

Klavy

Dermatology Residency Interview Questions

64 questions, with what each is really assessing, how to structure the answer and the trap most applicants fall into.

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Practice them out loud at klavy.org

Medical School

Rotations, electives and what you do outside the classroom.

1. Which electives are you taking this year?

Assessing: Whether you've planned your fourth year with intention, and whether you can talk about it conversationally.

Structure: Name your electives briefly → why you chose one or two → what you hope to get out of them.

Hit: Keep the list short · Explain the reasoning behind one or two choices · Include something that rounds you out beyond dermatology

Trap: Reciting the list with no reasons. The interviewer is really asking how you think about your own training.

2. Tell me about an extracurricular activity that you were involved in.

Assessing: What you choose to do when no one is grading you, and what it built.

Structure: The activity and your role → one specific moment → what it gave you → how it connects to the resident you'd be.

Hit: Choose one you were genuinely invested in · Describe your actual role and contribution · Include a specific moment, not just a summary · Connect it to residency without forcing it

Trap: Listing several activities at once or reading the description from your application. Depth on one beats breadth on five.

3. What was your favorite rotation?

Assessing: What energizes you clinically, and whether you can talk about it honestly without forcing the answer to be dermatology.

Structure: Name it → one specific reason or moment → what it taught you that you'll bring to dermatology.

Hit: It doesn't have to be dermatology; honesty is more convincing · Give a concrete reason: patients, complexity, team, teaching · Connect what you loved to dermatology naturally

Trap: Saying dermatology automatically, with no specific reason. If it is dermatology, say what made it different from your other rotations.

4. What was your least favorite rotation in medical school?

Assessing: Honesty and professionalism. Faculty want to see you can name something you didn't enjoy without criticizing the field or the people.

Structure: Name it honestly → what made it hard for you specifically → what you still gained from it.

Hit: Make the reason about fit, not about the specialty being bad · Say something genuinely respectful about the field · Name something you learned there

Trap: Bashing the specialty or the team. Your interviewer may have colleagues in that field, and it suggests you'd be hard to work with on rotations you don't enjoy.

5. What is your favorite part about medical school?

Assessing: What energizes you, and whether that matches the daily work of dermatology residency.

Structure: Name one honest favorite → a specific example → why it matters for the kind of physician you want to be.

Hit: Be specific rather than saying 'everything' · Use one example from clinic, teaching or community work · Connect it to dermatology lightly, without forcing it

Trap: Naming something that sounds like you don't enjoy patient care, such as 'the breaks,' or giving a generic answer like 'learning so much.'

Application Process

What isn't on paper, what you've done since you applied, and what it takes to match.

6. Tell me what you learned from the residents at the pre-interview dinner last night.

Assessing: Engagement and observation. Programs use the social to show you their culture, and faculty want to know whether you noticed anything real.

Structure: Yes or no honestly → one specific thing you noticed → what it told you.

Hit: Name a concrete moment or conversation, without naming residents · Connect it to something you value in a program · If you missed it, say so plainly and ask what you missed

Trap: 'Everyone was so nice.' It's the most common answer of the season and it tells them you weren't paying attention. The other trap is repeating something a resident told you in confidence, such as a complaint.

7. Tell me what you need to do to be a successful dermatology applicant.

Assessing: Your understanding of the field and the process, and whether you see beyond numbers and publications.

Structure: Name the obvious pieces briefly → name the less obvious ones → connect to what you've tried to do.

Hit: Acknowledge academics and research briefly · Emphasize what makes a good resident: reliability, curiosity, teamwork, commitment to patients · Mention mentorship and real exposure to the field · Avoid claiming specific statistics or 'what programs want'

Trap: Listing scores and publication counts as if that's all it takes, or citing numbers about competitiveness you can't support. It makes the field sound like a checklist.

8. If you could change your application to make it better, what would you change or add?

Assessing: Self-awareness and honesty about your weaker areas, without self-sabotage.

Structure: Name one real area → why it's weaker → what you've done or are doing about it.

Hit: Choose something genuine but not alarming · Show that you've already started addressing it · Keep it balanced: honest, then forward-looking · Avoid blaming others

Trap: Saying 'nothing,' which sounds unreflective, or listing several weaknesses until your application sounds worse than it is.

