



CaRMS interview: sample questions

Background

1. Tell us about yourself.

Birthplace, upbringing, school, what specialty you are interested in, interests outside school, personal characteristics, etc.

2. Tell us about why you are interested in our specialty?

Genuine reasons for choosing the specialty, understand and explain BOTH the benefits and challenges of the specialty. May name 1 or 2 related specialties and how you ruled them out.

3. What are your strengths?

Name strengths that are important for the chosen specialty.

4. What are your weaknesses?

Name weaknesses that may play a role in the social setting but not in the professional setting. They should not affect your performance at work.

5. How would your friends describe you?

Name personal characteristics that best fit the specialty of choice.

6. What are your hobbies?

7. What is your favourite book/movie?

8. What is on your bucket list?

9. Who is your role model?

Who, why, what you learned, how it transformed your life, how do you plan to share those values with others.

10. What superhero would you be?

11. What is your biggest achievement?

When, what, why, what was your role, what was the result (use specifics/quantify whenever possible), how it influenced others.

12. What is your biggest failure?

When, what, why, what was your role, what did you learn and what lesson can you share with others.

13. After you die, what do you want others to remember you by?

Talk about professional characteristics and personal characteristics. This is basically asking what kind of doctor you want to be and what your strengths are.

Research

- 1. Explain to us one of your research projects and how does it contribute, or may potentially contribute, to our specialty.**
- 2. Tell us about your most memorable research mentor and what did you learn from him/her.**
Similar to role model question.
- 3. What research projects do you wish to do after you get into residency?**
- 4. Tell us about an important researcher or research study in our specialty.**
Good to have some knowledge, but not a very important question. It is OK to not know it. You will eventually learn.
- 5. Would you consider doing the clinician-scientist program? Why or why not?**
- 6. If you are a resident in the clinician-scientist program, how do you plan to learn clinical skills while spending a significant amount of time on research?**
Participate in all academic clinical activities (half days), do calls, go to OR whenever possible. The clinician-scientist program is in addition to residency so you should still have enough hands-on experience.
- 7. Suppose you are a resident who has undergraduate research assistants working with you. How do you motivate them to be productive and what are some parameters for performance evaluation?**
Evaluation: taking care of personal safety and safety of others, knowledge/reading, technical skills, presentation/communication skills, collaboration with other lab members, critical appraisal, critical thinking and experimental planning, professionalism.
- 8. Residency is very demanding. Do you think you will have time to do research?**
Need to be practical. Acknowledge the demand of residency workload but also the importance of research. Mention there are half days and protected research time in most residency programs. Research in residency is often mandatory compared to medical school/undergrad. Thus, there is tremendous support from the department (research director, program director, statisticians, technicians, undergraduate/summer research assistants, travel grants, clinician-scientist program, etc).
- 9. What do you know about the research interests/projects going on in our department?**
- 10. Some physicians often say “scholar” is the least important CanMEDs role as most of them work in the community and do not conduct any research. How would you respond to that statement?**
Most community physicians do not conduct research but still need to read research studies/CME articles to keep their knowledge up to date. They often have pharmaceutical rep presentations. In fact, they can still participate in various research projects (Surveys, healthcare app pilots, etc.)

Career

Tailor answer to specific programs you are applying to.

1. **Would you work in an academic or community setting?**
2. **Would you work in a hospital or group/solo setting?**
3. **What subspecialty/fellowship would you pursue?**
4. **How do you maintain work/life balance?**
5. **Where would you go for fellowship and work?**
6. **Where do you see yourself in 10-15 years?**
Try to talk about professional career and personal life.
7. **What would you do if you cannot get into this specialty?**
8. **You are applying for specialty A but we see you have a lot of electives/research in specialty B. Are you applying to both specialties? Which one is more important?**
9. **How would your experiences in specialty B (unrelated to specialty of interest) benefit your training in specialty A (your specialty of choice)?**
E.g. Research experiences/skills are always applicable, maybe same patient population, same procedures, etc...
10. **Did you consider the job market of your specialty of interest?**
11. **What's the future of our specialty?**

