Alden:
Rachel, just a conversation that we've had a couple of times in this space. And I think you'd be a good person to answer this question. Students are obviously concerned, they're anxious. What are you hearing from the students that have reached out to you? What are their concerns about this application cycle?

Rachel:
Yeah, thanks Alden. So I think... I just sort of want to... I'll answer the question, but also say I think program directors share the same sort of similar anxieties as students do at this moment in time, which is this is going to be a new system for all of us and all of us need to be flexible and nimble and adapt to a new kind of recruitment year and we're going to do that and we're going to do it with you. What I've heard from students who have reached out is concern about really timelines. Everybody's concerned about the clerkships that they missed, which means the grades that will be delayed elective rotations in other hospital and universities that may be canceled, similar to the program here at Harvard, what that impact might have on letters of recommendation that are going to be written on their behalf and whether those will get in to program directors in time to influence or be part of the whole application package of materials as we review applications for the interview cycle.

Rachel:
And certainly, there's sort of the whole bundle of worry around the virtual recruitment situation. And while there are many, I think, potential positives for students around virtual recruitment, travel costs and will be eliminated and flexibility around meeting with program directors and faculty members and potentially with residents in an online virtual recruitment space, I think could really be great asset to both programs and to students.

Rachel:
I think the one concern that's already been highlighted by other colleagues so far is sort of, how do we as programs get to show you who we are, that sort of gut instinct that you feel when you walk through the doors of a place or you're sharing dinner or lunch with residents and as Jay said, sort of those chance meetings, where folks sort of strike up conversations and it's that sort of intangible personality and how students will be able to really understand a program in a virtual space.

Rachel:
And I think program directors share that as well. How will you be able to understand who we are and make good choices about your future training? And I just want to sort of reassure everyone, we know that these are the anxieties and we're going to work towards all doing this together.

Alden:
Great. I think this is with us really focusing on diversity and inclusion as a big emphasis of the Visiting Clerkship Program. I think it's really important that we talk about what your programs are doing to not only promote diversity, but talk about inclusion and belonging for residents who come from diverse backgrounds.
And so maybe I'll just quickly go through all of the program directors and try and give you space to answer this question. I understand it's... We're going to ask all five of you. So maybe if you could just keep your answers brief so we can get to the other discussions. But Chris, I'll go to you first. What is BIBMC do to make sure that there's a sense of inclusion and belonging from a diversity perspective?

Chris:

Thanks, Alden. There are a lot of different things and I know time is short, so I'll be brief. One thing recently we started was diversity inclusion council that sits at our JME level. So residents have a voice with the leadership at the hospital about what's important to them and what programs they think should be rolled out, where they need help, how they can get advice and participate and feel their voices heard at the highest levels of the hospital. I'll stop. I could talk a lot more, give everybody else a chance to share other ideas.

Alden:

Great. Thank you, Chris. Shiv, what's happening at Mount Auburn Hospital in this space? You may be muted Shiv. Shiv, I think you're muted.

Shiv:

I'm sorry for that. So I'll try and be brief. Over the last many years we've made an active effort to interview diversely. A lot of thought goes into our rank list process. On the day of the interview, we specifically talk about diversity. And I'm very proud to say that over the last few years, our program has become more and more diverse. I think that helps us recruit more diversity also.

Alden:

Wonderful. Joel, let's go to you.

Joel:

Thank you very much. In the hope of being brief as you say, I'll just say that at the hospital, we have structures to support diversity but I'm going to particularly talk about the Department of Medicine. The Brigham and Women's Department of Medicine has a very strong commitment to selecting a diverse house staff. We recognize that the majority of our faculty come here as interns and stay on as faculty. And if we want to take care of the community, the diverse community patients that we care for, we need to have structures in place to attract diverse residents. And it is a major priority of our department.

Joel:

At the top in the past year, our chairman has appointed Valerie Stone as the Vice Chair for the Department for Diversity, Equity and Inclusion. And she's challenging us all to do a better job at the resident level, at the faculty level and the fellow level. We have a very active diversity and inclusion committee in the department and another one in the residency and in fact, one of our leaders I believe, Zack Hermes, is on the panel today. So you'll be able to hear from him.

Joel:

And then, as part of our clinical mission, we have outreach programs into the community to promote an interactive community level diversity program. And we, for the last year have had one of our pathways has been on health equity leadership. So another focus of the department. For those people who not
just want to work and live in a welcoming and diverse community, but who actually want to create scholarship in this area. And that's headed by Cheryl Clark, who is a health services researcher in the department focusing on food security and insecurity. Those are a few of the areas.

Alden:
Thank you, Joel. Rachel, we'll go to you and we can talk about Cambridge Health Alliance.

Rachel:
All right, sure. So I don't want to be duplicative of what some of my colleagues have. Similarly, we have a diversity working group amongst our residents. And we actually have some specific breakout panel sessions during our recruitment season for students who are underrepresented in medicine to meet with those students and faculty at CHA and sort of learn from their experiences both training and working at our institution, but also experiences living in Boston.

Rachel:
Similarly, a similar construct at the Brigham, we have a Center for Health Equity and Physician Advocacy at CHA, which is sort of core to our works towards curriculum throughout the three years of our residency training program, the system is really within the water at CHA and I think similarly because the focus clinically as CHA is really in the community and for diverse underserved and largely immigrant populations in the greater Boston area. There's a real opportunity to build a diverse workforce that is really taking care of a diverse patient population, which is really a core value at CHA. I don't want to go on forever, so I'll let others chime in as well.

Alden:
Wonderful. Thank you, Rachel. And Jay. What's the landscape over at MGH in this space?

Jay:
Yeah, thanks Alden. I would say it's also an extremely important area for us. We focus on this through every aspect of our recruitment. And one of the things that I am... Many of the constructs that have been mentioned by Shiv, Chris, Joel and Rachel are similarly present here. But perhaps the one I will discuss is we have a number of ambulatory clinics that are actually embedded in different communities and I'll maybe point to one of ours which is in the Chelsea Healthcare Clinic, which is actually out in Chelsea, which is a neighborhood in Boston kind of nationally known now as one of the hotspots for COVID.

Jay:
And it became extremely important that we leverage our relationships through having a clinic there for now a number of years with community leaders to ensure that we could go in and provide education to at risk patients and to patients who had COVID to really focus on what we could do to help interrupt much of the infectious process that was there. It's really the opportunity to go into those types of communities is leveraged by years of a relationship, and that's something that the department, the institution and the residency is committed to ensuring that we are communicating and partnering with our community for the health care of all.

Alden:
Wonderful. All right. Well, thank you for contributing that. I think it's really important for our listeners and viewers to get an understanding of our programs, especially when it comes around diversity, inclusion and belonging, which is really paramount for our office at HMS and also for the programs in the hospitals.

