

## Table of Contents

### ***Timeline for Residency Applications***

The Match And How It Works .....	2
Match Process Timeline.....	3
Variations to the Match: Early Match & Couples Match .....	5
Career Decisions: How To Select A Residency .....	6

### ***Credentials***

Curriculum Vitae Preparation ( <i>including examples</i> ) .....	9
Personal Statement Preparation ( <i>including examples</i> ).....	11
Letter of Recommendation .....	13
Medical Student Performance Evaluation (MSPE) ( <i>including generic sample</i> ) .....	13
Thank You Letters ( <i>including examples</i> ).....	15

### ***No Match Day***

No Match Process .....	18
------------------------	----

### ***Faculty and Student Observations on Selected Specialties***

Introduction.....	19
Anesthesiology.....	19
Emergency Medicine .....	21
Family Medicine .....	21
Internal Medicine .....	23
Neurology .....	24
Obstetrics and Gynecology .....	25
Ophthalmology .....	26
Orthopedic Surgery .....	27
Otolaryngology .....	29
Pathology .....	30
Pediatrics.....	31
Physical Medicine and Rehabilitation .....	33
Psychiatry.....	34
Radiology .....	35
Surgery .....	36

<b><i>Residency Program Evaluation</i></b> .....	38
--	----

<b><i>Match Process Checklist</i></b> .....	40
---	----

<b><i>Years of Training Required for Certification</i></b> .....	41
--	----

## *The Match And How It Works*

The National Residency Matching Program provides a guaranteed, uniform, nearly all-inclusive system by which residency candidates are simultaneously “matched” to a first-year postgraduate training position accredited by the Accreditation Council on Graduate Medical Education.

It is guaranteed because it ensures that the applicant is matched to the highest ranked hospital on his or her list that offered the applicant a position. In other words, through the Match, you cannot end up accepting a position if a position you ranked higher was open to you.

It is uniform in the sense that all applicants and participating institutions do in the same fashion and at the same time all the steps of the process. All students should enroll in the Match and are bound to abide by the terms of it. The NRMP agreement requires that participating hospitals offer all positions to students in all residency programs through the Match. They cannot withhold one or two positions for an early decision before the Match. In addition, participating hospitals and their program directors are prohibited from eliciting information or a commitment from applicants as to which hospitals they are going to rank or how they are going to order their rank list. Similarly, NRMP applicants are prohibited from accepting positions outside of the Match and are cautioned not to share information about their ranked lists with program directors.

The Match is “nearly” all inclusive because it only lists those positions in hospitals with ACGME accredited training programs which have agreed to participate in the Match. There are programs in certain specialties that have elected not to participate. For example, most programs in neurology, ophthalmology, otolaryngology, and neurosurgery do not participate although some programs in these specialties do. Candidates for residency positions in these specialties should participate in a separate match process, which takes place before the NRMP. They must also participate, in most cases, in the NRMP in order to secure the prerequisite postgraduate training for each of these specialties. There is also a separate Match for dermatology PGY-2 program. However, it occurs after an individual has already entered his or her first year of postgraduate training.

There is a charge for ERAS service. The initial application fee (\$60) includes up to 10 programs; 11-20 programs \$8 each; 21-30 programs \$15 each; above 30 programs \$25 each. Obviously, ERAS is trying to discourage application to an excessive number of programs. One thing to consider: ERAS eliminates the need for multiple copies of your application packet and postage for mailing this information to the programs. You will receive a Token (series of numbers and letters) from ASA. Once you get your Token, you can access the ERAS website ([www.aamc.org/eras](http://www.aamc.org/eras)) and begin entering your data. ASA will provide your Medical Student Performance Evaluation (MSPE) and transcript. **It is your responsibility to ensure program deadlines are met.**

When an applicant is “offered” his first choice position, the Match is final. His/her name is removed from the list of all other programs and Rank Order Lists are adjusted, as necessary to maintain their quotas by including the next person down the list. If an applicant matches to a lower-ranked program, the Match is tentative. His/her name is removed from the lists of all programs ranked yet lower, but is maintained on the lists of his/her higher-ranked programs. If

his/her name should subsequently be included within the quota of a program, he/she has ranked higher, he/she will be moved to the higher choice position. No matter how many top-ranked applicants “decline” offers from a given program, lower ranked applicants who rank that program first will be matched to it as long as they are included in the program’s unfilled quota.

It is possible not to get the position you wanted. It is possible not to match at all, but there are some simple guidelines that can help to ensure the best possible match for you.

- Don’t overestimate yourself. No matter how sure you are that you will match at your top choice, you cannot be penalized for listing additional programs. Those applicants who list only one or two programs are much more likely not to match.
- Don’t underestimate yourself. Again, you are not penalized for listing programs that you consider being a “long shot” for you. Even if you don’t think you have much of a chance, if you really want to go somewhere, rank it first. The program may not get its top ten choices, and you might be number eleven on the list.
- Don’t list programs that you don’t want to attend. You may end up at a program that you really didn’t want only to find out that one of the programs that you did want didn’t fill and might have taken you.
- What if you don’t match? Unmatched applicants are notified before the Match results are released, so they will have the opportunity to contact hospitals that did not fill and hopefully secure a satisfactory position. It is not true that only less desirable programs don’t fill. It is possible for any program not to fill if its rank list is at odds with the applicants who ranked it. There are likely to be several programs with unfilled positions after the Match that you would find desirable. In some cases, it may mean accepting a position in another specialty that you were considering as a second choice or were considering for the purpose of preparing you for the next year’s Match.

## *Match Process Timeline*

### *Spring Semester of Third Year:*

- Plan to attend some of the residency information meetings that are offered by various departments.
- Begin talking with residents, faculty and program directors in your field(s) of interest.
- Consider an elective in a field of interest. All paperwork requesting electives must be completed and turned in to Academic and Student Affairs at least **8 weeks prior** to the start of the elective. Consider taking “interview clothes” when you take an away elective.

### *April/May:*

- If you are considering an “early match” specialty (Ophthalmology, Neurosurgery, Neurology or Urology) visit the following site for information: [www.SFMATCH.org](http://www.SFMATCH.org); [www.aunet.org](http://www.aunet.org)
- Specific program information and applications are available on this site.

### *June*

- Senior pictures will be taken. ASA will need one for scanning into ERAS or Ed-Tech will take digital picture of you. If you need black and white photos to send with paper applications you may have them taken by Educational Technology (Room 2211, 2<sup>nd</sup> floor) as well. There will be a charge for this service.
- Once you have applied to an early match specialty, **you** must find out the specific deadlines for each program and give that information to Academic & Student Affairs. [www.SFMATCH.org](http://www.SFMATCH.org); [www.auanet.org](http://www.auanet.org)

### *July*

- Make an appointment in Academic & Student Affairs for your Medical Student Performance Evaluation (MSPE) interview. This usually takes place in July and August. The exception to this is Early Match students who may need an interview in June.
- Provide ASA with “unique characteristics” which will be included in your MSPE. These should be things that make you stand out and serve as conversation-starters for your interviews. (Bilingual, met the Pope/President, marathon runner...)
- Bring a draft CV and Personal Statement to the MSPE interview.
- Receive your ERAS Token from ASA.
- Begin entering your ERAS application at [www.aamc.org/eras](http://www.aamc.org/eras)

### *August*

- **ALL students must enroll in the match.** Enrollment begins in mid-August. Visit [www.aamc.org/nrmp](http://www.aamc.org/nrmp) to register.
- Request information from residency programs and applications.
- Most programs have websites rather than paper brochures. Get contact information from "The Green Book" in Academic & Student Affairs.
- Generally, students apply to no more than 15-20 programs. Time and expense make it impractical to interview at more than 8-10 programs. Remember, not every program will offer you an interview, especially in the highly competitive ones. If your field is competitive, you may want to apply to a larger number of programs to ensure you will have a sufficient number to grant you interviews.
- Request letters of recommendation.
- Work on CV and Personal Statement.

### *September*

- Prepare program list.
- Order transcripts to be sent to non-ERAS programs through Academic & Student Affairs. Some programs may require undergraduate as well as medical school transcripts.
- Transcripts will be sent on October 15 unless you request a specific earlier date.
- Only 1 transcript is required for ERAS applications. No charge!
- Start gathering information for Academic & Student Affairs to enter in ERAS system (i.e., picture & list of letters of recommendation).
- September 30<sup>th</sup> is the last date to take Step 2 exams in time to get your scores before interviews.

### *October/November*

- Schedule interview dates and times. Most interviews will be scheduled through e-mail. Remember that some programs keep a record of every interaction with the applicants. Be courteous in e-mails and telephone conversations with staff.
- This is a good time to be certain that all your credentials have reached the programs and that your file is complete.
- Copy everything you plan to take with you.
- MSPEs are released November 1.
- It is a good idea to call the program about one week before your interview – to check on the time/place of the interview, parking and the name of the person(s) who will be interviewing you.
- Monitor e-mail for information from programs through ERAS.

