



Department of Otolaryngology- Head and Neck Surgery



Virtual Subinternship Frequently Asked Questions

Special Populations

1. Does Michigan Medicine OHNS accept IMGs/FMGs? How about DO students? What are the chances of these applicant types being accepted into your subinternship, residency, or fellowship programs? Is there anything that these applicants can do to increase their opportunity to match at Michigan?

Yes. Each applicant is reviewed with holistic consideration of their application, but we are unable to provide information on likelihood of acceptance. We typically receive 400+ applications for 5 residency positions. IMG/FMG's should do the same things that all applicants should be doing- take maximal advantage of their available educational opportunities, identify areas of significant academic interest and demonstrate commitment and ability in those areas.

2. Can IMG/FMGs apply for a research fellowship? Can they take the Temporal Bone Course?

Yes IMG/FMG's can apply for research fellowships and can take our Temporal Bone course. In order to receive T32 funding in the research program, the applicant must be a US citizen.

3. Do you have any general recommendations for couples match this year?

We do not foresee significant changes this year compared to other years. Our residents who have couples matched openly talked about couples matching with programs both as a way to demonstrate interest in a program and also as a way to assess how supportive the program is for trainee needs.

4. Any specific advice for reapplicants?

We recommend addressing that you are reapplying in your application with consideration of potential reasons for not matching and what you have learned, how you have grown, and what you have done in the intervening time.

5. How do I apply for observership or research fellowships?

Per national Otolaryngology-Head and Neck Surgery guidelines, we are currently only offering visiting subinternships to students without an ENT program at their home institution. However, you can find information on this for future years here:

<https://medicine.umich.edu/dept/otolaryngology/education/medical-students>. We also have an Advanced Research Training in Otolaryngology Program (ARTOP) here: <https://medicine.umich.edu/dept/otolaryngology/education/advanced-research-training-otolaryngology-program-artop>



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Applying

1. How can applicants get a feel for culture of the department, institution, and surrounding community without in person interviews?

Residency programs are actively planning ways to share information about their department and surrounding community. At Michigan Medicine, we are developing material to share about the hospital facilities and Ann Arbor. We will also have other ways for you to engage with departmental faculty and residents in order to learn more about us. Do not forget that some of your mentors, as well as Otolaryngology faculty and residents at your institution, may have personal knowledge or connections to the Michigan Medicine system and can serve as valuable resources when trying to find which program offers the best "fit" for you.

2. How should applicants address letters of recommendation for this application cycle?

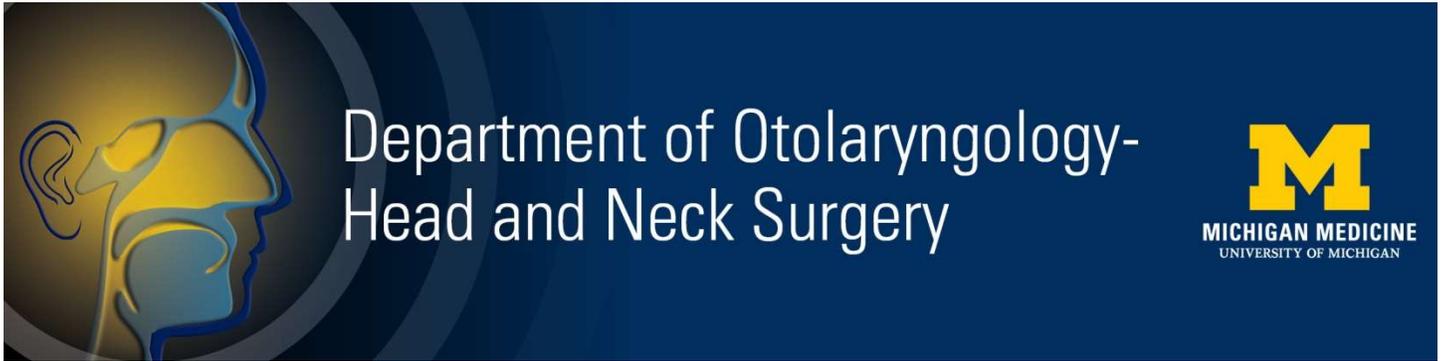
Letters of recommendation have always been important for Otolaryngology applications. You should seek out letter writers who can provide a meaningful assessment of your character, work ethic, and commitment to medicine and/or Otolaryngology. These letter writers do NOT have to be in the field. While we anticipate that most letters will come from applicants' home institutions due to restrictions on visiting subinternships, if you have a significant relationship with a mentor outside of your institution, a letter from them can certainly be included in your application.