9. Tell me something that is not in your application.

Assessing: A chance to add depth. Faculty want something real that isn't already in the file.

Structure: Pick one thing → tell it briefly with a detail → connect it to who you'd be as a resident.

Hit: Choose something that adds a new dimension: a responsibility, a skill, a value · Keep it brief and specific · Avoid repeating your personal statement

Trap: Saying 'No, I think it's all there.' It wastes an open door. The other trap is reciting an accomplishment that's already in the file.

10. What have you accomplished since submitting your ERAS application?

Assessing: Momentum. Faculty want to see that you've kept growing since your application went in, not just waited.

Structure: One or two concrete updates → what they taught you → how they connect to residency.

Hit: Name specific updates: a submitted or accepted paper, a rotation, a new skill, a service activity · Include what you learned, not just the line item · Be honest about status: submitted is not accepted

Trap: Saying 'not much, just interviewing,' or exaggerating the status of a project. Accuracy about a manuscript's status is a quiet test of integrity.

Curveballs

They're scoring your composure and recovery, not your answer.

11. Why did you choose to wear that specific tie and tie bar, or nail color, or shirt color?

Assessing: A light curveball about how you present yourself and how you handle being put on the spot.

Structure: Honest, light answer → one small personal detail → move on with ease.

Hit: Keep it short and good-humored · A personal detail is fine, like a gift from someone · Don't over-explain or get flustered

Trap: Getting flustered or defensive. It's usually a test of composure and humor, not a judgment of your outfit.

12. If you could choose three people, and they must be alive, to have dinner with, who would they be?

Assessing: Your curiosity and values, revealed through whom you pick and why. It's also a test of whether you can relax and have fun with an odd question.

Structure: Three choices, each with one sentence of why → what the dinner conversation would be about → a light landing.

Hit: Pick people who reveal something about you, and explain why in a sentence each · Mix it up: someone famous is fine, but a personal choice can be more memorable · Keep it light and quick · Avoid controversial picks you can't explain calmly

Trap: Picking three impressive names with no reason, or choosing people purely to sound serious. The question is about you, not them. Avoid naming any real person you can't speak about respectfully.

13. Pretend I am an alien. Describe the game of basketball to me.

Assessing: Communication under pressure: can you explain something familiar from scratch, organize your thoughts, and check understanding? It's the same skill as explaining a diagnosis to a patient.

Structure: Big picture first → the essential rules → a concrete image → check understanding.

Hit: Start with the goal of the game, not the details · Use simple, concrete terms and avoid assumed knowledge · Organize: players, objective, key rules · Check whether the 'alien' understood · Have fun with it

Trap: Diving into details like fouls or the three-point line before the basic goal, or freezing because the question feels silly. They're scoring clarity and composure, not basketball knowledge.

14. We are interviewing two other people from your school today. Tell me why we should choose you over them.

Assessing: Confidence balanced with collegiality. Faculty want to see you advocate for yourself without putting down your classmates.

Structure: Acknowledge your classmates generously → state what you specifically bring → leave the comparison to them.

Hit: Say something genuinely positive about your classmates · Focus on your own strengths with evidence · Don't compare or criticize · Keep it brief and confident

Trap: Criticizing or subtly undermining your classmates. It's the one thing that will hurt you more than a weak answer, because programs are looking for good colleagues.

15. If you could choose one of the other applicants to be your co-resident today, who would you choose and why?

Assessing: Whether you've been paying attention to the people around you, and whether you value what makes a good colleague.

Structure: Choose someone you genuinely connected with, without naming them if you prefer → specific reason → what it says about what you value.

Hit: You can describe the person without naming them · Pick a specific, observed quality · Connect it to what makes residency work · Keep it warm and generous

Trap: Refusing to answer, or picking someone for their impressive résumé. Faculty want to see that you value kindness and teamwork, not credentials.

16. Would you rather turn something in late and have it be perfect, or turn it in on time and have done average work?

Assessing: How you think about trade-offs, deadlines and quality, and whether you can reason out loud rather than pick an answer blindly.

Structure: Name that it depends → explain what it depends on → give your default and a real example.

Hit: Acknowledge the trade-off rather than picking instantly · Distinguish clinical work, where timeliness can be a safety issue, from other work · Mention communicating early if you'll be late · Give a short example

Trap: Picking 'late and perfect' with no qualification. In clinical medicine, a late result or late note can harm a patient, and perfectionism that misses deadlines is a residency concern.