### *December*

- Interviews! Allow one full day for each interview. You may want to allow extra time to tour the community and/or spend informal time with the residents or faculty. Keep Christmas schedules and the possibility of bad weather in mind – allow for weather delays and out-of-town schedules for the faculty. Also, airlines have fewer openings, are more crowded and lose more luggage at this time of year. Note: January airfares are usually lower. Some airlines offer discounted fares through the AAMC Student Residency Interview Program. ASK! Medex loans for interviewing are available on the MEDLOANS website ([www.aamc.org/stuapps/finaid/medlians](http://www.aamc.org/stuapps/finaid/medlians)).
- Write thank you letters after interviews.

### *January*

- Finish interviewing by the end of January.
- Formulate your Rank Order List. Do not list any programs you do not want to attend – you may regret it later.
- Check the program code numbers to be sure you have the right program.

### *February*

- Have you written thank you letters to all programs that interviewed you?
- Enter your Rank Order List (ROL) online by the deadline (mid-February).

### *March*

- No Match Day - March 15, 2004
- Scramble Day - March 16 and 17, 2004
- Match Day - March 20, 2004

## *Variations to the Match*

If you are applying to an Early Match Program, make an appointment in **June** in Academic & Student Affairs for your MSPE interview.

### ***EARLY MATCH***

### ***Specialties Participating:***

- ◆ *Neurology*
- ◆ *Neurological Surgery*
- ◆ *Ophthalmology*
  
- ◆ *Urology*

Information and applications for these early match programs are available at [www.SFMATCH.org](http://www.SFMATCH.org)

Information and applications for urology match programs can be found at [www.auanet.org](http://www.auanet.org). Some programs will also go through ERAS ([www.aamc.org](http://www.aamc.org))

Remember to contact programs of interest for guidelines for applying to specific programs.

### ***COUPLES MATCH***

- Make sure all programs know that you are a couple.
- Don't rank any programs where one or both of you will be unhappy.
- Depending on what subspecialties you've chosen, don't expect to get your first choice.
- Remember, two independent programs are looking at two individuals, and you will probably go pretty far down your rank list before everything "clicks." Make sure your list is long enough.

## ***Career Decisions: How to Select a Residency***

### ***Specialty Choice:***

Many regard choosing a specialty as the most important, and most difficult, decision they will make in their medical career. The following are among the many questions that you should consider.

- What do I find rewarding about medicine? Will this choice allow me to experience those rewards? Will I be able to utilize the skills I value most?
- what will residency be like? How competitive is it? How long does it last? How hard will I have to work during residency?
- What will life be like after training? How crowded is this field? Where will I practice? How much time will be devoted to this career, and how much can I earn?
- Does my financial situation (debt load) impact on this residency/career choice?

All of these questions, and more, must be answered as honestly as possible in order to select a career you will enjoy. To help with this process there are several sources of information. You should talk with faculty and residents in your fields of interest. They are generally happy to discuss the pros and cons of their particular specialty and can provide valuable insight. Residents can provide information on programs, training requirements, and job prospects. Department heads will be glad to talk with you about their fields and can give good advice as to which programs are highly regarded and what they look for in residency

candidates. Physicians in the community can give you ideas of what to expect after training and what they find rewarding.

The library has many books and journals with information about the different specialties. Several are written solely to help students select a career and move through the residency selection/match process (see *Suggested Readings*).

Probably most important of all, there is no substitute for performing rotations in your areas of interest. Schedule electives early in your 4<sup>th</sup> year in any specialty of interest to you. The patients and types of problems encountered, the knowledge base involved, and the skills required will all have a big influence on your feelings about a particular area. That “gut feeling” you have during a rotation probably influences career choice more than any other single factor.

Remember not to allow yourself to feel pressure to decide too soon. Unless you are interested in an early match area (ophthalmology, ENT, etc.), you will interview November through January of your 4<sup>th</sup> year. Request application materials from several specialties and review them if you are undecided. Most programs have websites that contain all the information you will need. Some students apply to, interview with, and rank multiple specialties. You may also consider a transitional or preliminary year as a springboard to later specialty choices. Ideally, the education process will continue throughout your career.

### ***Residency Selection:***

After deciding on a particular specialty the next step is to find a residency position. Again there are many sources of information available. The AMA-FREIDA ([www.ama-assn.org](http://www.ama-assn.org)) computer database is a good place to start as it provides information on program size, type, facilities, benefits, call schedules, and hours worked. This information is also arranged geographically so you can select programs in particular areas of the country. There are also several books available with advice about program selection and the match process. It is harder to find information about how competitive particular programs are and which ones are more desirable. Faculty and residents can provide a lot of information quickly about which programs are highly regarded and how difficult it is to match.

Students are generally advised to apply to a variety of program types, i.e., university, county (public), and private hospital based programs. It is easy to request information and application materials and it is a good idea to look over several of each type of programs. Remember websites are available for most programs. Try to find programs that will match your priorities and goals but do not ignore the surrounding area and environment. How many programs you ultimately apply to and interview with is often a function of how competitive you are or how much time and money you wish to spend. The application, interview and match processes are well described later in this manual. Interviewing at several of each type of program is important. Many students indicate those subjective feelings about a program after the interview can be the single most important factor in how they ranked that program.

One area that is debated is how desirable it is to perform outside clerkships at programs you wish to match. Most seem to feel that it is better for a senior student to broaden his education with diverse electives rather than to waste time taking the same elective at several institutions, and of course the clerkship can work for you or against you depending on your performance that month. However, some institutions in some specialties seem to strongly favor those who have taken a clerkship at their facility so it is wise to check with other students or residents as to their experiences.

Most program directors will tell you that the interview is the single most important factor in how they rank a candidate. However, it is your MSPE, letters of recommendation, and scores that will get you interviewed. Start getting your application materials together early so that the process will go smoothly. Do not forget the staff in Academic and Student Affairs. We can be very helpful in giving advice, solving problems, or putting you in touch with someone who can.

### ***Some Suggested Readings:***

- *How to Choose a Medical Specialty.* Anita D. Taylor. Philadelphia: W.B. Saunders Co., 1986
- *Handbook of Medical Specialties.* Henry Wechsler. New York: Human Sciences, 1976
- *A Student's Guide to the Appraisal and Selection of House Staff Training Programs.* American Medical Student Assoc.
- *Choosing a Medical Specialty,* Council on Medical Specialty Societies (CMSS), updated annually
- *Strolling Through the Match,* American Academy of Family Physicians
- *1991-1992 Medical Student's Guide to Successful Residency Matching.* Miller & Donowitz. Baltimore: Williams & Wilkins, 1991
- *Directory of Graduate Medical Education Programs.* (Green Book). AMA annual publication
- *The Initial Employment Status of Physicians Completing Training in 1994.* R. Miller, H. Jonas, M. Whitcomb: JAMA, March 6, 1996--Vol. 275, No.9
- *Getting into a Residency: A Guide for Medical Students,* 4<sup>th</sup> ed. K. Iverson, Galen Press, Ltd, Tucson AZ 1996.

**ERAS CV** is a fill-in-the-blank form on the electronic application.

Information to include in paper CVs:

- *Full name, address and home telephone number*
- *Education: medical school, graduate education, undergraduate*
- *Honors & Awards: AOA, scholarships, clinical honors, etc.*
- *Research: also list publications or submissions for publication*
- *Professional Society Memberships: AMA, AMSA, KMS, AAFP, etc.*
- *Employment Experiences and Volunteer Work*
- *Extracurricular Activities and Interests*
- *Optional: GPA, Board Score, Class Rank, Fluency in another language, and experience with computers.*

Word processing software is available in the Farha Medical Library as well as the student computer room (1035) in Academic & Student Affairs.

Another option is to take a handwritten copy to Kwik Print or Kinko's and they will type it up and print it. Charges vary.

ERAS has a Common Application Form rather than a CV. Prepare a CV anyway. You will need it eventually. It's a good idea to keep it updated for the rest of your career, especially if you have an interest in academic involvement in the future.

