Residents:

This is #1. Are they happy? Are they smart? Could you work with them and LOVE coming to work? The best one to ask is the one coming off call- they are the most tired and likely to be honest (but keep their answers in perspective if they had a bad call night!).

See how the residents interact and how respectful they are to each other. Do they joke and laugh with each other? Is it overly hierarchal between years or is it more casual and respectful. Have any residents left in the recent past years and if so why and can you contact them? Do residents socialize together outside the hospital? A rule of thumb in life is that single people hang out with single people and married people hang out with married people (and those with kids hang with those with kids) BUT are there social activities? If not- a BIG why?

A great way to assess how happy the institution and staff are is to hang out in the cafeteria for 10 minutes. Is it clean? Is the food appealing and reasonable? Are people stressed and grim or relaxed and enjoying each other’s company?

An important thing for those with significant others to look for is- are the resident’s partners happy and does the program leave this up to the residents or attempt to help. This speaks volumes about how caring a Program it is.

Respect- The Department and Program:

How respected is the Department and Program in both the country and the hospital? For the hospital, is it low on the pecking order which may make it hard to get necessary equipment, supplies, and respect? You don’t want to be the second class citizen.

Research the Chair and Program Director. Were they well trained? Are they clinically active in the real world or just administrative? Does the Department seem balanced for age, research versus clinical versus teaching interests, etc.? Are there any big names? If so, do you interact with them or do they not teach the residents (instead focusing on their research, patient care activities, etc.)?

Research support:

Most programs have a requirement but how do they help you achieve this? Do you have electronic resources and/or a physical library? How is research taught and is there a formal curriculum? Bottom line question: how many residents present their projects at meetings and how many projects get published?

A related issue is conference time- do you get conference time (and is there a stipend to cover this?), do you get to present your work at major meetings, and do you get elective time? What is the program’s track record for this?

Education over service and hierarchy:

Is the program focused on education or more on service responsibilities such as seeing a lot of patients, staffing the hospital, covering all cases, etc.? Who draws the patient’s bloods, starts the IV’s, etc.? You should be learning- not doing these things. Gently ask about how work force hours are tracked and what happens when you are not compliant (this is better received than asking if the program follows those rules…).
Do the higher ups listen? One way to address this is to ask how receptive the Program Director is to the resident's input and how often they meet with the residents. You can ask for examples of changes in the program that started with a resident suggestion/request.

CALL SCHEDULE- are you always on call or is it humane?

Rotations:
How many Ob/Gyn rotations are done at outside institutions? Rotating through another hospital means call may be increased based on additional places to cover, time is spent learning new phone numbers, attendings and staff names, etc. rather than learning procedures, and the Program Director/Chair likely has much less influence over that hospital's staff and how your learning is structured. Gently ask what the plan is to make up those training numbers and experience if that other institution/hospital decides to change their affiliation to another program or no longer have residents.

Volume:
This is a catch 22 as you want a large volume to be able to “see everything” but do not want to be overwhelmed with patient care to the detriment of education. Is there a non-teaching service that you are responsible for but don’t gain from? What is your role in the private patients of the community based physicians? Do these doctors take call in the hospital and, if not, who evaluates their patients (cervical checks, etc.)? How do you choose which gyn surgery cases to scrub on- is it education based or service based?

Patient population:
Ask about the patient population. Is there a diverse community that utilizes the hospital? What percentage of the patients at the hospital are “clinic” patients and do you get to truly manage them? How are they treated compared to the “private” patients?

Mentorship and teaching:
Although different these often go hand in hand. What mentorship programs/policies/systems are in place? Are they dependent on the resident availing themselves of that and do the attendings make the time to meet? Is it just attending physicians who mentor or other personnel as well? Is there any structure to the system?
For those residents who want to teach, what opportunities exist and what education is there for that? Is teaching valued and recognized or something that is just expected but not appreciated or encouraged? An easy endpoint is to ask if there are teaching awards for residents.

Stability and Accreditation:
Have any senior people left recently or is this anticipated? How did they do on the last Residency Review Committee Site Visit? A 5 year cycle is the maximum allowed by the RRC (5 years is best and fewer years go along with issues or uncertainty about the program). Were there any citations? How is the institution doing financially? Are other institutions competing for the same patient population or attending staff (if so, shifts in patient populations based on competing institutions, attendings going to another hospital, etc. could impact on patient volume and therefore your education).
Success upon graduation:

Do the residents get to do what they want when they graduate? Do people wanting private practice get a good job in the city they want? Although fellowships are very competitive, do they match? If the program has fellowships have they taken residents within the program? If not – why not (do they not feel they were well trained and/or why didn’t the residents want to do their fellowship at their own institution)? How do residents do on the Written Boards? Have any failed in the last 5 years?

Location:

Geography is often everything but for many applicants really all you want is a good quality of life for the 4 (long) years of residency. As part of quality of life- is the hospital SAFE, are there things to do, how is the food, how long is the commute, do residents have nice houses/apartments, are there theater/sporting/other activities readily available? Is there easy access to trains/planes/public transportation?

Financial nitty gritty:

Is parking free? Is the food on call free or subsidized? Are coats/scrubs provided and laundered for free and replaced if shot? What is the vacation schedule? Is there a book allowance? As noted earlier, are there funds to pay to go to conferences?

Please feel free to use and edit as you choose and to email me with suggestions.
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