17. If you had to give a TEDx talk, what would be the title?

Assessing: Whether you have an idea you care about and can frame it simply and memorably.

Structure: A title → the one idea behind it → why it matters to you.

Hit: Pick something you could actually talk about for ten minutes · Make the title clear, with a bit of personality · Connect it to your values or experience

Trap: Freezing, or picking something so broad it isn't an idea, like 'The Future of Medicine.' A short, specific idea is more memorable.

18. What question do you want us to ask you? Now answer that question.

Assessing: Self-knowledge and preparation: what do you most want them to know, and can you deliver it naturally?

Structure: Name a question that reveals something new → answer it with a specific story → connect it to the resident you'd be.

Hit: Pick something not already covered · Make the question about something meaningful, not a brag · Answer it with a specific example · Keep it short

Trap: Picking a question that's just an excuse to repeat your accomplishments, or one you've already answered today.

19. If I gave you sixty thousand dollars to do anything you wanted, not related to medicine, what would you do?

Assessing: Your values and personality outside of medicine, and whether you can relax into a fun question.

Structure: One clear plan → why it matters to you → a light, honest detail.

Hit: Pick something genuine · Give a reason that reveals something about you · Keep it light and specific · It's fine to be practical, but don't let it become all about debt

Trap: Saying you'd pay off loans and stopping there. It's honest, but it misses the point of the question, which is about who you are outside medicine.

20. Do you believe in coincidences? If so, tell me about a coincidence that you think has shaped your life.

Assessing: Reflection and storytelling. It's an open door to reveal something about how you got here.

Structure: Your honest view in a sentence → the coincidence → how it shaped your path → what you think it says.

Hit: Pick a real, specific story · Keep it brief and warm · Show what you did with the opportunity · It's fine to say you think coincidences matter less than what you do with them

Trap: Getting stuck on the philosophy and never telling a story, or choosing a story that doesn't actually connect to who you are.

21. If you had to choose a position in football that best represents dermatology, which position would you choose?

Assessing: Creativity and composure with an unexpected question, plus how you see the role of dermatology.

Structure: Pick a position → explain the analogy in two or three points → have a little fun.

Hit: Commit to an answer quickly · Draw a clear analogy to dermatology's role · Keep it light · It's fine to admit you're not a football expert

Trap: Freezing, or refusing because you don't follow football. They're scoring your composure and creativity, not your sports knowledge.

Why Dermatology

Why this field, and whether your reasons survive the follow-up.

22. Why dermatology?

Assessing: Whether your reasons are specific to this field and survive follow-up. Every applicant prepares this; faculty are listening for the moment it stops sounding prepared.

Structure: The real starting point → what confirmed it in clinic → what you'd bring to the field, said in one breath.

Hit: Name what is specific to dermatology: the visual diagnosis, the medical-surgical mix, the range of ages, the link between skin and systemic disease · Use one patient or clinical moment, without identifiers · Show you understand the hard parts, not just the appealing ones · Keep it under two minutes

Trap: 'I love that it's visual, and I like the variety.' Every applicant says both. Without a moment that shows you've lived it, it sounds like the field's brochure. Mentioning lifestyle first is the other trap.

23. If dermatology wasn't an option, which specialty would you do? If you didn't go to medical school, what career would you have pursued?

Assessing: What draws you to dermatology, revealed through what you'd choose instead, and whether you have a life of interests beyond medicine.

Structure: Name an alternative specialty and what you love about it → the difference that pointed you to dermatology → a non-medical career with a short, genuine reason.

Hit: Pick an alternative you actually explored · Say something admiring about it · Connect the reasons to what you love about dermatology · Make the non-medicine answer personal and brief

Trap: Trashing the alternative specialty, or saying 'I can't imagine anything else.' It sounds like you haven't really considered your choice.

24. Would you say the practice of medicine is more art or science?

Assessing: How you think about clinical judgment, evidence and communication, and whether you can hold two ideas at once.

Structure: Take a position or say it's both → explain each side with an example → connect to dermatology.

Hit: It's fine to say both, as long as you explain how · Science: evidence, pathophysiology, diagnosis · Art: communication, judgment under uncertainty, tailoring to the person · Give a dermatology example

Trap: Picking one side flatly without explaining, or giving a vague 'it's both' with no example.