**CV EXAMPLE:**

**CURRICULUM VITAE**

**John Q. Doe**  
**123 Elm Street**  
**Anytown, Kansas 67202**  
**(316) 555-5555**

**Education:**

University of Kansas School of Medicine-Wichita Class Rank and GPC optional	2002-2004
University of Kansas School of Medicine-Kansas City	2000-2002
Undergraduate University Degree earned: XX	1996-2000

### **Honors and Awards**

Deans List each semester - Undergrad University	1996-2000
Graduated Summa Cum Laude - Undergrad University	2000
List scholarships and dates	
High School valedictorian and date	
AOA and date	
Class president	2003-2004

### **Scholastic Testing**

USMLE Part 1 – (score)  
Part 2 – (score)

### **Professional Associations**

America Medical Associate	2001-present
American Academy of Family Physicians	2003-present

### **Volunteer Activities**

Habitat for Humanity	2002
Sedgwick County Children’s Clinic	2002-present
NYSE Sports Physical Program	2004

### **Research and Publications**

University of Kansas School of Medicine, worked with Joan Doe, MD in 2002. Thesis: XXX

### **Teaching Experience**

Don’t Choke on Smoke, program for middle school students	2003
Math tutor during undergrad	

### **Work Experience**

Phlebotomist, Wesley Medical Center	1999-2001
-------------------------------------	-----------

### **Extracurricular Activities**

Slow-pitch softball, catcher	2002-2004
Intramural volleyball	2001

### **Interests**

Volleyball  
Softball  
Fishing  
Biking  
Basket weaving

## ***Personal Statement***

Appropriate format to discuss your professional goals.

- While careful preparation is given to your *curriculum vitae*, similar detail and preparation should be devoted to preparing your personal statement.
- Most application forms for residency will request one. The ERAS system requires one.
- Highlight those things about yourself, which show you as an interesting person and a desirable resident.
- While grades, board scores and class rank are objective data, this is your opportunity to *sell your individuality*.

An example of what to include might be:

- *Introduction*
- *Family situation* – spouse, children, parents
- *Interests and hobbies*
- *Specialty choice* – how you made it
- *Professional goals* – academic subspecialty
- *Something unique and positive a selection committee might remember*

Including some or all of these elements in a past-present-future organization can also be effective. ERAS has space for a one-page personal statement. If you copy and paste, formatting will be lost so don't spend time making it fancy. Don't worry about how it "looks". You can either key directly into MyERAS or into Word. If you use Word, save your document as a text file (pers stmt 1.txt); copy and past it into MyEras. If applying to multiple specialties, be sure to write different statements. It wouldn't do to send a personal statement to internal medicine programs saying you have always wanted to be a pediatrician!

### **Example 1**

#### Personal Statement

Few things throughout life have held my interest and fascination as much as science. The constant "Why?" of the little boy has never stopped being asked. Medicine has offered me an unlimited number of ways to try to answer. While my interest in the sciences can be traced back to at least the third grade; my particular interest in medicine wasn't fully realized until late in my second year of college. It was then began to see that while I thoroughly enjoyed working with my mind and hands in the laboratory, I missed working with individuals like I did when tutoring math or chemistry. Medicine seemed best suited to satisfy the need to work with mind, hands and individuals. My general surgery rotation as a third year was a good experience overall and I initially felt this would be the field I could work with mind, hands and people with the most satisfaction.

After making this tentative decision I thought as a surgeon I should know something about anesthesia and scheduled and elective rotation. From what other people, mostly surgeons had told me, I was expecting "hours of boredom" and it to be "so easy a nurse can do it." To my pleasant surprise, during the first week of rotation I was challenged mentally as well as mechanically and more importantly enjoyed what I was doing. Each week provided new challenges and the tedium many people told me to expect never showed up. Every week I'd ask myself if I could do this for the rest of my life and the answer was always emphatically yes. Physiology was my favorite basic science class, so I very much enjoyed seeing it in front of med

in living, human form. I also realized the anesthesiologist has the extremely important job of calming the patient not only pharmacologically, but also with reassuring words in what is a very stressful time for the patient. It's important to re-emphasize I never expected to want to enter anesthesia before finding what it was all about. Looking back I'm amazed at the misperceptions I had and most physicians still have about anesthesia.

I am seeking a program that has excellent experience in a broad range of clinical situations, from pediatric to obstetrical to critical cases. On my rotation I was impressed with the possibilities for research, and I'm looking for a program that at least provides the opportunity for clinical research. After residency, further training is a very real possibility and I could potentially end up in an academic based practice.

Aside from intelligence, which hopefully all-medical student have, one of my greatest assets is the ability to be focused when accomplishing a goal. For instance, in the basic sciences I didn't study more, but more efficiently than anyone I knew. This ability to be focused had helped me perform every job exceptionally well. Every employer I've had has been sorry to see me go. More than the loss of ability, they regretted the loss of attitude. I was always striving to give my best. The residency program I enter will receive not less.

## **Example 2**

### Personal Statement

Growing up in the university town of Lawrence, Kansas as the son of two educators, the value of education was impressed upon me at an early age. My parents also taught me that true personal satisfaction come from using that education to truly make a difference, rather than just to make a living. When I developed an interest in science too strong not to pursue to its fullest extent, it became clear to me that it was in medicine that I could best combine the pursuit of science with the privilege of making a difference in the lives of others on a daily basis. Through my extensive college laboratory experiences, I found that research, while challenging and important in its own right, was lacking in the human focus, social interaction and compassion central to medicine.

Nowhere does this interplay between science and humanity exist stronger than in family medicine. During my junior year of medical school, I had the good fortune of working with a family physician for an extended two-month rotation. I was very impressed with his ability to handle problems of varying complexity presented by patients of all ages and social backgrounds. The accurate diagnosis of persons from the complete spectrum as they make their initial contact with the health care system make family practice, in my opinion, the broadest and most challenging of specialties. The focus on the entire individual and the family as well as the disease process is also a pleasant and somewhat unique reward of family practice.

I plan eventually to practice medicine in a small or medium sized town; it is here that family physicians are most needed and most respected. As I progressed through my rotations in obstetrics, pediatrics, psychiatry, surgery and medicine, I learned that there were many aspects of each that I found interesting and attractive. I am therefore seeking a residency program with hands-on training and opportunity for broad experience and ample procedures to provide a solid foundation for rural practice.

One of my strongest attributes, which has been noted consistently in evaluations, has been my ability to work well with others. Most of my leisure time is spent in activities with others, whether playing sports or just socializing, and I think this is a reflection of my personality and enjoyment of interacting with others. I relate extremely well with both house staff and patients of all ages, am very sensitive to the feelings and wishes of others, and work very well as a team member. I feel that it is these attributes, along with hard work and a motivational desire to serve my future patients well that will make me a capable house officer and future family physician. I would be very grateful for the opportunity to pursue family medicine as a career.

### *Letters of Recommendation*

- Request your letters of recommendation early and give a deadline to the writer.
- There is a cover letter on ERAS, which you should give the writer along with a copy of your CV.
- Letters of recommendation should be sent to Academic and Student Affairs, where they will be scanned into your application.
- It is your responsibility to follow up to ensure your letters of recommendation have been completed and sent.
- Different rules may apply to Early Match programs. Check the web sites: [www.SFMATCH.org](http://www.SFMATCH.org); [www.aunet.org](http://www.aunet.org)

Letters of Recommendation should comment on the student's:

- *Interests* (medical and extracurricular)
- *Strong/weak points*
- *Moral qualities and ethics*
- *Ability to relate to and get along with others*
- *Ability to accept constructive criticism*
- *Relative standing in this graduating class* (if available)
- *Ability to assume responsibility with consideration of some of the following factors:* interest, maturity, initiative, motivation, industriousness, integrity, flexibility, sense of humor, dependability

### *Medical Student Performance Evaluation*

The MSPE interview:

- Time to review your letter for accuracy
- Be prepared with CV and personal statement
- Take place in July and August
- Sign up in Academic & Student Affairs

The MSPE contains:

- *Comments* from faculty and final grade of rotations
- *Class Rank*
- *GPA*
- *Extracurricular activities* (both undergraduate and graduate)
- *Final recommendation* (based on the Associate Dean's overall evaluation of you as a house officer)
- *Graphs* showing your standing in basic sciences and clinical rotations relative to your classmates

General Information:

- MSPEs are released on *November 1*

## MEDICAL STUDENT PERFORMANCE EVALUATION

for

Name

November 1, 2003

### IDENTIFYING INFORMATION

Name is a fourth-year student at the University of Kansas School of Medicine in Wichita, Kansas.

### UNIQUE CHARACTERISTICS

- (3 to 4)

### ACADEMIC HISTORY

Date of Expected Graduation from Medical School:

May 18, 2004

Date of Initial Matriculation in Medical School:

August 9, 2000

Name did not depart from the four-year curriculum.

For transfer students: **Does not apply to this student**

Date of Initial Matriculation in Prior Medical School:

Month, Date, Year

Date of Transfer from Prior Medical School:

Month, Date, Year

For dual/joint/combined degree students: **Does not apply to this student**

Date of Initial Matriculation in Other Degree Program:

Month, Date, Year

Date of Expected Graduation from Other Degree Program:

Month, Date, Year

Type of Other Degree Program:

Degree, Major

Was this student required to repeat or otherwise remediate any coursework during his/her medical education?