Ethics

1. Tell us a time you lied.
2. Is it ever ok to lie to a patient?
3. Tell us a time you did not keep a promise.
4. How can Rob Ford revive his career?
5. What was the most difficult ethical situation you had to face?
6. You are a resident on call with your attending physician. He decides to drive you to grab dinner and was speeding in a residential zone. A policeman pulls him over and he lies by saying he needs to attend to a medical emergency. What would you do?
7. Research ethics: forging data, “photoshoped” pictures, plagiarizing, how do you deal with these issues if they are committed by your colleague vs your supervisor?

CanMEDS/behavioural

1. Describe a time you used non-verbal communication with a patient.
2. Tell us a time you had a conflict with a friend and how you resolved it.
Open communication is key
3. Tell us a time you had a conflict with a colleague at work and how you resolved it.
4. Tell us a time you experienced a lot of stress and how you handled it.
A good strategy is to think of a time where you tried your best to get things organized, but something unexpected happened and you had to change the plan. You remained calm, analyzed the situation, prioritized tasks, and executed the new plan. Good to mention the support you got and any lessons you learned.
5. Which CanMEDS role do you think is the least important? Which one is your weakest?
6. What is your biggest regret?
7. You are an R1 orthopedic surgery resident rotating through general surgery. Your staff is about to start an appendectomy case and would like either you or the R1 general surgery resident to assist him. The general surgery resident expressed strong interest to scrub in but you understand the procedure is part of your learning objectives, too. How do you deal with it? What if the general surgery resident continues to scrub in for a lot of the cases while you are just observing?
8. You are an R1 general surgery resident. Your chief resident gave you twice as many calls (8 calls) for the month as himself (4 calls) because he wants to study for the royal college exam. The other 2 residents (R1 vascular surgery and R3 general surgery) on the team each have 6 calls for the month. What would you do? What would you do if this persists?
9. If you were to match into a program with many international medical graduate co-residents, how would this benefit or disadvantage your training?
10. You are an R1 general surgery resident who is being backed up by an R3 resident. He doesn't pick up his phone or return his pager when you needed him. You have a patient that might need to go to OR tonight from the Emerg. What would you do? What would you think of the R3? How would you deal with the situation the next time you see him?
11. You are the chief resident on general surgery and your team just finished rounding on patients in the morning. You have an R2 general surgery resident, and a medical student. You get a call from ER regarding query bowel ischemia, an abdomen soft tissue infection from internal medicine inpatient, and the staff needs a hand with a cholecystectomy OR who just called the patient. How do you deal with the situation?
12. What kind of person would you like to be your co-resident?

13. You are an elective medical student on plastic surgery and you are doing an arm laceration repair in the ER with a core medical student and the staff. The stitches put in by the core student were inadequate and wouldn't hold the wound closed. The staff was not really watching. What would you do?
14. How do you deal with procrastination?
15. As a PGY 1, you are supposed to be on elective surgery with an experienced staff, who unfortunately got very sick before coming to the OR and called a new staff to take the case. You explained the situation to the patient and she asks if she is getting the best treatment from this new staff. What would you say? Follow up question: suppose the surgery went with the new staff and the patient came back the next day with a wound infection. She is very angry and says this complication would never happen had the experienced staff performed the operation. What would you say to her?

Medical school

1. 3 things you liked and didn't like about your medical curriculum?
2. What was your best learning experience?
3. What was your worst learning experience?
4. Use 3 words to describe the cohort of your medical school class.
5. How do you think your medical school curriculum could be improved?
6. Courses you were most/least interested in?
7. Do you think your medical school curriculum adequately prepared you for residency?
8. What is the biggest challenge transitioning from medical school to residency?