

# Fellowship Matters

## HOW TO GET INTO A GOOD ONE?

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### PART 3 – HOW DO I GET IN?

*This is the final instalment of the series on “How to get into a good fellowship”. The first two instalments dealt with the importance of a fellowship, how to get started on the process and the multiple factors to consider in choosing one. In this final part, we provide some insights into how to improve one’s chances of getting that prized fellowship position and how to deal with the potential curveballs that life might throw your way.*

#### How to optimise my chances?

Now that you have shortlisted a few top choices, it is time to do everything you can to get in. For starters, a good curriculum vita (CV) is your basic requisite.<sup>1,2</sup> It is CV, CV, CV, and some luck. While your surgical skills or clinical competence are important (only your closest colleagues or seniors would know how good you really are), it is not readily apparent to the fellowship director or the selection committee miles away. However, most can read, evaluate and discern between an excellent and a mediocre CV. In other words, a decent CV is the minimum ticket for a shot at an interview.

Letters of recommendation and a list of references serve as a testimony of one’s work ethics and performance. It lends a voice of validity and credibility when a senior vouches for someone; it generally helps if the referee is a respected member of the community or profession, or even a well-known or reputable physician or professor. However, it should be from people who know you well and with whom you have worked before; not just a famous professor who is a mere acquaintance. It is evident and it lends more weight when someone truly knows you well and writes in a manner that reflects that, rather than a mere standard run-of-the-mill template of a recommendation letter, even if it is from a “lesser-known” mentor. It is also not uncommon that the selection committee might choose to speak to the referee directly for more insight; in



this case, it is often immediately clear if the referee has truly worked with you or knows you well.

Some programmes require a personal statement. This is a good idea in the form of a letter of interest or email of intent even if the programme does not ask for it. This serves as your initial self-introduction and provides insight into the interests and motivation that you have for the programme. It is also notably the only place before the interview where you would have some degree of latitude to express your intention or highlight your unique characteristics and qualities.

Intelligence quotients (IQ), emotional quotients (EQ) and adversity quotients

(AQ) are all measures of an individual’s ability in different aspects, and each plays a part in determining success in many aspects of our daily life.<sup>3,4,5</sup> I will argue that the latter two are probably more important in the process of attaining the choice position and doing well in the fellowship, respectively. Simply put: IQ gets you through school, EQ gets you through work and AQ gets you through life. This is especially pertinent in the interview process regardless of its form: be it via video-conferencing, phone calls or face-to-face. First impressions do count, probably more than most will admit or realise. It is also not uncommon that the preliminary decisions about which fellow to award have already been made by the group

or the individual fellowship director with the interview only serving as the final confirmation or “tie-breaker”. It differs according to the scenario, ranging from the most basic of things to more subtle nuances. A panel interviewing an international or foreign candidate may place heavy emphasis on how well he can communicate or how proficient his command of the local language is. Whereas for a local candidate (where it is assumed that language would not be a barrier), the emphasis may be on a different matter, such as the candidate’s future job plans or research experience. In other words, fellowship directors will use it as an opportunity to evaluate applicants for non-cognitive skills and assess “red flags”.<sup>6,7</sup> Besides having the proper interview etiquette, it is important to understand who you will be speaking to and research as much as you can about the interview panel, if the information is available to you. In other words, be prepared.<sup>8</sup> For example, someone who interviewed me once cited: “You can’t possibly know the world’s literature but you must know your own centre’s... or at least the current and best level of evidence to date.” The last thing one should do is to try to outsmart an expert in a particular field or topic.

It is painfully important to be realistic about your chances. Generally, the better or more reputable the fellowship is, the more popular and competitive it will naturally be. I often quote the 100: 10: 1 ratio (ie, 100 applicants will apply, but only about 10% will get an interview for that one position).<sup>1</sup> If you do not realistically think you have a “decent shot”, then it might be more worthwhile to concentrate your efforts and resources elsewhere and optimise your efforts there. Besides asking around, having a survey of the calibre or the “standard” of the past or the recent graduating fellows will provide some gauge of the minimum entry criteria of the programme.

### Be ready, get set and go!

**Be ready.** Readiness in terms of having a PhD or a double Masters on hand often impresses fellowship directors,



especially so in the heavyweight academic institutions where research capabilities are highly valued. Get the basic requirements settled early. As an international applicant aiming for a matched fellowship in the US, you should have the necessary credentials and qualifications on-hand (eg, United States Medical Licensing Examination and Education Commission for Foreign Medical Graduates). A background of research fellowships in similar or reputable institutions may stand one in good stead as well. The fact is, many successful candidates were actually rejected in their first application, but decided to spend their year doing research in the institution of interest or its equivalent. This would allow both parties to know one another well and if it fits, it will place them in good stead for the next application, or at least get a gleaming reference, more experience and perhaps a few more publications under their belt.

**Get set.** One needs to ask oneself these brutal questions. “What will make me special enough to be considered and eventually accepted? What will make them happy and comfortable

enough to be working with me on a daily basis and entrust their patients in my care?” Understanding one’s strengths and weaknesses is the key. Very few possess the “Trifecta” of excellence in medicine (ie, clinical or surgical technical excellence, a strong research and training background, and the elusive and enigmatic “X-factor”). The “X-factor” can be hard to qualify; it could be a winning personality, an endearing demeanour, a comfortable and likeable face, or good public speaking skills. But more often than not, it is a winning combination of these natural or acquired soft skills and talents.