**No**

Was this student the recipient of any adverse

action(s) by the medical school or its parent institution?

No

### **ACADEMIC PROGRESS**

#### **Preclinical/Basic Science Curriculum:**

It is not our usual practice to obtain narrative evaluations from the basic science faculty regarding a student's performance during the first two years of medical school. Name maintained a ?? GPA during his first two years of medical school.

#### **Core Clinical Clerkships and Elective Rotations:**

(comments from your evaluations from each rotation)

### ***SUMMARY***

Name successfully completed Step 1 of the United States Medical Licensing Examination. His current overall grade point average is ??, and he ranks number ?? out of the ?? students in his class. He has performed in a ?? manner and we anticipate his continued success in the medical profession. He is recommended for training in your residency program.

XXXX, M.D.

Associate Dean for Student Affairs

## ***Thank You Letters***

- Write letters as soon as possible after your interview.
- Personalize them as much as possible.
- Every program you visit deserves a follow-up letter.

### **Example 1**

Sam Jones, M.D.

Professor and Chairman

4100 University Hospital

456 W. Anywhere St.

Columbus, OH 43210

Dear Dr. Jones:

I would like to thank you for the opportunity to interview at Ohio State University. The program met and surpassed all of my expectations. I especially appreciated your describing the various

aspects of the program and the administrative plans for the near future. The Head and Neck Surgery Residency at Ohio State University had the most well rounded, clinical and surgical exposure of all the programs I have visited. The large volume and diversity of cases, high quality didactic teaching, and commitment to research are all qualities that I found very impressive.

I think the future of your program looks exciting especially with the close alliance you have with the new cancer center. I plan on ranking Ohio State University at the highest of my list, and believe that I could meet my potential as a resident and surgeon, training under the faculty there. As a house officer, I feel I could make a notable contribution to your program, as well as being motivated and personable worker. I hope you will seriously consider me during your final selection of resident candidates.

Sincerely,

**Example 2**

June Cleaver, M.D.  
University of Texas at San Antonio  
Division of Neurology  
Department of Medicine  
7703 Floyd Curl Drive  
San Antonio, TX 78284

Dear Dr. Cleaver:

I would like to extend a sincere thank you for the warm welcome I received at San Antonio. Your entire faculty and staff took an active interest in me and my search for a residency program. The unique and exciting quality that sets your program apart from the other residency programs is the genuine enthusiasm and intense commitment toward the student of neurology.

As I mentioned when I spoke with you, there are two important aspects I would like to find in a residency program. These include a well-rounded and active teaching faculty situated in a community that offers a continuous flow and a wide range of basic neurological problems. San Antonio offers a beautiful example of both of these.

I realize the most important ingredient is my own ability to commit myself, not only to the completion of this residency training, but also to continually strive for the highest quality in this education. With this approach I feel we can all benefit. My previous education has allowed me to achieve my present position and it is from here that I will be able to pursue my real interest in medicine. I only see my commitment becoming more intense as I enter this most fascinating field.

Please extend a special thank you to Dr. Paul Smith who answered all my questions thoughtfully and who shared many of his own experiences with me. I also enjoyed the lunch out of the hospital in which the residents seemed very open and honest in fielding more questions.

I am very interested in your neurology program and will give it strong consideration in the matching process. I am looking forward to the possibility of continuing my education in San Antonio.

Sincerely,

**Example 3**

S.W. Williams, M.D.  
Trinity Lutheran Hospital  
Family Practice Residency Program  
Suite 400  
2900 Baltimore Ave.  
Kansas City, MO 64108

Dear Dr. Williams:

I would like to extend a sincere thank you for the warm welcome and personalized attention I received while visiting Trinity Lutheran on December 11th. Please thank Dr. Spears for the extra time he spent with me during lunch. This time was especially useful for answering the various questions I had concerning the program.

As you know, I am looking for a program with a strong curriculum and faculty that primarily teaches residents to teach themselves. I also hope to find a program where the residents get along well, and work well with each other. I feel that Trinity Lutheran meets both of these requirements. I was also impressed by the quality of the clinical and its equipment, and by the program's emphasis on health promotion and patient education.

Again, thank you for the opportunity to visit your program. I hope you will give serious consideration to my application, as I plan to rank Trinity Lutheran highly on my NRMP rank order list.

Sincerely,

**Example 4**

Dr. Raymond Jones, Program Director  
Clarkson Family Practice Residency Program  
4200 Douglas St.  
Omaha, NE 68131-2700

Dear Dr. Jones:

Thank you very much for extending the opportunity to interview at your program to me. I am very excited about a future in family medicine and feel very fortunate to have programs as

outstanding as yours here in the Midwest. The residents and faculty at Clarkson uniformly impressed me as motivated and enthusiastic people who were very much enjoying their training together. Clarkson's position as the only residency in a supportive community hospital setting provides an advantageous educational opportunity that very few family practice programs can provide. In addition, the high emphasis on rural medicine, procedures, and obstetrics offers a wonderful opportunity for any training physician, and I think very much echoes my personal training needs to meet my future objectives.

I wish again to thank you, Dr. Hurdly, Dr. Arthor and Dr. Huffman for the time you spent with me and for making me feel welcome during my interview, and Ms. Miller for coordinating my day. I want in particular to thank Dr. Reyes and Dr. Spencer for the extra time they spent with me and for a very nice dinner, and Dr. Vaughn and Dr. Markham for lunch and for their candor and eagerness to discuss their program. I hope to make a return visit with my fiancé later this winter so that she may have a chance to see Clarkson and the city of Omaha. Overall, I was very impressed with your program, and I hope that you will give me strong consideration in your final selection of future residents.

Sincerely,

University of Kansas  
School of Medicine- Wichita

### ***No Match Process***

- On the Monday prior to Match Day, Academic and Student Affairs receives a listing of all matches including those that did not match.
- Unmatched students are notified by the Associate Dean of Academic and Student Affairs.
- Unmatched students come into Academic and Student Affairs Office on Tuesday before Match Day and look at unmatched programs to begin phoning to secure a residency.
- During this process, Academic and Student Affairs is closed to ALL outside visitors.
- The students can begin making contact with residency programs at 11:00 a.m. central standard time.
- The staff of Academic and Student Affairs assists the students in the process by faxing their information to the residency programs, etc.
- When your residency slot is secured, the staff of Academic and Student Affairs prepares an envelope that will be distributed with the rest of the class on Match Day.

### ***Faculty and Student Observations on Selected Specialties***

Department Chairs and students entering these fields were asked to reply to the questions listed below for this handbook. Their responses are on the following pages:

1. What do you see as the *advantage* of a career in your specialty?
2. What are the *disadvantages* of a career in your specialty?

3. What *attributes* do you consider most important for a student electing your specialty?
4. How important are *grades*, board scores, letters of reference and interviews, and how *competitive* is your specialty?
5. What *projections* do you have on career opportunities for physicians in your specialty?

## *Anesthesiology*

### *Advantages*

- It is a challenging, multidisciplinary field, which requires a broad knowledge base and skill in managing patients from a wide variety of population groups.
- It is a highly specialized, procedure-oriented field that depends on constantly changing technology.
- The nature of the work, as it relates to patient care, is acute and yields immediate results and gratification.
- The lifestyle allows more predictability and freedom to pursue other personal and/or professional goals than many of the other specialties.
- The practice options are many. Opportunities range from working in a critical care unit, to daily hospital operating room work, to outpatient pain management. Subspecialization is available in cardiovascular, neurologic, pediatric and obstetric anesthesia, along with pain management.
- There is a great opportunity for mobility as it is not necessary to build a patient base.

### *Disadvantages*

- There is a tendency for other specialties to look down on or have lack of respect for the anesthesiologist and his/her contribution to the health care team.
- The job can be highly stressful and high demands are placed on the anesthesiologist via scheduling, negotiating with surgical specialists, rapid decisions in patient management, etc.
- Predicted future trend towards a decrease in reimbursements and increased job competition due to increased popularity of the specialty.
- Often long hours, with in-house call as an attending in most areas.
- There is increased competition for jobs as nurse practitioners are increasingly utilized. This may mean narrower geographical choice as some markets become saturated.

### *Attributes*

- Aspiring anesthesiologists should have evidence of academic capabilities, but probably more important is evidence of a desire to work hard.
- Should also be personable and “diplomatic,” as well as confident and courageous enough to express and defend one’s opinion.

### *Grades and Competitiveness*

- As in every specialty, grades are important to the extent that they show evidence that one is academically capable, willing to work hard, and willing to learn material beyond the realm of interest.
- Along with board scores, grades give an indication of “probable” future performance on specialty certifying exams.
- At this time, a residency in anesthesia is fairly easily attainable at “most” programs by a student with average grades and good letters of references. The vast majority successfully match.