Alden:
Now, I want to jump into the various components of the application process. And so I still think there are some students who may be joining this webinar who are 90% sure they're applying to internal medicine, I'm sure there's a portion of our students who are 100% locked in and ready to get the process going. But Shiv, can you talk about how students can make sure that given the abbreviations that have happened to the rotations with COVID, that they know that internal medicine is the right specialty for them. And then what should students be doing to sort of get that confirmation so that they can move forward confidently in the application process?

Shiv:
Alden, tough question, very important question. I'll answer it with few questions actually. Ask yourself if you like forming longterm relationships with your patients and your peers. Ask yourself if you enjoy thinking. Ask yourself if you like taking a history doing physical examination. Are you okay with being uncertain? Are you okay with two plus two sometimes not being equal to four? Are you okay sometimes when people don't do well? Do you see yourself doing this for the next 20, 30, maybe 40 years? How do you interact with people? How do you interact with colleagues?

Shiv:
Because that is all what medicine is about. Yes, there's a knowledge piece to it, but there is a practice piece to it, you should be comfortable and you should enjoy doing what you're doing as medical students when physically examining patients, when making assessment and plans. It's important also to be truthful to yourself about these answers, and I think it's important to speak with some leaders or some mentors at medical schools and having a heart to heart conversation in what you enjoy with medicine and then seeing if internal medicine would be a good fit for you.

Alden:
Great, thank you for sharing that. I think it's important to have that self reflection but then also having some feedback from others who've gotten to see you grow over the course of your medical school career. So thank you for sharing. Chris, well you typically do this over dinner as part of the Visiting Clerkship Program, when we have these discussions. Unfortunately, many students use those rotations to learn about programs, but they can't do so now. How can students do a little bit of research about programs that they're interested in if they can't do that away rotation?

Chris:
Yeah, thanks Alden. I find that to be a really challenging question right now and one that I've received a lot of because I think there's a lot of value and being able to go and visit a program if you're not sure about that in a community in a city and learn more about it. I think the one good thing is that you can find people in your community, in your school now who haven't trained at one of these institutions that you're talking to today. The wonderful thing about the web is you can find a lot out about people very easily and reach out to them.
Chris:
You can reach out to us to find information from our alumni network about people who might be at your institution. I have an opportunity to talk to our residents to find out more about the program. I would encourage you to visit websites more readily. But don't be so one over by a flashy website and think more about what really is that website saying about the program? What are their values? What do their alumni do and where are they in the world and in the community? It really is hard. I think that all of the burden vectors that you see here are open to talk to you. We normally meet with people in our offices all the time. Prospective students, applicants who are happy to do that virtually, set up Zoom calls and have conversations that connect you with our residents, our alumni and our faculty to help you learn a little more about the programs.

Alden:
Thanks, Chris. And Jay, similar question but more getting a little deeper to... Maybe how do you how do you learn about the culture of a program without being there in person? I think it's... We talk about culture a lot these days, but how do you learn about what it's like in that program?

Jay:
Alden, that's such an important question. I will say that, I think that there's a couple different ways to do that. Obviously, the way we've done that historically is oftentimes through the interview process and bringing people here with that kind of essentially off the table. For this year and perhaps in years to come, we need to think about how we can do that in a more creative fashion.

Jay:
And I guess I would say first, think about any of our recent graduates from any of our programs that happen to be at your medical school, and we feel free to reach out to them. They oftentimes will have a really great op, they may be your fellows or your junior faculty at your programs. They may have the opportunity to tell you a little bit about what it was like to train at these programs. I think that they usually have a great perspective since they've been away from the program for either a few months or a few years and I think that that's a valuable one.

Jay:
If there's students that have graduated from your medical and are now here in any of our programs, you should feel free to use your own alumni network in terms of being able to communicate with those individuals to be able to do that. And short of any of those, that we're working out I certainly think is reaching out and asking to be connected with one of our current residents our chief residents, to be able to get a little bit of a sense in terms of that. There are opportunities perhaps to get in.

Jay:
One of the advantages of having Zoom is that you can now, if we do an educational conference, the opportunities are that we may be able to include more than just a few people who are usually going to be hearing that in an in person part. So we're now starting to think in pilot about being able to do some of our educational conferences with a larger audience in mind. And so that may be another opportunity that you can come in and learn.
It's a little bit limited in terms of that. I think you really want to have those one on one interactions, but we really do pride ourselves in terms and many of us in the Harvard program really think that oftentimes, it's really that culture of our program that really is the thing that makes people most excited about choosing to come to Boston to continue their training.

Alden:
Thank you. And I think that what I'm hearing from both Chris and Jay is that we recognize that there are some limitations in these virtual interactions, whether it's reading a static website or emailing a program director or sitting in a webinar or a Zoom meeting from an educational standpoint. But we recognize also that we need to figure out how to make these more interactive and personal, so that we can get to know the individuals.

Alden:
Joel, Jay alluded to this a little bit, but can you talk about the value of reaching out to the people who are currently in the program, whether it's residents or faculty to learn more about the program and whether that's something that you would encourage or whether that's something that you would sort of do with caution.

Joel:
Yeah, thank you so much. And Chris and Jay have said what I'm about to say. I would say this is not only encouraged, it's your homework. It's your requirement. If you're going to get to know a program and all the programs you're interested in and potentially applying to, your homework assignment is to reach out to people who know those programs. And there's a couple of sources for that information but I'll list those and a few more. The first and probably most useful is current residents in a program who went to your medical school. And you can get that list from your dean, you can get that list from the residency website in general. And they are absolutely thrilled to get cold emails or cold calls from colleagues who are interested in learning more.

Joel:
Second one is in your own institution, you'll find if you look carefully faculty or fellows who trained at one of the institutions that you're applying to. And that's another great source of information. I would say that if you have a professional interest, or research interest, a community interest, a teaching interest, sometimes you'll see national leaders in that area or role models who have trained at these institutions. And again, you should absolutely feel free to reach out to them. Not just feel free, required to reach out to them.

Joel:
If you haven't done that, you probably haven't completed your homework. And the types of questions I would ask is, why did you choose that program? What met your expectations and what didn't meet your expectations? And then, you kind of have to step back from that interaction. And this is what Jay was talking about the culture. Is that the kind of person you want to be? Is that the kind of person who you think you would enjoy working very long and arduous hours with? I strongly encourage that and I think this year with COVID, I would say it's probably even more important.

Alden:
Wonderful, thank you. And then Rachel, just to round out this part of the question. How can students especially those who may not be in that same geographic region or there may be some differences as far as the types of medical schools that they're going to in relation to the Harvard programs, how could students express interest in the program if there may not be that tie or that precedent with either trainees going back to that hospital? What can students do to show genuine interest?

