

Ep137 Transferring Residencies

Neda Frayha: [00:00:00] Hello and welcome to the OSA Insider, a podcast about medical student life and the journey to becoming a physician. I'm your producer and host, Dr. Neda Frayha. I'm an internist and a member of the Office of Student Affairs at the University of Maryland School of Medicine. We all assume that once we match at a residency program, that phase of our life is set.

It's practically etched in stone that we'll spend the next three to seven years of our life at that hospital. But what if that residency program turns out not to be the right fit? What does it mean to transfer residency programs? How hard is it to make that choice? What happens next and what's the process like afterwards?

Our School of Medicine alum, Dr. Miriam Robin is an academic med peds hospitalist in New York City, and she lived through this exact situation. It wasn't easy, but she emerged on the other side, happy, thriving, and successful. [00:01:00] She shares her story with us in this episode along with guidance for any trainee who may find themselves in a similar position.

I'll share that. She wrote an excellent perspective piece about this for the society of general Internal medicine called Residency is a short time in the span of what I hope is a long career. She had so many people reach out to her afterwards to ask for guidance and to share their own stories of transferring residencies.

It really struck a chord. We're so glad to bring you her story today.

What do you remember about the initial residency application process and how you went about deciding on programs and crafting your rank list?

Miriam Robin: I have always been passionate about social, social justice and health equity. Uh, so I remember looking for programs that had opportunities in those areas. Um, I [00:02:00] also really enjoy rock climbing, so I remember looking at the distance between the hospital and the closest indoor, our rock climbing gym.

And while I was looking for excellent med peds training. At the time, I was also a single future doctor and wanted to be in a location that would have activities for single people, because this is three to seven years of your life and it's really important to consider the culture of the city as well as the culture of the program.

Neda Frayha: Well, that sounds really, really smart. How did you feel once you had graduated from medical school and you were about to start your internship? Tell me about that time in your life.

Miriam Robin: I was so excited. Very nervous, but so excited. And I remember reflecting back on my sub-I, um, which was such a wonderful experience.

Uh, I actually ended [00:03:00] up coming into, uh, into work a couple of days during schedule days off. And while I feel so silly admitting that I did it because I felt like such a truly valued. Member of the team and that I was making a difference for my patients and I love the fast-paced academic environment.

There was just so much joy and profound meaning for me in connecting and partnering with my patients in that way. And so I was very much looking forward to what felt like the start of the rest of my life, the start of my Med Peds career.

Neda Frayha: And then once a person starts their residency program, what do you think some of the factors are that go into a program being a good fit for a person or not as the case may be?

Miriam Robin: I know we so often tell our med students to. See if we feel like a [00:04:00] program is a good fit. But I remember being so confused about what we truly meant by that. From my perspective, this really gets at, do you share similar values to your colleagues? Do you feel like you can bring your authentic self to the program?

You know, what do the residents. There do for fun after work, and do I enjoy the same things? Or if you have kids, are there other residents in the program who also have young kids? But I think it also extends to how you define your community. So if you're part of a religious community or an ethnic community, are there other people in this city who also share that?

Background, and it can also tie in whatever your academic goals are. So if you know you want to do a certain fellowship, looking at that program's track record for residents who have matched into that specific fellowship. And for example, if you're passionate about. Rural medicine, but the [00:05:00] program that, um, you are interviewing for or looking at maybe doesn't have rotation sites in rural areas, that might be a hint that that program doesn't align exactly with what you're looking for for your residency experience.

So it's very personal to who you are as as a person.

Neda Frayha: I'm sure. So many people when they start their residency program, they start that first year, they're. Hoping and expecting that the place will feel like a good fit because they've gone through the whole evaluation process and crafting the rank list and going through the match.

Um, what can be some early clues that may be the program isn't the best fit after all?

Miriam Robin: In my experience, I had some concerns early on in my intern year that the program was not the right fit for me and. That was why it was so helpful [00:06:00] to get, um, some outside perspective on what was a typical intern challenge versus something that may not improve over time.