### ***Projections***

- From current available information, job markets appear tighter with increased competition for jobs with nurse anesthesiologists. Check the regional area of interest for more specific data since this is a fast changing field.
- There are also increasing needs in certain subspecialty areas such as pain management, obstetrical anesthesia, etc.

### ***Interview***

#### *How shall applicants prepare for interview?*

- Most programs seem to place emphasis on personal record, i.e., grades, class rank, board scores, etc.
- Most programs place a primary emphasis on producing good “clinical” anesthesiologists. However, certain programs are more heavily endowed with the faculty and facilities to promote both “bench” and clinical research as well as to emphasize certain subspecialty areas. It would benefit anyone interested in entering anesthesia to familiarize themselves with the subspecialty opportunities available and to attempt to formalize an idea of what kind of training they desire. Do you want a solid clinical experience only, or research experience and exposure, or in-depth training in a particular subspecialty area? Once you decide this, you can better decide what type of program is best for you.

#### *What kind of residents are they looking for?*

- Most programs, like any residency, want to attract the best candidate they can in regards to academic capabilities, etc.
- Also important is someone who relates well to others and can work well with a team. In other words, they want normal, down-to-earth residents.

## ***Emergency Medicine***

### ***Advantages***

- Rapidly changing, exciting work environment.
- Abundant jobs, highly mobile field.
- Shift work (no pagers).

### ***Disadvantages***

- High burnout.
- Limited alternative work following burnout.
- Little patient follow-up

### ***Attributes***

- Patience and understanding.
- Cool under pressure.

### ***Grades and Competitiveness***

- Very important, as well as any research done in the field.
- E.M. residency is very competitive. Many E.R. physicians have actually trained in other fields (e.g. Surgery or Family Practice) and not that many E.M. residencies exist.

### ***Interview***

#### ***How shall applicants prepare for interview?***

- Find a board trained E.R. physician to learn the jargon peculiar to the field.
- Read up on the social and ethical issues specific to E.M. There are several excellent journals.

#### ***What kind of residents are they looking for?***

- Most E.M. programs want self-confident and aggressive candidates. The field is competitive and requires someone who can endure the demands.

## ***Family Medicine***

### ***Advantages***

- Family Medicine is highly challenging professionally. It offers almost unlimited potential to express personal strengths and encourages versatility. It is very rewarding and demanding.
- Family physicians are able to deal well with a large variety of common health and social problems. They experience less day-to-day monotony.
- There is great potential for long term follow-up on patients.
- Tremendous professional flexibility. Some FP's are very procedurally oriented; others emphasize obstetrics and pediatrics; others practice a great deal of behavioral medicine.

- There are a few programs that offer additional training for qualifications to practice rural medicine, academic family medicine, sports medicine or geriatrics.
- Family Medicine is "hot" right now. There are increased job opportunities, more respect and increased salaries.

### *Disadvantages*

- Some worry about income relative to surgical specialties and potential for lack of respect from traditional specialists; however, these are not issues that should discourage anyone from becoming a family physician. For the most part, FP's are well respected, especially in the midwest, and most do quite well financially.

### *Attributes*

- Intellectual curiosity. Strong interest in human beings. A sense of humor. Determination and good old-fashioned idealism.
- A strong work ethic and the ability to get along and work well with others.
- Interest in a variety of clinical situations. Desire to develop a breadth of training and experience to manage any health problem that presents.

### *Grades and Competitiveness*

- Having good grades never hurt anyone, but they are probably a little less important in getting into a family medicine residency. However, there are several very competitive FM programs that screen applicants closely before granting.
- Strong letters of recommendation and the interview are probably the most critical determining factors in getting into a program.
- On a national basis, all interested KU School of Medicine-Wichita graduates should match—we have a good reputation.
- Increase chances by having a genuine interest in the specialty, a strong CV, preceptorship, subinternship and elective in family medicine, and strong personal letters of recommendation from local faculty. Also, join AAFP and get involved in family medicine activities.
- Remember that it is an attitude-based specialty. Don't try to fake it. There are several styles of family medicine residency. It is worth finding one with the right "personality" for you.
- Programs in family medicine vary more widely than other specialties in the emphasis of their training and their philosophy. Be sure to ask current residents about various programs where they interviewed.
- Nationally, programs probably vary most in the procedural training offered to residents. There is probably the greatest variation in obstetrical training, especially C-section. If you plan to apply to out-of-state programs, it would probably be wise to make some phone calls to see if the programs offer what you are looking for prior to traveling to interviews.

### *Projections*

- Excellent. There will continue to be a huge demand for good family physicians in the future, in all areas, urban, rural, and academic. In addition, the first generation of family

physicians retire in the next five years, there will be an enormous demand for more residency-trained family physicians.

- The AMA and Congress both recognize this vast need for FPs, and they are both actively working to promote the specialty.
- Practice opportunities for family physicians seem to be unlimited.

### *Interview*

- Interviews are sometimes more “open” (e.g., “tell me about yourself...”); be prepared for this.
- Similarly, interviewers will sometimes let you more or less control the interview by asking questions; have plenty of good questions ready.
- Since family physicians vary so widely in focus and procedural emphasis, have a good idea what your needs are in training for the type of practice **you** want to have; tailor your questions accordingly.
- Try to meet as many of the residents as possible in order to ask them the same questions.
- Relax. Present yourself as you are, and demonstrate your sincere enthusiasm in wanting to be a family physician.
- Resources include the AAFP website ([www.aafp.org/residents.xml](http://www.aafp.org/residents.xml) and [fmignet.aafp.org](http://fmignet.aafp.org)), AAFP Directory of Family Medicine Residency Programs, the annual National Conference of Family Medicine Residents and Medical Students in Kansas City Missouri each summer to actually speak with national residency representatives.

## *Internal Medicine*

### *Advantages*

- Intellectually challenging, diversity, a high degree of autonomy/responsibility.
- Can choose practice setting preference: mostly inpatient, outpatient or mixture.
- Opportunities for a wide variety of fellowships.
- Ability to tailor practice to be your “hobby”.
- Close, long-term relationships with patients.
- High level of interaction with other physicians.

### *Disadvantages*

- Often long hours, but this can vary with practice setting; low pay relative to other specialties.
- Some see the challenges of taking care of chronically ill patients as a disadvantage.
- Non-clinical aspects: paperwork, insurance companies, government agencies (1/3 of patients treated receive Medicare benefits).

### *Attributes*

- Willingness to work hard and answer the question: Why?
- Ability to make difficult decisions confidently.

- An open-minded approach to patient problems.
- Enjoys talking, listening and sorting out things with patients.
- Conditions most commonly treated include: hypertension, diabetes, and upper/lower respiratory tract infections. Most challenging conditions: systemic lupus erythematosus, diabetes, AIDS and related diseases.

### ***Grades and Competitiveness***

- Board scores and clerkship grades important.
- Interview weighs most heavily.
- Currently, competition is increasing as primary care becomes more popular.
- Diligent candidates should match without difficulty.

### ***Projections***

- Most training programs are expanding their outpatient clinic experiences.
- Need for general internists and most subspecialists will continue to be high.

### ***Interview***

- Applicants should learn as much as possible about the program prior to the interview. Follow the cardinal rule of interviewing (never lie) and have fun. Many programs will try to sell themselves to you. Ask lots of questions, but choose carefully who you ask which question.
- Programs are looking for residents who mesh well with their “personality”. They are looking for people who will be self-motivated and compatible with the existing housestaff.

## ***Neurology***

This specialty deals with diagnosis and treatment of brain, spinal cord, peripheral nerve and muscular disorders. It is a four-year residency, the first of which is either an internal medicine internship or a transitional year program with an emphasis in internal medicine. It is an early match program conducted by the NRMP or the Neurology Matching Program. Registration for the match is \$100 (2003), and the match day is usually around the end of January. The PGY-1 year is obtained separately through the regular match except for some programs that automatically grant a PGY-1 year for their matched applicants.

### ***Advantages***

- The intellectual challenge of diagnosis.
- Extremely dynamic field with new treatments appearing frequently. Many neurological disorders, which were once only diagnosable, are now treatable as well.
- Wide variety of illnesses; opportunities for research in this field are excellent.
- Well respected by other physicians. Opportunity for much consultation work.
- Very few neurological emergencies; lifestyle very good.

### ***Disadvantages***

- Many patients require chronic care.
- Many neurological diseases remain progressive, debilitating and untreatable.

### *Attributes*

- Enjoyment of the intellectual challenges of diagnosis.
- Must be willing and able to communicate with patients and be patient with treatment.

### *Grades and Competitiveness*

- Upper 1/3 of class.
- Letters of reference and interview are both very important.
- Fairly competitive; both grades and interview are important.

### *Projections*

- Very good. This field is definitely expanding and the need is there.