25. What motivates you in the field of dermatology?

Assessing: What keeps you going day to day, as opposed to what first drew you in.

Structure: Name one or two motivations → a concrete example of each → how they'll sustain you in residency.

Hit: Make it different from your 'why dermatology' answer · Pick motivations rooted in patients or the work itself · Give real examples · Avoid lifestyle as the main motivation

Trap: Repeating your 'why dermatology' answer word for word. Motivation is about what will get you through a long clinic day years from now.

Research

Can you explain your own work, your actual role in it, and its limits, to anyone in the room?

26. Tell me about research that you were involved in.

Assessing: Whether you understand your own work: the question, the methods, the limitations, and your actual role.

Structure: The question and why it mattered → what you did personally → what you found → its limitations → what's next.

Hit: Explain it to a smart non-expert in under two minutes · Be precise about your own role · Name a real limitation unprompted · Say what you'd do next

Trap: Describing the project in the first person plural so it's unclear what you did, then crumbling when asked a methods question. Faculty often pick the project on your application they know best.

27. Pretend I am a first-year medical student. Explain your research project to me in terms that I could understand.

Assessing: Whether you truly understand your work, and whether you can teach, which residents do every day with students and patients.

Structure: The question in one sentence → why it matters → what you did → what you found → the main limitation, all in plain language.

Hit: Pitch it at the right level: no jargon you wouldn't expect a first-year to know · Use an analogy if it helps · Keep it to about a minute · Check understanding or invite a question at the end

Trap: Using the same jargon you'd use with a dermatologist, or oversimplifying so much that it sounds trivial. Teaching is about choosing the right level.

Clinical Reasoning

Reason out loud, safely and kindly.

28. Tell me about a patient who was initially misdiagnosed but who was later worked up and correctly diagnosed.

Assessing: Clinical reasoning and humility: whether you understand how diagnostic errors happen and what helps catch them.

Structure: The presentation and initial diagnosis, without identifiers → what prompted reconsideration → the correct diagnosis → the lesson about reasoning.

Hit: Describe your role honestly · Explain why the first diagnosis was understandable · Name what changed the thinking: new information, a second look, a biopsy · Draw a lesson about reasoning, not blame · Keep the medicine accurate

Trap: Blaming the first clinician, or overstating your own role in catching the error. Faculty want to see you understand how anyone can anchor on a diagnosis.

Ethics & Professionalism

Not whether you know the rule, but whether you can reason without panicking.

29. If you were on your sub-I later this year, and you were working with a very lazy student who didn't see his patients or do any of his work, what would you do?

Assessing: Whether you can address a peer problem directly, privately and without judgment, while protecting patients.

Structure: Ensure patients are covered → talk privately and without judgment → ask what's going on → state the impact → escalate if it continues.

Hit: Make sure patient care isn't slipping in the meantime · Approach privately and with curiosity, not accusation · Ask if something is going on in their life · Describe the impact on patients and the team in neutral terms · Involve the resident if it continues or patients are at risk

Trap: Going straight to the attending, or the opposite, quietly doing their work for them. One skips a conversation; the other hides a problem that could hurt patients.

30. Tell me about a time where you were not honest with a patient.

Assessing: Honesty about honesty. Faculty want to see that you've thought about the line between kindness and deception, and that you can admit a moment you'd handle differently.

Structure: The situation → what you said or didn't say → why → what you think now → how you'd handle it today.

Hit: Pick a real, minor example, such as softening news or avoiding a question · Be honest about your motive · Reflect on what you'd do differently · Show you understand why honesty builds trust

Trap: Saying 'I've always been completely honest,' which is rarely believable, or describing a serious deception that raises a professionalism concern. Pick something real and modest.

31. Tell me about a time when you had to be careful about revealing information.

Assessing: Judgment about confidentiality and discretion, both clinically and personally.

Structure: The situation → what was sensitive and why → what you did → how you balanced honesty and confidentiality.

Hit: Pick an example involving privacy, confidentiality or role boundaries · Show that you knew the relevant limits · Avoid revealing anything confidential in the answer itself · Show how you stayed honest while being discreet

Trap: Telling a story that itself reveals confidential details, which demonstrates the opposite of what's being asked.