Rachel:
Yeah, so I think this question has come up a lot actually recently. And I think it's really important for students to recognize that as program directors, all of us love working with students and with trainees and that's why we do the work that we do. I think it's okay for you to reach out to us. I think all of the other things that you heard from Chris and Jay and Joel about sort of using your network, there may be a natural network that already exists, that you may not be aware of until you start asking questions and talking to people.

Rachel:
If that network doesn't exist, because you don't have any connections to any of our programs, then do your homework, read about us, figure out why you might be interested in our particular program and then send us a note. And people do that all the time. And oftentimes, there can be some sort of hook. You're interested in the Boston area because of a family member, you're interested in particular research that somebody at our institution is doing, but you haven't met that person.

Rachel:
It may feel really scary and daunting to do that, but at the end of the day, we're all people, we're all nice. We all communicate with others. That's what internists do. We all work in teams. And we're delighted to take your emails. I think the only caveat I would put on that is we're all likely to respond, but it might be a little delayed during this particular season, which is not necessarily related to our level of interest or excitement or enthusiasm, but just there's a lot going on clinically in our institutions at the moment, and there's a lot of focus on our current residents and their well being and there's a lot of focus on what we're all doing right now in the preparation for onboarding a whole new class of interns that will be with us shortly.

Rachel:
So don't take the delay personally. I will take a leap and speak for all of my colleagues that we'd be delighted to hear from you if you have interest in our program.

Alden:
Sure. Thank you, Rachel. And I'm just tried to keep an eye on the clock for our panelists and also for our audience. We're probably going to go a little bit longer. I know a couple of our panelists may not be able to stay with us for this entire session, but we're going to try and get through as many questions as possible. We will have contact information for our panelists available at the end and we will also try and make this recording available in the next few days.

Alden:
If we aren't able to get to all the questions, we will also try and cycle back and answer some in another format. Chris, I want to go to you quickly. There were some students who were doing this during the clinical work and it was interrupted by COVID. And it may have been in their internal medicine rotation
for third year. How will programs evaluate students since clinical time, specifically in third year has been compromised by COVID.

Chris:
Yeah. [inaudible 00:22:17] Alden, that's something we've had lots of questions about already. And I think it's similar answers to what you've heard before. A couple things I would highlight; one, I think all of us take a holistic view of the application. We recognize that there's more to you than a couple rotations in your third year or your fourth year or your sub-I. Where those are very important, we recognize that your overall accomplishments, your overall dean's letter of commendation, the things that you've done inside and outside of Medical Center are all very important and we pay attention to all of that.

Chris:
The other thing I would highlight is that we get it. All of us, all the program directors here we get it. We understand what's going on and we totally understand and we also recognize everybody's in the same boat, that this is happening to everybody across the country and we know it's going to happen and it's not going to be a surprise to us when we see an application that may not have a typical rotation that we would normally see. We understand.

Alden:
I think that's really important. Just we're all in the same boat and we all understand. Those are two things that I think everybody needs to make sure to take home with this. Jay, going to use similar question, everybody's schedule is off, everybody's timing is off. Some rotations are going to be shorter in order to make sure students meet the requirements to graduate. Other students may not have been able to do their sub-Is or they may not get them done until just before they submit their application. Is there anything that students should be doing to make sure that they have the right rotations done before applying to residency?

Jay:
Alden, implicit in your question is that the idea is that the student does have some autonomy in terms of some of the choices that they make. So we'll recognize whether they have that or not, recognizing that many of them may have very limited autonomy in terms of what they can choose. So my answer will be embedded with the idea that they do have some ability to make that choice.

Jay:
And I think when it comes to internal medicine, obviously, we would want you to see your core, if you can do your sub-I in internship in medicine, that would be great, although not necessarily required. We also oftentimes look as in a holistic point, seeing how you did in areas like pediatrics is helpful, how you've done in other areas that are kind of let's say, aligned with internal medicine are more helpful for us. But again, we're going to be looking at what you took at the beginning, how you moved, how you progress through this, recognizing that everybody had an interruption in their medical education during COVID and see what you what your trajectory was, what you've been able to accomplish in the experiences that you've had.
Thank you. And Rachel, it may not be as big for Internal Medicine as it is for other specialties, but there is value to away rotations as students are applying to internal medicine. What can you say to students who would have liked to do an away rotation and specifically to get a letter of recommendation out of those letters, and how would you as a program director evaluate those students who don't have that as a part of their application?

Rachel:

I think away rotations are great, but not everyone can do them for a variety of different reasons even in a year where Coronavirus is not a player. So I just sort of want to equalize the world for everyone about this, which is yes, it's an opportunity or in the past, it has been an opportunity for students to come see our institution really work very closely with our residents, understand what is the ethos of a place, what does it feel like, how do people learn here and it's also an opportunity to take those letters of recommendation from faculty members that you've worked closely with and translate that into strong letters of recommendation for your full application to training programs across the country.

Rachel:

But the truth is, as program directors, we read those letters in years past, and we certainly put value on them, but they're not the end all be all of the entire application. And I just sort of want to encourage students that you recognize the disappointments that are going on with the interruptions around COVID this year, but electives should not be the thing that's sort of the key piece of stress for students. I think it's really about showing consistency, showing what your interests are, demonstrating that there's a story in your application, that you have certain career goals that you can communicate those well, that they may fit within the matrix in the context of any one of our particular residency programs.

Rachel:

And there are many ways to highlight that in an application, whether it's letters of recommendation or personal statement. Your volunteer or extracurricular work or your previous education or professional work. I don't think it all hangs in the balance of electives. And again, just to sort of reiterate, I think it was Chris who said we get it, the students are not responsible for this situation and everybody is going to be... Program directors are going to be looking at the same applications across programs and students will, across the board have access to or lack of access to similar things than as compared to each other in the applicant pool this year.

Alden:

Great. Thank you for that, Rachel. So I'm just going to move along. Joel, quickly. Anything else you want to add about letters of recommendation? What students can do to make sure that they secure strong letters of recommendation and then also who they may want to ask about those letters?

Joel:

Thank you. So [Eris 00:28:02] provides you the opportunity to submit four letters with any application. Three of those are considered required and one would be optional. One of the letters should be from the department chair at your medical school. And that may be a hospital based chair department based. I mean... I'm sorry, medical school based chair. And that's a form of formulaic note that the director of your clerkship will help you arrange.
If you have done a large portion of scholarly work, research or otherwise, or if you spent more than two years outside of medical school doing some other things, such as a PhD as an example, you certainly want to include that letter. That's an optional letter. And that leaves you two to three letters of clinical support. My general adage is it's better to get someone to write the letter who knows you well, versus someone who's well known. Sometimes that's the option.