### *Interview*

- Questions often asked include: Why do you want to go into neurology? What do you want out of a neurology program?
- Check on research requirements and amounts of teaching residents receive in each program.
- Do the residents have enough hands-on experience in EEG? EMG?
- Call schedules vary widely - from home call to in-house every fourth night; check it out!
- Relax—you probably won't be asked one "neurological" question during an interview.
- Be friendly—most neurologists are basically very nice people.

## *Obstetrics and Gynecology*

### *Advantages*

- Working in both a medical and surgical specialty.
- Dealing with a majority of well patients.
- Being able to branch to several subspecialties: Perinatology, OB-Gyn Oncology, and Reproductive Endocrinology.

### *Disadvantages*

- Hours and training tend to be very demanding. Very unpredictable hours.
- Continued pressure from malpractice.

### *Attributes*

- Strong work ethic.
- Interactive personality.

### *Grades and Competitiveness*

- Upper 50% of class.
- Passing board scores with emphasis on OB-GYN portion.
- Letters should include chairman of department letter, and letter from physician that has directly worked with applicant.
- Strong interview would be given most emphasis.
- This specialty continues to be increasingly competitive. A candidate has an improved chance with some additional elective time at nearly every program.

### *Projections*

- There will continue to be a strong need for this specialty since fewer non-OB/GYN trained physicians are delivering babies and the OB/GYN physicians will continue to increase their role in the primary health care of women.
- More women are entering the field.

### *Interview:*

- Take an elective in OB/GYN. Know why you want to do OB and where you intend to practice when you are through.
- Be prepared to discuss an interesting OB/GYN case in which you have been involved.
- Know why you chose to interview at each program.
- If you are interested in a program, stay late after the interview to meet more residents (they have some say in the program's rank order list). Arrange your interview schedule to accommodate this activity.

### *What kind of residents are they looking for?*

- Hardworking, able to handle complicated cases. This is a field where males and females have an equal chance of excelling.
- A team player who is able to work well with the other residents.

## *Ophthalmology*

### *Advantages*

- Working in medical and surgical environment.
- Having a primary patient population for routine care and long-term follow-up, as well as acting as a specialist in acute situations.
- Controllable lifestyle - good hours. Residency call ranges from every fifth to twelfth night from home.
- Opportunities for subspecialties: pediatric ophthalmology, neuro-ophthalmology, retinal anterior segment, and oculoplastics.

### *Disadvantages*

- Work limited to eye and orbit.
- In some communities, ophthalmologists have exploited their reputation within the medical field by advertising and making huge sums of money.
- The role of optometrists vs. ophthalmologists is becoming less well defined.
- Job opportunities following training currently are tight.

#### *Attributes*

- Ability to work with hands.
- Good fine motor skills.
- Working with a diverse patient population.

#### *Grades and Competitiveness*

- There are about 480 positions nationwide; traditionally, has been very competitive.
- In 1985 - 55% of U.S. Seniors matched
- In 1995- 90% of U.S. Seniors matched
- Upper 1/3 of class
- Part I Boards (not Part II); AOA helpful
- Research (in field; even if a small, quick project)
- Most programs receive 100 applications per position and interview 10 per position.

#### *Interview*

##### *Questions often asked:*

- Why ophthalmology?
- Where do you see yourself in ten years?
- Tell us about research you've done.
- Why this program?
- Remember - **ophthalmology is an early match.**

## *Orthopedic Surgery*

#### *Advantages*

- Satisfaction of performing technical procedures routinely and seeing results almost immediately.
- Generally dealing with a healthy patient population. Postoperative care is not extremely complicated. Patients don't wax and wane; they get better and go home.
- Diagnosis is fairly straightforward. One doesn't deal with a lot of uncertainty.

#### *Disadvantages*

- Increasing risk of vulnerable exposure to HIV positive patients in trauma.
- Long hours, busy, and it may be difficult to lead a balanced life with time for family, friends or yourself - dependent on the program you choose. There are differences!
- High liability specialty similar to other surgical specialties.
- Workman's Compensation and back pain cases.

### ***Attributes***

- Orthopedics has traditionally been a field with an imbalanced ratio of men to women practitioners (on the order of around 98:2).
- The people in orthopedics are fairly task oriented and goal directed. They don't have a lot of time for holistic health care.
- Several surgeries and procedures require physical strength and endurance, therefore some physical attributes are required.
- Good hand coordination and a biomechanical mind. Fixation and traction use mechanical principles.
- Most attendings and residents are interested in athletics, both as a fan and a participant. Many participate in physical fitness activities, especially weight training, basketball and running.
- Objective thinking, action-oriented and working with your hands. Many enjoy woodworking, auto mechanics and carpentry as hobbies.

### ***Grades and Competitiveness***

- Candidates should probably be in the top 25-30% of the class in addition to other solid qualifications.
- The field is very popular and therefore very competitive. Programs have their pick from a large number of well-qualified candidates. Programs often receive over 400 applications for four positions.
- Research experience, especially orthopedic research, is very helpful as a large percentage of applications ask for research experience.
- AOA membership is helpful and viewed highly by many competitive programs.
- High board scores are used as a screening parameter by many programs.
- Audition clerkships are helpful to some programs so investigate this if you really desire a specific program. This shows ambition - which is looked for in applicants.
- Good evaluations from orthopedic electives are mandatory.
- Apply to many programs. Thirty programs is a good number if you meet many of the above criteria, 50 if you are borderline. Any more than fifty is probably a waste of money. As a general rule, seven interviews is a minimum and ten is better.
- The above information about grades and competitiveness should not discourage you from applying to orthopedic surgery if you desire this specialty, but do realize that a large percentage of the students you will be competing against for a residency position do meet most or all of the above mentioned parameters.

### ***Projections***

- Approximately 50% of the residents do fellowships (adding an additional year of training).
- Although orthopedics will likely be very rewarding financially, it is unlikely that it will continue to be as rewarding as it is today.
- Because the specialty keeps the number of those entering the field small, there is not a significant risk for an over-supply.

- Great need for orthopedic surgeons in rural America. Still many jobs in metropolitan areas.

### ***Interview***

*How shall applicants prepare for interview?*

- Know a few positive attributes of every program so as to be able to say why you want to go to that program. Have a dozen generic questions in mind to ask the interviewer. Many times the interview will be up to you. The interviewer may ask, “What do you want to know about the program?” Refer to the “Interviewing” section of this handbook.
- Interviewers often ask how many programs you have applied to and are interviewing with.

*What kind of residents are they looking for?*

- Intelligent, interactive, confident, enthusiastic, self-starters, able to work well with others and teachable. No particular orientation toward research or academics or a particular specialty of orthopedics is a prerequisite.

## ***Otolaryngology***

### ***Advantages***

- Wide array of patients, from infants to geriatrics.
- Able to use both medical and surgical skills to treat head and neck disorders.
- Typically has stable hours and generally good for family life.

### ***Disadvantages***

- Malpractice is often quite high.
- Must do intern year in general surgery.

### ***Attributes***

- Good surgical skills and a fundamental knowledge of head and neck anatomy.

### ***Grades and Competitiveness***

- Good grades are a must; grades and board scores are important to even get an interview. Upper 1/3 of class, AOA selection helpful.
- Field has become highly competitive. Research in the field and strong academic marks get interviews. Only 64% of U.S. seniors applying in 1991 were accepted for residency. The biggest key to getting into a program is making it past their selection criteria and getting invited to their interview.

### ***Projections***

- Opportunities always available. Most residencies only have 2 positions per year, so practicing ENT physicians are not threatened by overcrowding.

### ***Interview***

*How shall applicants prepare for interview?*

- Be familiar with ENT, in particular if there is any aspect about it you really like. Be honest about your expectations as an ENT physician—they will ask!
- ENT is an early match residency.

*What kind of residents are they looking for?*

- Basically down to earth people who get along well with others. Once you are accepted for an interview, it then only matters how well your interview goes in relation to others. They are not usually willing to take anyone (#1 ranking, 235 board scores) if they don't like them!

## ***Pathology***

### ***Advantages***

- Intellectually challenging.
- Broad involvement in virtually all aspects of medicine in initial training period (5 years) with ample opportunities for subspecialization.
- Subspecialty fellowship certification possible in at least eleven areas including: blood banking/transfusion medicine, chemical path, cytopathology, dermatopathology, forensic path, hematopathology, immunopathology, medical microbiology, neuropathology, pediatric pathology and radioisotopic pathology.
- Good mobility and opportunities for practice in private and academic centers.
- Practice opportunities in a variety of settings.
- Generally have relatively small malpractice risks.
- Great lifestyle issues.
- Ample opportunities to “educate” even if not in a truly “academic” environment.
- Respected by some peers as “the doctor’s doctor”.
- Minimal problems with patient interactions.
- Myriad opportunities for research, whether clinical or basic science, but in no way necessary for employment.