Teamwork & Leadership (STAR)

Past behavior as evidence. Specific incidents only: Situation, Task, Action, Result.

32. Tell me about a time when a policy was enforced on you that you didn't agree with. What did you do?

Assessing: How you handle rules you disagree with: whether you comply, speak up through the right channels, and stay professional.

Structure: The policy and why you disagreed → what you did in the moment → how you raised it → outcome and what you learned.

Hit: Pick a real policy with some stakes · Show you followed it while disagreeing, unless it was unsafe · Describe raising concerns constructively and through the right channel · Acknowledge the reasons behind the policy

Trap: Telling a story where you simply ignored the rule because you knew better. Residency is full of policies, and programs want residents who push for change without going rogue.

33. Tell me about a time when you had to show integrity.

Assessing: Whether your ethics hold up when doing the right thing costs you something.

Structure: Situation → the choice and what it would cost → what you did → outcome → what it showed you.

Hit: Pick a moment where the right choice had a real cost · Be specific about what you said or did · Avoid stories where integrity was easy · Keep it humble

Trap: Choosing a story where there was no temptation, such as 'I returned a wallet.' Integrity shows when the easy choice and the right choice point in different directions.

34. Tell me about a frustrating or hard patient experience.

Assessing: Empathy and emotional regulation under pressure, and whether you can see the patient's side.

Structure: The situation → what made it hard → how you responded → what you learned about the patient and yourself.

Hit: Describe the patient respectfully, with no identifiers · Name your own frustration honestly · Show what you did to understand the patient's perspective · End with what changed in your approach

Trap: Describing the patient as 'difficult' and stopping there. The interviewer wants to hear how you tried to understand them, not a story about how unreasonable they were.

35. Tell me about a time you made a mistake that harmed someone else, and what you did to fix it.

Assessing: Accountability. Faculty want to see you own a mistake that had consequences, repair it, and change your behavior.

Structure: What happened → the impact on someone else → how you took responsibility → how you fixed it → what you changed.

Hit: Choose a real mistake with real impact, even if small · Own it fully · Describe how you made it right, including apologizing · Name a specific change in how you work now

Trap: Picking a mistake with no real consequences, or one that was mostly someone else's fault. It suggests you either don't notice your mistakes or don't own them.

36. Tell me about a time you witnessed a nurse doing something above and beyond for a patient.

Assessing: Respect for the whole care team, and what you notice and value in others' work.

Structure: The situation → what the nurse did → the impact on the patient → what you took from it.

Hit: Pick a specific, real moment with no identifiers · Describe the impact on the patient · Show genuine respect for nursing · Say what you learned or changed

Trap: Choosing a generic example ('nurses are amazing') or one where the nurse is a backdrop to your own action.

37. Tell me about a time in which you worked in a very well-functioning team.

Assessing: Whether you understand what makes teams work, and whether you contribute to it.

Structure: The team and the task → specific things that made it work → your role in it → what you'd carry into residency.

Hit: Name concrete features: clear roles, everyone has a voice, mutual respect, shared commitment · Give an example of each in action · Describe your own contribution · Connect it to residency

Trap: Saying 'everyone got along' without saying why. Good teams don't happen by accident, and faculty want to know you understand the mechanics.

38. When have you had to convince someone of an idea you've had, and how did you do it?

Assessing: Persuasion and collaboration: whether you can bring people along with evidence and listening rather than pressure.

Structure: The idea and the person → their objection → how you listened and made the case → outcome → lesson.

Hit: Pick a real idea with something at stake · Show you understood the other person's concern · Describe the specific approach: data, a pilot, compromise · Be honest about the outcome

Trap: Telling a story where you simply argued until they gave in. Faculty want to see that you can persuade by understanding, not by persistence alone.

Personal & Self-Awareness

Do you know yourself? Strengths with evidence, weaknesses without spin, a life outside medicine.

39. What was a defining moment in your life that made you who you are?

Assessing: Self-knowledge and depth. Faculty want to know what actually formed you, and whether you can talk about it with reflection rather than drama.

Structure: The moment, briefly → what it changed in you → how it shows up in how you work now.