Joel:
The person who knows you personally has watched you make clinical decisions, has watched you evolve as a clinician is the best letter writer. And that may be an inpatient doctor or a subspecialty doctor on a console service, or an ambulatory doctor. But I would say the majority of your letters should be from internists. If you have a particularly strong relationship that was developed on a surgical or an anesthesia or another field outside of medicine, I think that's okay to throw one of those letters in there if they know you well, but I wouldn't have more than one of your four letters fit that criteria.

Joel:
Some students will submit three letters up front and then they'll wait for their fall electives to add a fourth one and that's also okay. My guess is that 60% of our applicants have four letters and 40% of our applicants have three letters and either option is acceptable.

Joel:
When you're asking for your letters, getting back to Alden's question, the way I would phrase it is I would set up your Zoom meeting with your mentor, send them your personal statement draft and your CV in advance and the way I would phrase it is, "Do you think that you'd be able to write me a strong letter of support?" That gives them the option to back out politely if they don't think they can do that, and it lets them know that you want them to provide you a letter. And again, the timeline on the letter is important. Those should all be submitted and completed before the full application goes out in October.

Alden:
And I think that's a really good point, Joel. Especially with this delayed start to the review of applications for the program directors. The goal of every applicant should be to have all their components of their application ready for immediate review. So you don't have an incomplete application. Another key important part of the application is the personal statement.

Alden:
Shiv, right now everybody is experiencing COVID in their own different ways. Should students incorporate a discussion around COVID in their personal statement? How can you make sure that you aren't overdoing it? And then just your general thoughts on what is a good personal statement.

Shiv:
Thank you Alden. And I'll start with the general thoughts. I think the personal statement is probably one of the most important aspects of the application. This is free text. This is where you tell us what you want us to know about you. This is a space for you tell us why you want to do internal medicine, it's a space where you tell us what you want to do in life. It helps programs know who you are before offering you an interview.
Shiv:
Regarding COVID, it probably is okay to mention something in the personal statement. The whole thing should not be COVID related though is what my sense would be. I don't know if the other program directors differ or have other things to add to that.

Alden:
Wonderful. Thank you for the short answer, because I know we need to keep moving in the interest of time. Jay, this is a question that we get often. I've seen it a couple times pop up in our chat already. How can students set up their application to overcome either a poor performance on a clerkship experience or a not ideal step one score as part of the application process?

Jay:
Yes. Thanks Alden. I think there's always a story behind either a poor evaluation or a poor step one score, but when sometimes I hear students kind of wishing that they'll just wish that that is noticed and they'll put the rest of the application together. Just as Shiv was talking about, a personal statement is an opportunity for you to discuss things. Let us know who you are and where you're wanting to go. But I also think that a small part of that, if there's a score, that's an outlier in that particular situation, and there's a story for us to know about, I think it's an opportunity to address that right head on.

Jay:
And so I do think it's a place where you can at least let us know what were the circumstances that led to a performance that didn't meet your expectation. And that gives us some context as to what happened and what was going on and gives us an opportunity to kind of put that score in context to not only that situation, but into your entire application.

Alden:
Thank you. And another space where I often see people do this is they have a letter writer contribute some language to this and it allows someone else from an outsider's perspective to give some context for the students as well. So the students don't seem like they're being defensive. So just think about using some personal statements base or maybe even if you have a close relationship with one of your letter writers, then they can do this on your behalf as well.

Jay:
Great point Alden.

Alden:

And Shiv, going back to you, there's a lot of issues that we're seeing when it comes to students being able to take Step 2 on either CS or CK, there's a lot of uncertainty around the CS portion of this. Should this impact students applications process? And if so, which should students do to either get... What should students do if they haven't had the opportunity to take it before that October 21 submission date?

Shiv:
I think everybody understands the limitations this year. I think students should go ahead and apply. I doubt programs are going to discount applications because Step 2 CK score is not available or Step 2 CS
is not available. I think people should go ahead and apply on time and know that everybody understands this year.

Alden:
Yeah, and I think just the big take home point for that is we don't know and unfortunately, that process is not under the purview of our residency programs, but they will do their best again to do the holistic review of each applicant based off of the materials that we have available at that time. Rachel, interviews. We've had this discussion. How are you preparing for virtual interviews?

Rachel:
Yeah, we're getting ready. I think all of us are sort of scrambling to look at the technology and the appointment scheduling and how we do sort of the vast matrix of coordination so that students can meet program directors and associate program directors and residents and faculty members. And as I spoke to you in the beginning of the webinar, also sort of probably the most important piece of the interview experience is sort of how the students experience our institution and our place and that sort of gut feel that you get when you come for a visit and trying to figure out how we can give it and provide those experiences in sort of online, flat screen ways for everyone.

Rachel:
I think probably I speak for everyone again, thinking about the idea that we're trying to figure out ways in which we can sort of recreate all elements of the true person visit in a way where students can both learn about us and we can learn about them, because this is really a mutual choice. I think sometimes it gets... For students, it feels always like it's them trying to prove themselves to programs, but some of the insider secret is that as programs, we really want you to like us too. And so we...

Rachel:
It's really important that that fit works and it's really important that the work that we do to prepare for sort of this virtual experience is sharing on both sides. And so I think the reality is here, and probably all of us, amidst all of the work that we're doing right now are also thinking about reformulating our recruitment season and what this virtual experience will be.

Alden:
Wonderful. And, Chris, any thoughts on what students can do to prepare for virtual interviews? How to make sure that they set themselves up for the most success?

Chris:
Yeah, I would say that, while it's intimidating to think about doing virtual interviews, it's something different, something that you're not familiar with, in a lot of ways, it's the same thing. The questions that you can anticipate going into a virtual interview are going largely the same questions that you would anticipate in a live interview. And you can prepare for those. You can do mock interviews.

Chris:
There are lots of websites that share questions that you should anticipate on an interview. Know everything in your CV. Everything in your CV is fair game for being asked about. If you've done research, you should be prepared to talk about your research, if you've done some sort of activities, you should be
prepared to talk about that. Make sure that just like in a live interview, you would keep a professional appearance, that you have the professional appearance when you are going for a virtual interview.

Chris:
And in the virtual interview, the one difference is that you can control the background. So make sure that the lighting, the sound, the visual appearance about what you’re demonstrating are all come across very professional as well. And so you might want to test out the microphone that you’re using. Before we started, Dean Reid said everybody speak and make sure you can hear all your microphones are okay, is your lighting, and those are kind of the production elements of this that you can control a little bit very easily to make sure there are no problems that happen with your internet.

Alden:
Wonderful and then lastly, to round out this interview discussion, it's interesting, Joel, we think about students and how they may interact with programs either beforehand or afterwards. Any thoughts on what students can do to make it... They get not offered an interview, either they get put on the waitlist or they get declined and what students should communicate with programs, and then also after an interview, what students should do to communicate with residency programs.