### ***Disadvantages***

- Limited patient contact, although a larger amount is possible if so desired.
- Government regulations will continue to control, to a certain extent, the “style” of practice and the physician’s reimbursement for services, but probably not more than other non-primary care fields.
- May be viewed by some peers as a “service” person.

### ***Attributes***

- The ability to deal realistically with uncertainty
- Equanimity
- Thoroughness
- Organizational skills

- Curiosity
- Tenacity
- Intellectual honesty
- Artistic appreciation of structure and form

### ***Grades and Competitiveness***

- Grades - fairly important
- Board Scores - not too important (coastal programs may inquire if they know little of your institution, but probably not a large part of decision as to who will match).
- Letters of reference - very important (don't need to be from impressive people, but do need to be good).
- Interview - most important
- Students are greatly encouraged to take at least one month of elective pathology in the clinical years (give surgical pathology top priority unless you are very interested in clinical pathology).
- At present very few people enter the field annually (about 560). Many top name institutions do not fill with the match.
- Qualified U.S. graduates have no difficulty in matching.

### ***Projections***

- Manpower projections show that the specialty is not overpopulated. If anything, a projected need is foreseen. Entry level jobs are very easily found at competitive salaries in both the private sector and academic centers. Those who choose to subspecialize are nearly guaranteed excellent job opportunities and earning power.

## ***Pediatrics***

### ***Advantages***

- Pediatricians have high job satisfaction compared to other specialties. (Leigh JP et al. *Arch Intern Med.* 2002; 162:1577-1584. Shugerman R, et al. *Pediatrics.* 2001; 108:e40.)
- 96% of graduating pediatric residents who are in the general pediatric job market report that if they did their residency over, they would choose pediatrics again. (2003 American Academy of Pediatrics Third-Year Resident Survey.)
- The reward and joy of working with children and parents is unmatched by any other specialty.
- There is tremendous variety in pediatrics with a mix of acute and chronic care, inpatient and ambulatory, as well as preventive medicine and health maintenance.
- There are numerous opportunities to subspecialize with some that are unique to pediatrics (neonatology, growth and development, behavioral pediatrics, dysmorphology.)

### ***Disadvantages***

- Pediatrics is still one of the lowest-paid medical specialties although the average reported salary (\$143,754) continues to rise.

- The death of a child is a tremendously demanding emotional experience.
- Children do not vote which at times has hindered allocation of health care resources.

### ***Attributes***

- Patience
- Flexibility and creativity
- Honesty and genuineness
- Sense of humor
- Strong intellectual and analytic capabilities
- Joy and skill in teaching

### ***Grades and Competitiveness***

- Letters of reference and interviews are the most critical to assess communication skills and personal attributes.
- Clinical skills are more important than board exam percentiles.
- Most students match with their first or second choice residency program.
- In 2004, 95% of U.S. seniors who ranked only pediatric programs matched.

### ***Projections***

- 80% of residents seeking a general pediatric practice report obtaining their most desired position.
- Training in general pediatrics is the portal for a career in a pediatric subspecialty. As many pediatric subspecialties are currently experiencing workforce shortages or are anticipated to experience such shortages in the near future, a healthy supply of graduates of general pediatrics residency programs is essential to ensure an adequate pediatric subspecialty workforce.
- Pediatrics is at the forefront of the trend toward more flexible work arrangements for physicians. 26.1% of pediatricians versus 14.4% of all physicians report having worked part-time at some point in their career.

### ***Interview***

#### *How shall applicants prepare for interview?*

- Be prepared to ask lots of questions. You will play a very active part in the process. It is really more a case of you interviewing them.
- Know what you want out of the program, and try to figure out the “personality” of each program.
- It is helpful to have done a pediatric subinternship and/or preceptorship, as well as a neonatology and/or ambulatory pediatrics elective. However, none is critical.

#### *What kind of residents are they looking for?*

- Residents who “fit in well” with the program’s “personality”.
- Are mature, self-reliant and confident.
- Have good analytical abilities.
- Are able to take responsibility for their own education.
- Are adept at the psychosocial aspects of care.

- Are prepared to take a leadership role in their profession.

## *Physical Medicine and Rehabilitation*

### *Advantages*

- Excellent patient contact.
- Numerous practice opportunities.
- Variety of diseases seen.
- Consideration of the complete patient profile when treating.
- Excellent economic rewards.
- Minimal malpractice.
- Lifestyle that complements a personal life.

### *Disadvantages*

- Patients often have incurable chronic problems, and may show slow progress.
- Procedures primarily limited to EMGs, joint and trigger point injections.
- Few diagnostic challenges; most patients are referred with a diagnosis.
- Must learn to correctly pronounce physiatrist.

### *Attributes*

- Patience
- Leadership is important since the team approach to patient care is utilized.
- Have the ability to work well with people including the handicapped.
- Compassion and understanding for personal tragedy and loss.

### *Grades/Competitiveness*

- Physical medicine and rehabilitation is becoming more competitive every year. However, don't rule yourself out because of grades or board scores. The scores needed will depend on the programs to which you apply.

### *Projections*

- The projections for PM&R are outstanding. You can write your own ticket to both academics and private practice.

### *Interview*

*What should you do to prepare for an interview?*

- Talk to people in the field about programs you should apply to.
- Do an excellent job on your curriculum vitae and personal statement and be prepared to elaborate on anything you included.
- Include in your personal statement why you chose PM&R. This is, by far, the most frequently asked question. They are particularly impressed with people who can demonstrate long-standing interest.

- Good letters of recommendation are important. PM&R is a small field, and they will often know the faculty writing the letter.
- Be gracious, enthusiastic and positive. Your enthusiasm for their program might help you to become a part of it.
- Find common ground with your interviewer such as hobbies, sports or research. It doesn't hurt to make the interview interesting and enjoyable for the interviewer.
- Don't be afraid to ask the same question of two or more interviewers.
- Think of your questions in advance, and direct them to the appropriate people. Use your best questions on the people that make the most difference.
- If there is a particular program you like, you might consider arranging for a second interview if it's feasible.
- Know what you are looking for in a residency program.
- They will ask you what area of rehabilitation interests you most. Even if you haven't narrowed it down, tell them that you have some special interest in whatever it is they are noted for, but also indicate that you are looking for a balanced program that will afford you adequate training in all aspects of PM&R.
- Often faculty and residents will give you their name and number for future questions. Give them a call; this will show added interest.
- You can't be over prepared for an interview, or too immaculately dressed.

*What kind of residents are they looking for?*

- All residencies have characteristics that they are looking for in a resident. PM&R has similar criteria such as: leadership, competence, flexibility, self-motivation, positive attitude, dedication, and punctuality. It also helps to be good with patients, and easy to work with. People with a type B bend to their personality tend to be drawn to PM&R, but I have noted quite a mix of personalities and talents.

## *Psychiatry*

### *Advantages*

- There is a fascinating variety and diversity in patients' symptoms and presentations. Every patient is unique, and things are not always as straightforward as they appear.
- The opportunity to intervene on the biological, psychological and sociological levels of a patient's life. As in family practice, you treat the whole patient.
- A very controllable lifestyle.

### *Disadvantages*

- Income is in the middle range of physician salaries.
- The only procedure performed is electroconvulsive therapy. Some people may miss hands on procedures.

### *Attributes*

- Patience, compassion, intellectual curiosity and a tolerance for ambiguity.

### ***Grades and Competitiveness***

- Depends on the program. Grades in psychiatry rotations and letters of reference, especially by a well-known faculty member are important. Overall grades and board scores may be of varying importance to different programs.
- Interviews, overall presentation and attitude are very important.
- Competitiveness depends again on the program. A candidate who presents himself or herself well, and has adequate grades, board scores and references should have little trouble getting into one of his or her top ranked programs.

### ***Interview***

#### *How shall applicants prepare for interview?*

- Take electives in psychiatry, be able to demonstrate a sustained interest in the field, know the difference between biological (or medical model) programs, and programs that are more psychodynamically based. What type of program are you interviewing with? What kind of education are you looking for? Be prepared to talk about why you want to go into psychiatry, and have a good patient case ready to discuss.

#### *What kind of residents are they looking for?*

- Many programs are looking for a particular type of resident, particularly one with interest in learning the style of psychiatry that the program emphasizes. The ability to relate to and communicate with others is also very important. In this field it is especially important to have a good understanding of what you want to do and why you want to do it.

## ***Radiology***

### ***Advantages***

- No call for the most part and predictable hours.
- Increased use of MRI and CT assures radiology is part of most patients' hospital care.
- Most radiologists who have been practicing for a while are very happy with their choice.

### ***Disadvantages***

- You do not have "your own" patients and might find yourself feeling like a technician for the other housestaff.
- The government will continue to cut radiology reimbursement as the budget is tightened.