Hit: Pick something genuine, not necessarily dramatic · Spend more time on the change than the event · Connect it to how you'll treat patients or work with a team · Share only what you're comfortable discussing calmly

Trap: Choosing an event so heavy that you can't discuss it steadily, or so polished it sounds borrowed from your personal statement. The interviewer wants reflection, not a performance.

40. Where do you see yourself in ten years?

Assessing: Direction without rigidity, and whether that direction connects to the training you're asking for.

Structure: A concrete picture → what's fixed and what's flexible → how residency gets you there.

Hit: Be specific enough to be real: setting, patients, teaching or research · Name the values behind it · Leave honest room for residency to change you

Trap: Either extreme. 'I don't know' reads as drift; a rigid plan built around a private practice's revenue reads as someone who won't learn from three years of training.

41. Tell me about a time that you failed at something in your academic career.

Assessing: Resilience and honest self-assessment. Faculty want to see that you can face a setback, understand why it happened, and change.

Structure: What happened → why, honestly → what you did next → what changed for the long term.

Hit: Pick a real failure, even if modest · Own your part · Describe concrete changes · Show the outcome

Trap: Choosing a 'failure' that's actually a success, like an A-minus. It suggests you either haven't failed at anything or won't admit it.

42. Tell me about yourself.

Assessing: Whether you can give a clear, human two-minute picture that isn't a recitation of your application.

Structure: Where you're from and what shaped you → the path to medicine and dermatology → something outside medicine → why you're here today.

Hit: Keep it to about 90 seconds to two minutes · Include one detail no one else would say · Connect the threads rather than listing · End with a natural landing

Trap: Reading your CV aloud. They have it. The other trap is going on for five minutes.

43. What do you like to do for fun?

Assessing: Whether you have a life that will sustain you through residency, and whether you can talk about it with real enthusiasm.

Structure: One genuine interest → a specific detail → what it gives you.

Hit: Pick something real and current · Add detail with personality · Connect it to wellbeing or a skill, lightly

Trap: Listing hobbies you haven't done in years, or a long inventory of activities. One real interest beats five resume lines.

44. Tell me about a time you faced a challenge and how you handled it.

Assessing: Resilience and perspective. Faculty want to see how you respond when life gets hard.

Structure: The challenge, briefly → how it affected you → what you did → what it taught you.

Hit: Choose something genuinely significant · Share as much as you're comfortable sharing · Spend most of the time on the response and learning · Avoid catastrophizing or minimizing

Trap: Picking a minor academic hurdle, or sharing so much personal detail that the interview becomes uncomfortable. Choose a level of disclosure you can discuss calmly.

45. How would your friends describe you in three words?

Assessing: Whether your self-image matches how others see you, and whether you can back each word with evidence.

Structure: Three words → a quick example for each → a light landing.

Hit: Pick words friends would actually use · Back each with a short example · Include one that shows personality, not just work ethic

Trap: Picking three résumé words like 'hardworking, driven, compassionate' with no examples. They sound like what you want them to hear.

46. Tell me about your family.

Assessing: Warmth and context. Faculty want to know who you are and what shaped you, not a family tree.

Structure: A brief picture of your family → one detail with personality → what you took from them.

Hit: Share only what you're comfortable sharing · Include one specific, warm detail · Connect lightly to your values

Trap: Over-sharing private conflict, or answering so briefly it sounds guarded. A short, warm sketch is the goal. You never need to disclose anything you'd rather keep private.

47. Who is your role model, in dermatology or in general?

Assessing: Your values, revealed through whom you admire and why.

Structure: Name the person by role, not necessarily by name → what they do that you admire → how you try to emulate it.

Hit: Describe the person by their role; you don't need to name them · Pick specific behaviors, not general greatness · Show how it shapes your own behavior · If asked to avoid parents, choose a mentor, teacher or clinician

Trap: Choosing a parent when the interviewer has asked you not to, or describing someone only in terms of their achievements. Faculty want to know what you admire in how they treat people.

48. What are you most proud of?

Assessing: Your values. What you're proud of tells faculty what you think matters.

Structure: Name one thing → why it was hard → why it matters to you.

Hit: Choose something that took real effort or growth · It can be clinical or personal · Explain why it matters, not just what it was · Keep it humble

Trap: Choosing an accomplishment that's already the headline of your application, like a publication. Pride in something less obvious tells them more about who you are.