3. Are there any recommendations for preparing personal statements this year?

Advice for personal statements this year is the same as for all years. The personal statement offers an opportunity for you to share something genuine about how you came to your current position in life and where you hope to go. While program-specific statements are not mandatory, some applicants may wish to use the personal statement to share a specific reason for their interest in a particular program. If you choose to do this, you should triple check to make sure that you are submitting the correct version of your personal statement to the right program.

4. How important is research in applying to ENT?

Displaying sustained commitment to a passion in your application is more important than publication numbers. Not everyone requires research in their application, although research in the field is a good way to delve into a topic, explore your interest, and establish mentor networks.



5. What is the best way to demonstrate interest in a program during this application cycle?

While we cannot speak for all programs, we feel that this year it may be important for applicants who are interested in specific programs or regions to reach out to those programs and/or have mentors (in or outside of ENT) reach out to those programs on your behalf. If you or your mentor does not have a contact at that program, you can e-mail the Program Director and Coordinator. Residents should be willing to answer questions as well, and you may see more programs offering specific virtual events for you to meet with residents and faculty. As you communicate with programs this year, be thoughtful about how you reach out, and focus your communication on the programs in which you are most interested.

6. How should students approach social media as an applicant?

Social media is an important way for many people to connect, and you may find it to be helpful in networking with or learning more about programs. That said, remember that anything you put on social media can also be viewed as potentially unfavorable by admissions committees! This is the appropriate time to be professional and courteous on social media platforms.

7. How would you recommend that students optimize their applications in the months leading up to the application deadline and/or interviews?

Advice may be specific to individual applicants. In general however, if you have several unfinished projects, now is the time to choose a smaller number of them to complete to the best of your ability prior to applications/interviews.

8. How should I handle the mental health struggles I have had during medical school during applications/interviews?

Mental health is health. Many of us have struggled with anxiety and depression, which are common in high-performing physicians. It's hard to give you advice on how to handle this without knowing specifics of what you need and your story. That said, I would look for a program that embraces you and supports you in your personal health. Michigan Medicine has excellent resident mental health resources, and our Otolaryngology residents have been recognized nationally for their work in resident wellness initiatives.

Selection Process

1. Is there a Step 1 cutoff score for screening out applicants for review? Do students need to report Step 2 scores in order to be interviewed or accepted?

We do not have a Step 1 cutoff score for review. Each applicant is reviewed with holistic consideration of their application. We do not anticipate for our program that Step 2 scores will be required for interview.



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2. There is some concern about schools going pass/fail during this time. How will programs take that into consideration when looking for the number of clerkships a student got honors in, whether they got honors in surgery/internal medicine, etc.

Many schools were already pass/fail prior to this time. We anticipate that programs will use the same processes as they have in the past. For our program, that is holistic consideration of each application.

3. Will there be a preference for students applying from schools that are closer to Michigan due to COVID-19? Is there generally a regional preference in selecting residents?

We expect that this answer is different for different programs. Our program has successfully attracted outstanding applicants from across the country, and thus we do not apply any regional preference in selecting applicants for interview.

4. Do you think that programs like the University of Michigan will increase the number of applicants they interview because of virtual interviews?