### ***Attributes***

- Obviously working in close quarters requires a good intradepartmental cohesiveness. Working well with peers is helpful.
- Show a true interest in the field by getting to know radiologists in your community.

### ***Grades and Competitiveness***

- Obviously, the higher grades the better. Top third in the class is competitive, but don't discount yourself if you're not in the top half. Below the top half becomes very difficult, but not impossible. This specialty has become less competitive in recent years.
- Boards Step 1 scores are looked at more than Step 2.
- Good letters of recommendation (especially from radiologists that have worked with you) are cornerstones to a solid applicant file.

### ***Interview***

#### *How shall applicants prepare for interview?*

- Obviously, know about each individual program and have specific questions for that program. Most programs do not ask questions about radiology (so being up on the latest radiology jargon rarely helps). The most frequent questions I encountered were: Why radiology?; Tell me about yourself.; Why should I choose you over other applicants?; and Why this program?

#### *What kind of residents are they looking for?*

- Once you are granted an interview, most programs will tell you they are looking for people they will work well with and appear enthusiastic. You have very little time to show them what a great person you are, so don't blow it. Best advice: save your favorite programs for last so you can look and sound confident by that time.

## ***Surgery***

### ***Advantages***

- Patient care may vary from total medical/surgical management to consultation and team approach management.
- Vast array of disease processes and surgical problems.
- Results of treatment are usually satisfying and diseases for the most part are not of chronic nature, i.e., there is prompt response to treatment and a real sense of accomplishment.
- A "Hands On" specialty!!!

### ***Disadvantages***

- Often have unpredictable hours especially as a resident, but also as a practicing surgeon.
- Training is long and demanding and one that continues throughout one's career.
- Can be a highly stressful lifestyle.
- Little or no long-term patient care.

### ***Attributes***

- Anatomy, pathology and physiology are important for basic foundation.
- Ability to be creative and mechanical; you need to like to work with your hands. Don't let a bad experience in anatomy lab deter you.

- Need to be organized and able to form a decisive treatment, sometimes on an urgent basis.
- Need to have stamina, and the confidence to work in highly stressful situations.
- Due to increased use of endoscopy/laparoscopy, good spatial ability will be very helpful.

### ***Grades and Competitiveness***

- Grades are important for most programs, especially the highly competitive and more academic oriented programs like Duke, University of Washington and Southwestern at Dallas. These competitive programs require at least AOA eligible and in the top 20% of your class.
- You don't have to be AOA or AOA eligible to obtain a surgical residency position, but being in the upper 1/3 of class never hurt.
- The handbook So You Want to be a Surgeon is a useful resource for helping to decide which program you personally are competitive for.

### ***Projections***

- There seems to be a trend towards specialization with the advent of fellowships in colorectal surgery, vascular, plastics, hepato-biliary, trauma and burn/critical care.
- Endoscopy/laparoscopy have become important aspects of surgery so look at programs with at least exposures to these fields.

### ***Interview***

*How shall applicants prepare for interview?*

- Know why you want to be a surgeon. This question gets asked rather frequently.
- Know something about the program before you interview there because another popular question was, "Why did you decide to interview at this program?"
- Some interviews consist of actually "scrubbing in" on a case.
- Have a good surgical case ready to present. You may be asked to present a case during an interview.
- Have a good idea of where you want to be and what type of surgery you see yourself doing in ten years (a common question).
- Many programs, especially the smaller ones, allow resident input for housestaff selection, so even though it is important to get "the dirt" about a program from the resident, it might be a good idea to be diplomatic about it.

*What kind of residents are they looking for?*

- Strong, independent, motivated people, but not so independent that they are not TEAM PLAYERS.
- Many of the academic programs want residents who are interested in doing research or who have research experience.

## **Residency Program Evaluation**

Residency Program: \_\_\_\_\_

**Rating Scale: 1=Poor; 2=Fair; 3=Adequate; 4=Good; 5=Excellent**  
**On the basis of your needs, rate this program's:**

***Education***

Program Philosophy	_____	_____
Accreditation	_____	_____
Overall Curriculum	_____	_____
Rotations/electives	_____	_____
Rounds (educational vs. work)	_____	_____
Conferences	_____	_____
# & variety of patients	_____	_____
<hr/>		
Hospital Library	_____	_____
Resident evaluations	_____	_____
Board Certification of graduates	_____	_____

***Attending Physicians/Teaching Faculty***

# of full-time vs. part-time	_____	_____
Research vs. teaching responsibilities	_____	_____
<hr/>		
Clinical vs. teaching skills	_____	_____
Availability/approachability	_____	_____
Preceptors in clinic	_____	_____
Subspecialties represented	_____	_____
Instruction in patient counseling & education	_____	_____

***Hospital***

Community or university hospital?	_____	_____
Staff physicians' support of program	_____	_____
Availability of consultation services	_____	_____
Other residency programs	_____	_____
Types of patients	_____	_____
Hospital staff (nursing, lab, path, etc)	_____	_____

***Current House Officers***

Number per year	_____	_____
Medical school of origin	_____	_____
Personality	_____	_____
Dependability	_____	_____
Honesty	_____	_____

Cooperation/get along together \_\_\_\_\_  
Compatibility/Can I work with them? \_\_\_\_\_

***Work Load***

Average #pts./HO (rotation, clinic) \_\_\_\_\_  
Supervision: senior HO, attending \_\_\_\_\_  
Call schedule \_\_\_\_\_  
Rounds \_\_\_\_\_  
Teaching/conference responsibility \_\_\_\_\_  
“Scut” work \_\_\_\_\_  
Time for conferences \_\_\_\_\_  
Clinic responsibilities \_\_\_\_\_

***Benefits***

Salary \_\_\_\_\_  
Professional Dues \_\_\_\_\_  
Meals \_\_\_\_\_  
Insurance (malpractice, health, etc.) \_\_\_\_\_  
Vacation \_\_\_\_\_  
Maternity/sick leave \_\_\_\_\_  
Outside conferences/books \_\_\_\_\_  
Moonlighting permitted \_\_\_\_\_

***Surrounding Community***

Size and type (urban/suburban) \_\_\_\_\_  
Geographic location \_\_\_\_\_  
Climate and weather \_\_\_\_\_  
Child care and public schools \_\_\_\_\_  
Socioeconomic/religious diversity \_\_\_\_\_  
Entertainment/Recreation/Culture \_\_\_\_\_  
Cost of living (housing/food/utilities) \_\_\_\_\_

Housing availability & quality \_\_\_\_\_  
Economy (industry/growth/recession) \_\_\_\_\_

***Program’s strengths:***

***Program’s Weaknesses:***

*Reprinted with the permission of Dr. Stokes and the Barberton Citizens Hospital Family Practice Program, Barberton, Ohio.*

## *Match Process Checklist*

- Choose Specialty
- Enroll in The Match in August
- Early Match specialties also enroll in “specialty match”
- Gather information on programs of interest
- Prepare CV
- Prepare Personal Statement
- Schedule MPSE Appointment
- Arrange for Letters of Recommendation
- Give picture to ASA for ERAS
- Complete applications on line
- Request transcripts through ASA (\$8 per copy for non-ERAS applications)
- Schedule Interviews
- Interview
- Send “Thank You” letters
- Enter Rank Order List (mid-January through mid-February)

## Years of Training Required for Certification

The various types of residency programs are diagrammed in the Figure. The length of each bar is the period of years of training required for certification by the various Specialty Boards. These are our quite unofficial assignments derived from published materials and are offered only for information. Applicants should consult the ACGME Directory.

### GME YEAR

1	2	3	4	5	6,7
Family Practice					
Pediatrics					
Internal Medicine (General)			Subspecialties		
Neurology					
Obstetrics and Gynecology					
Pathology					
General Surgery					
			Colon/Plas/Thor./Vasc.		
Neurosurgery					
Orthopedic Surgery					
Otorhinolaryngology					
Urology					
Trans. or Medicine or Surgery	Anesthesiology				
	Dermatology				
	Emergency Medicine				
	Nuclear Medicine				
	Physical Medicine				
	Psychiatry				
	Diagnostic Radiology				
	Ophthalmology				

With the exception of positions in the Army, Navy and Air Force, essentially all PGY-1 positions in family practice, internal medicine, pediatrics, obstetrics/gynecology, pathology and general surgery are offered as categorical [C] programs in the match. All positions in transitional programs are also offered in the match.

In addition, some programs in the medical specialties (neurology and ophthalmology), the surgical specialties (neurological surgery, orthopedic surgery, otorhinolaryngology, and urology), and the support specialties (anesthesiology, dermatology, emergency medicine, physical medicine and nuclear medicine) have made arrangements for prerequisite or complementary training in the broad specialties and also offer positions in categorical programs in the Match. Others offer their entering positions as Advanced Programs for Student [S] in the Match.