So, for example, um, in my initial residency, there was a significant, uh, language barrier, and with my resident schedule, I didn't have the. Sufficient time to take a language course in the way that I had planned, and I felt under equipped to serve my patients in the way that they really deserved. And this made me feel very disconnected from my patients, and it wasn't likely to improve over time.

Neda Frayha: That's such a good and helpful point about what is just normal intern year difficulty versus what may be a problem that can't get easily solved. I really like that kind of decision tree that you frame. [00:07:00] I'm sure that it was difficult to start facing the possibility. Of what if this isn't the right program for me?

And if so, then what are the next steps in terms of transferring residency programs? How did you come to terms with that decision?

Miriam Robin: So I think it really, it, it depends on what, um, the concerns are that you have about the program. Because if it's concerns about, um, being close to family, that timeline might look really different than if you have concerns about personal safety or concerns about the right culture fit.

And that's going to look for really different for, for everyone. And at the end of the day, I wanted and, and still do, uh, a very long, happy career in medicine for me. This mismatch led to extreme [00:08:00] burnout and I dreaded going to work. I remember talking with a friend who was in a very demanding surgical residency and I asked her, you know, on your hardest days, have you ever considered leaving your residency?

And she said, no. And although I was a resident in good standing, to me it really felt like an ultimatum. I was considering either leaving my program or leaving medicine altogether. And so it was very clear to me in that moment that while many residents have thrived at this program, it just wasn't right for me and I had to trust myself in that moment.

Neda Frayha: Who or what helped you along the way as you came to terms with this?

Miriam Robin: The Office of Student Affairs, um, at Maryland was incredibly helpful in offering that neutral or third party perspective. Um, to help me clarify, is [00:09:00] this part of the challenge of intern year or is this something perhaps more substantial?

But I also really leaned on my family and my friends who knew me well and could see that this wasn't the right fit. It wasn't just something that I was, uh, going through. And I also, uh, really, uh, leaned into counseling and, uh, coaching to help me process what was a really challenging experience.

Neda Frayha: Well, and you know, when you're in residency it's so intense and all consuming that it can be really hard to lift up and try to look at the larger picture.

And it sounds like that's exactly what you were able to do with these different sources of support. You were able to look at your whole career in medicine rather than this one narrow slice.

Miriam Robin: Yes, but it was also really important for me to reframe the situation [00:10:00] that this was not a specific failure of the program or a personal or moral failure of my own.

It was just a mismatch, and that really allowed me to move forward in a very intentional way, um, and think about how finding a better match or a better fit. Would not just benefit my own career, but also benefit my, my future patients.

Neda Frayha: What were some of the logistics involved in finding a new residency program position?

Like who did you have to meet with? How did you learn what may even be available?

Miriam Robin: Well, the first step in this process is having a tough conversation with your program director. Transferring is not something that is done in secret, uh, and your PD support is. Absolutely crucial. You have to remember that program directors [00:11:00] really want their residents to thrive, and so a good fit is something that is mutually beneficial.

Uh, your initial PD, as well as your future PD, are going to be talking with each other. They're going to be asking questions about whether you are in good standing. And so it's really important to proceed professionally and not burn bridges. The next step of the process is finding a program, um, that is a better fit.

And this is really independently driven by you. If you transfer specialties, you might go back through the match, but for me, I was staying within the med peds world, and this meant cold emailing 50 something residency programs all across the country to see if they had an available slot. Ultimately there were only three available med peds slots and I interviewed for two of them.

And the time between my initial interview and the [00:12:00] actual offer was about two months, but the actual credentialing, uh, took maybe another five to six months.

Neda Frayha: Oh my gosh. So it is a process.

Miriam Robin: Very much so.

Neda Frayha: I have a couple of follow up questions. So first is what tips do you have for that first meeting with the program director?

Because I'm sure that it can be so nerve wracking,

Miriam Robin: I think anytime you are interviewing for a new job, because that's really what this process is about, is trying to present. The most polished and authentic version of you and being honest in your answers to their questions, um, and vice versa, so that you are able to.