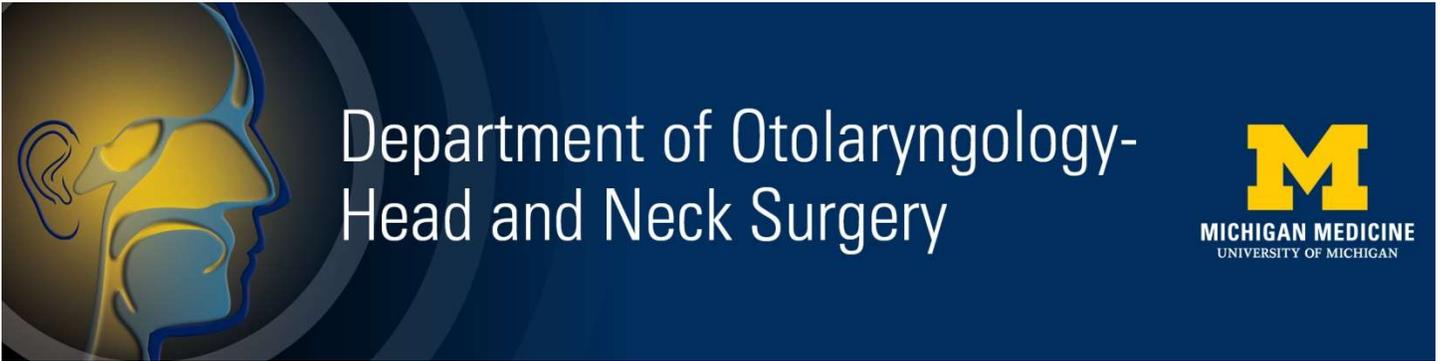
There are open questions about how programs and applicants will be impacted by the change to virtual interviews. Our program does not anticipate interviewing more applicants this year than in previous years.

5. Do you foresee interviews being held at relatively the same time this cycle (Dec-Jan)? When are interview dates being sent out?

In general, we expect the timeframe of interview dates to be similar this year, although with the delay in application deadlines, interview dates may also be pushed back. The Otolaryngology Program Directors Organization (OPDO) website (opdo-hns.org) has typically posted planned interview dates once they are set.

6. What factors does Michigan look at in selecting their residents? What is holistic review?

Our residency program uses holistic review in evaluating applications. In general, this review starts with the program identifying their mission- in our case- to train the next generation of leaders in Otolaryngology-Head and Neck Surgery. Our selection criteria include experiences and attributes in addition to academic performance that suggest the applicant has the potential to developed into a skilled clinician and surgeon accompanied by the intellectual curiosity and drive to take advantage of the opportunities we provide to develop their academic interests and prepare them to lead our field forward. For more information, I'd encourage you to listen to Dr. Thorne's recent podcast on ENT in a Nutshell - Applying to Otolaryngology: <https://www.headmirror.com/podcast/2020/3/14/applying-to-ent>. The AAMC also has a resource on holistic review (<https://bit.ly/3q3nG1K>).



Transition to Residency

1. Are there rotations, other than Otolaryngology, that you feel would be useful for current M4s?

There is value in almost all M4 electives. When you are taking care of a sick head and neck cancer patient having a cardiac complication, extra time on internal medicine or cardiology will come into play. There are many interfaces with Neurology and Neurosurgery with Otolaryngology, so experience there could be helpful. ICU experience is a must, as you will definitely have ICU patients in your care. But perhaps time on a palliative care elective, public health course, or even just time "not for academic credit" pursuing your passion will make you a better doctor and otolaryngologist.

2. If you do match, what should we do to prepare for residency both academically and personally?

Some of the most important attributes of a successful resident is one who comes ready and willing to work hard. Much of what you need for your first year is just about learning how to work successfully in the hospital setting and less about ENT specifically. With that said, there will be time this year and starting intern year to learn more about your chosen career. As part of the virtual subinternship, we have included general and specialty-specific resources that Michigan Medicine Otolaryngology residents have been helpful in their own preparations.

Program Culture

1. How does a high faculty to resident ratio affect the training program?

The large faculty of Michigan Otolaryngology allows residents to experience a wide diversity of practice and to establish a broad mentorship network. As a result, residents have a variety of academic opportunities and a strong network to apply for fellowship or find a job when graduating. Despite the large faculty, we benefit from a very collegial faculty-resident culture, and our faculty are very committed to teaching and mentorship.

2. How does the presence of fellows add or detract from the resident experience?

Our fellows (head and neck, facial plastics, neurotology, laryngology, and pediatrics) come from all over the United States. They have a large teaching role, and thus their experiences bring additional diverse training to our residency. Given our volume and case complexity, we do not feel that the presence of fellows detracts from the cases that residents get to perform.



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3. How do residents learn and advance their surgical autonomy in the operating room?