49. What are your three biggest weaknesses?

Assessing: Self-awareness and honesty under pressure. Asking for three makes it harder to rely on a single rehearsed answer.

Structure: Three real weaknesses, briefly → a quick example of one → what you're doing about each.

Hit: Pick real, workplace-relevant weaknesses · Avoid disguised strengths · Keep each short and pair it with a strategy · Don't choose something that would make you unsafe as a resident

Trap: Disguised strengths like 'I'm a perfectionist' or 'I care too much.' With three, faculty can tell quickly whether you're being honest.

50. What are your three biggest strengths?

Assessing: Self-knowledge and evidence. Strengths should be shown, not just claimed.

Structure: Three strengths → one short example each → how they'd help in residency.

Hit: Pick strengths that matter in dermatology residency · Give a brief example for each · Keep it confident but not boastful

Trap: Listing three adjectives without examples. Without evidence, strengths sound like what every applicant says.

51. What is your dream?

Assessing: What drives you beyond the next step. Faculty want a glimpse of your long-term values.

Structure: A genuine dream → why it matters to you → one step you're already taking toward it.

Hit: Make it personal and specific · It can be professional, personal or both · Connect it to values rather than titles · Show it's grounded

Trap: Answering with a job title, like 'to be a dermatologist.' That's the next step, not a dream. The opposite trap is something so vague it means nothing.

52. What are the attributes that your parents have that you like the most?

Assessing: Your values, revealed through what you admire in the people who raised you. If 'parents' doesn't fit your story, it's fine to talk about whoever raised you.

Structure: One or two qualities → a short, concrete example → how you see that quality in yourself.

Hit: Pick specific qualities, not 'they're great' · Give a small, vivid example · Connect it to how you'll practice · Adjust the question gracefully if your family situation is different

Trap: Answering generically ('they're hardworking and supportive') without a story. The quality only becomes real with an example.

53. How would you summarize yourself in exactly two sentences?

Assessing: Self-knowledge and the ability to be concise, which matters in presentations and patient conversations.

Structure: Sentence one: who you are and what shaped you. Sentence two: what you'd bring and what drives you.

Hit: Actually use two sentences · Make it specific to you, not generic · Include something personal · Practice it, but deliver it naturally

Trap: Going over two sentences, or using vague, interchangeable phrases like 'I'm a passionate and dedicated person.'

54. Would you rather be liked or respected?

Assessing: How you think about leadership, boundaries and professional relationships.

Structure: Choose, or explain why they're linked → reason with an example → connect to residency.

Hit: It's fine to choose, but explain why · Show you understand they can conflict · Give an example where you chose one over the other · Connect to leading a team or caring for patients

Trap: Answering instantly without reasoning, or saying 'both' without engaging with the trade-off.

55. Tell me about a time you supported someone dealing with depression outside of a clinical setting.

Assessing: Empathy, boundaries and knowing when to involve professional help. Share only what you're comfortable with, and protect the other person's privacy.

Structure: Situation without identifying details → what you noticed → what you did → how you encouraged professional help → what you learned.

Hit: Protect the other person's privacy · Show listening and presence rather than fixing · Show you encouraged appropriate professional support · Mention safety: knowing when to seek urgent help · Reflect on your own limits and self-care

Trap: Positioning yourself as the person's therapist, or sharing identifying details. Faculty want to see compassion and good judgment about professional help.

56. You are very accomplished. How do you stay humble?

Assessing: Self-awareness about ego, and whether your accomplishments have made you harder to teach.

Structure: Accept the compliment lightly → name what keeps you grounded → give an example of being teachable.

Hit: Thank them without deflecting awkwardly · Name concrete things: mentors, patients, mistakes, the people who helped you · Show that you seek feedback · Keep it brief and sincere

Trap: Over-deflecting ('I'm not accomplished at all') or accepting it too readily. Both feel awkward. Show humility through behavior, not by declaring it.

57. What did you learn during intern year?

Assessing: For applicants who are in or have completed a preliminary or transitional year: whether you used the year to grow, and what you'll bring to dermatology from it.

Structure: One or two key lessons → a specific example → how they'll make you a better dermatology resident.

Hit: Pick lessons with real substance: managing sick patients, systemic disease, working on a team, being the first call · Give a specific example · Show respect for the specialty you trained in · Connect it to dermatology

Trap: Talking about the year as a hurdle you survived. Faculty want to hear that you valued it, and dermatologists see many inpatient consults where those skills matter.

