpatient now, but met a patient while on the inpatient rotation, it's not too late to ask to do a case report.

13. What is the purpose of a chief year and is it important for those going into a competitive subspecialty?

Watai – A chief year has less clinical work and more time dedicated to teaching, leadership, administrative work, and learning that side of medicine. It focuses on developing a different type of skill set.

Ikeda – I did a chief year at UCSD. It gave me time to work on specific things I wanted to work on, and it helped me to develop teaching and leadership skills which have been important in my career development. Some programs might not like applicants to take a chief year due to the loss of clinical time, but you can still find a way to get clinical work in such as through moonlighting.

Bello – A chief year is a way to round out clinical experience before going into subspecialty training.

It is not a requirement but it can help. Don't do a chief year just to make your CV look better, only do it if you're really interested.