Each rotation has a faculty education lead, all of whom meet on a regular basis to optimize resident education. Additionally, our faculty are universally trained in the BID model of intraoperative teaching (briefing, intraoperative teaching, debriefing). This allows residents to have competency-based but individual goal-focused graduated autonomy. We are proud of our residents' rapid increase in surgical autonomy under this model. Due to our high volume, we have junior residents as primary surgeons on the gamut of cases, mid-level residents as primary surgeons on more complex cases, and senior residents who feel comfortable in leading entire cases from start to finish, in addition to spearheading pre- and post-operative plans.

Michigan Medicine Program Specifics

1. What didactic opportunities are available to residents?

Formal didactics include an annual boot camp, an intern skills month, weekly didactics for the residency, weekly didactics/case conference/tumor board by service, journal clubs, grand rounds, open access temporal bone lab, dedicated temporal bone course, annual sinus and skull base dissection course, annual head and neck dissection course, and a PGY4 trauma course.

2. How is call structured?

PGY2/3s are in-house with protected post-call days (no scheduled clinical activities past 7am the next day). PGY2s have 4 calls per month, with 2 weekends completely off each month. PGY3s have 2-3 weekday calls per month, with no holiday or weekend call. PGY4/5s have 5 "senior" calls per month (primary home call for the VA and back-up for the junior in-house), with no call during their research block. Otolaryngology is on trauma call every third week.

3. What advanced/elective training is available for residents?

Because of the breadth and depth of our faculty, advanced training and other opportunities in any subspecialty is available to the interested resident. Formal elective time has also recently been built into the residency curriculum which provides protected time for these experiences as well.

4. What teaching opportunities exist for residents?

Our residency is structured in teams to allow for inter-resident teaching and learning. Additionally, there are many opportunities to teach medical students. We typically have dozens of visiting subinterns, home subinterns, and exploratory students. Our residents also teach anesthesia interns, plastics residents, and OMFS trainees who rotate with us. Many at Michigan are interested in medical education, and there are both formal courses with certification and other resources available to help residents improve their teaching and publish medical education scholarship.



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5. What are the global/public health opportunities within the department?

We have an educational partnership in Ghana. This allows residents the unique opportunity to spend up to an entire month in Ghana and to build or contribute to ongoing initiatives. Residents have also participated in shorter term mission trips with faculty, and some residents have presented at international conferences. Importantly though, we consider global health to include our local community. Among other initiatives, we partner with a local free clinic to provide ENT services to the underinsured locally, an initiative started by a resident years ago.

6. How do residents balance busy clinical responsibilities with research, and is there expectation to pursue basic science/clinical projects?

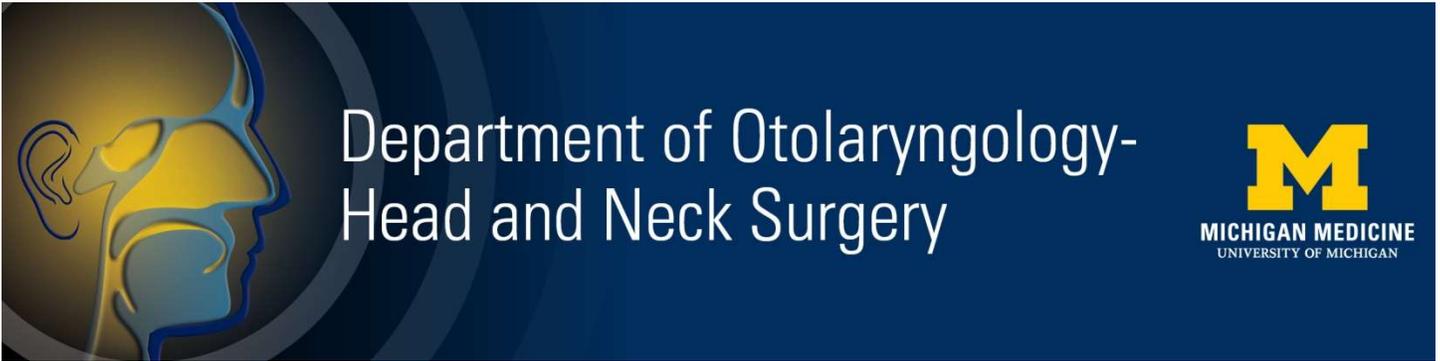
The program is very supportive of residents pursuing their passions throughout the years, including research. All types of scholarship are encouraged and can include clinical projects, medical education, health policy, basic science, and more. Residents are given complete autonomy in deciding what they want to pursue. Resources to support residents include research-specific didactics, protected access to biostatisticians and grant staff, courses, intramural grants, etc. Financial support is also offered for all accepted posters and oral presentations.