The Future of the Field

Where medicine and your specialty are going, with nuance and no invented numbers.

58. How do you justify going into academics and not private practice, given that you make more money in private practice?

Assessing: Values and honesty about career choices, and whether you understand the different missions of academic and private practice. Adapt the answer if you're leaning toward private practice.

Structure: Acknowledge the trade-off honestly → what academics offers that matters to you → how you think about the financial side.

Hit: Acknowledge that compensation can differ and that it's a real consideration · Name what draws you: teaching, research, complex patients, serving people who may not otherwise get care · Don't disparage private practice · Be honest if you're still deciding

Trap: Pretending money doesn't matter at all, or speaking negatively about private practice. Both sound naive, and your interviewer may have colleagues in both settings.

Program Fit

Why here, what you'd add, what you'd ask. Did you listen today, and can you close well?

59. What would you contribute to our program?

Assessing: Whether you know what you uniquely bring, and whether you can say it with confidence but without arrogance.

Structure: Two or three specific contributions → evidence for each → how they'd help the residents and patients here.

Hit: Pick contributions with evidence: a skill, an experience, a perspective · Connect them to what you know about the program without inventing facts · Include something about being a good colleague · Avoid generic traits

Trap: Listing adjectives like 'hardworking and passionate.' Every applicant says those. The other trap is claiming specific knowledge about the program that you can't support.

60. What brings you to our program and this area of the country?

Assessing: Whether you have a real reason to be here for several years. Programs worry about applicants who won't be happy in the location.

Structure: Your honest tie or reason → what you know about living here → how it fits your goals.

Hit: Name a real connection if you have one: family, training, partner, past work · If you don't, name specific reasons the region appeals · Mention something about the patient population, without inventing program facts · Show you could be happy here

Trap: Saying 'I'm open to anywhere.' It may be true but it doesn't help a program believe you'd come and stay. Inventing a connection is worse.

61. What questions do you have for me?

Assessing: Interest, preparation and judgment. Your questions tell the interviewer what you care about and whether you listened.

Structure: Ask one or two thoughtful questions tailored to the interviewer → listen → follow up naturally.

Hit: Prepare several questions, and choose based on who's interviewing you · Ask things you can't easily find online · Ask about their experience, not just the program · Avoid questions about time off or salary in a faculty interview · Follow up on their answer

Trap: Saying 'No, I think all my questions were answered.' It suggests low interest. The other trap is asking something clearly answered on the website or earlier in the day.

62. Fill in the blank for me. The dermatology program here is fantastic, but blank.

Assessing: Honesty and tact. Faculty want to see whether you can offer a thoughtful observation without flattering or criticizing.

Structure: A genuine, gentle observation or open question → why it matters to you → how you'd see yourself fitting or contributing.

Hit: Base it on something you actually observed or would like to learn more about · Frame it as a question or a trade-off, not a complaint · Avoid inventing facts about the program · Turn it toward how you'd engage with it

Trap: Refusing to fill the blank ('nothing, it's perfect'), which sounds evasive, or offering a harsh criticism. The balanced answer is an honest trade-off.

63. Tell me about your favorite program.

Assessing: Discretion and what you value. Faculty want to know what you're looking for, and whether you can talk about other programs professionally.

Structure: Describe features you've loved, without naming or comparing programs → why those features matter → how this program fits those values.

Hit: You don't need to name another program; describe what you liked · Focus on features: culture, teaching, patient population, mentorship · Never criticize another program · Connect it back to what you're looking for here

Trap: Naming another program enthusiastically, or saying 'this one' in a way that sounds like flattery. Describing what you value is both more honest and more useful.

64. What is something that you will leave this interview concerned about regarding our program?

Assessing: Honesty, tact and whether you've thought critically about fit. It also lets them address your concern.

Structure: Name a genuine, modest question → frame it neutrally → invite their perspective.

Hit: Choose a real but non-inflammatory concern, such as cost of living, research time or distance from family · Frame it as something you'd like to understand · Avoid inventing facts about the program · Thank them for the chance to ask

Trap: Saying 'no concerns at all,' which can sound like you haven't thought critically, or raising a sensitive rumor you heard. Ask, don't accuse.