Joel:
Thank you very much. I think that if you are not offered an interview at a program, either that you think you should have been offered an interview, or that you really, really, really want to go to, I would selectively involve your advisors and/or your dean to reach out to one or two programs. I don't think it makes sense to do that with programs that are going to be low on your list and I certainly don't think it makes sense to do that if you've already been offered interviews at 10 or 12, or 15 other programs. But selectively they can do that.

Joel:
The decisions to interview people tend to be arbitrary sometimes and we've even had people who we just simply overlook for one reason or another accidentally who ended up not only being our residents but our chief residents. So we recognize that it's an imperfect product and process as well, and that we welcome a call here and there from a faculty member who knows the applicant well and can certify for us or confirm that this person is on par to do well at our program.

Joel:
I wouldn't do that yourself. I don't think that should be the applicant themselves, but your faculty advocate. That's the first one. And then the second issue is I think you were getting at Alden is post interview communication. Internal medicine programs in general and I think all of those on the phone here today, on the line today have moved a long way towards destressing the ranking process.

Joel:
There was a time a long time ago or not so long and still exists in some specialties, as I understand it, that program directors might call back or reach back to applicants and put pressure on them to try and commit to their program. In medicine, I think we've gone very, very far away from that and I think we're representative of the other programs on this line that we tell applicants on the interview day, we are not going to reach out to you. If you have any questions that we can help you with, if there's information
or connections we can provide, let us know but we're not going to add extra stress to your life by contacting you with a nonbinding phone call or letter.

Joel:
And I think that's the way most programs are doing it now. And we specifically tell applicants, they don't need to let us know how they're going to rank us. We put our lists together based on what we think is the merit of each applicant, and we let the chips fall where they may be.

Joel:
Certainly other programs may feel differently, but I think my advice to you would simply be focused on where do you want to go? What's your first choice? What place makes the most sense for you and is the best fit and once you've decided that submit your rank list, you are by rules allowed to tell the program that you're ranking them as your first choice, but you're not required to do that. I have mixed feelings on whether that's helpful. I think in most cases, it's not helpful. I can tell you that our program, we don't even look at those and we don't include that in our process of ranking applicants.

Alden:
Thank you for sharing that. I think it's really important for students to hear this. Again, the whole goal is to decrease the anxiety and the stress related to this process. So we have two quite final questions that I want to ask and maybe I'll just ask one question to two of you and the other one to three of you, just so we can move on. And I think this is a really important question. And so I'll turn to you Jay first, How have your residents responded to the COVID-19 pandemic? What have you learned about their response? And then also, what is your institution doing to support the trainees?

Jay:
Thanks all the time. I think it's been clearly historic. I'll just readily admit, this is my first pandemic and as well as it is for all of my residents. And so we didn't really have a playbook by which we could do this. But as has been said by many others, we work on a team and so we all came together as a team that was not only within medicine, but within the MGH itself.

Jay:
So a couple themes I think that really kind of resonated, one was resilience. It is amazing in a situation like this to watch residents be as resilient as they are recognizing that much of their schedules got completely displaced and needed to figure out what we needed to do to care for patients and it was just incredibly humbling to see the level of commitment to our patients from all of our residents. And I speak for all of the residents in Boston, not just my own program, because we've had many calls together about this.

Jay:
And I would just say, it was a state of awe to watch these folks work. And I couldn't be more proud of the Harvard Residency residents coming together to really take on this national and international challenge. The second point I will just make is that much of what we think about in internal medicine, or sometimes the mindset that medical students might have is that they need to come to residency to kind of learn a body of information and that's certainly partly true. All of us are committed to teaching you that. But it's also important to recognize how do we tackle the unknown?
Jay:
When COVID first came on the scene, we knew literally nothing about it. And many of our organizations came together to actually put together how do you prop up a clinical trial in the middle of a pandemic? How do you actually do outreach? How do you figure out how you're going to take care of patients in completely foreign models of care that we didn't know, what happens to our ambulatory setting? How do we take care of someone who's got abdominal pain in the setting of a COVID pandemic?

Jay:
There's so many things we learned about that and I think the residents were kind of in a great position to actually learn a lot about how does academic medicine actually problem-solve in real time? And how do we actually ask the right questions and learn how we go about getting the right answers. And I think that that has been a great lesson to learn over the last several weeks.

Alden:
Wonderful. And Shiv, I'll turn to you. Anything you want to add about the residents at Mount Auburn hospital?

Shiv:
I'll just echo everything Jay has said. That it was humbling to see how resilient residents are. Also, all our faculty, all the attending physicians just stepped up. Our residents helped us make protocols on clinical management in the hospital, make protocols on patient flowed to the hospital. And it was just a very humbling and... Probably if there was a positive to come through this or a positive to see in all this, this is one thing actually.

Alden:
Right. And I would agree. I would just say that there was such a community that came together and we in medicine, regardless of specialty all really came together in an extremely oppressive way and I'm just really proud of the residents I work with in my emergency department, the residents rotating from Chris's internal medicine program down in our Ed, everybody stepped up. Everybody showed their strengths. It was an amazing thing to witness. Very quickly because I want to wrap it up and get to the residents.

Alden:
I'll go, Rachel, Joel then Chris to round it out. Any last piece of advice you would offer to students who are still in the webinar with us? Anything that you would say to them to help them navigate this turbulent waters, Rachel?

Rachel:
I would just say, stay calm and carry on and the process is going to go forward and our residency programs want to welcome you and want to get to know you. You are our future, you are important to us. You are in the next generation that sustains our institution and our programs and the community of patients that we serve. I know that any number of words any of us say to sort of try to alleviate the anxiety are not necessarily going to help as much but jump in, we're here, we're going to be in it with you and we're all going to get off to the other side and as a talented group of students up and coming,
you’re going to find the right training program. You are going to learn medicine and it's all going to be okay on the other side and we're delighted and excited to meet you in the many months to come.

Alden:
Thank you, Joel. Any thoughts?

Joel:
Rachel did that beautifully. I would just reflect back when I was in your shoes, deciding what specialty to go into what residency, I happened to be a very indecisive medical student and I fell in love with a lot of different rotations. And I labored over what fields to choose. And I would say that internal medicine has such incredible opportunities, clinical care across the ages, that continuity of care that Shiv talked about, seeing people for many, many years on end.

Joel:
And then the research, the programmatic, the educational, the operational, running a hospital, running a startup, there’s so many opportunities in internal medicine. When I chose internal medicine, I can tell you, I have not regretted it for even a second, even a half a second. So I hope that you'll all pick internal medicine and I know you'll be successful. And the last piece I would add is that there is no perfect program, there is no right program for every single person. You should try and enjoy the process and as much as we’re interviewing you, you should be interviewing the programs and deciding which of the many very qualified excellent programs will be a good fit for you personally.