**Go!** You have gotten the interview or you have a feeling that your chances are high. Hit the ground running. Nothing pleases the faculty more than genuine interest, an infectious energy and drive in doing work for the department, be it a new project or a grant. It will be even better if one has an awarded grant ready to go in the institution of the fellows’ choice; or has a project already planned and running before the fellowship starts. A word of caution: one should also not be overly ambitious as most clinical fellowships are hectic and can be



physically and mentally exhausting. You should not risk not finishing something you started or promised. A mentor advised me during my exit interview at the end of my fellowship – “There are only 24 hours a day; pace yourself, do not burn out.”

### I got it! What do I do now?

It is never too early or late to prepare. It is important to settle your work, family and personal matters properly and leave things in good order. Arrange for a trusted colleague to care for your patients who still need follow-up or care when you are away, always do a proper handover and explain to your patients where possible. Do not leave loose ends at work or at home. Sell the car and lease out your apartment if necessary. Tell your friends and family, and have conversations about the anticipated period when you will be away for training. Put in place contingency plans and work out the “in-case-of-emergency” scenarios.

It is also good to arrive a couple of weeks before the actual start date. This allows you to acclimatise and familiarise yourself, as well as to settle any administrative details, so you can be ready to hit the ground running on the first day of work. If possible, arrange to spend some hours each day with the team, orientate yourself with the institution grounds and its surroundings, as well as have a gauge of the work culture and the patients you will be caring for. Set realistic goals and work towards them. Once you are there, soak it all in; it goes by faster than one realises. Enjoy the fellowship, learn, absorb and makes friends. Enjoy the different living environment, explore and cherish the experience.

### Oh no, this is not working out...

Sometimes, despite our best intentions, research and planning, things might not work out well and the fellowship does not pan out as expected, sometimes due to circumstances beyond our control. Perhaps your expectations were not met

or not well managed. Social, cultural or professional frictions and frustrations are not uncommon in the stressful hospital environment. One has to be prepared to work at it, in order to make the best out of the situation or be prepared to cut your losses and try for another fellowship, if time and resources permit. Should one interrupt the fellowship and quit, you should be professional about it, and aim to be fair to the host institution as they may not be able to cope with the loss in manpower or have a replacement in time. Practise due judgement in such tricky situations, handle the separation as amicably as possible and try not to burn any bridges in the process.

### Conclusion

One should note that the fellowship is just the beginning of a lifelong learning process and as such does not guarantee mastering a subspecialty. You will encounter yet another learning curve beyond fellowship years as a newly minted consultant caring for your patients, perhaps with your team of residents and own fellows to train. I have learnt that fellowship is not finishing school but just another step in our journey in the mastery of surgery. Family and friends are important especially in those tough training years as they help remind you what you were there for. They make the tough days better and good days great.

Be open to new ideas, take notes, learn and absorb – take in what’s good and leave what’s not. Try to make yourself better and just as importantly, try to make them better too and improve the fellowship for the future generations to come. Be the best version of yourself as you are an ambassador for your home country and institution. Avoid burnout.

Obtaining a choice fellowship position is as much an art as a science, and maybe some luck. Many factors, some more obvious and objective, some softer and more subtle, can all influence the outcome in one way or another. Good luck!

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#### Legend

1. Dr Lee SY with his parents outside Memorial Sloan Kettering Cancer Center (MSKCC)
2. MSKCC Advanced Surgical Oncology Fellowship Class of 2012–2014

### References

1. Joshi AR, Vargo D, Mathis A, et al. Surgical Residency Recruitment-Opportunities for Improvement. *J Surg Educ* 2016; 73(6):e104-10.
2. Egro FM, Blecher NA, Gimbel ML, Nguyen VT. Microsurgery Fellowship Selection Criteria: A National Program Director Survey. *J Reconstr Microsurg* 2017; 33(3):206-10.
3. Arora S, Ashrafian H, Davis R, et al. Emotional intelligence in medicine: a systematic review through the context of the ACGME competencies. *Med Educ* 2010; 44(8):749-64.
4. Stoltz PG. *Adversity quotient at work: Adversity Quotient @ Work Make Everyday Challenges the Key to Your Success—Putting the Principles of AQ into Action.* HarperCollins Publishing, Inc, 2000.
5. Stoltz PG. *GRIT: The New Science of What it Takes to Persevere, Flourish, Succeed.* ClimbStrong Press, Inc, 2015.
6. Makdisi G, Takeuchi T, Rodriguez J, Rucinski J, Wise L. How we select our residents—a survey of selection criteria in general surgery residents. *J Surg Educ* 2011; 68(1):67-72.
7. Burkhardt JC. What can we learn from resident selection interviews? *J Grad Med Educ* 2015; 7(4):673-5.
8. Stephenson-Famy A, Houmar BS, Oberoi S, et al. Use of the Interview in Resident Candidate Selection: A Review of the Literature. *J Grad Med Educ* 2015; 7(4):539-48.