Ensure that what you're looking for and what, uh, you value are well [00:13:00] aligned with that program. And that was really the approach that I took in that initial conversation. Um, but the other thing that was particularly helpful was asking to, uh, connected with some of the interns in that program. And not only did this allow.

Me an opportunity to see if I thought that I would be a good fit for them, but also offering them that same opportunity. Am I a good fit for your program? And making sure that we're both looking forward in the same direction.

Neda Frayha: And then what about with the program director of the, of the first program? You know, when you're basically saying like, I don't know that this is a good fit.

How did you approach. That when I'm sure it, it could have gone sideways and you need to kind of preserve that relationship, like you mentioned.

Miriam Robin: That's a really good question. I think that [00:14:00] I spend some time writing down the. Parts of the conversation that were hard where I needed to be honest. Um, and that allowed me a framework for when I did meet, uh, in person.

This was a conversation that really needed to happen, um, face-to-face that, um, was maybe not best served by. An online or phone call, uh, type of situation. Mm-hmm. And I think approaching it with. Grace and with shared responsibility, um, and recognizing that the poor fit isn't necessarily reflective of something the program did or did not do, um, nor was it necessarily reflective of a failure of my own and more.

I think approaching it from the perspective of. [00:15:00] Um, you know, a, a, a match like in, in dating. Um, it's neither person's fault necessarily. When it doesn't work out, they're just not the right fit together. And framing it in that way allowed me to have a professional and constructive conversation about it. Um, and it was so important that we did this early on because you really do need your program director's support when initiating the transfer process.

Neda Frayha: Well, and when it comes to the work of finding potential open spots, um, it sounds Miriam like you did so much to. Advocate for yourself and reach out to all of these different programs. I'll share that depending on the specialty and on the program director. There can also be additional layers of support.

So for example, some program directors may have access to databases of potentially open spots in their field. They may be able to connect their residents with other programs. That might have an opening [00:16:00] sometimes too, where you went to med school. That institution's program director in that specialty might be able to be a resource.

So I wanna just throw that out there that there are other people that could potentially help, um, but I know that it can still be a tremendous amount of work for the resident themselves.

Miriam Robin: Yes, absolutely. And there is also a resource called Resident Swap, which will often post, uh, openings in different specialties.

Uh, so I just want our listeners to know that that is another resource that may be available to them.

Neda Frayha: So in your case, did you complete your intern year at your first program and then begin the second program at the second year?

Miriam Robin: Exactly. I finished up my PGY one year. I packed up my apartment and then ultimately drove cross country with my best friend in my passenger seat, my standard poodle in my backseat [00:17:00] of my car, and then my plant in my trunk, uh, to start orientation at my new program with their entering intern class.

Neda Frayha: That's an amazing image. I love the idea of a best friend in the passenger seat and an awesome dog in the back seat. That makes me so happy. I'm sure you had so many emotions at that time. Tell me a little bit about that transition. How did you feel starting at the new program?

Miriam Robin: Truly, I felt a bit untethered, right?

Mm-hmm. You're trying to learn a whole new system while also trying to be a supportive senior resident. And that's so hard. Um, and in so many ways. I felt like being an intern all over again, there were so many little things that. I was learning for the first time, so forgetting I needed to send in vacation requests in a specific way, or [00:18:00] I didn't know that Dr.

Smith likes to round in this specific way because I've never worked with her before. And there were many times where residents were doing rotations for the second time and I was doing them for the first time. And sometimes it was a little bit bumpy when the attending or the fellow looked surprised that, for example, I didn't know the order set.

Um, but overall I was excited and it was an opportunity to really get to know my categorical residents as well as my med peds community. Sometimes it felt like being the new kid at school. Ultimately, it really encouraged me to put myself out there and get to know my new classmates.

Neda Frayha: Can anyone transfer residency programs at any time in the process or are there any restrictions?