Joel:
And then once you're into the program, it's what you make of the program. If you have the right attitude, I'm confident that all of you will be successful.

Alden:
Great. Thank you for that, Joel. And finishing out with our program directors, Chris, any comments?

Chris:
I think Rachel and Joe had wonderful advice. I'll just make a broad comment about the Harvard community that you're seeing today. And you've heard a little bit about it. This community is not what I anticipated when I came here. I came from different part of the country and I wasn't quite sure what to expect. My wife and I thought we'd spend three years here and going someplace else in the world and explore someplace different. And it has been 25 years because it really is a warm and supportive community. And I think Jay was saying that a little while ago. And I think you've heard from all the program directors, how much of it has come together through this pandemic, but it's not just during the pandemic. It's the fact that day in day out, it really is a warm and supportive place to be. And it was something that surprised me when I came up here all those years ago and it's one of the reasons I've chosen to stay here.

Alden:
Wonderful. And I just want to say thank you to all five of you, wonderful program directors and joining us in participating in this discussion. You all have been supportive of the Visiting Clerkship Program, the residency showcase and all of our other efforts. Just from a personal perspective, I want to say thank
you for joining us today. And thank you on behalf of all the students because I know just looking at the questions that we’ve been able to go through, I know we touched on many of the things that the students were concerned about. So thank you for joining us.

Alden:
Now I want to make a pivot and turn in. We have a couple residents who are able to join us. And I recognize that we are butting up against time, but I think there’s some commentary that’s going to be really important to hear from our residents. And they could give us some insight on their experiences in participating in our training here at Harvard. And so I just want to briefly introduce our residents that are joining us and then go through a couple quick questions, and then we’ll wrap it up. For those of you who are wondering, we will be recording this webinar. It will be posted in a few days for review. We will try and answer as many questions as possible. And we also have contact information for all of the other panelists that were involved.

Alden:
So that you can reach out to them and be in contact with them afterwards. Also, we do have a brief survey that we’ll probably put up sooner rather than later, and Faria I may ask you to pop that in during the resident panel just to get some insight from our participants while they’re still here. But first, if you go on Next slide.

Alden:
To introduce the panelists, I want to introduce Dr. Zack Hermes. He's a resident at the internal medicine program at Brigham and Women's Hospital, and also does some work at MGH. Next slide. Next, I want to introduce Dr. David Lee. He's a internal medicine resident at Cambridge Health Alliance in internal medicine. Next slide. I want to introduce Dr. Norma Salazar, who is a second year resident in internal medicine at Mount Auburn hospital.

Alden:
David, Norma and Zack, thank you for joining us. Thank you for being here, to be a part of this discussion. Just to go through a quickly maybe address some questions. One of the questions that were asked about is culture. And can you each of you just talk about the culture of your program and how you would describe your programming, recognizing where we’re at and just trying to keep that brief. Norma, any thoughts on the culture of your program?

Norma Salazar:
Yeah, I think that the most simplest way to describe Mount Auburn is it feels like family. When I walk into work every day, everybody knows me by name. And I know them by name, from the sanitation technicians to echo text, to respiratory, to all of the attendings and nurses and it's really kind of pervasive through how we treat our patients as well.#

Alden:
Wonderful. David, what's the culture of your program?

David Lee:
You stole the words out of my mouth. That's how I feel here too. Yeah, it's wonderful. I think a lot of us are used to training sort of in places bigger, but it's kind of nice to come in and know all the nurses by name, know all the respiratory therapists by name. In an age like this, it's kind of compounds the family dynamic. So it's felt like that. It's felt like family.

Alden:
Great. And Zack, last but not least, what's the culture like at Brigham and Women's Hospital?

Zack Hermes:
I think it echoes the Brigham family is kind of how we go, and how we think of ourselves. And it's really that collegiality, having each other's back that really made the Brigham the right fit for me. I'm surrounded by people that I know I will have lifelong relationships with and people who are humble but brilliant and I think that's another thing is it's a very inspirational and aspirational place. My colleagues are people who plan on impacting the world and in research or advocacy or innovation, yet still there's not any competition. I think it's a really nice balance of people trying to be the best versions of themselves, aiming high but all having each other's back and trying to lift each other up.

Alden:
Thank you. I think it's really important that people understand that yes, some of these programs vary in size with Mount Auburn and Cambridge being a little bit smaller than the Brigham, the BI and the MGH programs are large programs, but I think there's a community and a family amongst all of those programs. And so I think it's really important for that to be stressed and you're going to see that come out in some of the questions that we're going to have from the answers that we're going to have from our residents.

Alden:
Norma, you're a second year resident, I'm pretty sure you weren't anticipating a pandemic to be a part of your training. Can you talk about how COVID-19 has impacted your training as a resident?

Norma Salazar:
Yeah, so that's a big question. I think kind of reflecting back over the past couple of months, although there's been quite a few tough times and changes and transitions, there's been a lot of silver linings. I know that from my point of view, I've gotten the opportunity to participate in ambulatory care. I see a level of care COVID boards and seen the Coronavirus from every perspective that there is and I think that the impact that it's had is I've been able to participate and going through protocols, experimental treatments. Telemedicine was totally new for us in our primary care center. And you get all of these cutting edge treatments and things coming out that you really get to be kind of a part of something bigger than yourself. And I think ultimately, at Mount Auburn at least it's felt like the residents have been kind of at the core of everything that we do, and it's really unified us.

Alden:
All right. Thank you for sharing that. David, we're talking with a broad audience of students from all over the country that are joining us. Not everybody has experienced Boston, not everybody is familiar with the city. What have you learned about Boston both before all of this and then now that we're here and we're dealing with this pandemic, what is your views of the city? Has that changed?
David Lee:
Yeah. It's funny you asked because I think Chris mentioned earlier that he wasn't from here. I know Zack's not from here. I think a lot of people are not from here. When we interviewed, we were all sort of coming in and trying to figure out what Boston's like. And I think I learned a couple of things, but just a little context. So I grew up in Argentina in Buenos Aires. I lived my middle school and high school years in Miami. I lived in Nashville, I lived in Chicago. So coming to Boston was sort of like... I heard the country was started here. I heard that a lot of the history is here. And so I had sort of like, "Oh, maybe it's going to be kind of where history lives."

David Lee:
I think it does, but I've learned so much more about this place, and I've kind of fallen in love with a lot of different things. And part of what I've learned is sort of the subculture that we have, the immigrant populations that are around the city of Boston, specifically, we're sort of closer on the northern side with Everett and Chelsea. In that area we've hospital there. So discovered those pockets and the movement that has happened over the last 10 years outside of Somerville up north.