7. Is there support at Michigan to pursue a diversity of career options (e.g. academic and private pathways)?

The majority of our graduates complete fellowship, but our alumni have all types of practice settings. There are certifications/courses and other resources available for residents with specific interests, e.g. health policy, medical education, business of medicine, diversity and inclusion, etc.

8. What is the distribution of free flaps and craniofacial surgery between different departments at Michigan Medicine?

Otolaryngology performs the majority of head and neck flaps. Both Plastics and OMFS residents rotate with Otolaryngology at Michigan Medicine to learn these skills. Craniofacial surgeries are divided between Otolaryngology, Plastic Surgery, and OMFS based on referrals. We perform less pure cleft lip surgeries at Michigan, but given our unique training, we are still intimately involved in care of these patients. You will be trained in palate surgery, treatments for velopharyngeal insufficiency, etc. as a resident here, and you also have the optional opportunity to participate in craniofacial-based mission trips.



Residency Life

1. How family friendly is the training program?

We have all different types of residents in our program, including parents with kids currently ranging from 4 months to 9 years old. There is a resident association for partners, support for pregnant residents, protected parental leave, emergency childcare service, top notch school districts, and lots of family activities in town.

2. Do residents interact outside of the hospital?

We have several events per year where residents and the rest of the department get together, as well as resident-only events. A number of residents and faculty participate together in running groups, a soccer league, a Peloton group, etc, in addition to hanging out informally when there's time!

3. What do residents and faculty do for fun?

A number of residents and faculty participate together in running groups, a soccer league, a Peloton group, etc, in addition to hanging out informally when there's time! Several faculty also spend time on lakes, and we have an annual journal club at one of our faculty member's lake houses. There are plenty of beautiful state parks in the area too. At Michigan we also love watching and going to sporting events. One of our satellite surgery centers is actually right adjacent to Mount Brighton, a small ski hill, and there are more advanced options just a few hours north. We often will go out to eat together at one of many great Ann Arbor restaurants. Detroit is about half an hour away, and you can get to Canada in about an hour too for more entertainment options too!



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Diversity

1. What do you think are some of the challenges as a medical student of color trying to match into otolaryngology?

Some challenges students of color have in matching include bias and potential lack of mentors/sponsors. We make diversity and inclusion a central mission in our department and actively provide programming to help mentor and sponsor trainees of color from our institution and elsewhere.

2. What is the role of an otolaryngologist in advocacy and public health/social determinants? What is your program doing to advance racial justice and equity in light of recent events? What has been done in response to the recent events of racism and injustice in the community around Michigan? Any health equity work groups, contact with the community, checking in with and supporting residents of color?

All physicians, including otolaryngologists, should practice cultural humility and understand the complete needs of their patients to help them receive the services they need to thrive. In light of the recent events, our department and institution have had many public conversations about racism and anti-racism. Our department has regular health equity presentations; a Diversity, Equity, and Inclusion (DEI) committee that meets monthly; and community DEI initiatives. On Juneteenth, Michigan Medicine had tribute to Black Lives Matter by surrounding our medical campus in solidarity. There is a Health Equity Leadership Weekend annually and new Health Equity and Quality Scholars Program pilot in which three otolaryngology residents will participate. They will learn quality improvement techniques to evaluate health disparities by race, ethnicity, and primary language as well as do community engagement projects. Our department and institution also have multiple groups for residents of color that provides community and mentorship throughout the year.

3. In terms of diversity, what is the patient population in Ann Arbor like?

The demographics of Ann Arbor include 15.9% Asians, 6.9% African Americans/Blacks, and 4.4% Latino. The demographics of the patient population at Michigan Medicine includes 10% African Americans/Blacks, and 6% Latino as well as Middle Eastern patients.

4. How is the diversity of the residency program at Michigan Otolaryngology?

Our residents are diverse in respect to their original institutions and life experiences. Last year, women made up 50% of our residents. In regard to racial diversity, our residents were 27% Asian, 14% African American/Black, 14% Middle Eastern, and 9% of mixed descent.