Miriam Robin: There are some A-C-G-M-E restrictions by specialty that determine how late in your training [00:19:00] you're allowed to transfer. So if this is something that you're considering, I would definitely encourage you to look online just to make sure that you're being mindful of what that timeline might look like.

Neda Frayha: And then sort of thinking broadly, you know, once a resident has transferred to a new program, what are some ways they can evaluate if this new program is a better fit? Because I imagine you were looking out for that when you started a new.

Miriam Robin: Absolutely, and I do wanna acknowledge that at the end of the day, there isn't a guarantee, right?

And there is some risk involved with transferring programs, but there are some aspects that helped me feel more confident in my decision. It was really important that I focused on finding people with similar values and similar ambitions, and I intentionally made space for honest [00:20:00] conversations to see if we were a good fit.

And that was during the interview process. Uh, and I continued to have those conversations in the first few months while I was there. You know, could I see myself stressed at 2:00 AM with a bolus of admissions and getting through it all with these co-residents by my side? And the answer was yes. Uh, and I really encourage other folks who may have been in a similar situation or are in a similar situation to ask to speak to their potential future co-residents.

Does this feel like the right fit for you?

Neda Frayha: Well, with all of the benefit of hindsight, what would you like all current medical students to know about the act of transferring to a new residency program?

Miriam Robin: I want trainees to know that transferring is not a quick fix. Uh, in so many ways, it was more difficult to [00:21:00] leave than it would have been to stay.

Right. Transferring, for example, did not solve all of my problems, um, because once I transferred, I still had to continue to be intentional and proactive about

addressing burnout, for example. But because I was in a program that was a better fit, I was able to tackle this more effectively. I also think it's important to keep in mind that this is a job search and so don't resign from your old job before you have a new one.

Many of the documents that are involved are legal documents, so consider, consider having an attorney, review them. I know that in the process I felt so alone. Um, but when I looked at the numbers, nearly a thousand residents transfer every year, and I've had so many residents from different specialties reach out to me since I initially started sharing my experience.

And even after transferring, [00:22:00] it took me many years to come to terms with my decision and I carried so much shame about the transfer. It really wasn't until I was a chief resident that I felt empowered to be more open about it. But when I reflect on the perspective that I gained from attending two different residency programs.

It really was an incredible strength and I had an experience in my later years of residency that really highlighted that where, uh, I had a patient who needed a transplant and I was uniquely equipped and prepared to. Advocate for that patient's transfer back to my prior institution, and that patient ultimately received the specialized care that they required, and this was something I was only able to accomplish because I understood the intricacies of two very different [00:23:00] institutions.

And this came up actually again. Uh, in the last few months, uh, when I was working on one of my QI projects, um, so my most recent QI project was, uh, selected as the winner of the back to bedside grant initiative from A-C-G-M-E. And when I reflected on why the resident leadership team was so successful.

Three of the eight of us had actually transferred residencies, and this afforded us such a powerful understanding of how different systems, shape care, and all of these things really came together, um, and allowed me to reframe my experience rather than this being such a negative. While there is so much power and meaning attached to this journey, and I'm so grateful that I was brave enough and trusted myself enough to take that step, um, in order to prioritize my, my career and [00:24:00] my happiness in medicine.

Neda Frayha: What closing words of advice do you have for our students?

Miriam Robin: Ultimately, we make the best decision we can with the best information we have at the time. And transferring is not a personal or a moral

failure. It's just a mismatch. It's not about identifying faults within myself or within the program. It's just about recognizing that we were not the right fit together.

Transferring residencies was ultimately the best and the bravest decision I have ever made, and I'm a much better doctor now because of my journey transferring residencies. So when things are tough, I often think about the words of pediatrician, Dr. Mona Hana, who ultimately led the discovery of the Flint water crisis and she said, we don't have to be okay with the way things are.

We can do big things.[00:25:00]

Neda Frayha: Well, Dr. Miriam, Robin, thank you so much for your time. It's been such a joy getting to connect with you.

Miriam Robin: Thank you so much for this opportunity, and I am so hopeful that this story will resonate with other trainees who may find themselves in a similar situation.

I.