David Lee:
Additionally, I think I learned a lot about sort of the hospital culture here in Boston. So many healthcare professionals, so many people from all over the world coming to train and to do cutting edge research. And that to me has been pretty amazing. I will say that as part of that, I've also gotten to learn sort of about MassHealth. So I know that from Chicago and from Tennessee, there were yet tons of people who just were uninsured. And MassHealth is sort of universal healthcare and understanding kind of how that's affected healthcare, in comparison to how I trained in medical school, as well as seeing the limitations of what that is.

David Lee:
There's people who are on MassHealth limited, which is different than than sort of what everyone else enrolls into MassHealth. And so, being a resident not only like here was not just useful in kind of understanding and loving the city and eating places and going places but also understanding sort of the societal buy-in that there's been around healthcare and around everyone having sort of access to health care, and how that looks like in reality, and that's been really, really rewarding.

Alden:
Thank you for that. Actually, you talked about in a different levels. You talked about it sort of the cultural nuances of the city, the historical nuances of Boston, there is the social aspect of living and being here, but then also the medical aspect and the healthcare aspect, which is the culture that we're all going to be a part of and the residents, the applicants, lucky for residents, they're going to be here for three years and medicine is going to be so much of a huge portion of your life.

Alden:
So thank you for breaking it down into those different aspects. Zack, this was a question that I saw in the chat and then I know you and I talked about often, but can you talk about mentorship, specifically for residents as they're here and Boston and how the various programs allow the residents to explore, what type of supports are there for them, what type of mentorship if you had? And then specifically to your program at Brigham, how has your program helped you to grow in the direction that you were hoping to grow?
Zack Hermes:
Yeah. I think that's a really pivotal question and a good question. To start at a kind of a higher level at the Harvard system perspective, I think it's one of the things that makes Harvard really unique is again, I think, kind of as David had mentioned, coming from outside of Harvard, there's kind of this perception that it's this really intimidating, unique place. But I think one piece of advice that I actually got when I was coming here that really has played out in my experience is that what makes Harvard Harvard is the people that are here. As you join this community, you find that there are people who are extremely accessible, the people that you maybe read about in journals or see as a thought leader here and there are extremely accessible and often very personable and you can send them an email and set up a coffee chat. And it's just such a rich kind of ecosystem of mentors to find outside of your program even.

Zack Hermes:
So I think that's one piece is that what makes this Harvard ecosystem and community special is the people and that as a resident here, you have really amazing access across institutions as well. I think within the Brigham, again, mentorship and kind of personalized development is one of the biggest reasons that I was drawn here. Joel, does an amazing job of getting to know each individual resident, really exploring kind of your unique interests and then plugging you into this again, very rich network of human capital and human resources. That exists not only with current faculty, as well as the rich alumni network that we have.

Zack Hermes:
I've been able to have conversations, mentors who plugged me into opportunities who graduated from Brigham residency 15 years ago, but are still just a phone call away and who've helped me refine my own understanding of my career trajectory. I am in one of our kind of dual pathways, where I'm currently getting my MBA. I did my first two and a half years of clinical training and now have my focus on business school training along with some ongoing clinical rotations. And I've been able to connect with former Brigham residents who were leaders of MassHealth actually and one of the former directors who worked in the White House, who have been executives within pharma industry or health insurance industries.

Zack Hermes:
They've been able to kind of just be very open and give me that input, that perspective that has helped me better envision where my path is going. I think mentorship, the Harvard system-wide is essential and is one of the biggest benefits of coming into this community. But at the Brigham, I think it's a really particularly special piece of our training.

Alden:
Wonderful. Thank you for that. So I guess I asked this question both to you, Norma and then to you, David, your little bit different perspectives of your training. How has your training Norma, shaped your thoughts about what's going to happen in next steps for your career and then David, you're almost out the door. How has the totality of the three year experience shaped your thoughts on what's going to be next for you for a career? Norma first and then David.

Norma Salazar:
So as far as, I think, to echo something that Zack said that we have quite a personalized approach to our program and the program director like Shiv, and everybody there is there really to flesh out what we'd
like to do and what our experiences want to look like. So for me, personally, I wanted to do primary care, but I wasn't sure maybe this maybe that. And so they really... Dr. Berlin, who's one of the primary care pathway directors kind of took me under her wing and opened up a lot of experiences including creating kind of new electives and things like that that I could go to.

Alden:
Thank you.

Norma Salazar:
Oh, sorry, I clicked the wrong button. And so I think that kind of going through getting that mentorship and kind of getting shaped, it's really helped me flesh out what I want to do with the rest of my career and my residency and becoming PGY-3 year.

Alden:
Excellent. And David.

David Lee:
Yeah. So I think having a theme here at Cambridge Health Alliance of social justice throughout our residency program has sort of kept me my mindset, not just clinical and being able to sort of continue to understand the context of medicine. And so I'm actually going to be working at the Brigham next year, actually in a month. So I'll see you there Zack.

David Lee:
But I think in order to sort of envision a career where I can be doing clinical work and envision a career as well doing global health work, I've been able to sort of ask mentors and figure out how to create your own path because I think a lot of times, when you're finishing residency, you're presented with sort of preset paths of you have to do fellowship or you have to be this type of doctor, but as you can tell from this panel, Zack's certainly taking a completely different sort of path of his own.

David Lee:
I think one of the great things about doing residency at Cambridge Health Alliance is that a lot of our mentors are folks who in their generation sort of created their own path of creating a career both of either social justice advocacy, or of research or of doing global health work, as well as maintaining sort of a panel of patients, or being a hospitalist here, domestically and also locally here in Boston.

Alden:
Great. Thank you, thank you. We had the program directors on for the first hour and change and they were in this discussion. And they're thinking about it from a program directors perspective of what's going to happen with COVID and the application process. What I would love to hear from you all as individuals who recently went through this process and sort of the maybe not necessarily focusing on the COVID aspects of this, but maybe what should applicants be thinking about when it comes to applying to residency? Is there something that you wish you would have known then that you know now type of question. I'll go to you first, Zack, and then I ask you to chime in on that as well Norma.

Zack Hermes:
So I think there are two things I really want to communicate. One echos actually what Joel said, which is kind of your homework is doing your absolute diligence to connecting with current residents, or faculty here. Go to your dean, get a list of alumni that might be at one of these programs and just send out emails. Come up even with like a template email, "Hey, I'm so and so. I'm interested in your program. I'd like to set up a 15 or 20 minute chat." It can be telephone or Zoom and try to have as many of those conversations as you can because one, that's going to give you a much more concrete and real understanding of what the experience at that program looks like.

Zack Hermes:
And two, that person may end up being able to be an advocate for you as you apply. Say you have a good conversation, they can send an email saying, "Oh, hey. I had a nice conversation." And that's going to be a nice addition as they're trying to filter through the thousands of applications.

Zack Hermes:
So again, go to your dean, get a list of alumni, look at the faculty, see maybe who's trained at one of these programs, and do not hesitate. This is what they're there for. Reach out to people, they're happy to talk. This is, I think, really the most important thing that you can do, because it's going to give you that context and then it's also going to maybe help some of those programs actually know you a bit better and put a face or personal experience with a name since you guys can't come here to be a part of the VCP.

Zack Hermes:
The second piece would just be small, and this is kind of general but I would say really think about your personal statement now, try to minimize kind of the generalities that we often fall into and just really try to think about what's your narrative? What are you communicating? I'm going to be applying a fellowship right now. So I'm thinking a lot about it. And this is being recorded, but you don't have to be committed to what you say you're going to do. But what's important is that you have a vision, you have something concrete that people can say, "Oh, okay. This is what this person is about. This is what I could imagine them looking like as a resident or the type of projects they might be involved in." So really think hard about crafting that narrative.

Alden:
Wonderful. Thank you. Norma, any comments that you'd like to add?

Norma Salazar:
Sure. I just want a second what Zack said. I remember when I was interviewing, one of the residents I worked really close with said, "You're going to spend a lot of time with these people. You should really get to know them." So I thought it was, for me super important as an applicant to reach out to people that had gone to the program, what was their day? How did they feel about the administration? How did they feel about certain opportunities? Were they getting the opportunities that they wanted? And the best way to do that is to ask and to ask questions and to talk. And I know it may feel like just because you can't maybe not see us in person this year, we're still available by email, Zoom, letters, whatever mode you prefer.

Norma Salazar:
And then I think also, I really like what Zack said about the personal statement. I think that there's Step scores and letters and things like that and things, the entire application can sometimes be really, really daunting, but I think that that personal statement gives a little flavor of who you are to that program. And so taking your time to really work on it and have others read it and kind of adding the essence of who you are into it can be really beneficial.

Alden:
One of the things that we've seen as far as students in their questions is about the ability to interact with programs and to get to know the culture of the program. And they won't have that necessarily with these virtual interviews. But I think the theme that I've heard throughout the day, and then also, just in the two comments that you all just said is there's a lot of pre-work that needs to happen. And if you do the pre-work, you're going to get to know the culture of these programs, you're going to get to know the flavor of these programs.

Alden:
David, I have a question for you and then maybe I'll tee it up for Zack and Norma as our last question. Is there anything that you learned about your program, that was a surprise that you weren't expecting? You walked in the door, and you had this one vision of your program and then at some point, you had an aha moment saying, "Oh, this is really cool. And I'm so glad I've discovered this about my program."

David Lee:
Yeah. It's kind of more relevant now than ever, but... We're a primary care program and I was part of it, looking through the application process, it was looking at the nuts and bolts and seeing how many weeks actually this primary care program offered and primary care was important to me. And CHA happened to be one of the ones that were up there. What was surprising to me is that I actually ended up getting a thorough education on everything else doing a lot of subspecialties, in the other Harvard hospitals as well as covering a lot of night ICU without fellows and attendings.

David Lee:
Especially in COVID now, since middle of March, I've been in the ICU for, I don't know, a month and a half, two months with breaks, obviously, but they've pulled the third years to be kind of... Like step up sort of our level of responsibility during this crisis and during the expansion of the ICUs. And so I've actually been surprised by the sort of breadth of education that I've ultimately received in the midst of sort of before COVID, and then sort of as a third year capstone approaching this pandemic.

David Lee:
The other things I think that we've talked about, I sort of expected coming here and then got that by when I interviewed here, but that was something that for CHA specifically was very surprising for me.

Alden:
Great, thank you. Zack, anything that you learned about your program that you were pleasantly surprised about?

Zack Hermes:
I wouldn't say this was a complete surprise because again, it was one of the reasons that I came here, which is kind of this real focus on who we are as people and Joel's leadership really sets the tone. But just the flexibility. I think that there's this conception about residency that it's kind of rigid, you plug in, you do what you got to do, you won't have a life outside of the hospital. But even my intern year, I was planning... I wanted to go to Ethiopia where my wife is from to propose to her and Joel was able to work with me so that my vacation fell around the Ethiopian New Year which is in September, so I was able to go and propose to my wife in Ethiopia with her family.

Zack Hermes:
And even now, I think that continues to be executed and exemplified in kind of a COVID response, which is like... As though the hospital was being smashed, and they kind of needed all hands on deck, they engaged all of us residents to say, "Hey, do people have any particular reasons that they don't want to be in the hospital? We can put you on kind of virtual work."

Zack Hermes:
So again, for me, we just had our first son. So they work with me as well as I know other residents who had young children to make sure that we were on duties or responsibilities that didn't require to put us more at risk. So I think just that real focus on taking care of us as humans has been such a pleasant surprise and has really played out.

Alden:
And last but not least, Norma, anything you'd like to add about a pleasant surprise about your program?

Norma Salazar:
Yeah, I think something that was surprising to me was how much our program values, our feedback and our opinions and our thoughts. We have so many town hall meetings or if we have a suggestion about a clerkship that we want to change or add or come up with a new one, our program is constantly evolving and constantly changing and taking in our feedback to just make us better and better and better. And again, to echo even during this COVID response, we had meetings sometimes even multiple times a week about how can we do this better? How can we keep patient safety at the forefront? How can we make wellness a feasible thing during this crazy time? It's amazing to have a program that just really values your opinion.

Alden:
Wonderful. All right, I just want to wrap it up, because I see that we're well over time, but I want to just say thank you to David, to Zack and to Norma for joining us and sharing your insights about your programs. It's been really helpful and hopefully the students that are on with us learned a little bit more about their perspective programs and I think your advice was really important. So thank you for that and thank you for all the work that you're doing during this COVID pandemic.

Alden:
I want to say thank you to all of those who helped put this webinar together. Again, thank you to Dr. Reid for your leadership and guidance in this space. And thank you to Faria Jim, who coordinated the program and has been running our slides and has been really instrumental in us keeping the Visiting Clerkship Program well be for even without our in person rotations.
Alden:
If you're looking for more information about what we have available through the Visiting Clerkship Program, please take a look at the slide. We are also on Twitter, so be sure to follow us. And we're going to be posting more information about our future efforts.

Alden:
We have a surgical subspecialty programming that's going to be coming up in June, as well as the discussion on OB GYN residencies. And then we're going to do a virtual showcase to really highlight our programs and get more contact information for us available here through to various Twitter handles.

Alden:
Next slide. And again, thank you for joining us. If you have any questions, send us emails. The recording will be available hopefully in the next few days. And again, thank you for your time and thank you for being here with us. Bye.